Foundations of Support:

Interpersonal and personal processes associated with rural-based young people supporting a peer who experienced a traumatic event

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Submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy

August 2021

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Abstract

There is limited research on how supporting a peer through a traumatic event is experienced by young people, and how this process occurs specifically within a rural setting. Furthermore, little is known about how this contextual environment can impact on individuals and interpersonal processes.

The aim of this research was to understand the experiences of rural-based young people providing support to a peer who has experienced a traumatic event and the interpersonal processes associated with that support. A further aim was to understand how the contextual environment impacted on these individual and interpersonal processes. A qualitative study using a constructivist grounded theory was deemed an appropriate methodology to address the aims of the study and aid in the construction of a theory explaining the phenomenon.

The study was based in Gippsland, a rural region which covers the south-eastern part of Victoria (Australia). Participants were recruited via convenience sampling, social media and snowballing techniques. The initial sample consisted of 18 participants, 5 males and 13 females, with a mean age of 16.38 (range 14-19 years). Participants completed an in-depth individual interview (semi-structured as well as broad open-ended interview questions developed based on the literature review). Theoretical sampling was required to obtain further information to better understand the impact of the contextual environment on the individual and interpersonal processes. The theoretical sample consisted of three previous participants and four new participants (n=7). This sample completed a refined interview protocol (based on topics identified by participants in the first interview, and the literature surrounding rural contextual issues). The final sample consisted of 22 participants, 6 male and 16 females, with a mean age of 16.54 (range 14-19). The grounded theory methodology
supported the development of a substantive theory – ‘Foundations of Support’, which explained both the contextual influences and the personal and interpersonal processes associated with young people in Gippsland, Victoria, supporting a peer who experienced a traumatic event. Foundations of support highlighted that young people who shared responsibility for supporting their peer went back to life as normal, whereas young people who maintained sole responsibility, experienced mental health problems and felt woven into the mix. This theory implies that providing pathways to reconnecting with place and community, are essential in guiding young people back to their foundations of support, promoting self-regulation and social connection, whilst also reducing the burden of sole responsibility and the woven effect. In order to build a robust and broad theory which is meaningful across a range of contextual settings, future research should focus on testing the ‘Foundations of Support’ theory in populations such as urban youth, ethnic and minority groups, indigenous, Aboriginal or Torres Strait Islanders and other age brackets.
Declaration

I hereby declare that:

1. This thesis comprises only my original work towards the degree of Doctor of Philosophy except where indicated in the Preface
2. Due acknowledgement has been made in the text to methodology and materials
3. The thesis is fewer than 100,000 words in length, exclusive of tables, bibliographies and appendices.

Signed:

Erin Dolan
Centre for Youth Mental Health, University of Melbourne
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August 2021
Dedication

For all those days you smiled at me from the other side of the window, for all those paintings and walks we missed, for always trying your best not to disturb my concentration, despite walking into the study constantly asking if I’m a Doctor yet. You shared me with this PhD and selflessly tried to entertain yourself. I know this journey has taken me away from you and we have not had the freedom to be our creative selves. I know we have grown over the years and have learnt to truly cherish our time together. One day soon, we will look back on this time and remember we always had each other and no window could break us apart.

For Ella and Noah.

Thank you for starting this journey with me over 24 years ago. You helped me achieve my goals, encouraged me to jump when I wasn’t sure, you created a place we call home. You stood up and became my ‘Alice’, taking over the cooking, cleaning and parenting of our two littles. Without you, this journey would not have been possible, although our kids forget to show their appreciation, know that I see you and all the little things you do without thought. I appreciate and love you!

This thesis is dedicated to Michael, Noah and Ella.
Preface

I performed the work described in this thesis except where due credit is given. This thesis contains no material that has been accepted for the award of any other degree or diploma at any university or equivalent institution. The completion of this research project and thesis was supported by a PhD scholarship awarded to me by The Australian Rotary Health and the Rotary Club of Balwyn.
Acknowledgements

I would like to thank Kelly Allott, Cath Cosgrave and Eóin Killackey, my supervisors for their support throughout this journey. Their wisdom and insight have guided me through the complicated process of conducting and writing this thesis. Kelly, your patience, kind words, expertise reminded me I was never alone. Cath, you introduced me to a new world of understanding, invited me to see the world beyond my psychological lens and Eoin, you had faith in me and helped me commence this journey. Not once during this process, have I ever felt unsupported or unheard. I feel extremely privileged to have had a research team of truly unique individuals, whom inspired me to become the person I am today. For this I thank you and look forward to publishing articles together in the near future.

I would like to thank Australian Rotary Health and the Rotary Club of Balwyn, for supporting me and providing me with the financial security to delve into this thesis without the restraints of everyday pressures. Thank you for believing in me and supporting this important piece of work, which I promise to share with the world.

Most importantly, I would like to thank the participants for generously volunteering their time, trusting me, and sharing their personal feelings and experiences. Your insights have guided me throughout this thesis and for that I am extremely grateful. Your courage and dedication for supporting your friends, reminded me of what it means to be a true friend. I hope the ‘Foundations of Support’ acknowledges your journey and can provide insight for future generations to come. Thank you!
Contents

Abstract........................................................................................................................................... 2
Declaration........................................................................................................................................ 4
Preface................................................................................................................................................ 6
Acknowledgements ............................................................................................................................. 7
Contents .............................................................................................................................................. 8

CHAPTER 1 Introduction .................................................................................................................. 19

1.1 Who Am I and Why This Study?............................................................................................... 19
1.2 Australian Government and the Australian Standard Geographical Classification .................. 23
1.3 Contextual Environment: Gippland, Victoria, Australia............................................................... 27
  1.3.1 The People Including Culture ............................................................................................... 29
  1.3.2 The Economy, Education and Services .................................................................................. 30
  1.3.3 Landscape and Wellbeing .................................................................................................... 30
  1.3.4 Social Proximity.................................................................................................................... 30

CHAPTER 2 Preliminary Literature Review ..................................................................................... 32

2.1 Introduction to Preliminary Literature Review .......................................................................... 32
2.2 Literature Search Strategy........................................................................................................... 33
2.3 Summary of Existing Literature .................................................................................................. 35
2.4 Exposure to Traumatic Experiences of Others .......................................................................... 35
  2.4.1 Burnout .................................................................................................................................. 36
  2.4.2 Vicarious Trauma.................................................................................................................... 36
2.4.3 Secondary Traumatic Stress (Compassion Fatigue) ........................................38

2.5 Adolescence: Biopsychosocial Perspective ..................................................40

2.5.1 Developmental Stages of Adolescence ..................................................40

2.5.2 The Adolescent Brain .............................................................................41

2.5.3 Environmental Influence: Family, Social and Community ..................42

2.5.4 Family Dynamics ..................................................................................42

2.5.5 Social Interactions ................................................................................43

2.5.6 Community Influences ..........................................................................46

2.6 Youth Caregiving .......................................................................................47

2.7 Youth Peer-to-Peer Support .......................................................................48

2.8 Elevated Risks for Youth in Rural Environments .....................................49

2.8.1 Barriers to Accessing Support ...............................................................50

2.8.2 Exposure to Trauma in Rural Environments .........................................51

CHAPTER 3 Study Rationale and Aims ..............................................................53

3.1 Philosophical Viewpoint and Methodology Rationale ..........................54

CHAPTER 4 Research Methodology .................................................................56

4.1 Theoretical Orientation .............................................................................57

4.1.1 Guba, Lincoln and Lynham’s Five Paradigms ......................................57

4.1.2 Constructivist Interpretivist Paradigm ...............................................59

4.1.3 Symbolic Interactionism .....................................................................60

4.2 Methodological approach – Grounded theory ........................................63
4.2.1 The Constructivist Approach - Rationale for this study ..................................67

4.3 Overview of Grounded Theory Methods ..........................................................68

4.3.1 The Grounded Tree: Metaphor and Illustration of the Grounded Theory

Methods used in this Study .......................................................................................71

4.4 Charmaz’s Initial, Focused and Advanced Coding ..............................................73

4.4.1 Initial Coding ....................................................................................................73

4.4.2 Focused Coding ..............................................................................................74

4.4.3 Advanced Coding ............................................................................................75

4.4.4 Memos ............................................................................................................77

4.4.5 Theoretical Sampling, Rigor, Reflexivity and Validity ....................................77

4.4.6 Sample Size for Grounded Theory ..................................................................79

CHAPTER 5 Research Design .....................................................................................81

5.1 Research Questions .............................................................................................81

5.2 Research Design ..................................................................................................82

5.3 Youth Consultation ..............................................................................................82

5.3.1 Definition of Traumatic Events for the Study ...............................................82

5.3.2 Interview Questions and Study Design ...........................................................83

5.4 Sampling and Setting .........................................................................................83

5.5 Participants .........................................................................................................85

5.6 Materials ............................................................................................................89

5.6.1 Screening Interview .......................................................................................89

5.6.2 PTSD Checklist-Civilian version (PCL-C) .......................................................89
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.6.3 Interview Protocol 1</td>
<td>90</td>
</tr>
<tr>
<td>5.6.4 Interview Protocol 2</td>
<td>94</td>
</tr>
<tr>
<td>5.7 Data Collection</td>
<td>95</td>
</tr>
<tr>
<td>5.8 Ethical Procedures</td>
<td>96</td>
</tr>
<tr>
<td>5.8.1 Confidentiality</td>
<td>97</td>
</tr>
<tr>
<td>5.8.2 Security and Data Storage</td>
<td>97</td>
</tr>
<tr>
<td>5.8.3 Participant Reimbursement</td>
<td>98</td>
</tr>
<tr>
<td>5.9 Data Analysis</td>
<td>98</td>
</tr>
<tr>
<td>5.9.1 Transcribing and Data Coding Processes</td>
<td>98</td>
</tr>
<tr>
<td>5.10 The Process of Coding and Categorising</td>
<td>100</td>
</tr>
<tr>
<td>5.10.1 Initial Coding</td>
<td>100</td>
</tr>
<tr>
<td>5.10.2 Focused Coding</td>
<td>105</td>
</tr>
<tr>
<td>5.10.3 Advanced Coding</td>
<td>112</td>
</tr>
<tr>
<td>5.11 Rural Theoretical Sampling</td>
<td>115</td>
</tr>
<tr>
<td>5.12 Participant Feedback: Theory Script of Grounded Theory</td>
<td>118</td>
</tr>
<tr>
<td>5.13 Reflexivity</td>
<td>119</td>
</tr>
<tr>
<td>5.14 Summary</td>
<td>122</td>
</tr>
<tr>
<td><strong>CHAPTER 6 Results</strong></td>
<td>124</td>
</tr>
<tr>
<td>6.1 Defining Trauma: Young Persons’ Perspective</td>
<td>125</td>
</tr>
<tr>
<td>6.2 Hearing Trauma Event</td>
<td>130</td>
</tr>
<tr>
<td>6.2.1 Hearing about the Trauma Event</td>
<td>131</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>6.2.2</td>
<td>Disproving Rumours and Clarifying Story</td>
</tr>
<tr>
<td>6.2.3</td>
<td>Diffusion of Trauma</td>
</tr>
<tr>
<td>6.2.4</td>
<td>Dealing with Trauma over Time</td>
</tr>
<tr>
<td>6.3</td>
<td>Reacting to Story</td>
</tr>
<tr>
<td>6.4</td>
<td>Supporting</td>
</tr>
<tr>
<td>6.5</td>
<td>Taking on Responsibility: Core Category</td>
</tr>
<tr>
<td>6.5.1</td>
<td>Taking on Responsibility</td>
</tr>
<tr>
<td>6.6</td>
<td>The Grounded Theory: Foundations of Support</td>
</tr>
<tr>
<td>6.6.1</td>
<td>The Three Emergent Stages of Taking on Responsibility</td>
</tr>
<tr>
<td>6.6.2</td>
<td>The Shared Responsibility Pathway</td>
</tr>
<tr>
<td>6.6.3</td>
<td>Alone then Shared Pathway</td>
</tr>
<tr>
<td>6.6.4</td>
<td>Sole Responsibility Pathway</td>
</tr>
<tr>
<td>6.7</td>
<td>Contextual Environment and its Impact on the Foundations of Support</td>
</tr>
<tr>
<td>6.7.1</td>
<td>Contextual Environment: Geographical</td>
</tr>
<tr>
<td>6.7.2</td>
<td>Sense of Belonging</td>
</tr>
<tr>
<td>6.7.3</td>
<td>Community Trauma Events</td>
</tr>
</tbody>
</table>

**CHAPTER 7 Discussion** | 171  |
| 7.1     | Summary of Research Findings | 171  |
| 7.2     | Comparison with Previous Research | 175  |
| 7.2.1   | Foundations of Support: Geographical and Community Perspective | 175  |
| 7.2.2   | Foundations of Support: A Sociological Perspective | 181  |
7.2.3 Foundations of Support: A Psychological Perspective .................................................. 187
7.2.4 Foundations of Support: Geographical Restrictions and the Creation of Digital Space ......................................................................................................................... 189

7.3 Theoretical and Practical Implications ................................................................................. 191
7.3.1 Foundations of Support: Community Implications ......................................................... 191
7.3.2 Foundations of Support: Implications for Trusted Others .............................................. 193
7.3.3 Foundations of Support: Implications for Young People ................................................ 195
7.3.4 Foundations of Support: Implications for Digital Place ................................................ 197
7.3.5 Foundations of Support: Implications for Community Trauma Events ......................... 198
7.3.6 Summary of Study Implications ....................................................................................... 199

7.4 Evaluating the Grounded Theory Approach ........................................................................ 199
7.5 Strengths and Limitations of Study .................................................................................... 202
7.6 Future Research .................................................................................................................. 205

7.7 Chapter Summary and Conclusion ..................................................................................... 208

References ........................................................................................................................................ 212

Appendix A Research Article published in Early Intervention in Psychiatry ......................... 248

Appendix B Advertisement for Study ......................................................................................... 256

Appendix C Screening Interview ............................................................................................... 257

Appendix D PTSD Checklist (PLC-C) ....................................................................................... 258

Appendix E Interview Protocol 1 ............................................................................................... 259

Appendix F Interview Protocol 2 ............................................................................................... 262

Appendix G Ethic Approval .......................................................................................................... 265
Appendix H Participant Information Sheet/Consent Form Young Person .......................267
Appendix I Participant Information Sheet/Consent Form: Parent/Guardian ......................275
Appendix J List of Services ..........................................................................................283
Appendix K Initial Codes ............................................................................................284
Appendix L Hierarchy Maps .......................................................................................288
Appendix M Hierarchy Map .........................................................................................303
Appendix N Narrative of the Foundations of Support using in vivo Quotes ......................306
Table of Tables

Table 1 - Examples of Search Phrases Used...........................................................................34
Table 2 - TALES: Guidelines for Writing the Storyline.........................................................76
Table 3 - Participant Demographics and Friend’s Traumatic Event........................................88
Table 4 - Initial Code Examples .............................................................................................100
Table 5 - Refining and Subsuming Categories .....................................................................103
Table 6 - Categories, Sub-categories and their Properties......................................................110
Table 7 - The Core Category: Categories, Subcategories and Properties..............................114
Table 8 - Participant Quotes in Trauma Definition .................................................................128
Table 9 - Participant Summary .............................................................................................129
Table 10 - Reacting to Story Sub-Categories with In-vivo Quotes ........................................139
Table 11 - Three Emergent Stages of Taking on Responsibility: Summary of Participants .157
Table 12 - Evaluation Criteria for the Grounded Theory Study .............................................201
Table of Figures

Figure 1- Three Levels of Government in Australia ............................................. 24
Figure 2- ABS Hierarchical Structures .............................................................. 25
Figure 3- Map of the Remoteness Areas for Australia (2016) .......................... 26
Figure 4- Map of Victoria Highlighting Gippsland Region ............................... 28
Figure 5- Gippsland’s Six Local Government Areas and Population Percentages ... 29
Figure 6- Chapter Overview: Theoretical Orientation, Grounded Theory Variants and Method ............................................................... 56
Figure 7- Processes of Constructivist Grounded Theory .................................... 69
Figure 8- The Grounded Tree: Metaphor and Illustration of the Grounded Theory Methods Used in the Current Study ......................................................... 72
Figure 9- Chapter Overview ................................................................................ 81
Figure 10- Properties of Reacting to Story Category .......................................... 104
Figure 11- Hearing Trauma Event: Hierarchical Depiction of Category and Sub-categories ........................................................................................................... 106
Figure 12- Diffusion of Trauma Events .............................................................. 108
Figure 13- iPad Diagram- Two Outcomes of Providing Support ......................... 111
Figure 14- Mapping of Categories ..................................................................... 112
Figure 15- Example: Storyline Map .................................................................... 113
Figure 16- Category-Rural Area ......................................................................... 116
Figure 17- Integration of Data into Supporting Category ..................................... 117
Figure 18- Chapter Overview ............................................................................. 125
Figure 19- Trauma Definition and Traumatic Events ....................................... 127
Figure 20- Different Ways Participants Heard about the Trauma Event ............. 132
Figure 21- Positive and Negative Aspects of Spreading Rumours and Clarifying Trauma

Figure 22- Category and Sub-Categories of Reacting to Story

Figure 23- Supporting Categories and Sub-Categories

Figure 24- Core Category: Taking on Responsibility with Three Emergent Stages

Figure 25- The Burden of Taking on Reasonability

Figure 26- Foundations of Support: The Process of Supporting a Peer through a Traumatic Event in a Rural Setting

Figure 27- Foundations of Support: Shared Responsibility

Figure 28- Foundations of Support: Alone then Shared

Figure 29- Foundations of Support: Sole Responsibility

Figure 30- Contextual Environment and its Impact on the Foundations of Support

Figure 31- Geographical, Sociological and Psychological Perspectives of the Foundations of Support
Table of Box’s

Box 1- Example of a Focused Code ........................................................................75
Box 2- Final Interview Protocol 1 Questions ..............................................................93
Box 3- Interview Protocol 2 Questions ......................................................................95
Box 4- Analytical Memo ..........................................................................................107
Box 5- Memo Identifying Rural Gap ..........................................................................115
Box 6- Memos for Rural Area ....................................................................................117
CHAPTER 1

Introduction

“...if there was something interactive, like people could learn how to help other people while they’re waiting to be seen that would be really cool....

That’s a service that I think would be really awesome” (Female, 16 yrs.).

So here it began, sitting in an old, musty, cold fibro building, in the small rural town of Foster, Victoria (Australia). Who knew that the above statement, from a young female searching for answers on how to support her friend, could send me on the journey of completing my PhD? Her words led me to my research team, Associate Professor Kelly Allott (neuropsychologist), Doctor Cath Cosgrave (social scientist) and Professor Eóin Killackey (clinical psychologist), who all inspired me to stay focused, motivated and look beyond my psychological lens and bias. Let me take a step back here to introduce myself and explain how I came to be sitting in that old building in Foster, hundreds of kilometres from home.

1.1 Who Am I and Why This Study?

I have worked as a clinical psychologist for many years in a rural setting with individuals of all ages. Prior to this, I worked with young people in a variety of roles which included residential care, child protection, family counselling, sexual assault counselling and working with victims of crime. Each of these roles allowed me to gain a better understanding of working with young people in a variety of settings. In 2017, as a side project to my clinical work, I commenced employment with the Centre for Youth Mental Health at The University of Melbourne to conduct two studies in partnership with Orygen and the Gippsland Primary Health Network.
As part of this commissioned work, I was responsible for leading the two studies and producing two reports on the outcomes for the Gippsland Primary Health Network. The first study was a quantitative study which investigated, through detailed file auditing, the presenting issues for young people who attended Youth Access Clinics in Gippsland, Victoria, Australia. The second study was a qualitative study, which involved in-depth interviews with young people and staff focused on the barriers and enablers for young people accessing the Youth Access Clinics. I was first author on a publication of the qualitative findings from this study, which was published in *Early Intervention in Psychiatry* during the course of this PhD (Dolan et al., 2020) (Appendix A). Consistent with previous research (Bradley et al., 2004; Hodges et al., 2007), the studies found that young people presented with high levels of self-harm, mental ill-health, suicidal ideation, family conflict, exposure to trauma, and alcohol and substance misuse; and they experienced a number of barriers and enablers to accessing care. Findings from these studies were used by the Gippsland Primary Health Network to help provide a youth perspective on the introduction of a new youth primary care *headspace* service in Wonthaggi, Victoria. This was deemed important as it was the success of the Youth Access Clinics which demonstrated the need for youth services in Gippsland, Victoria (location map Chapter 1, Figure 4) and subsequently justified the funding for the Wonthaggi *headspace*.

It was through completing the qualitative study into barriers and enablers that one participant’s comments (quoted above) sparked my interest in understanding the individual and interpersonal processes associated with young people in rural environments, supporting their peers who had experienced a traumatic event. As part of the study, participants were asked for their feedback around what would help make Youth Access Clinics youth ‘friendly’. The participant commented on the long waiting time for appointments and how this time could be used more effectively if they had access to educational resources to help
support friends. When asked more about these resources, the participant highlighted that young people need help to support their friends and that having training in this area would allow them to feel comfortable in their support role.

As a clinical psychologist, my therapist brain sought a solution and I arrived at ‘mental health first aid’ for young people and how this could be integrated into the Youth Access Clinics and high schools. However, as time moved on, I moved away from the solution focused goal and reflected on my own experiences as an adolescent supporting friends through ‘big issues’, which I now would describe as traumatic events. I wondered about the intensity of adolescent relationships and secrecy, and then as a therapist, I wondered about the impact on young people of hearing about traumatic events. I further questioned if young people were at risk of developing secondary traumatic stress as a result of hearing traumatic information from their peers. It was through a moment of synchronicity between the roles of the researcher, clinical psychologist and my memory of my adolescent self, that I began my journey into understanding the individual and interpersonal processes associated with young people in rural environments supporting their peers who experienced a traumatic event.

In particular, knowing that adolescence is a time of immense biopsychosocial change and that the successful transition through this developmental stage can aid in healthy identity formation (Blum et al., 2014; Casey et al., 2008; Sullivan, 2001), I wanted to know: how did supporting a peer through a traumatic event impact young people? What were the personal and interpersonal processes of support? How did they perceive their role as a supporter? And were there any circumstances which enhanced or hindered their support role? Furthermore, as I work in and have conducted research in rural settings, I wanted to know if rural contextual issues (e.g., social proximity, geographical restrictions, natural space, reduced services) impacted on these processes.
Thus, this thesis focuses on the individual and interpersonal processes associated with rural-based young people providing support to a peer who has experienced a traumatic event. It further focuses on understanding how the contextual environment impacts these individual and interpersonal processes. As I found limited research in this area, grounded theory was deemed an appropriate methodology to address the aims of the study and aid in the construction of a theory which explains this phenomenon (Charmaz, 2014). Grounded theory involves inductive, iterative, interactive and abductive processes (Bryant, 2007; Charmaz, 2014). These processes supported the development of a substantive theory which was grounded in the data and explained the phenomena under investigation (Bryant, 2007; Charmaz, 2014). In particular, constructivist grounded theory was selected as it assisted learning about and understanding the processes and experiences of young people providing support to their peer, as well as acknowledge my values, perspectives and training, as part of the analysis process and construction of meaning (Bryant, 2007; Charmaz, 2014; Smith, 2015).

This thesis has been divided into the following chapters:

**Chapter 1**: Introduction. This chapter provides a rationale for completing this PhD and discusses the contextual environment where this study took place.

**Chapter 2**: Literature Review. This chapter contains the literature review which was completed to help justify and provide a rationale for the study. The literature review helped inform and frame the research question, methodology and design of the current study. Specifically, Chapter 2 provides an overview of secondary traumatic stress, adolescent development, youth caregiving, peer-to-peer support and young people in rural environments.

**Chapter 3**: Presents the research questions, methodology and design of the current study as well as my philosophical viewpoint.
Chapter 4: Theoretical Orientation. This chapter discusses the ontological and epistemological viewpoints within which the study was positioned; as well as a rationale for the methodological approach, constructivist grounded theory, used in the study.

Chapter 5: Study design and methodological procedures used in the study.

Chapter 6: Results. This chapter presents the results of the study which were based on the interviews completed, as well as the presentation of the grounded theory.

Chapter 7: Discussion. This chapter discusses the findings in relation to existing literature and incorporates a revised literature review based on the identified grounded theory. It also discusses quality and rigor of the study, as well as limitations. Furthermore, this chapter provides surrounding discussion of the implications of the findings of the research.

The next section will briefly explain Australia’s governmental system and define rural settings as classified by the Australian Standard Classification system (Australian Bureau of Statistics, 2018). This will be followed by a discussion of Gippsland, Victoria (Australia), where the study took place. Literature reviewed will be discussed in Chapter 2.

1.2 Australian Government and the Australian Standard Geographical Classification

Australia is divided into three levels of government, Federal, State/Territory and Local (councils), which work together to provide Australians with the services needed (depicted in Figure 1). The Federal Government is responsible for making laws for the whole of Australia, whereas the six states and two mainland territory parliaments enact laws for their territories and states (Parliamentary Education Office, 2020). The 500 local councils in Australia create laws for their districts or regions (Parliamentary Education Office, 2020). As this PhD took place in a rural setting – Gippsland, Victoria, Australia – rural areas will now be defined under the Australian Standard Classification System.
Rural areas can be defined under the Australian Standard Geographical Classification (ASGC) (Australian Bureau of Statistics, 2018). The Australian Bureau of Statistics (ABS) and other services use this classification system to provide a framework for populations and locations which are statistically comparable and spatially integrated. Its purpose is to provide a coherent set of standard areas which are easy to identify, visualise and analyse statistically (Australian Bureau of Statistics, 2018).

The ASGC can be divided into ABS structures and non-ABS structures. ABS structures are stable for five years and are designed to allow for the collection of confidential, relevant and accurate data for specific statistical collections (Australian Bureau of Statistics, 2018). These structures further allow for geographical concepts such as the remoteness and
urban/rural definitions. Non-ABS structures are updated yearly and represent a number of administrative areas which are not defined by the ABS (Australian Bureau of Statistics, 2018). Figure 2 depicts the hierarchical areas associated with the ABS structures and their interrelated component statistical areas (Australian Bureau of Statistics, 2018).

**Figure 2**

*ABS Hierarchical Structures*

As can be seen in Figure 2, the ABS structures include the Remoteness Structure with the Remoteness Areas (RA). This structure divides Australia into five categories of
remoteness: Major Cities of Australia (RA1); Inner Regional Australia (RA2); Outer Regional Australia (RA3); Remote Australia (RA4); and Very Remote Australia (RA5) (Figure 3). These categories are based on a measure of relative access to services using the Accessibility and Remoteness Index of Australia (ARIA+) (Australian Bureau of Statistics, 2018; Hugo Centre, 2016).

Figure 3
*Map of the Remoteness Areas for Australia (2016)*


The ARIA+ is an index which ranges from 0 (high accessibility to goods and services) to 15 (high remoteness and low accessibility to goods and services). This index was
created by road distance measurements across Australia from over 12,000 populated localities
to their nearest service centres (Hugo Centre, 2016). The measurements resulted in a 1-
kilometre grid which covers Australia and identifies accessibility and remoteness values for a
specific geographic location. Thus, a high ARIA+ score represents increased remoteness and
reduced access to goods and services.

1.3 Contextual Environment: Gippsland, Victoria, Australia

As I found little research on how supporting a peer through a traumatic event is
experienced by young people, and how this process occurs specifically within a rural setting,
it was important to develop an understanding as to how the contextual environment can
impact on individual and interpersonal processes. The contextual environment can be defined
as “…the interaction of individual or group behaviours with the socio-physical-temporal
settings in which they occur” (Clitheroe et al., 1998, p. 105).

This section will describe Gippsland, Victoria (Figure 4), in particular, the people and
culture; economy, education and services; landscape and wellbeing; and social proximity.
Gippsland is defined under the Australian Standard Geographical Classification (ASGC) as
Inner Regional Australia (RA2) (Australian Bureau of Statistics, 2018). Under this
classification system anything outside the Major City category (RA1) is conceptualised as

According to the Australian Bureau of Statistics (2019) census data for 2016,
Gippsland, Victoria, spans an area of 42,012 square kilometres (16,221 square miles), has an
estimated resident population of 274,627, which includes an indigenous population of 4,173.
Figure 5 identifies the six local government areas which make up Gippsland, Victoria and the
percentage of population disbursement across these areas.
Figure 4

Map of Victoria Highlighting Gippsland Region

Adapted from Travel Victoria (2020)
1.3.1 The People Including Culture

Gippsland, similar to other rural settings is defined by its aging population, relatively lower levels of education and employment, fairly homogenous population with limited non-English speaking residents, relatively higher levels of disability and low socio-economic status (Australian Bureau of Statistics, 2019; Gippsland Primary Health Network, 2018; Valleley et al., 2007). Thus, like other rural areas, the aging population may pose a risk to Gippsland’s communities and young people as it can cause a strain on the health care system and increase family caregiving responsibilities (Burholt & Naylor, 2005).
1.3.2 The Economy, Education and Services

Gippsland’s economy is mainly based around industry sectors such as agriculture, dairy and pastoral industries, fishing, forestry, and coal, oil and gas mining due to the availability of natural resources and commodities (Victorian State Government, 2020). These industries are typically associated with an aging workforce with lower qualification levels (Parliament of Victoria, 2012). As with other rural areas, Gippsland has high levels of unemployment: 7.9% (Victorian rate 4.8%), low-income households, or welfare dependant households (Gippsland = 30.2%; Victoria = 21.5%) (Department of Jobs and Small Business, 2020; Gippsland Primary Health Network, 2018; Isaacs et al., 2018; McAreavey & Brown, 2019). Although income and unemployment rates are higher in Gippsland, rural settings are typically associated with cheaper living costs (Schmitt-Wilson et al., 2019).

1.3.3 Landscape and Wellbeing

Gippsland encompasses a variety of natural attractions such as unspoilt beaches, rainforests, snowfields and high country (Victorian State Government, 2020). Research has found that green environments and blue space directly impact wellbeing through providing opportunities for social interaction and physical activity (Bezold et al., 2017; Nutsford et al., 2016). These studies also showed that utilising blue and green space can reduce anxiety and depression by providing therapeutic environments with calming backgrounds and natural stimuli to relax the brain.

1.3.4 Social Proximity

The Gippsland Primary Health Network’s (2018) needs assessment report and the Victorian State Government’s (2020) regional growth plan summary highlighted that providing opportunities for community connection are priorities to ensure healthy outcomes
for Gippsland residents. These opportunities are important as research has shown that individuals with high social proximity feel connected and supported by their community, as well as have better health outcomes (Boyd et al., 2008; Boyd & Parr, 2008; Dolan et al., 2020). Reduced anonymity within rural areas, can provide an environment where community members know about each other’s lives, have shared goals, values and commitment to each other’s well-being (Boyd & Parr, 2008; Levasseur et al., 2015). Low social proximity, on the other hand can create feelings of isolation, distrust and mental health symptoms (Boyd et al., 2011; Brown et al., 2016).

Summary

Gippsland, like other rural settings can provide opportunities for young people to feel connected, supported and part of a wider community. With its varying landscapes, Gippsland offers young people the chance to unwind and relax. However, residing in rural settings such as Gippsland can provide challenges for young people due to an aging population, geographical restrictions, limited finances and reduced health services. It is important to understanding these contextual factors in relation to the methods, analysis and findings of the current study. Chapter 2, will provide a rationale for the preliminary literature review and present a summary of literature consulted.
CHAPTER 2

Preliminary Literature Review

2.1 Introduction to Preliminary Literature Review

Although going against Glaser and Strauss’s (1967) original argument that literature reviews should not be conducted prior to the data collection phase in a grounded theory study, in this PhD it was necessary as it led to the decision to conduct a grounded theory study. Glaser and Strauss (1967) argued that conducting a literature review prior to data collection can detract from originality, impose theoretical frameworks or preconceived hypotheses, thus resulting in contaminated data collection, analysis and theory development (Charmaz, 2014; Dunne, 2011; Ramalho et al., 2015). In conducting my initial literature review, I did not refute Glaser and Strauss’s (1967) arguments, rather I acknowledged their concerns and attempted to approach the study with an open mind, allowing the data to tell the story. Charmaz (2014) and other grounded theorists, such as Dunne (2011) highlighted that there are circumstances where it has been shown to be appropriate to do the literature review first. These include, providing a clear rational for the study; to confirm the study has not been done before; orient the reader and contextualise the study; gain theoretical sensitivity; avoid methodological and conceptual pitfalls; promote clarity and theoretical development; and reduce criticism associated with lack of awareness surrounding relevant literature (Charmaz, 2014; Dunne, 2011; Dunne & Üstündağ, 2020).

Hence, in agreement with Charmaz (2014) and Dunne (2011), I believe the benefits of conducting an early literature review far outweigh the concerns listed by Glaser and Strauss (1967). The literature review undertaken provided a rationale and justification for the PhD, the use of grounded theory methodology, highlighted the lack of research to date and identified how the phenomenon had been studied (Dunne, 2011; Ramalho et al., 2015). It also
helped “…avoid conceptual and methodological pitfalls” (McGhee et al., 2007, p. 336). The review also showed that there was minimal research into the impact of young people supporting a peer who has experienced a traumatic event. The review further aided the direction and development of interview questions and enhanced my familiarity with the topic at a broad level (Dunne, 2011; Dunne & Üstündag, 2020).

For transparency reasons, I have provided the initial literature review used for my ethics application and candidature, to allow the reader to start the journey with me, to highlight the theoretical viewpoints and assumptions made when developing the research design, questions, data collection and analysis and the creation of the grounded theory (Dunne, 2011; Dunne & Üstündag, 2020; Ramalho et al., 2015). Throughout the study, I made a concerted effort to remain open to the data, allowing it to take the lead. I challenged assumptions and ideas through writing memos, consulting data, reflective thinking, completing an audit trail and engaging in regular supervision (Bowen, 2009; Charmaz, 2014; Dowling, 2006; Etherington, 2004). During data collection, analysis and theory development, I did not do any outside reading and the secondary literature review (integrated into the Discussion – Chapter 7) was only conducted once the grounded theory was developed. Thus, in alignment with constructivist grounded theory, I acknowledge we are not a “passive receptacle into which data are poured…We are not scientific observers who can dismiss scrutiny of our values by claiming scientific neutrality and authority” (Charmaz, 2014, p. 27).

2.2 Literature Search Strategy

As this study was conducted as part of my PhD, in order to obtain ethics approval and justify the purpose of the study, I was required to complete a literature review into the topic (Charmaz, 2014; Dunne, 2011). I took a number of measures to ensure that there was not already an abundance of research on my PhD topic. An extensive preliminary literature search was conducted. This included using a variety of search engines and online databases
(i.e., PubMed; EBSCOhost; Academic search complete; Google Scholar; Medline; Sage; SocINDEX, PsychINFO; Family & Society Studies Worldwide; Scopus) and numerous meetings and discussions with the University librarian and colleagues to ensure a comprehensive and relevant list of search phrases (examples presented in Table 1) were used and no obvious terms were missed.

**Table 1**

*Examples of Search Phrases Used*

<table>
<thead>
<tr>
<th>Adolescence, Teenage, Young Person</th>
<th>Relationships, Bonds, Alliance, Connection, Affiliation</th>
<th>Support, Assistance, Aid, Nurture, Helping</th>
<th>Developmental Theories-Social</th>
<th>Peer Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vicarious Trauma</td>
<td>Secondary Trauma</td>
<td>Burnout</td>
<td>Compassion Fatigue</td>
<td>Transference</td>
</tr>
<tr>
<td>Peer Support</td>
<td>Peer relationships</td>
<td>Peer Mentoring</td>
<td>Peer Burnout</td>
<td>Peer Burden</td>
</tr>
<tr>
<td>Friendship Burden</td>
<td>Social Support</td>
<td>Informal Care</td>
<td>Emotional Support</td>
<td>Relationship Burden</td>
</tr>
<tr>
<td>Care</td>
<td>Mentor</td>
<td>Mental Health</td>
<td>PTSD</td>
<td>Rural</td>
</tr>
<tr>
<td>Support Acts</td>
<td>Support Systems</td>
<td>Peer Attachment</td>
<td>Helping</td>
<td>Peer Advocacy</td>
</tr>
</tbody>
</table>
2.3 Summary of Existing Literature

The following sections provide an overview of the literature reviewed which was undertaken to gain insight into the extant evidence about young people residing in rural settings, who supported a peer who experienced a traumatic event. Literature surrounding exposure to traumatic experiences of others will be discussed, followed by a biopsychosocial perspective on adolescence and how this developmental phase may impact on the processes of providing support. Youth caregiving research, peer-to-peer support and an overview of issues commonly faced by young people residing in rural places will also be discussed.

2.4 Exposure to Traumatic Experiences of Others

Previous research has shown that exposure to the traumatic experiences of others can have a profound effect on an individual (Bride, 2007; Herzog et al., 2016; Kerig, 2018). In particular, research into vicarious trauma, secondary traumatic stress, compassion fatigue and burnout have shown that working with or supporting an individual who has been exposed to a traumatic event can lead to ongoing symptoms within the supporter (Herzog et al., 2016; Michalos, 2016; Yazdani & Shaft, 2014). This literature is not directly associated with the processes of supporting a peer (peer in this study refers to a friend or schoolmate), however, secondary traumatic stress and its related conditions potentially provide insight into processes which lead to positive or negative outcomes, as well as identify processes which help prevent these conditions from arising in young people.

Although burnout, vicarious trauma and secondary traumatic stress (also known as compassion fatigue) appear to be reporting the same experiences, there are fundamental differences between them (Herzog et al., 2016; Kerig, 2018). The following section summarises these terms, discuss the impact of these conditions and highlights the protective and risk factors associated with these conditions.
### 2.4.1 Burnout

While not necessarily directly related to young people providing support to peers who have experienced a traumatic event, the concept of burnout is widely reported in literature pertaining to working directly with high-risk youth and warns of the increased likelihood of a professional developing burnout as a result of working with this population (Gould et al., 2013; Sprang et al., 2011). Some studies report that as many as 67% of mental health professionals working with youth report experiencing symptoms of burnout (Green et al., 2014). As trained professionals experience significant symptoms associated with burnout when working with high-risk youth, it leads to the question of how untrained young people with less life-experience are dealing with distressing information when supporting a friend.

Research has identified a number of risk factors which increase the likelihood of developing burnout, these include being female, being young, having an external locus of control, poor self-esteem, maladaptive coping styles and living in a rural environment (i.e., geographical isolation and limited access to services) (Maslach et al., 2001; Sprang et al., 2011). Many of these risk factors are experienced by young people residing in rural environments, including those involved in providing support to their peer who has experienced a traumatic event. Understanding these risks can reduce the likelihood of burnout in young people as well as highlight interpersonal and personal processes which may protect young people from emotional exhaustion, depersonalisation and a reduced feeling of personal achievement (Kerig, 2018).

### 2.4.2 Vicarious Trauma

McCann and Pearlman (1990) explain that burnout can occur in any highly demanding workplace, whereas vicarious trauma is a direct result of working with traumatised people. As this study is about young people directly supporting their peer, and
adolescent relationships are known to be intense, supportive and close, understanding vicarious trauma and its causes might provide insight into the processes behind supporting a peer who experienced a traumatic event (Berndt, 1982; Marsh et al., 2006). Pearlman and Saakvitne (1995, p. 151) define vicarious trauma as a permanent transformation in the “inner experiences resulting from (the cumulative) empathic engagement with clients’ traumatic material”. This transformation includes significant ongoing interruptions to a person’s sense of connectedness, identity, meaning and world view (Baird & Jenkins, 2003; McCann & Pearlman, 1990; Nimmo & Huggard, 2013; Pearlman & Saakvitne, 1995). Given young people are likely to have cumulative empathic engagement with their peer, it is unknown if this process is likely to cause similar transformations to those stated by Pearlman and Saakvitne (1995).

Risk factors associated with vicarious trauma, such as working long hours and having increased exposure to trauma material, arguably reduces the likelihood of a professional engaging in self-protective activities such as exercise, eating healthily, spending time with family and socialising (Kerig, 2018; Quinn et al., 2019; Taylor et al., 2016; Uziel et al., 2019). With young people typically spending less time with parents and more time with peers, they may have increased exposure to their peer’s trauma details and hence, similar to professionals, reduce their self-protective behaviours (Berscheid, 1994; Giordano, 2003).

Being young and having less experience working with traumatic material increases the risk of vicarious trauma (Knight, 2010; Steed & Bicknell, 2001). In particular, being new to the field can induce feelings of helplessness and incompetence, as they have not yet learnt strategies to build resilience to working with traumatic material (Kulkarni et al., 2013). In childhood, parents often ‘scaffold’ their children providing protection, social buffering and guidance. In adolescence, young people move away from this protection and start to navigate relationships on their own (Allen et al., 2003). Given the ‘newness’ of intimate peer
relationships in adolescence and lack of experience in the support role, the processes of providing support to a peer who experienced a traumatic event may induce feelings of helplessness and incompetence, similar to professionals experiencing vicarious trauma (Goossens & Marcoen, 1999; Marsh et al., 2006).

Despite the potential risks, there are a number of protective factors which aid in preventing vicarious trauma. These include the use of humour, seeking emotional support, leisure activities, self-care, and problem-focused coping styles (Baird & Jenkins, 2003; Honsinger, 2018; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Rothschild, 2006; Taylor et al., 2016). Again, however, it is unclear if young people utilise these protective factors when supporting a peer. It is also unknown if rural contextual factors (e.g., limited transport and reduced resources) impact on young peoples’ ability to access or utilise these protective factors.

2.4.3 Secondary Traumatic Stress (Compassion Fatigue)

Figley (1995b, p. 7) defined secondary traumatic stress “as the natural consequent behaviours and emotions resulting from knowing about a traumatising event experienced by a significant other - the stress resulting from helping or wanting to help a traumatised or suffering person”. Furthermore, he posited that secondary traumatic stress can occur after an individual has been exposed to traumatic material on at least one occasion (Figley, 1995b; Herzog et al., 2016; Jenkins & Baird, 2002). Secondary traumatic stress differs from vicarious trauma as it refers to the experience of family members/loved ones of someone suffering from PTSD, not professionals working with trauma (Figley, 1995a; Jenkins & Baird, 2002). Figley (1995b) posited that symptoms of secondary traumatic stress are natural reactions to being exposed to the trauma experiences of a loved one; however, if left untreated, these symptoms are likely to develop into a condition he called Secondary
Traumatic Stress Disorder. Describing his trauma transmission model, Figley (1995b) stated that a person’s desire to help, empathise and understand the traumatised individual can cause symptoms similar to the ones experienced by the traumatised person. These symptoms include visual images, depression, sleep disturbances, hyperarousal and repetitive thoughts (Figley, 1995b; Jenkins & Baird, 2002). Figley’s (1995b) model raises the question, as to whether the processes of young people supporting a peer, who experienced a traumatic event could lead to young people experiencing secondary traumatic stress symptoms.

Other studies have supported this notion of secondary traumatic stress through examining the family members of veterans, peacekeepers, military personnel and humanitarian workers (Dirkzwager et al., 2005; Fairbank & Fairbank, 2005; Fals-Stewart & Kelley, 2005; Galovski & Lyons, 2004). These studies showed that spouses or children of traumatised individuals often suffer with mental illness, insecure attachment, and struggle with individuation (Dekel & Goldblatt, 2008; Fairbank & Fairbank, 2005). Although, the above review of secondary traumatic stress is not specifically about young people supporting their peers, it highlights the importance of understanding the processes behind and potential risks associated with being a young person supporting a peer who has experienced a traumatic event.

Overall, the literature into secondary traumatic stress, burnout and vicarious trauma, suggests that there are a number of potential risk factors (e.g., young and inexperienced, residing in a rural area), which may impact on the processes of young people supporting a peer who experienced a traumatic event. Given young people move away from the ‘scaffolding’ protection of their parents and start to navigate relationships on their own, they may be susceptible to high exposure of trauma details through empathetic engagement with peers, reduced self-care strategies, and inexperience in the support role. Despite this, the protective factors identified in the above literature review (e.g., humour, seeking emotional
support, leisure activities, self-care) may help in understanding processes which allow young people to succeed when providing support to a peer. The following sections will discuss adolescent developmental stages and social interactions to help identify potential processes which may impact on young peoples’ ability to provide support, as well as research into young people providing care and peer-to-peer support.

2.5 Adolescence: Biopsychosocial Perspective

This section will examine literature on the adolescent developmental phase using a biopsychosocial perspective. Given adolescence (defined by the World Health Organisation as ages 10-24) is a time of immense change, transition, formation and development, a young person’s successful journey through these stages allows for the creation of a secure identity, emotional wellbeing and provides the framework for a safe trajectory into healthy adulthood (Blum et al., 2014; Wilson & Usher, 2015; World Health Organisation, 2018). Hence, the importance of identifying processes which may impede or help healthy development are essential.

2.5.1 Developmental Stages of Adolescence

Adolescence is divided into three stages, early (10-13 yrs.), middle (14-17 yrs.) and late (18-24 yrs.) (American Academy of Child and Adolescent Psychiatry, 2015). This thesis focuses on middle to late stages of adolescence as these stages are especially associated with: empathy; reliance on friendships; increased independence and separation from parents; conflict between high expectations of self and fear of failure; moral reasoning; capacity to form secure and loving relationships; increased ability for abstract thought and contemplation of the meaning of life (American Academy of Child and Adolescent Psychiatry, 2015; Blum et al., 2014; Casey et al., 2008).
The following sections describe the adolescent brain, environmental influences (i.e., family, social and community) and vulnerabilities and opportunities for growth associated with this developmental phase.

2.5.2 The Adolescent Brain

The literature on adolescent brain development was consulted to help understand young people’s opportunities for growth and learning through their experiences of supporting a peer as well as to understand what happens when things go awry. The adolescent brain is vulnerable during periods of transition and any variation in the normal development process (such as over- or under-pruning of neuronal connections), or to exposure to adverse environmental stimuli (i.e., trauma, stress) can impact on its healthy development (Fields, 2010; Ladouceur et al., 2012; Sheikh et al., 2014; Waller et al., 2017). Furthermore, because of the order of brain maturation, the higher-order executive functioning areas of the brain, which allow for the perception of risk, weighing of consequences and judgment, develop last (Casey et al., 2008). This leads to adolescents often seeking out or encountering environmental challenges (i.e., supporting a peer who experienced a traumatic event), which can precipitate mental health problems (Siegel, 2014).

Thus, adolescence is a dynamic phase of development, which is underpinned by significant brain maturation, puberty and a period of ‘calibration’ of emotional and cognitive control systems (Bava & Tapert, 2010; Casey & Jones, 2010; Casey et al., 2008). Although there is a heightened risk for things to go awry, there is also a huge opportunity for growth and learning (Eccles et al., 1993; van Duijvenvoorde et al., 2015). In light of this, the process associated with supporting a peer who has experienced a trauma event, potentially offers an opportunity for learning and growth, or can increase a young person’s risk of negative
outcomes such as secondary traumatic stress. The following section will discuss family, social and community influences on the adolescent developmental phase.

### 2.5.3 Environmental Influence: Family, Social and Community

Research into environmental influences on adolescent development has highlighted that young peoples’ cognitive and emotional processes, relationships, judgements and behaviours are not only underpinned by biological factors, but are also influenced by family dynamics, social interactions and community influences (Caputo, 2004; Glasgow et al., 1997; Maguire & Fishbein, 2016). These environmental influences will now be discussed and linked to the phenomenon being studied.

### 2.5.4 Family Dynamics

Lending from Bowen’s Family System theory, each family member is emotionally connected and independent (Titelman, 2014). Hence, the way a parent perceives adolescent behaviour can significantly impact the young person’s thoughts, feelings and behaviours. For example, if a parent perceives a young person’s friendship with a peer as negative, a young person might rebel against their parent to maintain that friendship. Furthermore, utilising attribution theory (judgement processes used to understand why an event occurred or the reason for a person’s behaviour), a parent’s perception of adolescent behaviour significantly influences their treatment and discipline of the young person (Dix et al., 1989; Glasgow et al., 1997). Thus, using the example above, a parent may use harsh discipline techniques to control their child’s rebellion, rather than asking them why the friendship is so important. This child-centred parental attribution (child is at fault) can, in turn, amplify the young person’s behaviours of rebellion or withdrawal (Carpentier et al., 2008; Fulu et al., 2017; Stith et al., 2009). Bowen’s Family System theory and attribution theory potentially highlight the need for strengthening of familial relationships, as well as identify risks for young people
supporting their peer who experienced a traumatic event. For example, the child-centred parental attribution can lead to a rupture in the young person’s relationship with their parent, and thus leave the young person feeling alone, misunderstood and unlikely to seek support from their parent.

For a young person to successfully transition into adulthood and form a secure sense of identity, secure attachments with family and friends are essential (Gander et al., 2017; Marsh et al., 2006). Successful formation of attachments have been shown to reduce mental illness and risk-taking behaviours, as well as increase coping strategies and enhance social skills (Agerup et al., 2015; Gander et al., 2017; Moretti & Peled, 2004). Hence, young people having supportive and positive relationships with their parents, guardians and/or family, may aid in preventing potential negative outcomes (i.e., secondary traumatic stress) associated with supporting their peer who experienced a traumatic event.

2.5.5 Social Interactions

Erikson (1956) (famous for his theory on the psychological development of humans) theorised that young people either lacked or rejected older generation role models and hence, turned to their peers for recognition, normality and insight. Thus, Erikson’s theory supports the premise that young people will turn to their peers for support. Peer relationships are extremely important, as a young person moulds their identity around these relationships. Through experiences of friendships, young people create a framework for understanding the meaning of self and others (Furman, 1993; Furman & Buhrmester, 1985). Relationships with peers are different to those with parents, in that reciprocity in peer relationships are based on mutuality and the notion of self as a creator of reality through thoughts, emotions and derived meanings (Furman, 1993; Roach, 2019).
Friendships amongst young people involve sophisticated relational patterns which rely on feedback, peer influences and act as the primary source of social support when a young person is distressed (La Greca & Harrison, 2005; Nawaz, 2011; Prinstein et al., 2005). It is through self-reflection and social comparison that a young person develops their identity and self-concept (Gander et al., 2017; La Greca & Harrison, 2005; Nawaz, 2011; Prinstein et al., 2005). Nawaz (2011) identified that peer attachment is connected to identity formation within young people as it teaches them social skills and develops their self-concept. Helseth and Misvaer (2010) argued that friendships amongst young people are essential as they can promote psychological wellbeing through acceptance and integration. Thus, taking this into consideration, the process and outcome of providing support to a peer who has experienced a traumatic event, may impact positively or negatively on a young person’s identity formation and self-concept.

According to Sullivan’s (2001) interpersonal theory, individuals seek satisfaction and security through their interpersonal relationships and actively employ strategies to avoid anxiety producing interactions (Evans, 2017; Wake, 2015). These avoidance techniques are observable through behavioural patterns exhibited when engaging in interpersonal relationships. Thus, if a young person has been repeatedly rejected by their peers, they are likely to view future friendships in a negative light and use these expectations and experiences as predictors for future negative encounters. Experiences such as these, impede the healthy development of the affiliative system and impact negatively on the individual’s sense of self (Furman, 1993; Furman & Wehner, 1994).

Sullivan (2001) outlined six pre-adult epochs, which include: infancy, childhood, juvenile era, preadolescence, early adolescence, and late adolescence. Ruptures created during these stages can have significant impacts on the young person’s personality growth and interpersonal relations (Evans, 2017). During the preadolescence stage, relationships are
formed on acceptance, mutual understanding, and desire to satisfy each other’s needs for connection and security. When a young person is unable to develop connection, acceptance or interpersonal intimacy, it can lead to feelings of loneliness, an experience which Sullivan (2001) described as more powerful than anxiety.

According to Sullivan (2001), early adolescence reflects the young person’s increasing independence, the development of sexual relations and lust, whilst also seeking security from anxieties and fighting loneliness through seeking intimacy. If the young person continues to experience anxiety, feel disconnected and lonely during this period, Sullivan (2001) believed the young person would face serious interpersonal problems in future stages. However, if a young person successfully achieves resolution of the above stages, they form interpersonal capacity during their late adolescence, represented by the fusion of intimacy and lust (Evans, 2017). Thus, the successful completion of late adolescence, is demonstrated by a young person being self-confident, mature minded, and able to communicate easily and establish intimacy. Those who do not form an interpersonal capacity, Sullivan (2001) described as seeing themselves as not deserving of love and intimacy, inadequate and incapable.

Sullivan’s stages of development, provides useful insight into the development of personal and interpersonal processes amongst young people, as well as highlighting the potential risks for young people supporting a peer through a traumatic event. Furthermore, it brings to light the need to understand how young people interpret their role as a supporter, how they perceive their peer’s behaviours (e.g., withdrawn) and whether these meanings and processes impact on their successful transition through the above developmental stages. Thus, according to Sullivan’s (2001) interpersonal theory, a young person supporting a peer who has experienced a traumatic event, could perceive this interaction as a threat to their security
and satisfaction, and hence be more likely to avoid these anxiety provoking interpersonal situations.

2.5.6 Community Influences

The community’s ability to understand young people and provide a welcoming and supportive environment is essential to aid in the smooth transition from adolescence to adulthood (Bradley et al., 2004; Dallago et al., 2009). Research has shown that social capital is derived from the time a young person and their family have spent in the community (Kirkpatrick Johnson et al., 2005). The more time associated with community activities the higher the likelihood of a young person succeeding in life and building interpersonal capacity (Ervin et al., 2014; Evans, 2017).

Furthermore, positive place attachment can provide young people with safe environments to build, explore and form their personal, social and community identity as well as enhance their self-esteem and independence (Dallago et al., 2009). This is particularly important in rural areas, as positive place attachment is typically associated with a young person experiencing high social proximity with their community (Scannell & Gifford, 2014, 2017). Social proximity describes a person’s interpersonal relationship with community members, groups and the wider community (discussed further under section 1.3.4) (Boyd & Parr, 2008; Ervin et al., 2014; Levasseur et al., 2015). Hence, community connection, positive place attachment and high social proximity, may act as protective factors for young people providing support to a peer who has experienced a traumatic event.

Summary

Without secure attachments to family, peers and the community a young person can feel isolated and alone in their journey of identity formation and achieving interpersonal
capacity (Evans, 2017; Gander et al., 2017; Poon et al., 2017). Coupled with the complexities of neurological development, the reviewed literature provided insight into areas of growth, learning and potential risks for young people taking on the role of supporting to a peer who experienced a traumatic event. The following section will examine research into youth caregiving and peer-to-peer support. Given, the second aim of this study, to understand the contextual influences on providing support to a peer in a rural setting, the remainder of the literature review will focus on young people in rural areas.

2.6 Youth Caregiving

As there is limited research into the personal and interpersonal processes associated with young people supporting a peer, this section of the literature review draws on research into caregiving youth to help understand the processes potentially at play. Research has shown that when providing emotional support to significant others (e.g., parents), young people experience many negative consequences, which include: isolation, stigma, poor schooling (i.e., low attendance and bullying), limited leisure activities (due to time constraints), and lack of recognition for the burden of their caregiver role (Cree, 2003; McAndrew et al., 2012). These factors, highlight the conflict for young people providing emotional care to a significant other, where social barriers are created that prevent their own emotional needs from being met (McAndrew et al., 2012). This in turn increases the likelihood of the young person developing mental health problems (Cree, 2003; McAndrew et al., 2012).

The toll on young carers for providing support to their parents who have mental health problems, extends beyond the domestic and intimate care duties, as they are often required to provide emotional care, such as crisis support (Gray et al., 2008; McAndrew et al., 2012). Young carers are often required to complete these roles on their own, with limited support
and training, thus causing feelings of frustration, potential incompetence and low self-esteem (Aldridge & Becker, 2003; Cree, 2003; Gray et al., 2008; Joseph et al., 2020).

Despite the heavy toll associated with caregiving, young people often voluntarily participated in this role and demonstrated commitment, skill, resilience and pride (Aldridge & Becker, 2003; McAndrew et al., 2012). Aldridge and Becker (2003) further stated that young carers showed early maturity, increased self-esteem and close family bonds. Although, one could argue that providing care can interrupt the developmental milestones associated with Sullivan’s (2001) juvenile era, due to social barriers; the intimacy, skills and maturity learnt from the caregiving role potentially outweigh the negatives and support the young person’s ability to form interpersonal capacity (Aldridge & Becker, 2003; Gray et al., 2008; McAndrew et al., 2012).

2.7 Youth Peer-to-Peer Support

Youth peer-to-peer support highlights the social, emotional, and practical support provided by young people to their peers (Simmons et al., 2018; Simmons et al., 2020). This support can be offered within the community or through employment settings, such as mental health services (Gillard et al., 2014). The premise of peer-to-peer support is that young people who have lived experience of mental ill-health and recovery can relate better, offer authentic empathy and validation (Simmons et al., 2018; Simmons et al., 2020). Furthermore, the reciprocal benefits of peer-to-peer support can offer hope for recovery, increase confidence, empowerment, self-esteem, self-management, and social inclusion for both the supporter and ‘supported’ (Simmons et al., 2020). However, the role of supporter can also create negative outcomes, which include role confusion, stigma and lack of role credibility, power imbalances, difficulties defining and maintaining boundaries (Simmons et al., 2018; Vandewalle et al., 2016). In particular, Simmons et al. (2020) found that young supporters struggled to play the role of ‘helper’ as they felt ingenuine due to their own mental health.
problems and needing to take care of themselves. Given the age and potential vulnerability of peer-to-peer supporters, research has shown it is vital for these individuals to undertake supervision and youth specific training (Gillard et al., 2014; Simmons et al., 2018; Simmons et al., 2020).

Once again, this research appears to highlight both positive and negative aspects to providing support to a peer. Similar to research into secondary traumatic stress and youth caregiving, this research highlights the need for young people in supporting roles to be provided with opportunities to learn support skills, maintain boundaries, and continue to focus on self-care throughout their support journey. Again, the current literature has not directly addressed our understanding of the personal and interpersonal processes associated with young people supporting their peers who have experienced a traumatic event, which is the focus of this PhD.

As this PhD research is set in a rural environment, the following section will discuss rural environments and how these settings may impact on the processes associated with providing support to a peer who experienced a traumatic event. In particular, this section will provide an overview of the complexities faced by young people and increased risk of exposure to trauma events when residing in a rural community.

2.8 Elevated Risks for Youth in Rural Environments

Numerous studies have shown that rural-residing youth compared to urban-residing youth, exhibit higher levels of depression, alcohol and substance abuse, risk taking behaviours, suicidality and self-harm, anxiety, psychiatric disorders, difficulties with stress and coping, bullying and isolation (Aisbett et al., 2007; Boyd et al., 2006; Boyd et al., 2007; Boyd et al., 2011; Boyd et al., 2008; Dulmus et al., 2004; Edington, 1970). Aisbett et al. (2007) highlighted that the increased prevalence of risk-taking behaviours and mental health
problems in rural settings occurs due to the delay in help-seeking among rural adolescents. Furthermore, research into help-seeking behaviours in rural adolescents has identified that young people often rely on themselves or friends for support. This reliance can lead to negative health outcomes such as avoidance and minimisation of symptoms, fear of disclosure, enhanced secrecy and reinforce the stigma associated with mental illness (Brown et al., 2016; Lee & Browne, 2008). These findings support the need to understand the personal and interpersonal processes associated with supporting a peer who has experienced a traumatic event.

2.8.1 Barriers to Accessing Support

Young people are faced with a number of barriers when trying to access support in rural areas. These barriers can delay help-seeking behaviours and increase self-reliance (Aisbett et al., 2007; Black et al., 2012; Kilkkinen et al., 2007). In particular, research has identified barriers such as geographical isolation, financial hardship, inadequate resources, limited access to services, stigma, social isolation, as well as environmental extremities (fire, drought, and flood) (Black et al., 2012; Boyd et al., 2006). All of these factors impact a young person’s ability to access support, increasing the likelihood of young people relying on each other and reducing help-seeking behaviours (Black et al., 2012; Boyd et al., 2006; Brown et al., 2016; Curtis et al., 2011; McAllister et al., 2018; Sawyer et al., 2001).

Confidentiality and high social proximity within a rural community are essential to reducing the above barriers to accessing support (Ervin et al., 2014; Hodges et al., 2007). For example, a young person experiencing low social proximity can have concerns for confidentiality due to community members questioning their reason for accessing services, sharing this information, breaching confidentiality and feeling ostracised by the community (Aisbett et al., 2007; Ervin et al., 2014; Sawyer et al., 2001). These concerns are likely to
increase the reliance on peers for support rather than support services (e.g., counselling). This further supports the need to understand the personal and interpersonal support process amongst young people.

2.8.2 Exposure to Trauma in Rural Environments

Previous research into trauma exposure in rural environments has shown that individuals residing in rural settings are at greater risk of being exposed to traumatic events on both the individual and community levels when compared to their urban counterparts (Boyd et al., 2011; Corinne et al., 2004; Handley et al., 2015; Herzog et al., 2016; Thomas et al., 2015; Yang et al., 1997). Specifically, the research on trauma exposure in rural environments has shown that individuals residing in rural settings are more likely to experience:

- Accidents: such as motor vehicle accidents and workplace related traumas
- Increased rate of suicide and suicide attempts
- Family violence, child abuse (physical/sexual) and neglect
- Accident-related injuries
- Crime related violence
- Environmental adversity: bushfire, drought and floods

This research highlights the elevated risk to young people residing in rural settings of being exposed to traumatic events and further supports the study aims. Chapter 2 discussed research such as secondary traumatic stress, caregiving and peer-to-peer support to help identify the risks (i.e., secondary traumatic stress) and potential benefits (i.e., individuation, increased social skills) associated with providing support to a peer. This literature review informed the study aims to understand the personal and interpersonal processes associated with young people in a rural setting supporting their peer who has experienced a traumatic
event. It further highlighted the need to understand the impact of the contextual environment on these processes. Chapter 3, presents the rationale for the study and its aims, whilst Chapter 4 will discuss the research methodology, constructivist grounded theory, used in this study.
CHAPTER 3

Study Rationale and Aims

Given little is known about the processes associated with supporting a peer who has experienced a traumatic event, the literature review has drawn on research surrounding secondary traumatic stress, biopsychosocial perspective of adolescent development, youth caregiving, peer-to-peer support and rural environments, to help highlight and understand potential processes which may arise for young people. Although the literature reviewed has primarily focused on helping professionals working with traumatised individuals; family members or close associates of individuals suffering with PTSD; young people providing care to a loved one; or young people employed to provide peer-to-peer support, the literature provides potential insight into the personal and interpersonal processes as well as identifies possible benefits and risks associated with supporting a peer (Baird & Jenkins, 2003; Cree, 2003; Figley, 1995b; Herzog et al., 2016; Jenkins & Baird, 2002; McCann & Pearlman, 1990).

As discussed in Chapter 2, the risks associated with the development of conditions such as secondary traumatic stress, have a number of common features similar to those experienced by young people in middle-late adolescence residing in rural environments. These risks include being young, inexperienced, underdeveloped coping styles and high rates of trauma (Baird & Jenkins, 2003; Quitangon et al., 2015). Additionally, young people in rural settings are exposed to higher rates of individual and community traumatic incidents, have limited support services available and rely on peers for emotional support (Black et al., 2012; Boyd et al., 2006; Sawyer et al., 2001).

Given that adolescent relationships are defined as a critical period in social development where increased importance is placed on friendships and the intensity and
reliance on these relationships, young people may be at risk of over identifying and over empathising with their peers (La Greca & Harrison, 2005; Prinstein et al., 2005). However, these relationships can also provide young people with the opportunity for individuation, growth, enhanced social skills and heightened connection (Nawaz, 2011; Sullivan, 2001). The literature review surrounding secondary traumatic stress, the intensity of relationships, youth caregiving and reliance on friends for emotional support throughout this developmental period, highlights the need to understand the phenomenon of young people in a rural environment providing support to their peer who has experienced a traumatic event.

Thus, gaining an in-depth understanding of the phenomenon of young people supporting their peers, can aid in identifying situations that increase individuation, strengthen identity and promote growth, whilst decreasing potential negative health outcomes. Hence, the aim of the study was to understand the processes associated with rural-based young people supporting their peer who had experienced a traumatic event. Specifically, the study investigated individual and interpersonal processes and explored the impact of the contextual environment in which these processes were taking place. The following section presents my philosophical viewpoint.

3.1 Philosophical Viewpoint and Methodology Rationale

The use of a qualitative approach is supported when little is known about the phenomenon under investigation (Bryant, 2007; Smith, 2015). Hence, by using this approach I was able to explore and gain an in-depth understanding of the phenomenon of supporting a peer who has experienced a traumatic event, from the young people’s perspectives in their natural setting (Charmaz, 2014; Smith, 2015). This qualitative approach allowed me to acknowledge historical, environmental and cultural influences, whilst remaining localised in the social and cultural context of the participants (Bryant, 2007; Crotty, 2003; Scotland, 2012).
As I am a clinical psychologist and academic who works in a rural community and have had experience working with young people in this setting, it was important that I acknowledged my own subjectivity, as this knowledge and experience cannot be separated from the research (Charmaz, 2014; Guba & Lincoln, 2005; Pitard, 2017). Thus, I recognised that my belief system and theoretical perspective influenced my methodological approach and hence linked my role in data collection and analysis (Bryant, 2007; Charmaz, 2014; Pitard, 2017). Furthermore, I acknowledged that meaning is co-constructed between the participant and myself and hence, cannot be completely objective (Charmaz, 2014; Chun Tie et al., 2019; Mills et al., 2006).

Throughout this study, I acknowledged my values, perspectives and training, as part of the analysis process and construction of meaning (Bryant, 2007; Charmaz, 2014; Smith, 2015). The constructivist interpretivist paradigm supports the use of qualitative methods and is based on the perspective that multiple realities exist and meaning is co-constructed between the researcher and participant (Bryant, 2007; Charmaz, 2014). Therefore, for this study, I chose constructivist grounded theory methodology to help explore and gain in-depth understanding of the phenomenon of rural-based young people supporting a peer who has experienced a traumatic event.

Grounded theory involves inductive, iterative, interactive and abductive processes (Bryant, 2007; Charmaz, 2014). These processes supported the development of a substantive theory which was grounded in the data and explained the phenomena under investigation (Bryant, 2007; Charmaz, 2014). The data collection research method chosen for this study was in-depth interviews. Interviews helped me identify and explore the interconnected processes amongst young people living in rural environments and who were involved in providing support to their peers (Bryant, 2007; Charmaz, 2014). Chapter 4, will discuss the research methodology, constructivist grounded theory, used in this study.
CHAPTER 4

Research Methodology

This chapter provides a rationale for the use of the constructivist interpretivist paradigm and symbolic interactionist framework for the study. It also includes a summary of the methodological approach, grounded theory, used in the study. In particular, this chapter will give an overview and brief history of grounded theory, as well as its variants. As this study followed Charmaz’s (2014) constructivist grounded theory, the chapter includes a detailed discussion of this methodological approach and highlights the grounded theory methods utilised in the study. In this chapter the importance of rigour, validity and reflexivity is also discussed. Figure 6 provides an overview of the topics covered in this chapter.

Figure 6

Chapter Overview: Theoretical Orientation, Grounded Theory Variants and Method
4.1 Theoretical Orientation

The study draws on a constructivist interpretivist paradigm and symbolic interactionist framework. A constructivist interpretivist paradigm views knowledge as “subjective, personal, unique and flexible where the researcher is engaged with the subjects” (Ataro, 2019, p. 49); and a symbolic interactionist framework focuses on how individuals construct meaning through actions (Charmaz, 2014). Given the study focused on young people in rural environments who each have their own set of contingencies (i.e., environmental barriers and limited resources), a constructivist interpretivist paradigm was deemed appropriate. Furthermore, given that the current study is based on young people’s perspectives surrounding support, symbolic interactionism helps provide a theoretical framework which is participant centred and based on a person’s perception of their reality (Creswell, 1994; Denzin & Lincoln, 2005; Plas & Kvale, 1996).

Guba and Lincoln (2005) highlighted that a researcher’s philosophical preferences guide the research design through their ontological (researcher’s view of reality) and epistemological (how the researcher makes sense of knowledge they produce) viewpoints as well as the choice of methodology. These philosophical preferences are often applied to research through the use of paradigms (Ataro, 2019; Guba, 1989; Guba & Lincoln, 2005). Lincoln et al. (2011) proposed five paradigm positions underpinning qualitative research, which will now be discussed.

4.1.1 Guba, Lincoln and Lynham’s Five Paradigms

Guba and Lincoln (2005) initially identified four paradigm positions: positivism, post-positivism, critical theory and constructivism, however they later added a fifth position, participatory (Lincoln et al., 2011). Positivism holds the belief that there is a single reality which can be studied and measured through scientific investigation (Guba, 1989; Guba &
Lincoln, 2005). Similarly, post-positivism also argues a single reality, however, acknowledges reality may never be completely understood due to the researcher’s limitations of being human and subjective (Denzin & Lincoln, 2005; Guba & Lincoln, 2005). Critical theory disputes the notion of single reality and posits that reality is formed through cultural, social, political, economic and gender values, which are created over time (Guba, 1989; Guba & Lincoln, 2005). Similar to critical theory, constructivism, also confirms that multiple realities exist, however argues that meanings are local, specific to time and place, are co-constructed and individual/group meaning cannot be generalised into one common reality (Bryant, 2007; Charmaz, 2014). A participatory paradigm acknowledges the link between subjective and objective world views and focuses on the co-creation of meaning through human mind and cosmos (Guba & Lincoln, 2005; Heron & Reason, 1997).

Of Guba and Lincoln’s (2005) five paradigm positions, the constructivism paradigm was deemed most suitable for this study given that the aim was to understand a rural-based young person’s individual point of view and their experiences of supporting a friend who had gone through a traumatic event. Galbin (2014) and Creswell (2014) highlighted that constructivism is most commonly associated with interpretivism, an anti-positivist epistemology, which seeks to understand how meaning is created, understood, negotiated and changed through an individual’s interactions with others as well as influenced by historical, social and cultural norms (Dessler, 1999). Thus, given the current study is based in rural settings and seeks to understand the individual’s subjective experience, a constructivist-interpretivist paradigm has been adopted for this study. The following section provides a summary of this paradigm.
4.1.2 Constructivist Interpretivist Paradigm

A constructivist interpretivist paradigm assumes both a relativist ontology and a subjectivist epistemology (Lincoln et al., 2011). As a researcher, I accept a relativist ontology, acknowledging multiple realities exist, that individual meanings are derived through interactions and these meanings can only be understood when contextually positioned within a specific place and time (Creswell, 1994; Levers, 2013; Plas & Kvale, 1996). I considered a relativist ontology appropriate for the study given the focus is on interactions between young people living in rural settings and gaining an understanding of their individual perspectives (Crotty, 2003; Levers, 2013; Plas & Kvale, 1996). A relativist ontology further supports an interpretive method, which aims to understand the phenomenon from the participant’s perspective, investigating their interactions with others, whilst acknowledging historical and cultural influences (Crotty, 2003; Scotland, 2012).

The use of a constructivist interpretivist paradigm supports the use of qualitative in-depth interviews (Bryant, 2007; Charmaz, 2014). Qualitative research methods are often used to answer questions based on the participant’s “experience, meaning and perspective” (Hammarberg et al., 2016, p. 499). Hence, I decided to utilise this method to explore and gain in-depth understanding of the phenomenon of rural-based young people supporting a peer who had experienced a traumatic event. In-depth interviews support the gathering of data from a young persons’ perspective in a naturalistic setting (Charmaz, 2014; Smith, 2015).

Acknowledging the ontological politics of complexity, this study draws upon symbolic interactionism as a way to “… retain the tensions, complexities and multidimensionality of the different realities performed in everyday activities in heterogeneous assemblages of humans and non-humans” (Landstrom, 2000, p. 479). Symbolic interactionism provides a theoretical framework to acknowledge such complexities
by examining society from the bottom-up, placing the same importance on the individual as on society as a whole (Charmaz, 2014). The following section provides a summary of symbolic interactionism and links this framework to the philosophical orientation of the current study.

4.1.3 Symbolic Interactionism

Based on George Herbert Mead’s theory of the self, symbolic interactionism posits that meaning is formed and created when an individual interacts with society through communication, language and symbols (Bryant, 2007; Charmaz, 2014; Denzin & Lincoln, 2005). In particular, as people assign meanings to objects, symbols and events, their behaviour is defined and acted out in accordance with these meanings (Carter & Fuller, 2015; Denzin & Lincoln, 2005). Symbolic interactionism argues that individual meanings are not fixed but constantly changing and adapting through social interaction (Blumer, 1986; Charmaz, 2014). By acknowledging the connection between the individual and the context within which they exist, symbolic interactionism provides a theoretical framework that can guide qualitative research aiming to understand human behaviour within a social context (Carter & Fuller, 2015; Handberg et al., 2014).

Blumer (1986) expanded on Mead’s theory and coined the term ‘symbolic interactionism’. He articulated three basic principles of symbolic interactionism: 1) people act based on the meanings they have placed on the object, event, symbol and interaction, 2) idiosyncratic (individual) meanings are derived from social interaction with others, and 3) meanings are not permanent as they adapt and change depending on an individual’s experiences and interactions (Blumer, 1986; Bryant, 2007). Blumer (1986) conceptualised the study of human behaviour in the form of actions and the study of group behaviours in units (what people do collectively). Thus, each individual can adjust and change their contribution
in order to help a group achieve identified goals. It is this process which Blumer (1986) believed created social life and society (Carter & Fuller, 2015, 2016; Charmaz, 2014).

Professor Kathy Charmaz, developer and one of the leading constructivist grounded theory researchers, added to Blumer’s three principles of symbolic interactionism by further stating that “meanings are interpreted through shared language and communication” (Charmaz, 2014, p. 270; Keller & Charmaz, 2016). Charmaz (2014) argued that groups have shared meanings when they have common goals and actions. For example, young people may use the word ‘sick’ to describe an object, event or place that is awesome, whereas adults relate this word to someone who is suffering from an illness or feeling unwell. Charmaz’s second premise was that “the mediation of meaning in social interaction is distinguished by a continually emerging processual nature” (Charmaz, 2014, p. 270), this highlights that life is made routine through relationships with other individuals, social worlds, organisations and shared values. Thirdly, Charmaz (2014) argued that these routines and shared meanings are challenged when an individual’s routine responses either no longer work, become problematic or new information arises. For example, the routine of going to school, can be challenged when a young person is being bullied, especially if the bullying continues after they ask for help from teachers.

Charmaz (1990) also highlighted that symbolic interactionism works on the assumptions that similar to placing meaning on objects, individuals are able to objectify and assign meaning to themselves. For example, young people can interpret their support actions as being effective or ineffective when supporting a peer. This phenomenological perspective of studying conscious experience from the young person’s point of view, supports the aim of the study (Charmaz, 1990, 2014; Edmonds & Kennedy, 2017). Furthermore, Blumer (1986) recommended using a symbolic interactionism methodology as a way to go inside an
individual’s mind to understand their world as they perceive it. This notion also supports the use of symbolic interactionism in the current study.

Symbolic interactionism highlights that social interactions lead to individuals reassessing their assigned meanings (Azarian, 2017; Blumer, 1986; Carter & Fuller, 2016). This is of particular interest for the current study, as it is unclear whether rural-based young people reassess their assigned meanings and actions when supporting a peer who has experienced a traumatic event (Blumer, 1986; Chamberlain-Salaun et al., 2013; Charmaz, 2014). As the current study is focussed on young people living in rural settings, and each individual participant will have their own contingencies (such as geographical isolation, limited transportation and reduced health services), the use of a symbolic interactionist framework supports understanding this human behaviour and the social context in which it occurs.

Charmaz (2014, p. 277) believed that the combination of symbolic interactionism and grounded theory methods “…fit, complement and can advance each other”. As stated above, symbolic interactionism highlights that meaning is created through interactions, is changeable and open to review; as too are the characteristic grounded theory methods of constant comparative analysis, memo writing and theoretical sampling (Blumer, 1986; Chamberlain-Salaun et al., 2013). Through use of these methods, a researcher interacts, reassesses and assigns meaning to data to identify a substantive grounded theory. Thus, as symbolic interactionism can guide the analysis of daily practices and experiences, grounded theory can provide the “tools to make theoretical sense of these experiences and practices” (Charmaz, 2014, p. 281).

This section provided a rationale for the use of the constructivist interpretivist paradigm and symbolic interactionist framework in the current study. The following section
provides a summary of the methodological approach used in this study. In particular, this section will discuss the history and variants of grounded theory and fully explain the constructivist approach.

4.2 Methodological approach – Grounded theory

Grounded theory was originally developed by Barney Glaser and Anselm Strauss in the 1960s (Glaser & Strauss, 1967). In their book, *The Discovery of Grounded Theory*, they aimed to provide an alternative to positivist quantitative research that dominated research at the time. Grounded theory focused on replicable design and reliable results using developed instruments (Bryant, 2007; Charmaz, 2014; Glaser & Strauss, 1967). Glaser and Strauss (1967) offered a systematic approach to studying human nature, which incorporated a person’s actions, creation of meanings and intentions. Thus, linking positivism (objective study of human nature using systematic strategies for collection and analysis of observable data) with pragmatic philosophical theories such as symbolic interactionism.

Glaser, influenced by Columbia University positivism, wanted to codify qualitative research similar to the codifying of quantitative research (Bryant, 2007; Charmaz, 2014). Strauss’ views, on the other hand, were shaped by the Chicago school of pragmatism, and he introduced themes of free will, ability to choose, make decisions, create social and idiosyncratic meaning, and problem solving to grounded theory (Bryant, 2007; Timonen et al., 2018). The unique combination of positivist and pragmatist epistemologies underlying grounded theory led to the distinguishing characteristic of constant comparative methods, which aim to organise and analyse qualitative data and generate theory that is inductively derived from the data (Charmaz & Thornberg, 2020; Glaser & Strauss, 1967). This grounded theory is known as classical grounded theory (also known as traditional or Glaserian), and is positioned within Guber and Lincon’s (2005) post-positivist paradigm (Bryant, 2007; Charmaz, 2014). Thus, classical grounded theory posits that through systematically following
a set of methodological procedures, a researcher will be able to identify an objective theory, which is grounded in the data and this theory will be the same, irrespective of who conducts the analysis (Bryant, 2007; Glaser & Holton, 2004). Classical grounded theory has two stages of coding, substantive coding and theoretical coding (Qureshi & Ünlü, 2020). Substantive coding is conducted through open coding (analytical process of assigning codes to observed data) and selective coding (applying theory to the core categories of the open coded data) (Charmaz, 2014; Qureshi & Ünlü, 2020). "Theoretical codes conceptualise how the substantive codes may relate to each other as hypotheses to be integrated into a theory" (Glaser, 1978, p. 78).

Strauss’ assumptions that there is no single truth; that the external world is made up of symbolic representations; and that there is no divide between the interior and external worlds as they are created and recreated through interactions, led to Strauss taking a different methodological direction from Glaser (Mills et al., 2007). One of the main criticisms of classical grounded theory was that it did not propose specific rules surrounding data collection and analysis (Charmaz, 2014; Timonen et al., 2018). To address this and provide a method of validation, Strauss with Juliet Corbin offered another variant of grounded theory which had objectivist underpinnings, that is, the understanding of an “objective, external reality which can be discovered by the researcher and reported on” (Timonen et al., 2018, p. 3).

Strauss and Corbin (1990) attempted to demystify grounded theory by providing strict procedures for data analysis, primarily moving beyond the traditional inductive approach. Their method promoted induction (specific observations, identify patterns, create hypotheses, develop theory); deduction (starting with a theory, creating a hypothesis, make observations and confirming hypotheses) and verification (theory verified by data analysis) as essential components of grounded theory (Bryant, 2007; Strauss & Corbin, 1990). In particular,
Strauss and Corbin (1990) recommended specific data analysis techniques to help validate emerging categories, these included: open coding (analysis of data in all possible directions), axial coding (organising and synthesising data, whilst linking categories with sub-categories and questioning how they are related) and selective coding (core category selected and connected to other categories depending on their relationship) (Strauss & Corbin, 1990). It is these procedures that Glaser argued contradicted the underlying premise of grounded theory, enforced unnecessary data analysis procedures and overlooked the key component of induction and category emergence (Bryant, 2007; Charmaz, 2014).

In response to Glaser’s criticisms, Strauss and Corbin amended their variant of grounded theory by focusing on deduction, validation and elaboration, thus moving from an objectivist paradigm to a relativist paradigm (Bryant, 2007; Smith, 2015). Charmaz (2014) identified that Strauss and Corbin had moved towards a relativist ontology by acknowledging co-creation of theory; recognising the macro-social influences on actions, understanding that reality is interpreted and is time and place dependent. In their third edition, Strauss and Corbin, acknowledged the rigidity of their original approach and stated that grounded theory should be flexible and techniques should be used according to the researcher’s methodological needs (Charmaz & Thornberg, 2020; Strauss & Corbin, 1990; Strauss & Corbin, 1998). This approach is known as Straussian grounded theory (Bryant, 2007; Strauss & Corbin, 1990).

In response to classical and Straussian grounded theory, Charmaz (2014) developed another variant, termed constructivist grounded theory. Different from post-positivist versions of grounded theory (which placed the researcher as a detached scientific observer), Charmaz (2014) held the belief that researcher and participant co-construct meaning. Charmaz (2014) further acknowledged the researcher’s role in analysing data and generating theories, as well as encouraging researchers to create interpretive meanings of the
phenomenon being observed. Despite the differing grounded theory epistemologies between classical, Straussian and constructivist, all involved research methods that were iterative, comparative, emergent and open ended, as defined originally by Glaser and Strauss in 1967 (Charmaz, 2014). However, constructivist grounded theory, unlike classical or Straussian, acknowledges that social reality has multiple meanings, is processual and constructed, thus the researcher’s values, preconceptions and interactions must be considered as part of the reality of research (Bryant, 2007; Charmaz, 2014). Bringing a relativist perspective to grounded theory, the constructivist approach views research as being constructed, that is there is no one truth and allows for reflexivity through a researcher’s decisions and actions (Bryant, 2007; Charmaz, 2014; Charmaz & Thornberg, 2020).

Charmaz (2014) further argued that grounded theory is not a verification model as stated by Strauss and Corbin (1990), rather it is a process of abductive inference. This abduction process encourages the researcher to contemplate all possible explanations for unexpected or surprising data, formulate hypotheses and test these hypotheses through re-examining the data and potentially gathering more data through theoretical sampling (Bryant, 2007; Charmaz, 2014). Making abductive inferences allows the researcher to find the most plausible explanation for the occurrence of the phenomenon. Charmaz (2014, p. 201) stated that grounded theory is an abductive method as it “…involves reasoning about experiences for making theoretical conjectures - inferences - and then checking them through further experience - empirical data”. Thus, Charmaz (2014) posited that although constructivist grounded theory incorporates traditional notions of induction and deduction, it is the process of abduction which leads to empirically scrutinised theories.
4.2.1 The Constructivist Approach - Rationale for this study

Grounded theory is a research method which goes beyond describing and exploring data, its purpose is to discover or generate new theory to explain complex phenomena; this method is recommended in studies where there is limited research into the area being studied (Bryant, 2007; Charmaz, 2014; Glaser & Holton, 2004). In the study of rural-based young people supporting a peer who has experienced a traumatic event research was limited, thus grounded theory was deemed an appropriate methodology to address the aims of the study (Charmaz, 2014). In particular, constructivist grounded theory was selected for this study to support the development of understanding and learning about the personal and interpersonal processes of rural-based young people providing support to their peers. A grounded theory methodology explains the phenomenon being studied through the development of a substantive theory. A substantive theory is abstracted from and grounded in the data collected (Chun Tie et al., 2019).

In this study, the development of a substantive theory grounded in the data was achieved through conducting in-depth interviews with young people and using grounded theory research processes of simultaneous data collection, constant comparative methods and increased abstraction (Charmaz, 2014). The use of a constructivist grounded theory methodology assisted in identifying young people’s individual experiences and how interpersonal processes were developed, changed or maintained (Charmaz, 2014; Starks & Brown Trinidad, 2007). Charmaz (2011) further stated that grounded theory is a suitable methodology to use in the development of social policy, which is consistent with my aspiration to contribute to policy and guidelines surrounding the well-being of young people residing in rural environments (Richards & Farrokhnia, 2016).
4.3 Overview of Grounded Theory Methods

This section begins by providing an overview of the grounded theory methods and presents a metaphor and illustration of the methods used in the study, which followed Charmaz’s (2014) recommendations for coding. Furthermore Strauss and Corbin’s (1998) storyline method will be discussed as it was used to aid the development of the substantive theory. This chapter concludes with an explanation of how memoing, theoretical sampling, rigor, reflexivity and validity; and sample size were considered throughout the study.

Constructivist grounded theory, similar to other variants of grounded theory consists of concurrent data collection and analysis; constant comparison between data; coding; theoretical sampling; and memo writing (refer to Figure 7 for summary of constructivist grounded theory processes). These processes allow for emergent categories and theories to be identified through constant interaction with the data leading to greater abstraction and theory development (Bryant, 2007; Glaser & Strauss, 1967; Smith, 2015; Timonen et al., 2018). Once the substantive theory is identified by the researcher, it has relevance to the contextual place/group from where the data were collected (Charmaz, 2014; Chun Tie et al., 2019). The theory is defined as substantive as it is grounded in the data and is discovered through a bottom-up, inductive reasoning process using methods of simultaneous data collection and constant comparative analysis (Bryant, 2007; Charmaz, 2014).
Figure 7

*Processes of Constructivist Grounded Theory*

<table>
<thead>
<tr>
<th>CONSTRUCTIVIST GROUNDED THEORY</th>
<th>Co-creation of meaning through interactions between interviewee and researcher</th>
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<tbody>
<tr>
<td><strong>RESEARCHER</strong></td>
<td></td>
</tr>
<tr>
<td><strong>INDUCTIVE</strong></td>
<td>No preconceived ideas, rather ideas come from participant’s stories</td>
</tr>
<tr>
<td><strong>ITERATIVE</strong></td>
<td>Cycles of simultaneous data collection and analysis</td>
</tr>
<tr>
<td><strong>INTERACTIVE</strong></td>
<td>Coding, memo writing, theoretical sampling, sorting and integrating</td>
</tr>
<tr>
<td><strong>ABDUCTIVE</strong></td>
<td>Inferential leaps of abnormal findings and testing hypotheses through data to determine plausible explanation</td>
</tr>
<tr>
<td><strong>DATA</strong></td>
<td></td>
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<tr>
<td><strong>THEORY</strong></td>
<td></td>
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<tr>
<td><strong>INITIAL CODES</strong></td>
<td>Line by Line Incident by incident</td>
</tr>
<tr>
<td><strong>FOCUSED CODING</strong></td>
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<td><strong>THEORETICAL SAMPLING</strong></td>
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<tr>
<td><strong>CONCEPTUAL CATEGORIES</strong></td>
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<tr>
<td><strong>ADVANCED CODING</strong></td>
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<td><strong>CORE CATEGORY</strong></td>
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</table>

**CONSTANT COMPARISON**

data
incident
category
Constructivist grounded theory coding starts with the researcher analysing the data to create preliminary codes (events which occur in the data) and categories (comparing codes to identify potential relationships between them) (Bryant, 2007; Charmaz, 2014). Thus, the researcher transitions between induction (developing categories from the data) and deduction (contemplating how these categories relate to other data) (Glaser & Strauss, 1967; Strauss & Corbin, 1998). From here the researcher makes hypothetical leaps (abduction) to explain the relationships and what is occurring in the data; this hypothetical leap is either supported or rejected by the ongoing induction and deduction processes (Bryant, 2007; Charmaz, 2014). If the hypothetical leap is confirmed, then data changes from being descriptive to forming part of the substantive theory (Bryant, 2007). This process of abduction leads to the researcher identifying emerging theoretical codes which explain the social phenomenon under investigation (Charmaz, 2014). Saldaña (2016, p. 250) explained that “a theoretical code functions like an umbrella that covers and accounts for all other codes and categories formulated thus far in the grounded theory analysis”. The processes of induction, deduction and abduction occur through performing the key elements of grounded theory methods (Charmaz, 2014; Glaser & Holton, 2004).

Charmaz (2014) and Bryant (2007) highlighted that grounded theory methods do not need to have prescriptive methodological requirements or rules, rather methods should be seen as flexible guidelines. Charmaz (2014, p. 15) further stated “…all variants of grounded theory offer helpful strategies for collecting, managing and analysing qualitative data”. Thus, Charmaz supports the use of grounded theory methods drawn from the classical, Straussian and constructivist variants (Bryant, 2007; Charmaz, 2014). In particular, Charmaz (2014) upheld the use of classical and Straussian methods such as the storyline method when additional support is needed to progress theory development. This recommendation was followed in the current study, explained below.
4.3.1 The Grounded Tree: Metaphor and Illustration of the Grounded Theory Methods used in this Study

In order to explain the approaches used in this study, I will use the metaphor of a tree. As shown in Figure 8, the tree’s roots are grounded in the earth and fed by the data. Through the nourishment of grounded theory methods such as simultaneous data collection and analysis and constant comparative analysis, the tree begins to grow. The tree trunk represents Charmaz’s (2014) coding recommendations which include initial, focused and advanced coding. As the tree grows stronger, so too does the level of conceptual abstraction towards theory development. To help the tree take its natural state and remove weak and damaged branches, the researcher prunes the tree by using Strauss and Corbin’s (1998) storyline method (discussed in section 4.4.3 Advanced Coding), to test and identify the core category and understand the relationship between categories and develop a substantive theory. The result is a healthy tree crown (the identified grounded theory), which has been nourished from the ground up.
As stated above, Charmaz’s (2014) recommendations for coding were used for this study. The Storyline method from the Straussian school was also drawn upon to help re-evaluate data and progress towards theory development (discussed in detail below). The following section provides a summary of Charmaz (2014) methods as well as discuss Strauss and Corbin’s (1998) storyline method which were used in this study.
4.4 Charmaz’s Initial, Focused and Advanced Coding

Coding is the process of defining and categorising data into headings, which help explain what the data represents and identifies how the researcher separates and sorts data and begins to create analytical explanations (Bryant, 2007; Charmaz, 2014; Glaser & Strauss, 1967). As stated, Charmaz’s grounded theory typically has three main phases of coding: initial coding, focused coding, and advanced coding (Bryant, 2007; Charmaz, 2014; Smith, 2015).

4.4.1 Initial Coding

Initial coding is the open-ended process of naming words, lines or sections of data. The initial codes are always grounded in the data and allow for the researcher to identify knowledge gaps and establish the direction of further data collection (Bryant, 2007; Charmaz, 2014; Saldaña, 2009). Initial codes are provisional and comparative as they may change as further data collection and analysis takes place (Bryant, 2007; Charmaz, 2014). There are two types of initial coding; line-by-line and incident-by-incident (Charmaz, 2014). Line-by-line coding is where the researcher applies codes to each line of the data (i.e., interview transcript) (Charmaz, 2014). Whereas incident-by-incident coding compares similarly occurring incidents to each other, these incidents are then compared to the researcher’s previous explanations of what was occurring in the data (Bryant, 2007; Charmaz, 2014; Smith, 2015). Saldaña (2016) described incidents as discrete events, occurrences, ideas, actions, patterns, perceptions, and interactions of importance that are identified in the data. Furthermore, it is these incidents that can help identify potential processes, how they change, develop and are maintained (Charmaz, 2014). Processes consist of “… unfolding temporal sequences that may have identifiable markers with clear beginning and endings and benchmarks in between” (Charmaz, 2014, p. 17). Using constant comparative methods, such as comparing data from
the original interview with subsequent interviews, allows for the identification of similarities and differences in the data (Birks & Mills, 2011; Glaser & Strauss, 1967; Saldaña, 2009).

To aid in the coding process, Charmaz (2014) provided guidelines on how to perform initial coding. These guidelines included, creating simple and precise codes and moving through the data quickly. In particular, she recommended coding by hand to help the researcher to move swiftly and spontaneously through the data, remain open minded and create short codes closely aligned to the data (Bryant, 2007; Charmaz, 2014). Charmaz (2014) further recommended using in vivo codes and gerunds (a noun form of a verb, plus ‘ing’ (a present participle) to help identify participants’ actions, upholding their perspectives and experiences, as well as encouraging the researcher to begin analysis from the participant’s point of view (Birks & Mills, 2011; Bryant, 2007; Charmaz, 2014).

**4.4.2 Focused Coding**

Focused coding identifies emergent categories (frequent or significant codes), determines the strength of initial codes and creates analytical direction (Bryant, 2007; Charmaz, 2014; Saldaña, 2009). Constant comparison of current initial codes and ongoing coding of new data supports the researcher to start developing categories (Saldaña, 2009). This process is ordinarily not linear and usually requires the researcher to continually return to the initial codes for clarification or exploration of unforeseen occurrences (Bryant, 2007; Charmaz, 2014; Saldaña, 2009). The elevating of focused codes into conceptual categories highlights their importance, explanation and fit within the data (Birks & Mills, 2011; Charmaz, 2014). Categories include common themes and patterns defined by a number of codes (Bryant, 2007; Charmaz, 2014; Smith, 2015). During this analytic stage, the properties or dimensions of the categories are defined. Properties are the shared characteristics of all concepts defined under a category and dimensions are deviations of a property (Moghaddam,
2006; Strauss & Corbin, 1998). Through the process of conceptual abstraction, some
categories are raised to theoretical codes, while other categories are demoted to form sub-
categories. White (2016) provided an example of focused coding (Box 1):

**Box 1**

*Example of a Focused Code*

<table>
<thead>
<tr>
<th>Facilitator:</th>
<th>Why do you say that you trust lecturers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewee:</td>
<td>I trust they have had experience to be able</td>
</tr>
<tr>
<td></td>
<td>to teach us what we need to learn to become a</td>
</tr>
<tr>
<td></td>
<td>teacher. I trust that they have the knowledge,</td>
</tr>
<tr>
<td></td>
<td>they've been trained, they've got the qualifications to</td>
</tr>
<tr>
<td></td>
<td>be able to know this is what a teacher in 2013 needs to</td>
</tr>
<tr>
<td></td>
<td>know, yes.</td>
</tr>
</tbody>
</table>

**4.4.3 Advanced Coding**

Advanced theoretical coding aids in the identification of the core category. The core
category integrates memos and all substantive categories and highlights their relationship to
116) defined a core category as “the central phenomenon around which all other categories
are integrated”. Furthermore, the identification of the core category is a key stage in theory
development, as it highlights the central phenomenon being studied and allows the research
question to be answered (Glaser & Holton, 2004; Hernandez, 2009). Theoretical codes show
the potential relationships between categories and help provide an analytical narrative of
these relationships (Charmaz, 2014; Saldana, 2009).

Strauss and Corbin (1990) identify the use of the storyline method to help progress
conceptual abstraction and move towards theory development. Birks and Mills (2015, p. 180)
defined storyline as “a strategy for facilitating integration, construction, formulation, and
presentation of research findings through the production of a coherent grounded theory”. This method was criticised by Glaser (1992), who believed that it unnecessarily forced data to fit into a category. In their second edition, Strauss and Corbin (1998) reduced emphasis on storyline, however, continued to support its use for the later stages of coding and as a tool to aid theory development (Birks & Mills, 2011).

Birks et al. (2009) also acknowledged storyline as a useful tool, and argued it is a method that can be used throughout the research process to help construct, integrate and identify a grounded theory. To assist researchers in theory development grounded in the data, Birks et al. (2009) provided guidelines, through the mnemonic, TALES (Table 2). TALES was used in this study to guide the writing of the storyline in the advanced stages of coding.

**Table 2**

*TALES: Guidelines for Writing the Storyline*

<table>
<thead>
<tr>
<th>Theory takes precedence</th>
<th>Theoretical constructs which incorporate categories and their relationships take priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allows for variation</td>
<td>Incorporating variation including negative cases adds depth and dimension to the storyline</td>
</tr>
<tr>
<td>Limits gaps</td>
<td>The evolving theory includes gaps and limitations identified in the analysis process</td>
</tr>
<tr>
<td>Evidence is grounded</td>
<td>Movement between data, allows for a valid and abstract description of the data</td>
</tr>
<tr>
<td>Style is appropriate</td>
<td>The researcher’s conceptual interpretation of the data is reflected in the storyline</td>
</tr>
</tbody>
</table>

Adapted from: Birks et al. (2009)
The following section provides an explanation of memo writing, which was used through the study to aid in constant comparative analysis, ground me in the data and help in the formation of the theory (Bryant, 2007; Charmaz, 2014; Strauss & Corbin, 1990). Following this will be a discussion of theoretical sampling, category saturation, theoretical sorting and sample size.

### 4.4.4 Memos

A reflexivity journal, which included memos, was maintained throughout the research process and involved documenting my observations, reflections, decisions and processes. The writing of memos occurred throughout the data analysis process and aided in the process of greater abstraction towards developing the grounded theory (Charmaz, 2014). Memos were used to increase conceptualisation of ideas, identify codes and categories, and capture my assumptions and viewpoints, thoughts, questions and connections made throughout the analysis process (Bryant, 2007; Charmaz, 2014). An example of a memo was provided by Hoare et al. (2012, p. 284):

**Memo 18 September 2009**

*Already I can see that education impacts on how nurses retrieve information. Nurse A did not mention using the internet or decision-making tools whereas nurse B knew all the sites to go to.*

### 4.4.5 Theoretical Sampling, Rigor, Reflexivity and Validity

During the coding process as categories were identified, further data was collected with new participants and supplementary questions asked to explore the validity of emerging categories (Bryant, 2007; Charmaz, 2014; Glaser & Strauss, 1967; Smith, 2015). Theoretical
sampling was used in two phases: 1) Theoretical sampling was used throughout the initial interviewing and coding process (18 interviews), to gather further information surrounding new/identified concepts and 2) Rural theoretical sampling was required to help develop and understand the impact of the contextual environment on the constructed grounded theory (see section 5.11). Theoretical sampling was used to strengthen, refine, elaborate and define categories and continued until no new properties emerged in the data (saturation) (Bryant, 2007; Charmaz, 2014; Glaser & Strauss, 1967). Although data saturation is contested and highly subjective in qualitative research, I considered categories were saturated when newly collected data did not provide any new insights into categories or between categories (Bryant, 2007; Charmaz, 2014). Once ‘saturation’ of categories occurred, I sorted through the analytic memos to compare, create, refine and integrate theoretical links between the saturated categories (Bryant, 2007; Charmaz, 2014). This process allowed me to show how themes were identified, as well as explain the relationships between categories. Diagramming was used to help visually reflect these relationships between categories (Bryant, 2007; Charmaz, 2014). Diagrams can include maps, figures, charts and pictures to show the direction and scope of the sorted categories (Bryant, 2007; Charmaz, 2014).

Charmaz (2014) highlighted that in addition to data collection, analysis and reporting, rigor and reflexivity in constructivist grounded theory is important as it maintains trustworthiness and credibility. Birks and Mills (2015, p. 52) defined reflexivity as “...systematically developing insight into your work as a researcher to guide your future actions”. Similarly, Guba and Lincoln (2005, p. 183) define it as the “conscious experiencing of the self as both inquirer and respondent, as researcher and learner, as the one coming to know the self within the processes of research itself”. Thus, reflexivity required me to function on multiple levels, recognise my multiple identities, and be fluid in these roles throughout the process of the study (Etherington, 2004; Guba & Lincoln, 2005).
In grounded theory, to promote rigor and validity, the researcher is required to be transparent about their subjective approach, their decision making and how interpretations are made (Charmaz, 2014; Etherington, 2004). This is especially important for the current study, as I used the constructivist grounded theory framework, which holds the belief that meaning is co-constructed between myself as the researcher and the participant (Charmaz, 2014). Reflexivity, rigor and validity was achieved through: memoing; critical analysis of reflective memos; reinterviewing participants; supervision; transcripts being multi-coded by members of the research team; obtaining feedback from participants and completing an audit trail (of decisions, emotional reactions and judgements) (Bowen, 2009; Charmaz, 2014; Dowling, 2006; Etherington, 2004). My reflexivity statement is provided in Chapter 5, section 5.13.

4.4.6 Sample Size for Grounded Theory

Despite many grounded theorists disagreeing on the adequate sample size needed for purposive samples, a common goal is data saturation (Charmaz, 2014; Guest et al., 2006). Charmaz (2014) stated that reaching saturation in grounded theory is more dependent on the quality of data collected rather than on sample size. She further supported Mark Mason’s (2010) concept that a competent interviewer could potentially produce more analytical data from 10 interviews, when compared to a new interviewer who conducted 50 interviews. Strauss and Corbin (1998) further stated that in order to construct a grounded theory, at least 10 interviews with comprehensive coding are required. This study’s sample size consisted of 22 participants which exceeded Strauss and Corbin’s (1998) recommendation for building a grounded theory, yet remained feasible within the constraints of a PhD timeframe.

The above section gave an overview of grounded theory methodology, in particular the constructivist approach, and provided a description of the grounded theory methods used
in the study to help in theory development (Figure 8, The Grounded Tree). The following chapter will provide information pertaining to the research design of this study.
CHAPTER 5

Research Design

This chapter will discuss the study aims, qualitative research methods used, present the research design steps taken, and conclude with my positionality and reflexivity statement. Figure 9 provides a summary of this chapter and topics discussed.

Figure 9

Chapter Overview

Study Design
Constructivist Grounded Theory

Research Design
Sampling, Participants, Materials, Data Collection, Ethics

Data Analysis-Coding
Initial; Focused; Advanced- Storyline

Theoretical Sampling
Coding- Initial and Focused

Reflexivity Statement

5.1 Research Questions

According to Charmaz (2014), research within constructivist grounded theory addresses ‘what’ and ‘how’ questions, and provides suitable methods to study individual and interpersonal processes. Constructivist grounded theory was used to answer the following:

What are the individual and interpersonal processes associated with rural-based young people supporting their peers who had experienced a traumatic event? How does the contextual environment impact on these individual and interpersonal processes?
5.2 Research Design

This was an observational constructivist grounded theory qualitative study. The following sections describe the specific elements of the research design used to investigate the research questions, including youth consultation, sample selection, recruitment of participants, ethical considerations, data analysis and reflexivity.

5.3 Youth Consultation

To ensure a youth friendly study, young people were consulted around their views on what is trauma, the study design and the interview questions. The young people who provided feedback did not participate in the study. Given this study was based on young people supporting their peer who had experienced a traumatic event, I wanted to ensure the scope of the study aligned with the perspectives of young people. Initial consultations with young people helped shaped the inclusion criteria and who was eligible for the study. Furthermore, as the definitions of trauma were also a focus of the interviews in the primary study, these findings are presented in the results chapter. The following section briefly highlights the consultations which took place. Detailed descriptions of the outcome of these consultations are provided under the relevant headings (e.g., changes to interview protocols are under the Materials section).

5.3.1 Definition of Traumatic Events for the Study

In order to obtain a youth perspective on the definition of traumatic events to be used in this study, a list of traumatic events (i.e., car accident) was presented to eight young people (age range: 15-17 years), residing in Gippsland, who heard about the study through the Youth Access Clinics and volunteered to provide feedback. The resulting definition of trauma arising from these consultations is provided in section 5.6.3.
5.3.2 Interview Questions and Study Design

To obtain end-user perspective and ensure the study design was appropriate for youth, the draft interview questions (based on the literature review) and the study design were then presented to the Foster Secondary College Youth Advisory Group and four young people, who volunteered to provide feedback after they heard about the study from a nurse employed at the Youth Access Clinic (feedback discussed in section 5.6).

Once feedback was integrated, the amended draft interview questions were piloted with a further two young people (female 19 years and male 15 years), who volunteered to participate and met the eligibility criteria for the study (but were not part of the final sample). This feedback and recommended changes were integrated into Interview Protocol 1. Furthermore, all feedback provided by young people and the Foster Secondary College Youth Advisory Group was integrated into the Ethics application for this study.

Rural Theoretical sampling was required to obtain further information surrounding the impact of the contextual environment. As a result, a second interview schedule was developed and reviewed by three young people who were recruited via the Foster Secondary College Youth Advisory Group and volunteered to review Interview Protocol 2. Feedback was integrated into Interview Protocol 2 (discussed further in section 5.6.4).

5.4 Sampling and Setting

Convenience sampling, social media and snowballing were utilised to identify rural-based young people aged between 14 and 20 years of age who identified themselves as having provided support to a peer who had experienced a traumatic event (Bryant, 2007). Convenience sampling occurred though placing advertisements (Appendix B) about the proposed study on social media and at a variety of youth access clinics (YACs) within the
region of Gippsland in the state of Victoria (Australia). These advertisements were aimed at seeking potential study participants.

Once participants were identified, snowballing (participants recruit other participants) was used in which participants were asked if they knew a young person who had provided support to a peer who had experienced a traumatic event. A copy of the advertisement (hard copy given directly to the young person, emailed or sent via social media site) was given to the participant who passed it on to other young people who might be interested in participating in the study.

All potential participants completed a screening interview (face to face or over the phone) (Appendix C) with myself to determine eligibility for the study. Once the screening tool was completed, I used purposive criterion sampling for participant selection. The inclusion criteria were:

- Aged between 14-20 years (inclusive) and had provided support to a peer who was exposed to a traumatic event (See section 1.4 for definition). The traumatic event(s) did not have to occur in a rural environment.
- Young person must have been living in a rural environment (as defined by Australian Standard Geographical Classification system (ASGC-RA) (Australian Bureau of Statistics, 2018) (described in Chapter 1) at the time of providing support to their peer who had experienced a traumatic event.

Exclusion criteria included:

- Diagnosed with Post Traumatic Stress Disorder (PTSD) (from a qualified health professional) as a result of directly experiencing a traumatic event.
PTSD was screened using the Post Traumatic Stress Scale (PCL-C) (United States Department of Veterans Affairs, 2012). Individuals who scored 30 or above were excluded from the study as these scores are indicative of PTSD symptoms. Discussed in detail under section 5.6.2, Materials.

- Inability to obtain parental or guardian consent if under 18 years of age.
- Support provided to a traumatised peer prior to reaching the age of 14.
- Living in RA1 region (Major cities of Australia) as defined by the ASGC-RA (defined in Chapter 1).

As the data collection phase progressed, in line with grounded theory methodology, theoretical sampling involving purposive sampling (recruiting participants who have particular characteristics and/or experiences) was used to help further develop emerging categories (Bryant, 2007; Smith, 2015).

5.5 Participants

Twenty-three young people contacted me, via telephone ($n=12$) and email ($n=11$) to express their interest in being a participant in the study. Young people identified that they heard about the study either through the YAC advertisement ($n=8$), their mother ($n=7$), counsellor ($n=4$), through a friend ($n=2$) or a sibling ($n=2$). After screening, 18 participants met the inclusion criteria for the study. The 18 participants’ scores on the PCL-C indicated that they were not suffering from Post-Traumatic Stress Disorder (PTSD) ($M = 19.94$, range 17-25). Five young people did not meet the inclusion criteria for the study due to either living in an urban area ($n=1$) or not being able to obtain consent from a parent or guardian ($n=4$).

The initial sample comprised 18 young people, 5 males and 13 females, with a mean age of 16.38 (range 14-19 years). After the initial 18 interviews, theoretical sampling interviews were conducted with three previous participants and four new participants ($n=7$).
Selection of the three previous participants was based on comments made in their initial interviews which needed further clarification. The four new participants heard about the study through the YAC advertisements. Upon data saturation, the final sample consisted of 22 participants, 6 males and 16 females, with a mean age of 16.54 (range 14-19). All the new participants ($n=4$) met the inclusion criteria for the study and did not meet the PCL-C criteria for post-traumatic stress disorder ($M = 20.5$, range 18-24). No participants identified as Aboriginal or Torres Strait Islander (Indigenous Australian). Participants’ names have been removed and replaced with a pseudonym of the participant’s choice or if the participant did not identify a pseudonym, I allocated them one. These pseudonyms were used throughout the data analysis and reporting of results.

The modal age was 16 years ($n=6$), followed by 17 ($n=5$); ages 14, 18 and 19 had 3 participants in each age bracket; and the least represented was 15 ($n=2$). Eighteen participants were attending secondary school (year level range 8-12), two were working part-time and two were unemployed. Most participants who attended school were in Year 10 ($n=5$) and Year 12 ($n=5$); followed by Year 11 ($n=4$), with two participants in each Year level 8 and 9.

At the time they gave support to a peer, the 22 participants resided in 11 towns across Gippsland, Victoria (Chapter 1, Figure 5). These towns varied in population size from small rural towns (360 residents) to larger regional towns with 14,000+ residents. According to the Australian Bureau of Statistics’ Australian Standard Geographical Classification–Remoteness Area (ASGC-RA), these towns are defined as rural and are categorised as RA2 (inner regional) areas (Australian Bureau of Statistics, 2018). Specifically, 15 participants came from West Gippsland, four participants from South Gippsland; two participants came from Bass Coast and one participant from Latrobe Valley.
The participants identified a diverse range of traumatic events through which they supported their peers. These events included family violence \((n=5)\); friend dying by suicide \((n=3)\); attempted suicide \((n=3)\); motor vehicle accident (MVA) resulting in death \((n=4)\); self-harm \((n=2)\); sexual assault \((n=2)\); fire, house burning down \((n=1)\); parent drug using \((n=1)\); and physical assault \((n=1)\).

Given the close relationships associated with living in a rural environment and difficulty maintaining anonymity, traumatic events and geographical locations have been explained in summative form only. Table 3 provides a summary of participants’ demographic details and details of the type of trauma events.
Table 3
Participant Demographics and Friend’s Traumatic Event

<table>
<thead>
<tr>
<th>Participant No.</th>
<th>Pseudonym</th>
<th>Gender</th>
<th>Age</th>
<th>Region</th>
<th>Friend’s Traumatic Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jason</td>
<td>M</td>
<td>19</td>
<td>RA2*</td>
<td>Sibling died in MVA**</td>
</tr>
<tr>
<td>2</td>
<td>Eva</td>
<td>F</td>
<td>16</td>
<td>RA2</td>
<td>Friend physically assaulted</td>
</tr>
<tr>
<td>3</td>
<td>Belinda</td>
<td>F</td>
<td>19</td>
<td>RA2</td>
<td>Self-harm/suicide attempt</td>
</tr>
<tr>
<td>4</td>
<td>Di</td>
<td>F</td>
<td>17</td>
<td>RA2</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>5</td>
<td>Chris</td>
<td>M</td>
<td>14</td>
<td>RA2</td>
<td>Fire: House burnt down</td>
</tr>
<tr>
<td>6</td>
<td>Erin</td>
<td>F</td>
<td>16</td>
<td>RA2</td>
<td>Father drug user</td>
</tr>
<tr>
<td>7</td>
<td>Frances</td>
<td>F</td>
<td>14</td>
<td>RA2</td>
<td>Family violence</td>
</tr>
<tr>
<td>8</td>
<td>John</td>
<td>M</td>
<td>17</td>
<td>RA2</td>
<td>Family violence</td>
</tr>
<tr>
<td>9</td>
<td>Nikki</td>
<td>F</td>
<td>15</td>
<td>RA2</td>
<td>Self-harm</td>
</tr>
<tr>
<td>10</td>
<td>Rosie</td>
<td>F</td>
<td>17</td>
<td>RA2</td>
<td>Family violence</td>
</tr>
<tr>
<td>11</td>
<td>Sam</td>
<td>F</td>
<td>15</td>
<td>RA2</td>
<td>Friend sexually assaulted</td>
</tr>
<tr>
<td>12</td>
<td>Simon</td>
<td>M</td>
<td>17</td>
<td>RA2</td>
<td>Friend died in MVA / suicide</td>
</tr>
<tr>
<td>13</td>
<td>Sarah</td>
<td>F</td>
<td>19</td>
<td>RA2</td>
<td>Friend sexually abused</td>
</tr>
<tr>
<td>14</td>
<td>Liz</td>
<td>F</td>
<td>18</td>
<td>RA2</td>
<td>Self-harm &amp; suicide attempt</td>
</tr>
<tr>
<td>15</td>
<td>Kristy</td>
<td>F</td>
<td>16</td>
<td>RA2</td>
<td>Self-harm</td>
</tr>
<tr>
<td>16</td>
<td>Phyl</td>
<td>F</td>
<td>14</td>
<td>RA2</td>
<td>Family violence</td>
</tr>
<tr>
<td>17</td>
<td>Ronnie</td>
<td>M</td>
<td>16</td>
<td>RA2</td>
<td>Friend died by suicide</td>
</tr>
<tr>
<td>18</td>
<td>Kate</td>
<td>F</td>
<td>16</td>
<td>RA2</td>
<td>Family violence</td>
</tr>
<tr>
<td>19</td>
<td>Bell</td>
<td>F</td>
<td>18</td>
<td>RA2</td>
<td>Friend died in MVA</td>
</tr>
<tr>
<td>20</td>
<td>Chloe</td>
<td>F</td>
<td>16</td>
<td>RA2</td>
<td>Friend died by suicide</td>
</tr>
<tr>
<td>21</td>
<td>Mick</td>
<td>M</td>
<td>17</td>
<td>RA2</td>
<td>Friend died by suicide</td>
</tr>
<tr>
<td>22</td>
<td>Rebecca</td>
<td>F</td>
<td>18</td>
<td>RA2</td>
<td>Friends died in MVA</td>
</tr>
</tbody>
</table>

* RA2 (Inner Regional)
** MVA (Motor Vehicle Accident)
5.6 Materials

5.6.1 Screening Interview

The screening interview (Appendix C) was designed to determine if a young person was eligible to participate in the study. This interview comprised of a short introduction to explain the purpose of the interview and provided examples of individuals who may not meet the eligibility criteria for the study, i.e., live in the city. The interview also consisted of six questions, which aimed to gather information surrounding the young person’s age, if they had been previously diagnosed with PTSD, what traumatic event they supported their friend through, how old were they when they provided support and did this support occur when they resided in a rural environment. If the young person met the criteria for the study, they were then asked to complete the PTSD Checklist-Civilian version (PCL-C) (Appendix D), to ensure they did not currently meet the diagnostics criteria for PTSD (United States Department of Veterans Affairs, 2012).

5.6.2 PTSD Checklist-Civilian version (PCL-C)

To reduce potential risks associated with triggering participants who may have PTSD and to ensure that the experiences discussed related to supporting a peer who had experienced a traumatic event, all participants were screened for post-traumatic stress disorder through administering the PCL-C. The PCL-C can be used with any population and asks questions surrounding symptoms associated with “generic stressful experiences” (United States Department of Veterans Affairs, 2012, p. 1). This self-report instrument can be conducted face to face or by telephone and contains 17 items which are measured on a 5-point scale ranging from ‘not at all’ to ‘extremely’. For the purpose of this study, the scores for each of the 17 items were added, providing a total symptom severity score (range =17-85). A cut-point score of 30 was used, with participants scoring below 30 meeting eligibility for the study.
Gelaye et al. (2017) reported the Cronbach’s internal reliability coefficient as excellent for the PCL-C (Cronbach’s alpha = 0.90), thus indicating a high degree of internal consistency for this measure.

5.6.3 Interview Protocol 1

The initial draft interview questions (Interview Protocol 1) were designed to understand rural-based young people’s experiences of providing support to their peer who had experienced a traumatic event (Aisbett et al., 2007; Boyd et al., 2011; Fox et al., 1995). Semi-structured, as well as broad open-ended interview questions were developed based on the literature review and aimed at understanding the phenomenon of the proposed study. Interview questions aimed to gather information pertaining to participant knowledge, perspectives and experiences (Kelly, 2010).

The draft interview questions and the study design were then presented to the Foster Secondary College Youth Advisory Group and four young people, in order to obtain end-user perspective and ensure the study design was appropriate for youth. The Foster Secondary College Youth Advisory Group comprised of eight young people (age range: 15-17 years), as well as a mental health nurse and a youth worker. This group was consulted on four separate occasions between February and May 2019. A further four young people (age range: 14-18 years) who volunteered to provide feedback were also consulted during the months of February and March 2019, via email. These consultations indicated that the study design and questionnaires were mostly appropriate for young people, however the following recommendations were made:
• Expand the definition of trauma to add traumas identified by young people. For example, addition of bullying, parental drug and alcohol dependency and mental health conditions.

• Remain open to the definition of trauma as defined by the young person.

• Confirmed that the set age limit (14-20 years old) of participants was appropriate.

• Language changed in the young person version of the Participant Information Sheet/Consent Form (PICF) to ensure it was youth appropriate (e.g., removed psychological terms such as secondary traumatic stress).

This feedback and recommendations given by the Foster Youth Advisory Group, youth worker, adolescent mental health nurse and four young people were incorporated into the final study design and interview questions.

As a result of the consultation process, the term ‘traumatic event’ used in this study is defined as:

A young person reporting to their friend that they have been exposed to or experienced a trauma, including: accidents (i.e., motor vehicle accidents and workplace related traumas), suicide and suicide attempts; family violence; parent or caregiver having a mental health condition/ drug or alcohol abuse; child abuse (physical/sexual) and neglect; accident related injuries; bullying; crime related violence; and environmental adversity: bushfire, drought and floods.

The amended draft interview questions were piloted with a further two young people (female 19 years and male 15 years), who volunteered to participate and met the eligibility criteria for the study (but were not part of the final sample). These pilot interviews aimed to ensure appropriateness of language and suitability to achieve the study aims. Signed consent
was obtained from both young people and a parent, to participate in the pilot interviews which were recorded.

These recorded interviews were reviewed by myself and the research team, who agreed with the identified amendments. This feedback process highlighted that the interview protocol was suitable and appeared to capture rural-based young people’s experiences of providing support to their peer who experienced a traumatic event. However, the two young people (in the pilot interviews) provided the following feedback in relation to interview protocol 1 which was integrated into the final version (Appendix E):

- Change wording ‘education’ to: Are you at school? If so, what year level?
- Question: Can you tell me what kind of things would you define as a traumatic event?
  
  **Feedback:** Incorporate and be open to young peoples’ definition of trauma.

- Remove question 3: What happened next? as it didn’t make sense, nor did they feel it was relevant.

When conducting the interviews with participants, I used a variety of probing questions to help clarify and obtain information. Examples of these probing questions are: *Can you please tell me a bit more about that? And what is an example of that?* At the conclusion of the interview, I thanked the participant, asked them if they had any questions, final comments, or anything else they thought was important to know. The participants were asked if they were willing to be contacted to clarify any information in the interview, 17 of the 18 participants agreed to be recontacted. Box 2 displays the Interview Protocol 1 questions.
Box 2

Final Interview Protocol 1 Questions

Demographic Information
Can you please tell me about yourself?

Prompts
Name, Gender, Age, Are you at school? If so what year level:

1. Can you tell me what kind of things would you define as a traumatic event?

2. Can you tell me about a time when you supported a friend through a traumatic event? Prompts
   a. What was the traumatic event experienced by your friend?
   b. How was your friend acting or behaving? (i.e. crying, pacing, quiet, distant)
   c. How did you feel when you were supporting your friend?
   d. How did you act or behave when supporting your friend?
   e. How well do you know this person?

3. Tell me about what happened- how you came to support your friend Prompts
   a. Who if anyone was involved?
   b. Did anyone help you to emotionally support your friend?

4. How do you emotionally support your friend? What do you do?
   a. Did the emotional support happen more than once?

5. When, if at all, did you experience or notice feeling different as a result of supporting your friend?
   Prompts
   a. How did it feel?
   b. What were you thinking?
   c. What exactly was it that made you feel different?
   d. Did you ever feel judged or bullied for feeling different or upset?
      i. If so by whom?

6. Did you hear about the traumatic event from anywhere else? Prompts
   a. If so where?
   b. How many times did you hear about the trauma?
   c. How much detail did you know about the trauma?
   d. How did you feel when you heard about it?

7. Was there anything else happening in your life at the time of emotionally supporting your friend?

8. What advice would you have for others who are about to support their friend following a trauma?

9. After providing support to your friend, did you feel as though you needed support? Prompts
   a. If so what support did you need?
   b. Were you able to access this support?

10. What supports might be important for a young person providing support to a friend following trauma?

11. Is there anything else you would like to add or do you have any questions?
5.6.4 *Interview Protocol 2*

After conducting and analysing the initial 18 interviews, rural theoretical sampling was required to obtain further information to understand the impact of the contextual environment on the individual and interpersonal processes of providing support to a peer who experienced a traumatic event. A second interview schedule was developed based on topics identified (i.e., social proximity and geographical restrictions) by participants in Interview Protocol 1, and the literature surrounding sense of belonging and rural contextual issues. The second interview schedule was reviewed by three young people (age range: 16-18 years) in May 2020. These young people were recruited via the Foster Secondary College Youth Advisory Group and volunteered to review Interview Protocol 2 (they were not participants in the study). The following feedback was provided, and was integrated into Interview Protocol 2 where applicable:

- “…vocabulary isn’t too complex, flows well and should be relatively easy to understand”.
- “...for the theory script, you change between ‘young person’ and ‘young people’ a lot so it might be little confusing, since we don’t know if you are talking about a majority or a single person”.
- Review word environment to say: “town/area would work best, however be able to provide feedback to say, community, groups, family, peers, school etc”.

The final version of Interview Protocol 2 (Appendix F) was divided into three sections, theory script, interview questions for new participants and interview questions for previous participants. The theory script provided a summary of the draft grounded theory, which at this stage had minimal information around the impact of the contextual environment. The theory script had six points which highlighted reactions to hearing the
traumatic event, whether the young person shared or kept sole responsibility and the outcome of these two approaches (further details provided in Chapter 5, Section 5.6).

The second part of Interview Protocol 2 (Box 3), contained 7 questions for new participants and the same 6 questions for previous participants, with the deletion of question 2, as this was previously answered in Interview Protocol 1.

**Box 3**

*Interview Protocol 2 Questions*

<table>
<thead>
<tr>
<th>New Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What does living in this area mean to you?</td>
</tr>
<tr>
<td>2. What was the traumatic event that you supported your friend through? <em>(deleted for previous participants)</em></td>
</tr>
<tr>
<td>3. At the time of supporting your friend, did you feel as though you belonged to the community?</td>
</tr>
<tr>
<td>a. Did you have a positive or negative relationship with your community?</td>
</tr>
<tr>
<td>b. Did you feel like you belonged in the- town, community, environment etc?</td>
</tr>
<tr>
<td>c. What made you feel this way?</td>
</tr>
<tr>
<td>d. Was there anything about where you lived that helped or hindered your ability to provide support?</td>
</tr>
<tr>
<td>4. Did your sense of belonging change after supporting your friend through a traumatic event?</td>
</tr>
<tr>
<td>a. If so in what way?</td>
</tr>
<tr>
<td>5. Now that you have had a chance to look at and read the script,</td>
</tr>
<tr>
<td>a. Can you tell me what you think?</td>
</tr>
<tr>
<td>b. Are there any parts of the diagrams that fit your experience?</td>
</tr>
<tr>
<td>c. Are there any parts of the diagrams that don’t fit with your experience?</td>
</tr>
<tr>
<td>d. Are there any changes you would make to the diagrams?</td>
</tr>
<tr>
<td>6. Is there anything else you would like to add?</td>
</tr>
<tr>
<td>7. Do you have any questions?</td>
</tr>
</tbody>
</table>

**5.7 Data Collection**

Over a period of ten months (July 2019 to May 2020), I interviewed participants either face-to-face (16 interviews) or using videoconferencing (2 interviews). The seven interviews that occurred during the rural theoretical sampling phase were conducted over the telephone due to COVID-19 restrictions. The initial interviews (Interview Protocol 1) lasted
between 22 and 90 minutes ($M= 43.86$) and the second round of interviews (Interview Protocol 2) lasted between 9 and 25 minutes ($M= 16.45$). Initial interviews (18 interviews) were completed over a 5-month period (July-November 2019) and were conducted at a time and place convenient to the participant, e.g., private consulting rooms in a local town. This was deemed important as a large number of participants reported feeling anxious waiting for their interviews or had problems with transportation. The second round of interviewing (7 interviews), which occurred for the purpose of rural theoretical sampling, occurred over a one-week period (May 2020).

5.8 Ethical Procedures

Ethical approval for the study was obtained from the University of Melbourne Psychology Health and Applied Sciences Human Ethics Sub-Committee (Approval # 1954013). A copy of the ethics approval (Appendix G) was provided to each Youth Access Clinic, participants and parents/guardians. Participants and parents/guardians (if under 18 years) read the participant information sheet and consent form (Appendix H and I), had questions answered and signed the consent form. Each young person was provided with a list of local supports (i.e., youth support workers) and contact numbers for Kids Help Line and Life Line (both telephone counselling services) in case the participating young person experienced a negative reaction associated with the study (Appendix J). As I am a clinical psychologist, immediate support was also available and I could help facilitate referrals to appropriate services if required. I also contacted participants by telephone one week after the interview to check-in, de Brief and provide support if needed. No participants reported negative effects as a result of taking part in the study and no referrals were required.
5.8.1 Confidentiality

Participants and parents (if required) were informed about confidentiality in the Participant Information and Consent Form, section 10 (Appendix H and I). This form addressed confidentiality and its potential limitations. As all participants have the right to privacy, identifying information was kept confidential through the use of pseudonyms, identification numbers, geographical locations reported under ASGC-RA regions and the type of trauma event has been described in a generalised way. All identifying names or towns were removed from quotes used in this study.

5.8.2 Security and Data Storage

All data collected throughout this study were kept secure in either a password protected computer or in a lockable filing cabinet within my professional consulting suite. Interviews were recorded on an iPad (passcode protected) and downloaded onto a password protected computer for storage. Once downloaded and after I transcribed the transcripts verbatim onto Microsoft Word, interviews were deleted from the iPad. QSR NVivo 12 Plus was used to aid in the coding and analysis process (see data analysis), as well as for organisation and storage of data. To ensure participants’ privacy and confidentiality, before transcripts were transferred to QSR NVivo 12 Plus, a pseudonym and a unique interview identification number was applied and other identifying details, such as hometown and peer names were removed.

All electronic files and paper documents were stored consistent with the requirements of the national statement and maintenance of confidentiality was guided by national data and privacy legislation (Anderson, 2011). Upon successful completion of the thesis, all data (electronic and paper) will be returned to the principal supervisor. All data will be password-protected and stored on the secure server of Orygen for a period of 15 years.
5.8.3 Participant Reimbursement

All young people who took part in the interview process were given a $30 gift voucher as compensation for any costs associated with their participation (e.g., bus fares, transport, parking, etc.). This ensured no economic loss to the participants, while not being significant enough to represent an inducement to participate. Feedback from Foster Secondary College Youth Advisory Group agreed with this value and stated that a shopping centre voucher or similar would allow them to buy what they wanted. Young people were given a choice of type of gift card, due to the different recruitment sites and limited access to different retail outlets.

5.9 Data Analysis

As discussed in Chapter 4, the study followed Charmaz’s (2014) recommendations for data analysis which include initial, focused and advanced coding. During the later stages of analysis, Strauss and Corbin’s (1998) storyline method was drawn upon to help progress towards theory development. In alignment with constructivist grounded theory, data collection and analysis occurred concurrently. The following section describes the data analysis process, as well as information pertaining to the transcribing and coding. The grounded tree metaphor (see Chapter 4, section 4.4.6) will be used to describe each stage of analysis. Throughout each coding stage, the process of constant comparative analysis between data, codes and categories was used (Bryant, 2007; Charmaz, 2014). Firstly, the transcribing and coding process will be discussed, followed by coding and categorising processes.

5.9.1 Transcribing and Data Coding Processes

Interviews were transcribed verbatim by myself and occurred as soon as possible after each interview took place (within 2 weeks). This allowed me to become familiar with data
through conducting, transcribing, transcription checking and reading the transcripts. The first transcript was coded before further interviews took place, initially I used line-by-line coding, however due to the large amount of codes generated (377 codes), I made the decision to stop using line-by-line coding and restart the coding process using incident-by-incident coding. The first two interviews were coded by hand using an incident-by-incident approach (Charmaz, 2014). Through this coding process I identified 165 initial codes (Appendix K) and 11 preliminary categories.

Interview transcripts 3-22 were coded using NVivo 12 Plus. NVivo 12 Plus (qualitative data analysis computer software package) was used to help organise and analyse the data. The 11 preliminary categories were entered as parent nodes and the initial codes were placed under their preliminary categories as child nodes. Coding using NVivo 12 Plus involves related material being placed into a container called a node. As concepts develop, NVivo allows for the researcher to create tree nodes, based on a hierarchical structure to demonstrate nodes which are higher level concepts (known as a parent node) and nodes which form part of these parent nodes (child nodes).

After each transcript was coded, codes were revised using the constant comparative method and memoing, and initial codes were compared both within and between transcripts. Overlapping codes were subsumed and initial code and category labels were regularly revised and refined. Through the process of refinement, the core category was identified. The following section will discuss the three coding stages, initial, focused and advanced which were used to identify the core category.
5.10 The Process of Coding and Categorising

5.10.1 Initial Coding:

In this study incident-by-incident coding was selected as the preferred method to code and analyse the transcripts. This coding process occurred from July 2019 to January 2020. Table 4 provides two examples from the first four interviews to illustrate how incidents were coded and labelled.

Table 4

Initial Code Examples

<table>
<thead>
<tr>
<th>Participants’ Statements</th>
<th>Initial Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I said &quot;What do you mean?&quot; and he said &quot;I wanna kill myself, just wanna kill myself&quot; and I, I, I froze up to be honest, I, I, I took a step back and I just, you know, most people, I don’t know probably say something to be supportive or whatever but I froze up” (Jason, P1).”</td>
<td>Initial Code 57: Feeling shocked</td>
</tr>
<tr>
<td>“…she was sitting down and up against the locker and just really huddled in a big ball, just extremely unhappy. Um, just foot tapping kind of thing trying to keep everything under control... Very shocked and upset for her...” (Eva, P2).”</td>
<td></td>
</tr>
<tr>
<td>“The chaplain, yeah um, just hearing from her that she thinks that I'm doing a good job in supporting this girl was good...” (Belinda, P3).”</td>
<td></td>
</tr>
<tr>
<td>“Um, so just like talking to my youth pastor, my, like, other youth leaders and seeing my psychologist as well, talking to my sister, yeah. Just that kind of thing” (Di, P4).”</td>
<td>Initial Code 108: Naming supports</td>
</tr>
</tbody>
</table>
In an attempt to maintain a fresh, analytical perspective, as well as remain flexible in renaming codes, I allowed for more than one code to describe an incident if appropriate (Charmaz, 2014). For example, ‘reacting to trauma’ and ‘defining own coping styles’ were used to code participants’ reactions to hearing the trauma event.

In order to make sense of the number of codes, I entered the codes onto Microsoft Excel and begun to group similar codes together, to create clusters of codes which provided a preliminary descriptive account of young people supporting their peer who experienced a traumatic event. This process of clustering led to the creation of the 11 preliminary categories which were given a descriptive label. These categories were: defining self; defining traumatic events; friend’s coping style; hearing and describing trauma story; impact of trauma story; reacting to story; recommendations for support; recovery; sharing the load; social media support; and supporting. These categories were considered as preliminary as they provided minimal explanatory power and did not identify linkages between the categories.

After coding interviews 1-8, I created new initial codes, refined codes and subsumed similar codes, resulting in a reduction of codes to 134 initial codes, with the same 11 preliminary categories. Some data was recoded as it was better accounted for under a different code, for example the code, ‘being young and naïve’, was subsumed under ‘not knowing what types of support’. I reflected on and revised data which was placed under two codes to prevent double-up of data and ensure data were placed in the most appropriate code. For example, data under ‘decreasing confidence’ was already placed under ‘feeling helpless’. The code ‘feeling helpless’ was preferred as it had more weight (i.e., participant references and quotes) and explanatory power to describe the process of providing support.

When coding was complete for the initial 18 interviews, I added a few more initial codes, refined codes, subsumed similar codes and revised categories. This resulted in a
reduction of codes from 134 to 61 codes, with nine preliminary categories. The category, ‘impact of trauma’ was subsumed and better accounted for under ‘reacting to story’ and ‘recovery’ was subsumed under ‘sharing the load’. The nine categories are: defining self; defining traumatic events; friend’s coping style; hearing and describing trauma story; reacting to story; supporting; social media support; sharing the load and recommendations for support.

At this point, the nine categories were revised with the lens of processual issues and sequential stages. The stages were identified as: hearing, reacting, supporting, taking on responsibility, and adjusting. These stages were compared to the nine preliminary categories to reflect the processual stages of young people supporting a peer who experienced a traumatic event in a rural environment. Defining self; defining traumatic events; friend’s coping style and recommendations did not reflect the processual stages behind providing support and hence, were removed as categories. Social media support was subsumed under ‘supporting’, and sharing the load was renamed ‘taking on responsibility’. This latter category was deemed appropriate as it better described the participants’ experiences, had more weight (participant references) and explanatory power.

I further reanalysed the data, codes and categories and their properties to answer questions surrounding the processes associated with young people supporting their peer through a traumatic event in a rural setting. Questions included “how does this process develop” and “when, why, and how does the process change” (Charmaz, 2014, p. 127). As a result of this analysis and categorisation, categories reduced from nine to four. These are: hearing trauma event; reacting to story; supporting; and taking on responsibility. Table 5 shows the process of refining and subsuming categories.
Table 5

Refining and Subsuming Categories

<table>
<thead>
<tr>
<th>Preliminary Categories</th>
<th>2 Interviews</th>
<th>165 Initial codes</th>
<th>11 Categories</th>
<th>• Defining self</th>
<th>• Defining traumatic events</th>
<th>• Reacting to story</th>
<th>• Recommendations for support</th>
<th>• Recovery</th>
<th>• Sharing the load</th>
<th>• Social media support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8 Interviews</td>
<td>134 Initial codes</td>
<td>11 Categories</td>
<td>• No changes to Preliminary Categories</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 Interviews</td>
<td>61 Initial codes</td>
<td>9 Categories</td>
<td>• Defining self</td>
<td>• Defining traumatic events</td>
<td>• Reacting to story</td>
<td>• Supporting</td>
<td>• Social media support - Sharing the load</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Categories</td>
<td>4 Categories: Process stages</td>
<td></td>
<td></td>
<td>• Hearing trauma event</td>
<td>• Reacting to story</td>
<td>• Supporting</td>
<td>• Taking on responsibility</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 10

Properties of Reacting to Story Category
5.10.2 Focused Coding

The focused coding process helped me to understand the main themes of the participants’ statements, whilst also synthesising and capturing these themes into manageable portions (Charmaz, 2014; Saldaña, 2016). Focus was given to initial codes which appeared to be related to the constructed grounded theory and had higher analytical value. Codes continued to be active and remained close to the data, which allowed for elements of induction, deduction and verification to occur through constant comparative analysis both within and between interviews (Bryant, 2007; Charmaz, 2014). Initial and focused coding occurred simultaneously with the data collection process.

Through careful consideration and flexibility, some initial codes were kept intact, while others were collapsed into a single code or raised to a focused code (Charmaz, 2014). Furthermore, initial and focused codes were recoded using words or phrases which better accounted for experiences and shared meanings within and between interviews. Maps, diagrams and memos aided in this process. For example, the category, ‘hearing trauma event’ initially had eight subcategories, and through the process of focussed coding and constant comparison, these subcategories were reduced to four (Figure 11).
The excerpt in Box 4 (below) describes the process of synthesising and capturing these subcategories into manageable portions. For illustration purposes, diffusion of trauma events was selected to show the use of memoing and process of focused coding. As a result of memoing (example provided in Box 4) and supervision, ‘trauma story spreading event’ changed to ‘diffusion of trauma events’ due to the word ‘spreading’ not capturing the entirety of the concept. Initial codes such as seeing enormity of trauma story and trauma story impacting others, family, friends, were subsumed under ‘diffusion of trauma events’.

Through the process of focused coding, ‘diffusion of trauma events’ now captured the participants’ perceptions of the ongoing nature in which trauma events impact on young people’s routines, roles, safety, community and relationships. There were four types of diffusion (subcategories): peer interactions, family interactions, hypothesising negative outcomes and impact on wider community. Figure 12 provides a summary of ‘diffusion of trauma events’.
Box 4

Analytical Memo

**Date 11th of November 2019: Trauma story Spreading**

I subsumed initial codes which had minimal references and were stating similar incidents:

- ‘Seeing enormity of trauma story’ under ‘Impact on wider community’ *i.e.* “...parents would have the younger ones coming home and having to have the conversation with them being like, "why was everyone talking about this at school?'" (P12.).

- ‘Trauma story impacting others, family, friends’ under ‘Family interactions’ *i.e.* ”... it really impacted his whole family, his mum, his dad, they all changed...” (P1.).

‘Hearing the trauma event’ appeared to move beyond the participants and branched into other realms of their lives. Not only did it impact on their family, friends and community, it also led to fearing future consequences of the trauma events. I am not happy with the code name- maybe- ‘secondary impacts of trauma’, ‘ongoing effects of trauma story’, ‘continuing impact’? Maybe just ‘spreading’? I need to find a word that incorporates the process of spreading.

‘DIFFUSION’
Figure 12

Diffusion of Trauma Events

- **Peer Interactions**: Diffusion through either young people uniting together to protect and support their own or dividing friendship groups according to their values and beliefs around the trauma. Examples:
  - “I just went and got my own friends, my half of the group and we just, you know, the group split up, everyone went their separate ways.” (John)
  - “… it really impacted his whole family, his mum, his dad, they all changed, they, yeah his mum more so she became a lot more aggressive and, yeah, a little nasty.” (Jason)

- **Family Interactions**: Diffusion can impact on the family, with parents changing roles and becoming distant as well as other members of the family being directly impacted by the trauma. Example:
  - “… but I’m worried that maybe it will lead onto self-harm again if something bad would happen to her or her family or something like that again” (Nikke)

- **Hypothesising Negative Outcomes**: Diffusion occurred through the supporters’ hypothesising negative outcomes such as fearing self-harm or further devastation. Example:
  - “…some parents were complaining with the, with (deleted) part of it because, um, you know, it was effecting the younger children…” (Simon)

- **Impact on Wider Community**: Diffusion occurred through parents contacting the school to complain about their child (not involved) being exposed to the trauma.
As shown in the above example, the focused code, ‘diffusion of trauma events’, appeared to be a more accurate representation of what was occurring in the data as it showed multiple layers of meanings and actions (Charmaz, 2014). As analysis and data collection progressed, focused codes with higher conceptual value were elevated into categories (Bryant, 2007; Charmaz, 2014; Saldaña, 2016). For example, ‘diffusion of trauma events’ was categorised under the category of ‘hearing trauma event’. The use of categories allowed me to increase the level of abstraction and analyse on a conceptual level, which aided in understanding categories and the relationships between them (Charmaz, 2014). Upon completing this stage of analysis, the four categories identified, were further developed with their subcategories and properties identified (Table 6). Furthermore, theoretical saturation was reached for each category and sub-categories and data collection was ceased at this stage (Charmaz, 2014). Appendix L provides hierarchical maps of each category along with memos for each code. The hierarchical map for rural areas and code memos is provided in Appendix M.
### Table 6

*Categories, Sub-categories and their Properties*

<table>
<thead>
<tr>
<th>Hearing Trauma Event</th>
<th>Reacting to Story</th>
<th>Supporting</th>
<th>Taking on Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dealing with trauma over time</td>
<td>Feeling shocked</td>
<td>Following friend’s lead</td>
<td>Acknowledging burden</td>
</tr>
<tr>
<td>Spreading rumours and clarifying trauma story</td>
<td>Feeling empathy</td>
<td>Social media support</td>
<td>Being loyal</td>
</tr>
<tr>
<td>Diffusion of trauma event</td>
<td>Defining own responses</td>
<td>Supporting</td>
<td>Feeling alone in support</td>
</tr>
<tr>
<td>Hearing about the trauma event</td>
<td>Finding support challenging</td>
<td>Using self as guidance</td>
<td>Push own feelings away</td>
</tr>
<tr>
<td></td>
<td>Changing perceptions of the world</td>
<td></td>
<td>Share the load</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Trauma invading own life</td>
</tr>
</tbody>
</table>

| Disclosure of traumatic event; obtaining information about the trauma event; wider impact of trauma event | Impact of disclosure; first real-life experience of support; reactions to disclosure; taking on responsibility for support | Different ways of supporting both face to face and via social media; using past experience for guidance; allowing friend to guide support needed | Impact of providing support; reasons for supporting on own or sharing the load |

Despite an increased conceptual understanding of each category, the core category was not identified. To aid in this process, I utilised freehand and iPad diagramming, memoing, reviewing transcripts, mapping and asking questions such as ‘What do participants have in common? When does this change? And Why does this change?’ as ways to increase conceptual abstraction towards the core category. Figure 13 provides an example of an iPad diagram, while Figure 14 shows an example of category mapping. Through this process of mapping of categories, the core category began to be constructed: ‘taking on responsibility’. This category accounted for the most variation in the data and had at least two constructed stages (i.e., whether the participant went back to normal or had ongoing effects from providing support) (Glaser, 1978). All other categories identified through focused coding
appeared to be related to the core category: ‘taking on responsibility’. In order to develop the grounded theory, I engaged in advanced coding, in particular Strauss and Corbin’s (1990) Storyline method (discussed below).

**Figure 13**

*iPad Diagram- Two Outcomes of Providing Support*
Figure 14

Mapping of Categories

5.10.3 Advanced Coding

Storyline was used in this study to test and build a conceptual understanding of the core category, ‘taking on responsibility’, whilst also creating a narrative which highlighted the connection between categories. The storyline method helped me move towards the development of the grounded theory, which has explanatory power and is grounded in the data (Bryant, 2007; Chun Tie et al., 2019). Initially, I completed an individual storyline for each of the first 18 participants, to show the process and events associated with providing support to a peer who had experienced a traumatic event in a rural environment. I then compared these storylines to each other to identify any outliers (none identified). Storyline narratives were then converted into maps (example in Figure 15) to help visualise the process of providing support. These maps confirmed that each category and experiences identified in participants’ transcripts related well to the core category. The storyline maps further helped to identify that ‘taking on responsibility’ had three emergent stages: back to normal; alone then shared; and woven into the mix. The core category, and its categories, subcategories and properties are show in Table 7 and are discussed in detail in the Results Chapter 6.
Figure 15
Example: Storyline Map
The storyline method was then used to integrate all 18 maps using codes to provide a narrative of the grounded theory based on in vivo data (Appendix N). Through consultation with supervisors, memoing and refinement of the substantive grounded theory, it was identified that the grounded theory only accounted for one of the research questions and had limited data surrounding the impact of the contextual environment on the process of a young person supporting a peer through a traumatic event. I then revisited transcripts and recoded with the lens of identifying the impact of the contextual environment. Despite having some data on transport issues, geographical isolation and confidentiality concerns, there was a gap
in the data to explain the impact of the contextual environment (memo example in Box 5). Thus, additional information surrounding the contextual environment, was sought through rural theoretical sampling.

**Box 5**

*Memo Identifying Rural Gap*

---

**Date 19th of April 2020: Rural GAP**

**Participant 6: (Alone then shared)** Offered to have a follow up interview if required. She has good insight into her emotions and interviewed well. Her story is a good example of someone who has heading up the path of being woven into the mix, then decided to seek support. This follow up interview might provide more information behind why young people decide to seek support instead of maintaining sole responsibility and help identify if feeling connected to their community influenced this decision.

**Participant 8: (Woven into the mix)** Had good insight into his experiences, is extremely open to being interviewed and appears to have travelled both sides of the map. I am particularly interested in understanding what led to him being woven into the mix despite having accessed support late in his journey. He also spoke of “losing his identity”, I am interested in what this means and how this impacts on his connection to his community.

**Participant 14: (Woven into the mix)** Identified a history of bullying which occurred when she went to an urban school. This is particularly interesting as at the time of providing support she was new to the school and found her role of providing support to “be a way to connect and fit”.

These interviews will help develop the *Taking on responsibility* category and hopefully provide information surrounding whether their feeling of being either connected or disconnected to their community influenced whether they shared responsibility or maintained sole responsibility.

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**5.11 Rural Theoretical Sampling**

Rural theoretical sampling was used to refine categories and further develop their properties. At this time, I conducted a rapid literature search on contextual environment factors in rural settings. This literature search was used to develop questions (Interview Protocol 2) to identify if living in a rural environment had impacted on the processes of young people providing support to a peer who had experienced a traumatic event.
Transcripts from the seven rural theoretical sampling interviews were coded using initial, focused and advanced coding methods (Charmaz, 2014). I further compared: data sets, initial codes, and the combination of data/initial codes from both within and between interviews, as well as compared and integrated new data into previously defined categories and codes. This analysis resulted in one category (rural area) with three subcategories (belonging; hindered; and helped) (Figure 16 and Appendix L). This category and three subcategories specifically addressed the impact of the contextual environment on young people supporting a peer who experienced a traumatic event in a rural setting. Box 6 provides examples of memos associated with rural areas.

Figure 16

Category-Rural Area
Box 6

Memos for Rural Area

Date 20th of June 2020: Rural Area- Memo: Helped and Hindered

**Helped:** Community supports, social networks and environmental influences which aided in the participant’s ability to support their friend. “Well, like just the school and the town since it was counsellors and stuff like that at the school which I could access. And then there’s also other the friends who were like other adult friends who I could access as well who were living in the town” (Chloe, P20). These supports often helped the participant not to take on sole responsibility for supporting their friend.

**Hindered:** Community judgement, limited social networks and environmental influences (limited transport) hindered the participant’s ability to support their friend. “And especially because she lives so far away. When she was really bad it was always on the phone. I was laying at night, hoping my room would be very dark and it just felt like like literally dark as well. Especially because she was so reluctant to get help. I felt like I had to put in that extra help” (Liz, P14).

I then revised the category of ‘rural area’ with the lens of processual issues and sequential stages and as this code did not reflect the stages of providing support the information was subsumed and integrated into categories: ‘hearing the traumatic event’; ‘reacting to story’; ‘supporting and taking on responsibility’. Figure 17 shows an example of integrating new data into previously identified categories.

**Figure 17**

Integration of Data into Supporting Category
5.12 Participant Feedback: Theory Script of Grounded Theory

Interview Protocol 2 also involved asking participants to provide feedback in relation to the theory script based on the grounded theory. Participants highlighted that they could relate to and identify with the theory script, as shown by Bell, John and Liz:

“I could definitely see how it all fit and made sense” (Bell, P19).

“Like it all make sense, especially like because... I, Not only have I done it myself, but also supported friends who were supporting someone, and they have all had like, similar experiences, the things that are listed on here” (John, P8).

“I think that if I knew how to get help or share the responsibility, then it would have been better. It all felt like a burden. To hold that kind of secret. Yeah. So, kind of simple and makes sense when you look at it. But you didn't really realize it at the time” (Liz, P14).

As a result of the rural theoretical sampling, the grounded theory transcript was revised and data pertaining to the impact of the contextual environment was added. The overall process of initial, focused and advanced coding resulted in a substantive theory, which is grounded in the data and was created through a bottom-up, inductive reasoning process using methods of simultaneous data collection and constant comparative analysis (Bryant, 2007; Charmaz, 2014). I then revisited each transcript to see if there were any quotes or phrases which could aid in naming the substantive theory. The following quote was identified and used to name the theory, ‘Foundations of Support’:

...the people who died were one of us really so it's, it would be different to go to an adult and be, like, "oh well my friend died" rather than go to all your other friends who are the same age and probably knew the person anyway and get support from them, um. Parents, parents people go to obviously 'cos, you know, that's where our
As I had constant interaction with the data, it is essential to address my reflexivity, to explain the decision-making process, and how my own experiences, assumptions and personal interests were managed throughout the study (Birks & Mills, 2015; Bryant, 2007; Charmaz, 2014; Dowling, 2006). The following section will provide details surrounding my reflexivity.

5.13 Reflexivity

In accordance with constructivist grounded theory, I endeavoured to be transparent and aware of my values, experiences, beliefs, biases, positionality and how these may have impacted on the research process (Berger, 2013; Bryant, 2007; Charmaz, 2014). The following section provides my positionality and reflexivity statement.

As I sit by the water’s edge, I see my reflection, as a researcher staring back at me. I hear the voice of dedication, hard work and willingness to learn. I feel her doubt, the moments of panic and the wave of relief when she reaches for help and she is heard by her research team. Their voices always calm, reassuring, yet willing to challenge lenses of bias, distorted leaps and provide the gentle reminder to return and ground in the data. Providing a reflection of clarity, a research team of dedicated researchers with years of insight, different filters from varied disciplines. Although, heavy with psychological perspectives (neuropsychologist and clinical psychologist), the unique addition of a rural researcher who comes from a community development perspective, provided a safety net to help prevent abstractive leaps based on psychological viewpoints. A collective voice echoing reflexivity, allowing my researcher self to challenge beliefs throughout the research journey.

As I stare at my reflection, I hear the voice of the novice researcher, wanting to achieve and find the elusive grounded theory. Fighting the urge to move forward, my
reflective memos, dared me to pull back the reins, remove 'unconscious edits' based on my own beliefs and refocus on the voice of the participants. The once clear reflection of a researcher, becomes cloudy and I hear the voice of the clinical psychologist, who has worked closely with trauma in a rural setting for over 15 years.

Her insight, training, curiosity and empathy guided me through the interview process, allowing the comfort to discuss emotionally fused topics, flexibility to follow leads, openness to read non-verbal cues and accept silence. Conflicted with the voice of the researcher, she had to place her treatment motives aside, and be open to sitting in discomfort, and allow the young person to be the expert, and guide her through the journey of co-creating meaning. Furthermore, pushing her clinical hat to the side, she allowed herself to remain open to the definition of a traumatic event as described by participants. Thus, ensuring no eligible young person was omitted from the study and the grounded theory evolved from the voices of the participants.

Acknowledging the power imbalance between the participants and the researcher, her clinical voice provided permission for the researcher to be human and open to authentic disclosure. This was aimed at providing reassurance for participants and allow them to feel comfortable and understood. Perhaps, her clinical voice, with experience in working with trauma in a rural setting, provided participants with reassurance that she already had some knowledge of the complexities of living in a rural setting, as well as the ability to hear traumatic stories. This could have reduced the participants urge to protect the researcher from dark emotions and create a willingness to openly explore their experiences. However, for some participants, speaking to a psychologist and knowing the close proximity of living in a rural environment, may have reduced their safety to freely discuss their experiences, as well as potentially increased their fear of being analysed. To help prevent this, the voices of
the researcher and clinical psychologist worked in partnership to provide a clear and open discussion of informed consent and protection of the participant’s personal information.

Staring at the fading reflection of the clinical psychologist, the business owner/practice manager emerges. She reminds me of the struggles of working in a rural area. Staffing issues, complex presentations, lack of resources, ridiculous waiting lists and the sadness of saying no to clients due to limited capacity. She urges me to find new answers, new understandings and be creative to help resource the community. I listen to her advice of early intervention, prevention and education for young people to help prevent them from needing the clinical psychologist in the future. Her optimistic belief that finding new answers will aid in the reduction of the ever-growing problems of living in rural communities. I listen to her words of insight as a motivator, however, I need to monitor her intentions to find a quick answer and focus on the data to guide me through.

As the voices soften and images of the researcher and clinical psychologist fade, I am confronted by the voice of myself as a mother, the dedicated and committed image of a mother moving heaven and earth to ensure her children have a smooth transition through adolescence. Possibly again influenced by the insights of the clinical psychologist, she understands the need to be open to her children’s needs, be available and try to provide non-judgmental support. This voice was not only heard throughout the interview process, but also during data analysis, as it allowed me to revisit transcripts from the lens of a caregiver. Aligning with the researcher and clinical psychologist voices, myself as a mother too aimed to understand the study objective, as well as to protect and provide resources to educate young people in the future. This urge to protect and create smooth transitions was acknowledged as a potential bias and monitored throughout the research journey.
A cloud floats over my head, removing the clarity of the images I once saw, a single droplet of rain creates ripples, opening my eyes to see the vision of my adolescent self. Reflections of living in a rural town, of walking for hours to be with friends, the sick feeling of missing the last train and the commitment to being the best friend possible. Her voice of intensity reminds me of the bonds that tie young people together, their willingness to put themselves last to ensure their friend is ok. Her voice, potentially placed me as an insider, and allowed for easier engagement with participants, building of rapport and insight into their experiences. The shared knowledge of being an adolescent who grew up in a rural town, aided in the gathering of rich data, through providing hints on what to ask and probing for the unsaid. Her voice, although valuable, needed to be acknowledged as a potential risk for placing biased views on the data and making assumption about participants’ statements. Thus, her voice has been reflected throughout memos and the researcher was reminded to let the participants tell their stories.

The ripples begin to ease and I see me. I understand that I’m not alone in this journey, I have many faces, influences and experiences. All that I am has led me to this moment, my creativity, appreciation for stories and curiosity of others, each contributing to and influencing my choice to conduct a qualitative study. My reflexivity and support from my research team, has guided me through the research process to ground myself in the data and follow the participants’ voices to make abductive leaps to find the grounded theory.

5.14 Summary

Chapter 5 provided details surrounding the research design used to investigate the research questions and discussed a range of important topics such as youth consultation, sample selection, recruitment of participants, ethical considerations, data analysis and reflexivity. It further provided information pertaining to the constructivist/interpretivist paradigm and symbolic interactionist framework which guided the research. This section also
discussed the research methodology, constructivist grounded theory, chosen to investigate the individual and interpersonal processes associated with rural-based young people supporting their peers who experienced a traumatic event, as well as to understand how the contextual environment impacted on these individual and interpersonal processes. The following chapter will present the results of the study which were based on the 22 interviews completed. Proceeding this will be the discussion, which will include a revised literature review based on the substantive theory identified through the grounded theory process.
CHAPTER 6

Results

This chapter will present the study findings, based on the analysis and coding process (described in Chapter 5), followed by a description of the substantive theory. As stated in previous chapters, I followed Charmaz’s (2014) guidelines for initial, focused and advanced coding, as well as using grounded theory techniques such as concurrent data collection and analysis, constant comparative methods, theoretical sampling, storyline and memo writing (Birks & Mills, 2015; Bryant, 2007; Glaser & Strauss, 1967; Strauss & Corbin, 1998). In the first half of this chapter a discussion of trauma as defined by participants and the four categories shared by all participants, will be presented in sequential order. These categories identify the individual and interpersonal processes associated with rural-based young people supporting their peer who experienced a traumatic event. This section will be followed by a presentation of the core category with illustrative examples of the three emergent stages. This chapter will conclude with details surrounding how the contextual environment impacted on the grounded theory.

A constructivist grounded theory methodology was used to analyse 22 interviews with young people who had supported their peer who experienced a traumatic event. As stated above, the analysis and coding of the data led to the identification of four categories shared by all participants, these are: hearing trauma event, reacting to story, supporting and taking on responsibility. These categories will be discussed individually and lead to the presentation of the core category and its three emergent stages. Figure 18 provides an overview of how this chapter will be presented. To aid in the readability of participant quotations, filler words such as ‘like’, ‘you know’ and ‘um’ have been removed.
6.1 Defining Trauma: Young Persons’ Perspective

This section details how the participants defined traumatic experiences and what they believed constituted a traumatic event. Traumatic events, as defined by participants were varied and ranged from experiences which made them feel helpless and vulnerable (e.g., family conflict), to life-threatening events such as car accidents, suicide and family violence. For some participants, feeling judged, manipulated or experiencing peer pressure constituted a traumatic event. For a few others, mental health conditions such as depression and addiction were included in their definition of trauma events. The following quotes provide examples of how participants described traumatic events in general.

Traumatic events as described by Frances, Liz and Chris:

(People) ...picking on them, and judging them all the time and putting them down mentally and picking fights and being physical with them at times (Frances, P7).
Un-consensual things, like, being pressured into, pressured into doing things like drugs or anything like that and that kind of stuff or just instability (Liz, P14).

... unusually bad things like I don’t know, parents getting divorced, someone dying that's close to you, I don’t know, depression (Chris, P5).

Figure 19 (below) shows traumatic events identified, as well as a definition of trauma developed using in vivo quotes. Table 8 identifies which participants were quoted in Figure 19. To help orientate the reader and provide reference to participants’ voices, Table 9 provides a list of participants’ details including the specific traumatic events, participants supported their peer through.
Trauma is usually “bad things” in which a person is “forced to live with” and can be described as “out of the ordinary”, “leaving a mark”, having a “lasting”, “negative” and deep “impact”. It is something that when reminded of, makes a young person “feel uncomfortable or stressed or anxious or depressed because of that event has happened in the past”. It can be described as “anything where mental health is compromised to a point where it hurts too much”.

Figure 19

Trauma Definition and Traumatic Events
Table 8

Participant Quotes in Trauma Definition

| “bad things” (Chris, P5) | “forced to live with” (Erin, P6) |
| “out of the ordinary” (Jason, P1) | “leaving a mark” and “lasting” (Eva, P2) |
| “negative” (Jason, P1; Kristy, P15) | “impact” (Jason, P1; Eva, P2) |
| “...feel uncomfortable or stressed or anxious or depressed because of that event has happened in the past” (Phyl, P16) |
| “...anything where mental health is compromised to a point where it hurts too much” (Liz, P14) |
Table 9

Participant Summary

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pseudonym</th>
<th>Gender</th>
<th>Age</th>
<th>Friend’s Traumatic Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jason</td>
<td>M</td>
<td>19</td>
<td>Brother died in MVA*</td>
</tr>
<tr>
<td>2</td>
<td>Eva</td>
<td>F</td>
<td>16</td>
<td>Friend physically assaulted</td>
</tr>
<tr>
<td>3</td>
<td>Belinda</td>
<td>F</td>
<td>19</td>
<td>Self-harm &amp; suicide attempt</td>
</tr>
<tr>
<td>4</td>
<td>Di</td>
<td>F</td>
<td>17</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>5</td>
<td>Chris</td>
<td>M</td>
<td>14</td>
<td>Fire: House burnt down</td>
</tr>
<tr>
<td>6</td>
<td>Erin</td>
<td>F</td>
<td>16</td>
<td>Father drug user</td>
</tr>
<tr>
<td>7</td>
<td>Frances</td>
<td>F</td>
<td>14</td>
<td>Family violence</td>
</tr>
<tr>
<td>8</td>
<td>John</td>
<td>M</td>
<td>17</td>
<td>Family violence</td>
</tr>
<tr>
<td>9</td>
<td>Nikki</td>
<td>F</td>
<td>15</td>
<td>Self-harm</td>
</tr>
<tr>
<td>10</td>
<td>Rosie</td>
<td>F</td>
<td>17</td>
<td>Family violence</td>
</tr>
<tr>
<td>11</td>
<td>Sam</td>
<td>F</td>
<td>15</td>
<td>Friend sexually assaulted</td>
</tr>
<tr>
<td>12</td>
<td>Simon</td>
<td>M</td>
<td>17</td>
<td>Friend died in MVA*</td>
</tr>
<tr>
<td>13</td>
<td>Sarah</td>
<td>F</td>
<td>19</td>
<td>Friend sexually abused</td>
</tr>
<tr>
<td>14</td>
<td>Liz</td>
<td>F</td>
<td>18</td>
<td>Self-harm &amp; suicide attempt</td>
</tr>
<tr>
<td>15</td>
<td>Kristy</td>
<td>F</td>
<td>16</td>
<td>Self-harm depression</td>
</tr>
<tr>
<td>16</td>
<td>Phyl</td>
<td>F</td>
<td>14</td>
<td>Family violence</td>
</tr>
<tr>
<td>17</td>
<td>Ronnie</td>
<td>M</td>
<td>16</td>
<td>Friend died by suicide</td>
</tr>
<tr>
<td>18</td>
<td>Kate</td>
<td>F</td>
<td>16</td>
<td>Domestic violence</td>
</tr>
<tr>
<td>19</td>
<td>Bell</td>
<td>F</td>
<td>18</td>
<td>Friend died in car accident</td>
</tr>
<tr>
<td>20</td>
<td>Chloe</td>
<td>F</td>
<td>16</td>
<td>Friend died by suicide</td>
</tr>
<tr>
<td>21</td>
<td>Mick</td>
<td>M</td>
<td>17</td>
<td>Friend died by suicide</td>
</tr>
<tr>
<td>22</td>
<td>Rebecca</td>
<td>F</td>
<td>18</td>
<td>Friends died in MVA*</td>
</tr>
</tbody>
</table>

*Motor vehicle accident*
6.2 Hearing Trauma Event

The first category identified through the coding process, which was shared amongst all participants was, ‘hearing trauma event’. This category describes how participants heard about the traumatic event and tried to make sense of the trauma. This occurred through disproving rumours and clarifying details, repeatedly hearing about the event and seeing the impact of the trauma event on peers’ routines, roles, safety, community and relationships. As previously shown in Figure 11, Chapter 5, hearing trauma event has four sub-categories: ‘hearing about the traumatic events’; ‘disproving rumours and clarifying trauma story’; ‘dealing with trauma over time’; and ‘diffusion of trauma events’. Figure 11 has been reinserted here for the convenience of the reader.

Figure 11
Hearing Trauma Events: Hierarchical Depiction of Category and Sub-Categories
6.2.1 Hearing about the Trauma Event

Participants were told about the trauma event through a variety of methods (Figure 20). Although all participants heard about the trauma story directly from their peer, a few were initially told by their parent, friend’s parent, teacher, on the news and/or social media. Participants who first heard about the trauma event directly from their peer, stated that the disclosure occurred in variety of settings such as at school, home or at a party. However, one participant, reported they witnessed the traumatic event occurring and then asked their peer if they were ok.
Figure 20

Different Ways Participants Heard about the Trauma Event
6.2.2 Disproving Rumours and Clarifying Story

Despite the method of disclosure, participants sought to understand the details surrounding the trauma event. This would often result in disproving rumours, clarifying details and judging each other, gossiping and trying to work out what to do. Disproving rumours and clarifying trauma story appeared to have both positive and negative aspects for the participants, which either aided or inhibited their support role (Figure 21). Positive aspects allowed participants to clarify information, support each other and make decisions in a group. For example, “... everyone was just talking about it and we were just sort of trying to help her...” (Eva, P2) and “... everyone slowly start coming back and people started talking more and that's really when the support started” (Simon, P12).

Negative aspects which inhibited participants’ ability to provide support, included participants feeling overwhelmed by the trauma details, witnessing others spreading rumours, judging and bullying each other for their reactions and reinforcing the trauma event actually happened. Participant comments which highlight this included: “...they didn’t want it to just to be resolved, they wanted to keep talking about it, you know, which is weird to think” (Simon, P12) and “... when I heard that they were talking about it, again they brought it up, it was more yeah, it really did happen” (Ronnie, P17).
Figure 21

*Positive and Negative Aspects of Spreading Rumours and Clarifying Trauma Story*

Disproving Rumours and Clarifying Trauma Details

- Decide as a group what to do
- Talk and try to help each other
- Help clarify what is true and what is not

- Being bombarded with information
- Spreading rumours and judging each other
- Enforcing reality that trauma event did happen
6.2.3 Diffusion of Trauma

Participants’ routines, roles and relationships significantly changed after hearing about the traumatic events, and diffusion of trauma events occurred through participants:

- Hypothesising negative outcomes: “... I’m worried that it will lead onto self-harm again” (Nikki, P9), or “…he might have a drug overdose” (Kristy, P15).
- Changing peer interactions: Uniting together, for example, “… they were all trying to decide ... how to help” (Eva, P2) or dividing, such as, “the group split up, everyone went their separate ways” (John, P8).
- Seeing the wider impact on their friend’s family, for example, “it really impacted his whole family, his mum, his dad, they all changed” (Jason, P1), and the community, i.e., “it was affecting the younger children who had nothing to do with it” (Simon, P12).

6.2.4 Dealing with Trauma over Time

Disproving rumours and clarifying trauma story and diffusion of trauma events also contributed to participants feeling that the trauma was ongoing and the perception they were dealing with trauma over time. Despite participants trying to get back to a ‘new normal’ after hearing about the traumatic events, they highlighted triggers which brought them back to thinking about the trauma. The triggers consisted of hearing information surrounding the trauma event, their peers coping styles (e.g., self-harm), and more trauma events occurring (e.g., family violence incidents). Dealing with trauma over time is highlighted through comments such as: “... there was always something else. Every time something would get fixed, something would happen” (John, P8) and “we don’t feel it, the pressure of worrying
about her for a while and then, out of nowhere she does something again and it sets it off again” (Nikki, P9).

6.3 Reacting to Story

The second category identified through the coding process was reacting to story. Participants highlighted that when they heard about the trauma event, they felt disbelief and shock. These feelings were increased by their perception that trauma events only happen to adults and on television. When confronted with the reality that trauma happens to people their own age, many participants felt scared, overwhelmed and helpless. For example:

I was like “oh my god, I can't believe ..” cos you hear stuff on the news about how, mums abuse their children and everything but you don’t think, you never think it's going to happen to someone that you know until it happens so it was quite traumatic but, it was really upsetting, I'm glad that she told me (Rosie, P10).

It's like my heart, my heart stopped for a minute. Obviously, I was shocked and I was, like, he can't, he can't do that, what? Yeah, and I was, so confused and my heart had just stopped for a minute (Phyl, P16).

Kind of like a sumo wrestler sitting on your chest or something, like, a heavy pain or, kind of something's dropping. I don’t know how to describe it. It's like, you just feel bad, just really bad, like something bad has just happened and just you can’t help to feel really sad over it, because you either could have done something or you could have helped in a way but you didn’t (Sam, P11).
All participants stated they felt empathy for their peer and wanted to help. However, these feelings were conflicted with other emotions such as helplessness, confusion, sadness and guilt. The combination of these emotions led to participants taking on responsibility for supporting their peer who experienced a traumatic event. For some participants, this conflict created feelings of exhaustion as they felt frozen between trying to remain calm, feeling speechless and unsure of how to support their peer. For example, empathy was exhibited through “I knew she wasn’t handling it well and I felt bad for her” (Erin, P6) and “I was, like, "I'm not angry, I'm being angry for you, you know, angry for you" (Phyl, P16). The confusion, feelings of shock and being unsure how to help are demonstrated by comments such as:

*I said "What do you mean?" and he said "I wanna kill myself, just wanna kill myself" and I, I, I froze up to be honest, I, I, I took a step back and I just, most people, I don’t know probably say something to be supportive or whatever but I froze up and I was silent for a couple of minutes (Jason, P1).*

*I had no idea what to say, what do I think, what do I say, like, what do I do but as she sort of, continued on and, fully explained it, me and (name of friend) just looked at each other and we were just like "oh my God" because we just had no idea (Rosie, P10).*

Figure 22 shows a hierarchical depiction of reacting to story category and its sub-categories, and Table 10 provides an *in-vivo* quote for each sub-category of reacting to story.
Figure 22

Category and Sub-Categories of Reacting to Story

- Feeling Shocked
- Feeling Empathy
- Defining Own Responses
- Finding Support Challenging
- Changing Perceptions of the World
- Feeling Confronted and Exposed
- Struggling to Process Trauma
Table 10

Reacting to Story Sub-Categories with In-vivo Quotes

<table>
<thead>
<tr>
<th>Sub-Category</th>
<th>In-vivo Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling Shocked</td>
<td>“I was just a bit shocked to be honest, hearing all that. I didn’t, yeah, I didn’t expect it to be that bad but yeah” (Kate, P18).</td>
</tr>
<tr>
<td>Feeling Empathy</td>
<td>“I just felt awful for her because one year ago she lost one of her other friends and now she's lost another one, and I don’t know, I didn’t know how she was going to be able to cope with that so I felt more obligated to make sure she was alright” (Simon, P12).</td>
</tr>
<tr>
<td>Defining own Responses</td>
<td>“I felt vulnerable, felt like just I couldn’t do anything” (Rosie, P10).</td>
</tr>
<tr>
<td>Finding Support Challenging</td>
<td>“It's like overwhelming and I can't breathe” (Eva, P2).</td>
</tr>
<tr>
<td>Changing Perceptions of the World</td>
<td>“It's like an instant feeling of &quot;oh no&quot;, like, how does the world flip upside down in a second” (Di, P4).</td>
</tr>
</tbody>
</table>

6.4 Supporting

The third category identified through the coding process was supporting. This category described how participants supported their peers. Figure 23 shows the categories and sub-categories for supporting.
Participants used a variety of support strategies which included emotional and physical gestures of support. All participants stated they provided emotional support through listening, being present and asking questions. However, most participants also used physical gestures to show their support, such as hugs, rubbing their friend’s back and offering tissues. Support was given either face-to-face, on the telephone or via social media. All participants preferred providing face-to-face support as they saw this as more authentic, as explained by Jason and Sarah:

*Your face, your actions, the way you're sitting or the way you're looking or, they take it in a lot more when you're face-to-face (Jason, P1).*

*(Social media is not) as easy as face-to-face... because then you've got someone sitting there, comforting you when you need it most, not a phone*
screen. You don’t have that cuddles, you don’t have that attention that you need (Sarah, P13).

Many participants used their own personal experience dealing with problems to help guide their support strategies. For example, Belinda demonstrated this by saying:

I was diagnosed with depression at 13 as well and that was a really hard time for me and I can kinda, I know where she’s coming from (Belinda, P3).

However, if a participant did not have experience dealing with the problem, they would reflect on how their peer might be feeling, this reflection helped many participants know what kind of support was required. As Jason stated:

I would put myself ‘in their shoes’ to think, oh, how would I feel, how would I react, how would my family feel, how would I handle it and how would I want to be treated? (Jason, P1).

Most participants followed their peer’s lead which helped guide the type of support provided. For example, if their peer was coping, then they would not discuss the trauma event, but if their peer appeared to be struggling, then they would check in to ensure their peer was ok. Simon and Ronnie provided examples of following their peer’s lead:

...she seemed so fine I didn’t want to bring it up, I didn’t want to be as supportive, I wanted to be supportive but I didn’t want to push it under her if she was going to be resilient I guess if she was going to just put up a wall and be fine, I didn’t want to bring it up and ask her if she was okay if she seemed okay (Simon, P12).

...it's pretty understandable, he wouldn’t want to be on the phone and Snapchat and doing all that stuff. So, I kind of just, I didn’t want to rush it either, I didn’t want to
feel like I'm annoying him. So, I just let him be and then let him come first (Ronnie, P17).

Erin and Di’s comments show how participants followed their peer’s lead by noticing their behaviours and checking in:

...she would be just a bit more down, you could see it physically, she would be more closed off just and less herself. So then I'd ask her "are you doing alright? Is everything okay? (Erin, P6).

And I went and checked up on her and she was, "yeah I'm okay" but I went "you're not, we know you're not". You don't just, you're not just okay and decide to do that (self-harm). Yeah and that was the point where she decided to actually unpack a lot of stuff on me (Di, P4).

Supporting acts define the ways participants provided support to their peer. Nearly all participants used distraction as a technique to help support their peer. For example, Chris (P5) stated “it would be something he was worried about and so I was just trying to keep his mind off it and do other fun things instead of thinking about it”. Some participants would also intervene through physically removing objects (i.e., alcohol or razor) from their friend and seeking help from others. The following quotes provide examples of how participants intervened:

...we tried to take it off her and tried to stop her from drinking it, but she wouldn’t let us touch it and she kept taking it off us and so in the end, me and two of my friends left the class to go and speak to the school counsellor and get him to talk to her (Nikki, P9).
...she’d passed out and my friend and I were there and so we were trying to, you know my friend took her jumper off and put it under this girl's head as a pillow and we were trying to, like, we put her in recovery position (Belinda, P3).

6.5 Taking on Responsibility: Core Category

Through the grounded theory coding process, the core category of ‘taking on responsibility’ was identified. As shown above, all participants went through the processes of hearing trauma event, reacting to story, supporting and taking on responsibility. However, depending on whether participants shared responsibility (i.e., sought support) with others or maintained sole responsibility (i.e., did not seek support), the outcome of supporting their peer through a traumatic event varied. In alignment with Glaser’s (1978) notion that a core category must have a minimum of two stages or phases, taking on responsibility had three emergent stages: shared responsibility, alone then shared and sole responsibility, each resulting in either the participant getting “back to normal” (Ronnie, P17) or being “woven into the mix” (Eva, P2) (Figure 24).
6.5.1 Taking on Responsibility

All participants assumed responsibility for supporting their peer who experienced a traumatic event in a rural environment. Participants acknowledged that being chosen as a supporter meant that they were trusted and were seen as a good friend. However, it also meant that they had to carry the burden of responsibility, for example, “*she came to me about it because she was upset that, it happened and she had just lost all of her friends*” (Sam, P11). This responsibility was described by some participants as being a struggle and often feeling like they were taking on a parental role. Most participants initially reported feeling alone in their support and as a result would often hide their feelings of being suffocated, trapped and anxious, when providing support. Many participants stated they would not seek
help for themselves due to the importance of being loyal and not wanting to betray their peer’s trust. Some participants stated they did not want to take the focus off their peer, or make the problem worse, hence made the active decision to support their peer on their own.

All participants spoke about the importance of loyalty and maintaining confidentiality when supporting their peer. The perception of loyalty reduced the likelihood of many participants speaking to others about the trauma event, as they felt it was not their place nor did they have the right, as shown by Erin and Frances:

*It's important, if your friend didn’t want them to know, they didn’t want them to know and you need to keep their secret* (Erin, P 6).

*I guess it was, their thing and I guess if I was dealing with something like that I wouldn’t want the whole school knowing about it, I guess, because you might get treated differently or something so, I knew it wasn’t my place to tell anyone else* (Frances, P7).

Highlighting concerns surrounding consent to disclose and potentially violating their peer’s privacy, a large number of participants struggled to navigate the appropriateness of seeking help and/or speaking to others about the trauma event, as Liz describes:

*...something as intimate as that, no one should know without their consent...I just feel that, I respect these people so much and I respect how hard it is to tell someone, so I don’t ever want to betray that respect and, people talk a lot and, especially with what (friend’s name) was going through ... she made me, almost swear to secrecy, she was like no one can find out, no one* (Liz, P 14).
When determining the appropriateness of seeking help and/or speaking to others, many participants reflected on their past experience of receiving help. Most participants stated positive experiences helped encourage them to access support, however, a few other participants stated their previous negative experience reinforced their need to maintain confidentiality. For example, Liz also described the moment which led her to believing accessing support was not helpful:

...he was saying how he knew how to tie a noose and I'm, thinking "you, you don’t want this" and I remember, I was sitting by my bed and I was, upset obviously and mum, came in and she took my phone from my room....she's, like, "I don’t think you should message him you don’t need your phone in bed at night" and, "you shouldn’t be on it" and I'm, like, "but mum you don’t understand. I need my phone, this is a really important situation. I need to be there for my friend” (Liz, P14).

Furthermore, some participants stated that their perception of loyalty and confidentiality were impacted by living in socially proximate areas. As explained by Nikki and Belinda:

...it's more I feel we have a very judgemental year level [at school] because where we're from it's very small and everyone pretty much knows everyone and I think we feel that we know that she doesn’t want everyone to know that she did self-harm herself or that she is drinking, alcohol, and we didn’t want rumours to start (Nikki, P9).
'Cos some of the stuff she talks about is very, personal to her, her experience with her family and her friends and the thoughts that she's been having and, if she's talking about, methods of committing suicide, I don't want to share that information with everyone in the debrief and also because some people in the debrief are junior leaders who are also her peers, who are also part of the youth group and I feel like it would be wrong for me to tell that stuff (Belinda, P3).

Taking on responsibility for supporting their peer who experienced a traumatic event, led to many participants questioning their ability to support their peer. Most participants questioned themselves and felt uneasy with their support efforts, often feeling they had said something wrong or should have done something different. For example, Jason and Di stated:

I didn't know how to handle the situation, I didn't know how, should I be going up to him having my hand on his shoulder while he is seeing him or should I be standing back or should I be talking all the time or should I just say no and let him do it himself because it's a personal thing and I shouldn't get so involved (Jason, P1).

It just kind of feels like a rush of anxiety, like, oh no what if I'm too late because it was, a minute since she'd posted it and I was on to it, but this time it's like "oh I haven’t checked Snapchat in what, two hours what if it was an hour ago, what if no one got onto it (Di, P 4).

However, one participant found that taking on responsibility for supporting her peer, made her feel proud. For example:
I'm proud of myself that I helped her, so I feel good, I feel glad and relieved now that I was helping her through the worst of it back then, 'cos not that bad now, but 'cos she's, grown up more, she can stand up for herself (Rosie, P10).

As shown above, most participants spoke about the burdens associated with taking on responsibility. These burdens were divided into three sub-categories which were responsibility, fear of making mistakes and emotions. Figure 25 provides a summary of these burdens as well as provides in vivo quotes to help explain participants’ perspectives for each sub-category.
Despite all participants taking on responsibility for their peer, the impact of the above burdens, led to many participants eventually seeking feedback from a trusted other. When navigating their decisions around loyalty and confidentiality (stated above), a majority of participants spoke to their parents (mainly their mothers), family, close friends, teachers, counsellors, psychologist, doctors and used other resources such as google and headspace (e.g., local primary care mental health service). Simon and Jason provided a rationale for identifying supports:
Parents, parents people go to obviously 'cos, you know, that's where our foundation of support is, is our parents, so I know lots of people talked to their mums and dads (Simon, P12).

... if you're supporting someone and you need support yourself to help support this person, find someone that's older and close to you, not just any random, just someone that's older and close to you and I don't say 3 or 4 years older, I mean like, someone your parent's age or your grandparent's age (Jason, P1).

Rosie, on the other hand highlighted the need to access support services or resources:

... feel like there should be at least someone you can go to like a website or a call centre or just something so that you can get immediate support for issues, like, traumatic issues, or issues like that (Rosie, P10).

All participants acknowledged that accessing support earlier would have helped them manage their fears surrounding confidentiality and loyalty, reduce the burden of taking on responsibility, whilst also allowing them to feel supported throughout their journey of support. Comments from Nikki and John highlight this:

I think it would have been more helpful, definitely, 'cos it would have meant that we would, we could have been able to stop things sooner or stop things from escalating into the self-harm as it did I think it, it probably would have been beneficial as well to get some of the weight taken off our shoulders (Nikki, P9).
It would have been a lot sooner, that it would have been realised that this wasn’t something that someone can deal with by themselves and it would have given me a lot more support and ability to focus on myself as well as my friend, rather than, just completely sucked in and trapped by her problems (John, P8).

However, the participants who did not access support and maintained sole responsibility for supporting their peer, all stated they prioritised their peer’s needs by seeing them as more important than their own. Some of these participants (who maintained sole responsibility), already struggled with their own problems and stopped accessing their own support due to solely focusing on their peers’ needs. As Sarah and Di stated:

I’ve just got to suck it up pretty much and because I knew how much she was hurting and how much she trusted me and it was, like, I have to put all my feelings aside for her at this time. I had no need to worry about myself right now, I need to worry about her (Sarah, P13).

Just the way it works sometimes but, yeah so, I kind of felt, I kind of felt like I put my own mental health, on the back burner to make sure hers was okay. Which in the end wasn’t great, you know I needed to take care of myself but, I kind of took a bit of a hit when it came to the end of that month. It was like jeez I haven’t really been taking care of myself a lot (Di, P4).

All participants who maintained sole responsibility reflected that by doing so, they felt alone, isolated, judged and experienced a deterioration in their mental health. Some
participants likened this experience to feeling like having a break down. As shown by John, Sam and Eva:

*I'd, physically is just felt like I was just going through the motions of every day, I didn't feel I was a proper person who felt things and, experienced things and did things. I just kind of, I would wake up, brush my teeth, go to school, sit with her on the bus there and back, hear her problems, tell her that things were going to be alright, think of ways that I could help, get home watch some videos on YouTube, just sit there and watch and then go to bed (John, P8).*

*...’specially when you get those silent moments, when you're having those moments in time, when no one's talking to you and you're kind of sitting there and then all that stuff comes to you. I think that's when people have their breakdowns and stuff because all the stuff is coming to them, nobody else is talking to them, it's just you and your thoughts and, I guess that's probably the hard times and that's especially for me (Sam, P11).*

*...the anxiety that she was feeling was starting to happen to me. It's like you're woven into the mix, I think ... (Eva, P2).*
6.6 The Grounded Theory: Foundations of Support

As shown above, shared responsibility, alone then shared and sole responsibility were impacted by a number of sub-categories which included loyalty, fear of making mistakes and previous experiences of support. Figure 26 is the illustration of the substantive grounded theory which was identified through the data analysis process. The following section will also provide illustrative examples of the three emergent stages (shared responsibility, alone then shared and sole responsibility). These examples are based on participants’ experiences, however, to protect the privacy and prevent potential identifiability, participant number/pseudonym name have been removed and trauma event changed. This section will finish with a discussion of contextual factors which impact on the grounded theory.
Figure 26

Foundations of Support: The Process of Supporting a Peer through a Traumatic Event in a Rural Setting
As stated above, Figure 26 presents the grounded theory model, which is called, The Foundations of Support. This title was based on Simon’s (P12) quote “...that's where our foundation of support is...”. The model starts with the four sub categories (discussed above) showing the process starting from hearing trauma event, and then moving through the other stages of the process: reacting to story, supporting and taking on responsibility. Once participants take on responsibility for supporting their peer who experienced a traumatic event, they face questions surrounding loyalty and their competence as a supporter. These factors led to the participants either sharing responsibility or taking on sole responsibility. Participants who shared responsibility, sought support from trusted others such as parents, friends and other community members. These trusted others provided feedback, reassurance and encouraged self-care, which helped participants get back to life as normal.

Participants who maintained sole responsibility, did so due to previous negative experiences of support, fear of judgement, protection of their peer’s story and concerns about confidentiality due to living in socially proximate areas. These participants felt responsible for their peer’s outcome, pushed their own feelings aside and reduced self-care (e.g., not engaging in recreational activities). This process of sole responsibility led to participants experiencing mental health symptoms, isolation and feeling woven into the mix. Some participants initially took on sole responsibility, however they were then either approached by a trusted other, given permission to or saw their peer seek support, or had time away from their support role through recreational activities such as engaging with the environment (e.g., bushwalking) and/or other activities such as netball or dance. Although these participants felt woven into the mix, they were able to return to life as normal with the support from their trusted others.
6.6.1 The Three Emergent Stages of Taking on Responsibility

As stated above there were three emergent stages of taking on responsibility: shared responsibility, alone then shared and sole responsibility, each resulting in either the participant getting “back to normal” (Ronnie, P17) or being “woven into the mix” (Eva, P2). All participants fell into one of these two groupings. As shown in Table 11, participants were allocated into the emergent stage which reflected their support journey experience, shared responsibility (n=12); alone then shared (n=5); and sole responsibility (n=5), as well as which participants went “back to normal” (n=17) or were “woven into the mix” (n=5). The following section will provide an illustrative example in both figure (Figures 27-29) and narrative form, of each of these emergent stages. This will proceed with an explanation of the contextual factors associated with the Foundations of Support.
Table 11

*Three Emergent Stages of Taking on Responsibility: Summary of Participants*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Emergent Stage</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Kate</td>
<td>16yrs</td>
<td>F</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>5</td>
<td>Chris</td>
<td>14yrs</td>
<td>M</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>2</td>
<td>Eva</td>
<td>16yrs</td>
<td>F</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>7</td>
<td>Frances</td>
<td>14yrs</td>
<td>F</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>15</td>
<td>Kristy</td>
<td>19yrs</td>
<td>F</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>9</td>
<td>Nikki</td>
<td>15yrs</td>
<td>F</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>16</td>
<td>Phyl</td>
<td>14yrs</td>
<td>F</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>10</td>
<td>Rosie</td>
<td>17yrs</td>
<td>F</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>17</td>
<td>Ronnie</td>
<td>16yrs</td>
<td>M</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
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<td>17yrs</td>
<td>M</td>
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<td>“Back to normal”</td>
</tr>
<tr>
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<td>Chloe</td>
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<td>F</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
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<td>17yrs</td>
<td>M</td>
<td>Shared Responsibility</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>3</td>
<td>Belinda</td>
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<td>F</td>
<td>Alone then Shared</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>4</td>
<td>Di</td>
<td>17yrs</td>
<td>F</td>
<td>Alone then Shared</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>6</td>
<td>Erin</td>
<td>16yrs</td>
<td>F</td>
<td>Alone then Shared</td>
<td>“Back to normal”</td>
</tr>
<tr>
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<td>M</td>
<td>Alone then Shared</td>
<td>“Back to normal”</td>
</tr>
<tr>
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<td>19yrs</td>
<td>F</td>
<td>Alone then Shared</td>
<td>“Back to normal”</td>
</tr>
<tr>
<td>14</td>
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<td>18yrs</td>
<td>F</td>
<td>Sole Responsibility</td>
<td>“Woven into the mix”</td>
</tr>
<tr>
<td>8</td>
<td>John</td>
<td>17yrs</td>
<td>M</td>
<td>Sole Responsibility</td>
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</tr>
<tr>
<td>11</td>
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<td>15yrs</td>
<td>F</td>
<td>Sole Responsibility</td>
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<tr>
<td>19</td>
<td>Bell</td>
<td>18yrs</td>
<td>F</td>
<td>Sole Responsibility</td>
<td>“Woven into the mix”</td>
</tr>
<tr>
<td>22</td>
<td>Rebecca</td>
<td>18yrs</td>
<td>F</td>
<td>Sole Responsibility</td>
<td>“Woven into the mix”</td>
</tr>
</tbody>
</table>
6.6.2 The Shared Responsibility Pathway

Figure 27

Foundations of Support: Shared Responsibility

**Shared Responsibility:**
This participant spoke to friends trying to clarify what actually happened and find agreement amongst peers on how to support their friend. This participant further spoke to their mum who provided support, guidance and listened. This helped the participant to start taking care of themselves by listening to music and hanging with friends. According to this participant, after accessing this support life went back to normal.

**Supporting:**
This participant offered advice; tried to calm her down; keep an eye on her; told others to leave her alone, as well as attempt to distract the friend through speaking about mutual interests.

**Reacting to story:**
This participant felt shocked and worried. Feeling as though the peer’s feelings were contagious, the participant had to shove feelings down in order to help their peer. The participant further stated it was like their head was spinning, and felt frozen as they involuntarily pictured the event in their mind.

**Hearing trauma event:**
Witnessing a friend huddled in a ball, with people around her, crying. The participant was told about the trauma which occurred. This participant felt overwhelmed and bombarded with information from friends, other students and social media.
6.6.3 Alone then Shared Pathway

Foundations of Support: Alone then Shared

Alone then Shared:
The participant felt conflicted by the need to speak to adults, whilst also keeping the girl’s personal problems a secret. Despite supports suggested, the girl refused them, leaving the participant feeling alone and helpless in the support journey. The participant felt overwhelmed and consumed by the support role. The participant stated that these feelings only changed after a trusted other approached them and stated they are doing a good job of supporting. From this reassurance, the participant was able to get back to normal.

Supporting:
The participant felt deep responsibility for the girl’s well-being and remained committed to supporting the young girl physically (rubbing her back) and emotionally (distraction and reassurance). This participant used their own experiences with the problem to support the girl and shared strategies that the participant previously found helpful.

Reacting to story:
The participant felt deep empathy for the young girl and would regularly think of her and how they would cope if something happened. The participant repetitively asked questions such as ‘would it be my fault?’ This experience was overwhelming for the participant.

Hearing trauma event: This participant was directly approached by a younger peer, who told her about the traumatic event. Due to their own insight into the trauma experience, the participant felt compelled to help their young peer.
6.6.4 Sole Responsibility Pathway

Figure 29

Foundations of Support: Sole Responsibility

**Sole Responsibility:**
The participant used past negative experiences, where they perceived others as unhelpful, as a reason why they would not turn to others for support. This participant strongly believed in loyalty and did not speak of the friend’s problems to anyone. This led to the participant feeling alone and like a shell. Due to keeping sole responsibility, this participant was woven into the mix.

**Supporting:**
The participant ‘walked in their shoes’ and researched ways to help. Constantly being present, available and willing to provide support to their friend. This support would occur at all hours of the day through face to face support, phone calls and messaging. The participant felt frustrated when they provided support and their friend would not take it.

**Reacting to story:**
This participant felt their peer’s symptoms were contagious and tried to understand their friend’s coping strategies. This helped the participant feel connected to their peer whilst also knowing how it feels. This participant would cry, struggle to sleep and feel extremely panicky, due to the constant worry about their friend. This constant worry would lead to the participant obsessively sending messages to their friend to ensure they are ok. This participant felt chaotic, alone and helpless.

**Hearing trauma event:**
This participant supported a friend through a variety of traumas. This was the participant’s first experience with real life trauma events and mental health conditions.
So far, this chapter has provided a detailed summary of processual stages (hearing trauma event, reacting to trauma event, supporting and taking on responsibility) associated with young people supporting a peer through a traumatic event in a rural environment. I have presented and discussed the identified grounded theory, foundations of support, as well as provided three working examples of the emergent stages of taking on responsibility. The following section will discuss contextual factors which impacted on the foundations of support.

6.7 Contextual Environment and its Impact on the Foundations of Support

The ‘foundations of support’ was impacted by the contextual environment in both positive and negative ways. Furthermore, sense of belonging was also identified as an important factor which influenced participants to either access support from a trusted other or maintain sole responsibility. This section will present the contextual factors (i.e., geographical restrictions) and discuss how sense of belonging impacted on the foundations of support. It will also identify how community traumas (i.e., suicide or car accident) impacted on the foundations of support. Figure 30 highlights the contextual factors which impacted participants’ ability to provide and access support.
6.7.1 Contextual Environment: Geographical

All participants acknowledged that geographical restrictions impacted on their ability to provide support. These restrictions included, limited or no public transport, traveling for hours, and using buses and trains to support their peer. Most participants stated that limited transport options prevented them from providing face to face support and created a reliance on adults for transportation. Obtaining transport was complicated as adults were often not available due to limited finances or time because they travel long distances for work. As Mick, Rebecca and John explain:

...since there is not a bus or many public transport routes, sometimes it requires to be driven to certain places which can impact my ability to see them now (Mick, P21).
I think probably not being able to drive at this point and having very limited bus and transport access. That definitely hindered things because even, like as I said when he was drunk and he was trying to drive. If I had a car at the time, someone to drive or if the bus services were a bit more better, I could probably go with my friend together and we could stop him. So that definitely hindered (Rebecca, P22).

I would have to plan a couple hours in advance at least, because I had to get a half hour walk to the train station, and the trains only run once every hour, and stuff like that... Yeah. I got stranded trying to come home once, so I had to wait until my mom was finished with work and had come home, for her to come pick me up (John, P8).

Other restrictions identified by a few participants were limited internet and mobile black spots (limited to no mobile coverage when outside). These participants stated that limited access to internet reduced their ability to provide support through digital media as well as access to their own support through online resources. As Phyl stated:

I didn’t have any reception so I couldn’t get in contact, I couldn’t access help, but when I came back to school I was, like, when I had reception I was, ”Are you okay? Is everything good?” (Phyl, P16).

John, also acknowledged black spots in internet/phone reception and the impact this had on his ability to support his peer, however he found the limited reception helped him to separate from his support role and distract himself through engaging with the local natural environment. In
John’s words:

_We had no reception, no service so I couldn’t talk to her or anything and it was just me and my family and we just went out, we went to the beach, we went swimming, you know, went hiking, all this sort of stuff and suddenly I didn’t have to, I wasn’t worrying about her and I started to enjoy myself and I realised that for the past, I don’t know how long, almost a year, I just kind of blanked, it was kind of shocking but I, it surprised me that I’d never realised it because I always think of myself as very aware of myself and, how I’m feeling and what's happening around me (John, P8)._ 

Some participants acknowledged the lack of resources in rural areas and stated that the services available were not youth friendly, were expensive and/or hard to access due to distance. As Rebecca explains:

_And there's not that much around young people and sort of giving them, say, free help and stuff like that. It's a little bit more ... you have to pay for a lot of stuff, and a lot of the young people don't really have that much money to be able to get the support or go to the gym or stuff like that (Rebecca, P22)._ 

However, many participants accessed a variety of other community resources in order to give them respite from their support role. These resources included, sporting clubs, school activities, dance clubs and online games such as Dungeons & Dragons. As shown by John and Rebecca:

_I had a choir group that was done for school that we had every Monday morning or something like that. And that was really good, especially because at one point we went away for a week on a competition to (choir competition name), and just_
spending that time with that single group and away from that person that I was trying to help gave me quite a lot of time to think and space. It made me feel a lot better about myself (John, P8).

Yeah. It was definitely a good stress relief, especially cheerleading because that was stressful in itself, performing in front of people. So, they were good ways to sort of forget for a minute about everything. (Rebecca, P22).

A few participants highlighted the importance of staying connected to the community resources and the local natural environment as these resources were helpful in protecting against the outcomes of sole responsibility. As Liz describes:

I think when I was feeling down, I never realized that as much. It was like tunnel vision, whereas now I find it actually makes me happier. Like if I had of noticed these things around me and I've got a beautiful garden outside my window, and had that kind of thing to appreciate, I think it would have really helped a lot ... Yeah. Like I feel when you're in the situation over and over again, all you remember is just your room. If I think back to then, all I remember is going to school, going to my room, going to school, going to my room. It wasn't a lot of... It was isolated (Liz, P14).

6.7.2 Sense of Belonging

All participants stated that they felt connected and that they belonged to their community, prior to supporting their peer. This sense of connection allowed participants to know where to turn for support and how to access it. Comments from Chloe and Liz illustrate the importance of community connection:
...being able to support my community and my community supporting me...I had other people in the community that I could go to and talk to, especially with my school and my school’s wellbeing, they were there to support me (Chloe, P20).

I enjoy it personally because we used to live in (town name), where we used to be boxed up. And I remember we never used to be allowed to play our music really loud. But living in a rural area just means a lot more freedom and space. I feel more connected although I don't have the closeness to my friends, I do enjoy the space better... I played a lot of netball. Our family's really invested in netball, and I think that bit was a great outlet, because it made me like not think about it (Liz, P14).

However, a few participants who maintained sole responsibility stated that their sense of belonging changed after their support role. These participants felt disconnected, judged and alienated within their community. Experiencing low social proximity, the community once supportive, was now seen as unforgiving, rejecting and blaming, which triggered the participants’ concerns surrounding loyalty, fear of spreading rumours and breaching confidentiality. Bell described what it was like to feel ostracized by her community after her support role:

…like if you don't fit into the community, you feel very alone because everyone else gets along, and I don't get along with them so I don't really like it that much because it's such a tight circle that I don't fit into... It feels horrible. It feels like people just don't... it's just like you're not worth anything, and you're not worthy of being better than they thought you were (Bell, P19).
Among the few participants whose sense of belonging changed after supporting their peer, they fantasied about residing elsewhere and wanted to move to a place where no-one knows them or their past, as John and Bell explain:

*I think the fact that I’m pretty sure I won't know anyone who's doing what I'm doing, gives me the chance to create friendships with people that know nothing about me. So, I can you know start from scratch about how I want to be viewed, how I want to act, and how I want the people around me to act, I guess (John, P8).*

*No-one spoke to me. I got bullied a lot, like every day. I had to, what else, I don’t know. I moved schools. I moved areas. So that way I could meet new people and not be around it all the time (Bell, P19).*

### 6.7.3 Community Trauma Events

Community trauma events, such as suicide, bushfire and car accidents, impacted differently on the foundations of support due to the public nature of the trauma event. Most participants who supported a peer through a community trauma event stated that these types of trauma reduced barriers to accessing support, as the community and schools provided debriefing and access to counsellors. Furthermore, most participants stated the level of secrecy and fear of breaching confidentiality were not as prominent due to everyone knowing about the event. This is shown through the statements of Rebecca and Ronnie:

*Well, because everybody knew about it. So even though I tried to keep things a bit more private, I knew that there was a lot of other people feeling the same. So obviously there were so many people within a friend group that just knew each other.*
And I thought maybe there were some other people that were in my position …

(Rebecca, P22).

Yeah, everyone, everyone knew about it… well everyone was trying to get their, just their mind off that and how, 'cos it was a massive thing and it impacted, you know, on a lot of people (Ronnie, P17).

Feeling connected to their community, many participants stated it helped having community rituals (such as placing flowers/shrines at the accident site), which normalised their emotions and reactions to the trauma. Their connection to the community was also increased through witnessing the community join together and take care of each other’s needs (i.e., donating food and clothes). As Chris and Mick explain:

...cos there's a lot of people that helped out and gave them things to fill their house with and stuff, like beds and all the normal things to have. We all helped (Chris, P5).

I would say so since it's a small community, it spread around very quickly but it also lingered for a very long time. And since everyone's very close knit and closely related to each other, it affected everyone so it stayed with us around for longer than it would in a larger community (Mick, P21).

Although most participants stated that the community trauma events made them feel closer to their community, some participants found this awareness overwhelming due to everyone talking about the trauma event, community rituals/shrines (i.e., minute silence at school, placing flowers at trauma event site) and hearing about the trauma across a number of
settings (i.e., school, shops, bus stop, home). Ronnie and Simon’s comments show how the trauma event was discussed in different settings and Chloe explained the triggers associated with living close to the trauma site:

...more people were hearing about it, I think especially after the assembly, maybe a couple of people may not have known and then walking around school, I might overhear someone say something so I think it definitely spread again after that...

(Ronnie, P17).

It was really, really slow, she would, a lot of people slowly started to go back to normal and then it would get brought up again slightly because there was all this stuff about the news and because it was a car accident, Facebook posts about the crash investigation would always come up and, family members would also always post about stuff and so it was always there, it still is (Simon, P12).

Yeah. It was quite heartbreaking to revisit that area, knowing that she decided to end her life there (Chloe, P20).

As described in the above section, taking on responsibility is a complex social process which impacts on participant’s identity, roles, relationships, routines, sense of community and connectedness. With shared responsibility, participants were able to feel supported, heard, reassured, connected to their community and able to take care of themselves. Whereas participants who maintained sole responsibility felt alone, placed others’ needs ahead of their own, and lost connection with themselves and to their family and the wider community. This often left them feeling like they were just existing and did not have any identity whatsoever.
This study used a constructivist grounded theory methodology which aided in the identification of the core category, taking on responsibility, and the development of a substantive theory which explained both the impact of the contextual environment and the individual and interpersonal processes associated with rural-based young people supporting their peers through a traumatic event. The following chapter, the discussion, will place the grounded theory in context with literature discussed in Chapter 2, as well as introduce new literature based on concepts identified in the grounded theory. This chapter will also discuss the theoretical implications of the foundations of support, limitations of the study and provide recommendations for future research.
CHAPTER 7

Discussion

As there is limited research into the processes behind young people in rural areas, supporting a peer who experienced a traumatic event, the aim of this study was to understand the individual and interpersonal processes associated with this phenomenon. It further aimed to understand the impact of the contextual environment in which these processes took place. Utilising a constructivist grounded theory methodological approach, I was able to develop a grounded theory which identified the influencing factors and processes which led to young people taking on responsibility for supporting their peer. In summation, my grounded theory posited, that young people who shared the load with a trusted other were able to return to life as normal, however young people who maintained sole responsibility were ‘woven into the mix’, lost their sense of identity and felt alienated within their community.

This next section will briefly describe the influencing factors and processes behind taking on responsibility, followed by a comparison with literature, discussion of implications and limitations of the study as well as providing suggestions for future research. This chapter will conclude with an evaluation of the grounded theory study using Charmaz’s (2014) four main criteria (creditability, originality, resonance and usefulness), as well as offer a conclusion and chapter summary.

7.1 Summary of Research Findings

Taking on responsibility had three emergent stages: shared responsibility, alone then shared and sole responsibility, each resulting in either the participant getting back to normal or being ‘woven into the mix’. The emergent stages involved a number of sub-categories which included loyalty, fear of making mistakes and previous experience of support. Furthermore, taking on responsibility had four categories which were shared by all
participants. These categories were: hearing trauma event, reacting to trauma event, supporting and taking on responsibility.

- Hearing the traumatic event: Despite the method of disclosure, young people in this study sought to understand the traumatic event and attempted to clarify trauma details through disproving rumours and clarifying details. These processes led to young people diffusing the traumatic event by hypothesising negative outcomes (e.g., self-harm), changing peer relationships (uniting vs. dividing) and seeing the wider impact of the trauma on individuals and the community.

- Reacting to trauma event: After hearing the traumatic event, young people in this study felt shocked and overwhelmed, as they previously believed trauma events only happen on television or to adults. Despite feeling shocked, they tried to remain calm and accepted responsibility for supporting their peer.

- Supporting: In this study, young people perceived face-to-face support as more authentic; however, due to geographical restrictions and limited transport in rural areas, young people often relied on social media and the telephone to provide support. Young people, in this study, used both physical (e.g., hugs) and emotional (listening and asking questions) expressions of support. In order to decide on how to support their peer, young people in this study were guided by their own experiences of receiving support, ‘walking in their friend’s shoes’ and/or following their friend’s lead.

- Taking on responsibility: For young people in this study, being chosen by their peer meant they were seen as a good friend and trustworthy, which influenced them to take on responsibility for supporting their peer through a traumatic event. Living in socially proximate areas, these young people understood the importance of loyalty and not betraying their peer by discussing the trauma with others. This perception of
loyalty created a sense of being alone in their support journey, which influenced young people in this study to question their ability to provide support as well as fearing making things worse. The three emergent stages of taking on responsibility are as follows:

- Shared responsibility: Given their fear of making things worse and not knowing what to do, young people in this study sought feedback from trusted others (i.e., parents, friends, and teachers). This allowed them to share the load of responsibility, feel acknowledged and receive guidance around their support role. Sharing responsibility allowed these young people to connect to their interests and community, focus on self-care and return to life as normal.

- Alone then shared: In this study, the burden of sole responsibility remained, unless young people were either approached by a trusted other; given consent by their peer to discuss the trauma with someone; or experienced timeout from their support role through engaging with nature or community activities (i.e., netball). The reassurance, support and distraction from trusted others as well as engaging with nature and activities, allowed young people who initially kept sole responsibility to share the load and return to life as normal.

- Sole Responsibility: Young people in this study, who maintained sole responsibility, prioritised their peer’s needs, neglected their own wellbeing, and experienced a deterioration in their mental health. Sole responsibility resulted in these young people losing their sense of identity and connection, feeling alienated, and experiencing the woven effect.

The grounded theory highlighted the importance of young people having strong connections to their trusted others, such as family, friends and community. Termed as ‘foundations of support’, this concept describes the support framework which young people
rely on, to help guide them through life’s challenges. Healthy foundations of support are built on young people having positive and secure relationships with family, friends, their community and environment. When used, foundations of support can provide young people with reassurance, safety and guidance throughout their support journey. Healthy foundations of support break down the barriers associated with young people maintaining sole responsibility (i.e., fear of breaching confidentiality).

Fragile foundations of support are present when young people take on sole responsibility for supporting their peer. The loss or weakening of connection to their support frameworks, isolated young people, challenged their sense of belonging and identity, reduced self-care and created tunnel vision. This experience, termed ‘the woven effect’, describes the detrimental impact of two fragile young people whose experience of trauma and support became woven together due to an absence of foundations of support for the supporting young person. In this study, the woven effect remained, unless young people restored or created healthy foundations of support.

The following section compares the grounded theory with previous literature and discusses the geographical, sociological and psychological perspectives of the foundations of support. This section introduces additional literature based on the concepts identified in the grounded theory. Figure 31 provides a summary of theoretical concepts discussed to help position the grounded theory in relevant literature.
7.2 Comparison with Previous Research

Comparison with previous research is divided into four parts: i) the geographical and community perspective; ii) the sociological perspective; iii) the psychological perspective; and iv) the geographical restrictions and creation of digital space. Following this comparison is a discussion of theoretical implications, highlighting the strengths and limitations, offering future research and concluding with an evaluation of the grounded theory study. For this chapter, I will use the term ‘young people’ to describe the individuals who participated in this study and the term ‘participants’ to reflect individuals in other studies.

7.2.1 Foundations of Support: Geographical and Community Perspective

The complexities of living in a rural environment imposed many challenges for young people supporting their peers. Geographical restrictions, internet black spots and limited
transport, meant that on occasion, young people, could not live up to their role as a dedicated and available supporter (Aisbett et al., 2007; Herzog et al., 2016). Given that young people’s relationships are based on reciprocity, mutuality and the self as a creator of reality and meaning, these rural complications could impede the development of healthy foundations of support as well as impact negatively on self-concept (Furman, 1993; Nawaz, 2011; Rogers, 1961; Sullivan, 2001). In this study, rural restrictions were found to influence young peoples’ ability to identify, access and form healthy foundations of support. Next I will discuss the foundations of support in relation to social proximity (person’s interpersonal relationship with community members, groups and the wider community), place attachment and disruption, Relph’s (1976) concept of insiderness/outsiderness, rural barriers, pathways to connection and community grief (Boyd & Parr, 2008; Ervin et al., 2014).

Similar to previous research surrounding socially proximate areas, young people who maintained sole responsibility avoided utilising their foundations of support due to loyalty, fear of spreading rumours and breaching confidentiality (Brown et al., 2016; Lee & Browne, 2008). Despite residing in socially proximate areas, young people who experienced positive place attachment, perceived ‘place’ as a protective enabler, which formed part of their foundations of support. Place attachment refers to the cognitive-emotional bond that an individual forms towards a place (Scannell & Gifford, 2014). These bonds consist of memories, beliefs, feeling, as well as the meanings an individual ascribes to a place (Devine-Wright, 2009; Jack, 2008). Positive place attachment and connection to nature protected young people through their support journey, by providing opportunities for distraction and relaxation (Hartig et al., 2001; Morgan, 2010; Scannell et al., 2016). However, the process of hearing the trauma event significantly challenged some young people’s sense of place and caused place disruption by removing predictability and increasing uncertainty (Devine-Wright, 2013; Fullilove, 1996; Newnham et al., 2008). Without successful reconnection to
their foundations of support, this place disruption increased the risk of young people experiencing ‘the woven effect’. Alternatively, young people who strengthened their foundations of support though reconnecting to their environment, integrated their internalised working model of place attachment and used the environment as a resource and method to help distract and support their peer (Raymond et al., 2017; Sadler & Given, 2007; Scannell & Gifford, 2014).

Having insight into and knowledge of their environment allowed young people to know where to turn for support and how to access it (Dallago et al., 2011; Dallago et al., 2009; Sarason, 1974). Relph (1976) explained that individuals inhabit place through their bodies, emotions and feeling, and it is through these experiences that one begins to understand a sense of place. In Relph’s (1976) work on insiderness/outsiderness, a sense of place is shown to be “…the core lived structure of place as it has meaning in human life” (Seamon & Sowers, 2008, p. 45). Thus, the stronger a person’s connection to their place, the more ‘insiderness’ they feel (Relph, 1976; Seamon & Sowers, 2008). In accordance with Relph (1976), young people who perceived themselves as an ‘insider’, identified their place as supportive and had the knowledge that support is available if required. Similar to previous research, positive place attachment and perceiving oneself as an insider, increased young peoples’ ability to share responsibility, and enhance their sense of well-being, quality of life, social connections and self-regulation (Birch et al., 2020; Devine-Wright, 2009; Magalhães & Calheiros, 2020; Scannell & Gifford, 2017). Hence, an individual who has successfully developed healthy foundations of support closely aligns to Relph’s (1976) concept of an insider.

This study showed that living in a rural environment created a sense of connectedness in the young people, seeing the same faces in different settings, such as at school and the shops (Boyd et al., 2008; Dolan et al., 2020). The positive association and familiarity with
people and place, built the perception of having a relationship with nature and their community, being an insider and having predictable foundations of support (Relph, 1976; Scannell & Gifford, 2017). All young people perceived themselves as an insider, however for some young people, the support journey changed their perception of being an insider, removed their sense of connectedness and led to them dreaming of belonging elsewhere (Alrobaee & Al-Kinani, 2019; Relph, 1976; Stokols & Shumaker, 1982). This disconnection highlighted disruption to place dependence, a fragmenting of the foundations of support and the emergence of the woven effect (Alrobaee & Al-Kinani, 2019; Stokols & Shumaker, 1982).

The woven effect left some young people, feeling displaced and fantasising about a place where no-one knows their history, where they can connect and reclaim their role as an insider (Dallago et al., 2011; Devine-Wright, 2009; Fullilove, 1996; Relph, 1976). Instead of providing protection, the familiarity of places, faces and rituals, either became obsolete (losing connection to place and creating tunnel vision) or a perpetrator (feeling alienated or ostracised by the community) (Amoamo, 2017; Fullilove, 1996; Relph, 1976). The loss of connection meant that these young people no longer found solace in their surroundings, colourful places turned bland, their identity transitioned to being an outsider and their foundations of support began to fade (Amoamo, 2017; Fullilove, 1996; Relph, 1976).

The woven effect for young people created low social proximity, by perceiving their environment as encompassing a judgemental, unforgiving, rejecting and blaming community (Lazarenko, 2020; Relph, 1976). Feeling displaced, like an outsider looking in, these young people watched the insiders go routinely about their day, perceiving them as narrow, insular and unobtainable, like a tight circle they would never be a part of (Relph, 1976; Seamon & Sowers, 2008). As an outsider and experiencing the woven effect, these young people lost connection to their foundations of support, as they did not consider family, friends,
community or the environment, as helpful or accessible. Rather, they perceived dangers associated with rural towns, such as reduced privacy, low confidentiality, enmeshed communities and the potential of betraying their friend through rumours spreading (Ervin et al., 2014; Newnham et al., 2008). The woven effect, similar to previous research into outsiderness and low social proximity, led to negative place attachment, low place dependence (the desire to be elsewhere) and encouraged young people to maintain sole responsibility for supporting their peer through a traumatic event (Amoamo, 2017; Devine-Wright, 2013; Jack, 2008; Relph, 1976).

As stated previously, this study showed that the woven effect remained, unless a young person was noticed by a trusted other (i.e., their parent, teacher or school chaplain); the peer being supported sought help from a trusted other; the young person was given permission to speak to a trusted other; or they had time away from their support role through engaging with nature and in community activities. Similar, to the research into insiderness and high social proximity, the pathway out of the woven effect was paved by the idea that someone cared for them, they were also important and received acknowledgment of their support role (Cox & Holmes, 2000; Relph, 1976; Scannell et al., 2016). Furthermore, witnessing their peer seek support and/or receiving permission to speak to a trusted other, challenged young peoples’ fear surrounding socially proximate areas, and reduced the woven effect through providing connection (Aisbett et al., 2007; Relph, 1976; Scannell & Gifford, 2017; Sullivan, 2001). In alignment with research into nature encounters and social capital, “the glue that holds societies together” (McKenzie et al., 2018, p. 280), young people, reported a reduction in the woven effect and increased mental health benefits, after engaging with nature and in community activities (Birch et al., 2020; Larson et al., 2019). Research has also shown that nature can provide young people with the opportunity for distraction, time out and space to “…worry less about what others think” (Birch et al., 2020, p. 8). All the
pathways, stated above, reduced the burden of the woven effect by reconnecting young people to their foundations of support.

Pathways out of the woven effect and accessing foundations of support, operated slightly differently when the trauma impacted the whole community (i.e., suicide or car accident). Similar to research into community traumatic events, young people who engaged their foundations of support felt closer to their community and place through shared grief (Cox & Holmes, 2000; Scannell et al., 2016; Unger & Wandersman, 1985). Knowing that everyone is aware of the trauma, reduced barriers to accessing support as the level of secrecy and fear of breaching confidentiality were not present (Aisbett et al., 2007; Cox & Holmes, 2000; Ervin et al., 2014). Shared grief also enhanced young people’s perception of belonging to the community, through participating in community rituals (such as placing flowers/shrines at the accident site), normalising emotions and reactions to the trauma, and the community providing opportunities for young people to access support (i.e., school providing space for young people to discuss the trauma) (Devine-Wright, 2009; Scannell & Gifford, 2014; Trąbka, 2019). It is through these community foundations of support that young people, were able to recover from supporting their peer as well as from the impact of the traumatic event. Community foundations of support helped young people rebuild or create new bonds with their place (Sarason, 1974; Scannell et al., 2016).

However, when dealing with community traumatic events, nature and community support does not always represent a healing space. Consistent with previous research, young people were faced with constant reminders of the traumatic event through conversations, rituals (i.e., minute silence) and place (i.e., accident site or place of death) (Cox & Holmes, 2000; Scannell et al., 2016). Although, Scannell et al. (2016) highlighted that community support can rebuild place ties and increase resilience, the current study also showed this support can re-expose young people to traumatic information which prevented them from
coping with the trauma and their support role. For example, young people had prolonged exposure to the traumatic information through discussions at school, home, amongst friends and acquaintances. Furthermore, exposure also occurred through local media, social media and ongoing community events (i.e., remembrance ceremony). Similar to Vasterman et al. (2005), this study found that repetitive exposure to trauma details though ‘media hypes’ (intensive media coverage) fuelled feelings of anxiety within the young people. Hence, through constant community, place and media reminders, compounded by their support role, some young people found this exposure overwhelming. This led to them experiencing the woven effect, feeling shut down, avoidance of trauma triggers (i.e., community and symbolic places) and disconnection from their sense of place.

Thus, as shown above, healthy foundations of support are reflected through young people having strong connections to and awareness of their community. By utilising these resources and engaging with nature, young people were able to ward off the burdens associated with the woven effect and continue to perceive themselves as an insider (Relph, 1976). Young people who lost connection to their foundations of support experienced the woven effect, feeling like an outsider and dreaming of belonging elsewhere (Relph, 1976; Seamon & Sowers, 2008). Through reengaging with their community and place, young people were able to reconnect to their foundations of support and reclaim their perception of being an insider.

7.2.2 Foundations of Support: A Sociological Perspective

This section will discuss the foundations of support through a sociological lens. In particular, Blumer’s (1986) symbolic interactionism will be used to help understand the processes of supporting a peer who experienced a traumatic event. Symbolic interactionism posits that meaning is formed and created when an individual interacts with society through
communication, language and symbols (Bryant, 2007; Charmaz, 2014; Denzin & Lincoln, 2005). Research has shown that a young person’s adaptive journey through adolescence allows for the creation of a secure identity, emotional wellbeing and provides the framework for a safe trajectory into healthy adulthood (Blum et al., 2014; Wilson & Usher, 2015). The formation of healthy relationships with peers is essential for the development of interpersonal capacity and building healthy foundations of support (Sullivan, 2001). Given that adolescent relationships are typically defined by high levels of acceptance, self-disclosure and mutual trust, the process of supporting can be seen as an essential component in adolescent social and psychological development (Youniss & Smollar, 1985). In the study undertaken, successful outcomes of supporting a peer, allowed for young people to gain competence and skills in social processes, navigating and understanding the importance of their role within their peer’s foundations of support. It also aided in creating a healthy perception of self, as well as experience in utilising their own foundations of support (Giordano, 2003; Sullivan, 2001).

Research has shown that through the process of supporting and developing intimacy, young people learn how to validate each other’s needs, as well as create safety and satisfaction through seeing their peer’s needs just as important as their own (Blumer, 1986; Sullivan, 2001; Wake, 2015). In accordance with Sullivan’s (2001) interpersonal theory (i.e., seeking satisfaction and security through interpersonal relationships) and Blumer’s (1986) symbolic interactionism, young people interpreted being chosen for the support role as a sign of being trusted and a good friend, which increased their sense of belonging. As a way to thank their peer for choosing them, young people would reciprocate and validate the friendship through symbolic actions such as being available, placing their peer’s needs above their own and remaining dedicated to the support role (Sullivan, 2001; Wake, 2015). The ‘foundations of support’ conceptualisation highlights that through symbolic interactions,
young people navigated their way through the process of providing support to a peer who experienced a traumatic event (Blumer, 1986; Carter & Fuller, 2016).

Through the actions of clarification, disproving rumours, and noticing the impact of trauma on the wider community, young people developed subjective meanings surrounding the support role, which in turn guided their behaviour (Blumer, 1986; Carter & Fuller, 2015). It is through these direct and indirect communication processes, that young people further developed and reinterpreted their role as a supporter. For example, young people used symbolic cues associated with their past experience of being betrayed by a friend and derived meanings surrounding the importance of loyalty when engaging in their support role (Carter & Fuller, 2015, 2016). Furthermore, it was through interactions with others that the young people developed and reinterpreted their subjective meanings and formed role expectations which predicted future behaviours in other social settings (Stryker, 2008). Hence, the importance of successfully supporting a peer who experienced a traumatic event is evident as it created a symbolic framework which helped young people navigate future relationships (Blumer, 1986; Carter & Fuller, 2016; Stryker, 2001, 2008).

Young people used symbolic cues associated with past experiences of receiving help, objectifying themselves by assigning meaning to their role (e.g., good supporter equals good friend), and ‘walking in their peer’s shoes’, to guide their support role and gain insight into their peer’s needs (Carter & Fuller, 2015, 2016; Charmaz, 2014; Cooley, 1992). However, when their spoken and unspoken acts of support (i.e., hugs, checking in), were ineffective, young peoples’ routines were challenged, which led to them reassessing meanings associated with the symbolic interaction of providing support (Blumer, 1986; Charmaz, 2014). Thus, in order to avoid ineffective and anxiety producing interactions, young people changed their behaviour through either sharing responsibility, solely focusing on their peer’s needs,
increasing support efforts, and/or withdrawing from social activities (Evans, 2017; Wake, 2015).

Similar to findings in the youth caregiving research and peer-to-peer support, young people were placed in the role of supporter, with limited experience and training (Aldridge & Becker, 2003; Gray et al., 2008; Joseph et al., 2020; Simmons et al., 2018; Simmons et al., 2020). Often being their first real life experience of providing support to a peer, all young people in the study felt frustrated and incompetent, which challenged their self-esteem and limited confidence in their support role (Cree, 2003; Joseph et al., 2020). Cooley’s (1992) concept of looking-glass self, highlighted that young people see themselves as they perceive others to see and evaluate them. Hence, the reported feelings of frustration and incompetence in this study, can be seen as a reflection of how young people imagine others perceived them.

This process, also known as reflective appraisal, can increase young people’s symbolic actions to protect their role and be the most effective supporter possible (Matsueda, 1992; Stryker, 2001, 2008). If their actions were reciprocated by their peer in a positive manner, young people coordinated and integrated these actions in order to attain the goal of successfully supporting their peer, as well as integrated these actions into a symbolic framework for future use (Blumer, 1986; Stryker, 2008). If their actions were reciprocated in a negative manner (i.e., did not reduce distress), young peoples’ previous symbolic frameworks were challenged and they responded by changing actions, increasing intensity and focusing solely on their friend’s needs (Blumer, 1986; Hergovich et al., 2002; Matsueda, 1992). When these attempts to support their peer were guided by negative reflective appraisals, young people in this study were at increased risk of feeling hopeless in their role as a support, which in turn led to the emergence of the woven effect (Blumer, 1986; Stryker, 2008).
Young people who maintained sole responsibility, perceived their role as needing to ‘fix’ their peer. This symbolic role of ‘fixer’ had the potential to change young peoples’ roles from a being supporter to a rescuer (Kanter, 2013; Stryker, 2008). Thus, creating a symbolic interaction or relationship dynamic based on power imbalance and dependency not mutual reciprocity (Kanter, 2013). If not rectified, young people lost their autonomy through the process of taking on responsibility, developing the woven effect and being solely focused on their peer’s needs (Fine, 2005; Kittay, 2019).

Young people who shared responsibility utilised their foundations of support and turned to trusted others (e.g., parents, friends) to counteract feelings of frustration and incompetence. Knowing where to turn, highlighted that young people who shared responsibility had high social proximity, and used this resource to increase confidence in their role, clarify actions and feel supported (Boyd et al., 2008). Furthermore, the support from trusted others also provided young people with experience of receiving support, as well as having a role model to demonstrate how to effectively provide support (Kulkarni et al., 2013; Maton, 1987). Just as supervisees prefer supervision from an expert in their field, young people in this study only sought support from individuals they perceived as knowledgeable and competent (Green et al., 2014; Quarto, 2003). This is consistent with Maton’s (1987) bidirectional support hypothesis, which implies that young people need to be given the opportunity to build and develop their affiliative system (formation of social and emotional bonds with others) and interpersonal intimacy, through the bidirectional process of giving and receiving support.

Matsueda (1992) defined these trusted others as reference groups made up of significant others (i.e., parents) and generalised others (i.e., class mates). Similar to Matsueda (1992), young people sought feedback from their reference groups, trusted others whom they felt had insight into the problem area, had helped them in the past and therefore more likely
to see them in a positive light. Thus, through interactions with their foundations of support and successful interactions with their peers, young people obtained information on how other’s actually appraise them, which enhanced their reflected appraisal and self-appraisal (Blumer, 1986; Cooley, 1992). Thus, it was through the positive feedback from both their peer and foundations of support, that young people in this study strengthened and reinforced their symbolic framework around their support role (Blumer, 1986; Carter & Fuller, 2016; Stryker, 2001, 2008). However, when the foundations of support were perceived as unhelpful, inexperienced and minimising of youth issues, young people in this study maintained sole responsibility and did not seek guidance from their reference groups (Matsueda, 1992). This was particularly true for young people who perceived that trusted others would minimise their support experience as ‘kids’ stuff’. Given, the varied definition of traumatic events presented by young people, trusted others need to be aware that ‘kids’ stuff’ could constitute as a traumatic event in the young person’s eyes.

So far, this chapter has provided a summary of the grounded theory, the foundations of support and situated the theory in relation to literature around social proximity, place attachment, insiderness/outsiderness, community grief and highlighted pathways which aid young people in reconnecting to their foundations of support. Furthermore, symbolic interactionism has been used as a framework to help understand how young people create and reinterpret meanings surrounding their role as a supporter. As demonstrated above, healthy foundations of support aided in protecting young people from experiencing the woven effect and feeling like an outsider within their community (Relph, 1976). Without the feedback, reassurance and guidance of others, young people often relied on their negative reflective appraisals and subjective meanings, which formed symbolic frameworks of being hopeless and ineffective in their support role (Stryker, 2001). The next part of this chapter will discuss the foundations of support from a psychological perspective, using Roger’s (2012) theory of
personality as well as further highlight geographical barriers and the creation of digital space to overcome these barriers.

7.2.3 Foundations of Support: A Psychological Perspective

“The degree to which I can create relationships, which facilitate the growth of others as separate persons, is a measure of the growth I have achieved in myself” (Rogers, 2012, p. 56). The process of supporting others, as shown by Rogers (1961) is an essential skill which helps young people fulfil their actualising tendency (the desire to grow and meet one’s full potential). Throughout adolescence, self-concept begins to expand, develop and create a framework for adult life (Senthamizh et al., 2020). It is through the processes of identity experimentation and self-comparison that young people build their self-concept through actualising tendency (Gorbaniuk et al., 2018; Manning, 2007; Rogers, 1961). Two factors which contribute to actualising tendency and self-concept during adolescence, are: 1) achievement in areas young people desire success and 2) approval from others who matter in their lives (Manning, 2007). When a disconnection occurs between an individual’s self-concept and their actual experiences within the world, they are faced with feelings of incongruence and discomfort (Gorbaniuk et al., 2018; Rogers, 1961).

Rogers’s (1961) concept of ‘conditions of worth’, highlights that young people take on messages from others, which indicate how they should act in order to be valued by their peer. If their support is successful, then young people feel worthy and develop a healthy self-concept; however, if support is unsuccessful, young people fear rejection and disapproval. It is through the process of supporting their peer, that young people became aware of the potential incongruence between the perception of being a good supporter (ideal self) and their actual self (feeling incompetent as a supporter) (Gorbaniuk et al., 2018; Hanlon et al., 1954; Rogers, 1961).
Young people who challenged ‘conditions of worth’, shared responsibility, and found a trusted other who could provide them with the ‘core conditions’ of empathy, congruence (genuine), and unconditional positive regard (non-judgemental) (Rogers, 1961). This allowed them to trust themselves and feel confident in their role as a supporter (Gorbaniuk et al., 2018; Rogers, 1961). Thus, enhancing their actualising tendency, building positive self-concept and ultimately develop into a ‘fully functioning person’ (Rogers, 1961). The young people who maintained sole responsibility, focused on ‘conditions of worth’, which led to increased efforts to support their peer, feeling devalued and unworthy, and ultimately losing their sense of self (Rogers, 1961, 1977). Hence, having fragile foundations of support and maintaining sole responsibility increased the likelihood of young people becoming maladjusted, defensive, stagnant, and reducing actualising tendencies (Gorbaniuk et al., 2018; Rogers, 1961, 1977).

The process of actualising tendency to be a competent supporter, was often complicated by young people having minimal experience in the support role and often being their first time dealing with traumatic information. Young people in the study, attempted to be the best supporter they could be (dedicated and available), despite feeling shocked and overwhelmed with their peer’s disclosure. Lending from Figley’s (1995a) traumatic transmission model, young peoples’ intense desire to help, empathise and understand their peer, had the potential to cause reactions similar to the ones exhibited by their peer who experienced a traumatic event. These reactions included thinking about the trauma event, feeling anxious and experiencing physical symptoms (i.e., headaches, loss of appetite). The contagious sharing of feelings between the young people and their peers, created bonds which were based on collaboration, cooperation, co-construction and reciprocity (Figley, 1995b; Sullivan, 2001). These feelings also acted as a measure for understanding their peer’s
experience, which in turn reinforced actualising tendencies and the importance and necessity of being effective in their supportive role (Rogers, 1961, 1977).

To fulfil their actualising tendency, young people in this study aimed to be the best supporter possible and obtain approval from others (Rogers, 2012). This study showed that young people who utilised their foundations of support, challenged the incongruence between their actual self and their ideal self through seeking feedback from trusted others to enhance their conditions of worth (Rogers, 1961, 1977). Young people who maintained sole responsibility in this study felt the incongruence between their actual and ideal selves, and attempted to resolve this through increased efforts to support, which impacted negatively on their conditions of worth (Rogers, 1961, 1977). The next section will discuss geographical restrictions and the creation of digital space to overcome these restrictions.

7.2.4 Foundations of Support: Geographical Restrictions and the Creation of Digital Space

Young people today have grown up in a world with the constant presence of digital media, which has facilitated social interaction across socio-geographical boundaries and distances (Best et al., 2014; Birch et al., 2020; Thulin & Vilhelmsen, 2019). Similar to research into urban youth, young people in the study used digital means as a way to increase socialisation and communicate with their peers (Best et al., 2014; Larson et al., 2019).

Young people created a space for digital togetherness, which allowed them to assess risk, provide support when needed, check in, clarify details of the traumatic event, as well as give advice (Marino, 2015; Nyman & Isaksson, 2015; Roesler, 2008). This digital togetherness helped capture a place where young people could create Carr’s (1986) ‘we-experiences’, by providing empathetic and shared encounters through their online interactions (Osler, 2020).
Similar to Nesi et al. (2018), the publicness (viewed by many) and availability of digital place, increased the quality of friendship through frequency and immediacy of interactions. However, it also amplified the demand and expectation of support being provided, as well as increased expectations for immediate responses from their peer (Nesi et al., 2018). Young people in this study felt the burden of digital place when their peer did not respond or they received an alarming message (i.e., implying suicide). This experience increased digital media use and created an urgency for interaction.

Although living in a rural environment can act as a protector against the woven effect, there are a number of geographical restrictions which place young people residing in a rural area at risk. Unlike urban youth who typically have access to reliable and affordable internet, young people in this study, were faced with rural barriers such as limited and expensive internet as well as black spots (Park, 2017; Park et al., 2015; Whitacre & Mills, 2007). These rural barriers placed young people in this study at risk of the woven effect due to a reduced ability to provide support through digital media and reduced access to their own support through online resources.

Other rural barriers which impacted young people in this study and increased their need for creating digital space, included limited or no public transport, traveling for hours, and using buses and trains, in order to support their friend (Aisbett et al., 2007; Dolan et al., 2020). These barriers often left young people feeling helpless due to the reliance on adults for transportation, who were often not available due to limited finances or traveling long distances for work (Chan et al., 2016; Dolan et al., 2020; Ervin et al., 2014). Rural barriers created a sense of helplessness in young people in this study, which further encouraged them to maintain sole responsibility and find alternative methods of support through digital media (Aisbett et al., 2007; Boyd et al., 2006).
Overall, the inclusion of digital space in the support process, allowed young people to provide continued support without the restrictions associated with geographical location and/or the reliance on others (Best et al., 2014; Birch et al., 2020; Dolan et al., 2020; Thulin & Vilhelmson, 2019). However, the increased use of digital media as a method of providing support, had the potential to reduce young people’s outdoor activities and connections, thus potentially creating unhealthy foundations of support and increasing the likelihood of the woven effect. The above sections discussed the foundations of support from geographical, sociological and psychological perspectives as well as highlighted the use of digital space as a way to provide support and also counteract geographical restrictions. The next section will discuss the theoretical and practical implications of the foundations of support.

7.3 Theoretical and Practical Implications

The theoretical and practical implications are divided into five sections, covering implications for i) the community, ii) trusted others, iii) young people, iv) the use of digital space and v) communities that experience a traumatic event. This will be followed by a presentation of the strengths and limitations of the study and a discussion of future research.

7.3.1 Foundations of Support: Community Implications

Supporting a peer during adolescence is a normal process that helps young people develop love and intimacy, build their affiliative system and actualising tendencies, as well as create a coherent sense of self (Furman, 1993; Nawaz, 2011; Rogers, 1961; Sullivan, 2001). Foundations of support, along with Maton’s (1987) bidirectional support hypothesis, implies that young people need to be given the opportunity to build and develop their affiliative system and interpersonal intimacy, through the bidirectional process of giving and receiving support. These opportunities increase understanding of, and resilience towards the support role, create barriers against the woven effect, and role model the benefits of sharing
responsibility (Gray et al., 2008; Maton, 1987; McAndrew et al., 2012; Sullivan, 2001). For example, young people engaging in community groups (both within school and the community), increases social capital and feelings of connectedness and enhances resilience (Boyd et al., 2008; Bracke et al., 2008; Maton, 1987). Furthermore, these groups form part of the foundations of support for young people supporting a peer through a traumatic event, by increasing awareness, acceptance and reciprocity of support.

The foundations of support conceptualisation highlights the importance of young people having a strong sense of place, sense of belonging and high social proximity for resilience and seeking the necessary help for supporting a peer through a traumatic event (Dallago et al., 2011; Dallago et al., 2009; Sarason, 1974). However, when young people lose their connection to place or their place attachment is weak, their interactions within the community and environment are reduced (Fullilove, 1996; Relph, 1976). Without adequate connection or a supportive environment to ground themselves, young people involved in supporting a peer experiencing a traumatic event are at risk of the woven effect, assuming sole responsibility and feeling displaced (Alrobaee & Al-Kinani, 2019; Fullilove, 1996; Stokols & Shumaker, 1982).

Providing pathways to reconnecting with place and community, is essential in guiding young people living in a rural environment back to their foundations of support, promoting self-regulation and social connection, whilst also reducing the burden of sole responsibility and the woven effect (Devine-Wright, 2009; Magalhães & Calheiros, 2020; Scannell & Gifford, 2017). Such pathways can be achieved through:

1. Changing language, moving away from the notion of nuclear family which reduces secondary supports and encouraging messages within the community
surrounding shared responsibility and the community’s role within the foundations of support.

2. Community providing opportunities for young people to participate in activities (especially those that (re)connect the young person to the environment). Such programs need to consider rural barriers (such as low income and limited transport) and integrate free activities focused on increasing accessibility and connectivity.

7.3.2 Foundations of Support: Implications for Trusted Others

Similar to research into caregiving youth and risks for vicarious trauma, young people are often inexperienced when assuming their support role (Aldridge & Becker, 2003; Gray et al., 2008; Joseph et al., 2020; McCann & Pearlman, 1990). Given professionals working with trauma have training and supervision to prepare them, it is essential that young people are provided with similar opportunities, to help prevent feelings of frustration, incompetence, low self-esteem and limited confidence in their support role (Cree, 2003; Green et al., 2014; Joseph et al., 2020). Trusted others, such as parents, teachers, extended family, need to encourage young people to share the load, use self-protective behaviours, role model effective caregiving strategies and provide opportunities for reciprocal support (Kulkarni et al., 2013; Maton, 1987; Ramos-Sánchez et al., 2002).

The current study, along with Matsueda’s (1992) research into reference groups, also implies that negative experiences in accessing support can decrease young people’s safety to share responsibility. By trusted others taking the initiative to check in with young people, asking them about previous negative experiences with accessing support, trusted others can reduce the risk of sole responsibility being taken and offer opportunities for healing. Furthermore, this approach will encourage young people and trusted others to strengthen and
form foundations of support (Berger & Quiros, 2014). Additionally, it is important for trusted others to be aware of and notice behaviour changes, such as a young person withdrawing or solely focusing on their peer’s needs. It is essential that trusted others provide young people with opportunities to talk, acknowledge the support role, offer support and provide guidance for the young person to seek their own support.

Furthermore, trusted others need to consider changing language when helping young people in their support role. Language such as ‘she’s a bad influence on you’ or ‘you shouldn’t be dealing with this’, minimises the social and psychological importance of the support role and enhances the likelihood of young people taking on sole responsibility and thus experiencing the woven effect. Changing language to acknowledge the burden of support, (i.e., ‘I can see how important it is for you to help her’) highlight the benefits of involving professional help (i.e., ‘I can hear that your friend is really struggling, maybe we can help her speak to a doctor?’), as well as offering to join forces will allow young people to feel safe, supported and enhance their foundations of support. In addition, increasing trusted others’ understanding of how broadly young people define traumatic events, will help them not to minimise the experience and understand how serious the support role is taken by the young person.

There are a number of parenting resources available such as ReachOut.com (online parent forum with links to resources); The Incredible Years (enhancing parents, children and teacher relationships to treat behavioural problems through collaboration); The Triple P-Positive Parenting Program (5 level approach to enhancing community health and wellbeing through evidence-based parenting practice which uses a public health framework); however, these programs do not specifically address trusted others’ language and young people’s definition of trauma (Coyne & Kwakkenbos, 2013; Herman et al., 2011; Pickering &
Sanders, 2016). However, integrating the foundations of support into programs such as these, may help to further educate trusted others and reduce the woven effect in young people.

7.3.3 **Foundations of Support: Implications for Young People**

The results of the current study highlighted that young people living in a rural area experience contagious symptoms (e.g., shock and fear) as a result of hearing about and supporting their peer through a traumatic event. By increasing awareness around contagious stress and its natural occurrence, young people and trusted others can monitor and intervene if a young person experiences these symptoms (Figley, 1995a, 1995b, 1995c). Early intervention is essential, as the presence of contagious stress symptoms in young people, without support from a trusted other can lead to young people taking on sole responsibility for supporting their peer and developing the woven effect.

Potential vulnerabilities and protective mechanisms associated with vicarious trauma can be identified to help reduce the burden of sole responsibility in young people (Baird & Jenkins, 2003; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). These vulnerabilities include high exposure to trauma material, self-sacrificing coping styles, over identification with their peer, feeling helpless and being inexperienced (Baird & Jenkins, 2003; Pearlman & Saakvitne, 1995; Quitangon et al., 2015; Rothschild, 2006; Taylor et al., 2016). Protective mechanisms which help prevent sole responsibility, include humour, self-care, social connection, acceptance, distraction and venting (Akinsulure-Smith et al., 2018; Kulkarni et al., 2013). Hence, when considering interventions for young people supporting a peer who experienced a traumatic event, one must focus on teaching young people and trusted others about reducing exposure to traumatic material and maintaining self-care strategies. In particular, programs which focus on resilience building and positive coping styles will aid in the reduction of distress associated with the support role, as well as educate
young people about the dangers of sole responsibility (Akinsulure-Smith et al., 2018; Kulkarni et al., 2013).

Assuming responsibly for supporting their peer through a traumatic event increased self-esteem, sense of belonging, and reinforced young people’s perceptions of being a trusted and good friend (Sullivan, 2001). This process implied a cyclical relationship between the benefits of helping others and developing a healthy self-concept (Furman, 1993; Nawaz, 2011; Rogers, 1961). Fulfilling their actualising tendency to become an effective supporter whilst learning to receive support, allows for young people to build their affiliative system, increase self-worth and reduce incongruence between their ‘actual self’ and ‘ideal self’ (Rogers, 1961). Rural communities and trusted others, need to provide a safe and supportive place for young people to discuss and reflect on their experiences of providing support, by doing so, communities and trusted others can role model the core conditions of empathy, congruence and unconditional positive regard (Gorbaniuk et al., 2018; Rogers, 1961).

Integrating programs such as Zimbabwe’s Youth Friendship Bench (students provide problem-solving therapy to young people) and Grandma benches (grandmothers trained in talked based therapies) can reduce barriers to accessing support, whilst utilising community members and peers to provide safe places for young people to access free support (Abas et al., 2016; Wallen et al., 2021). These opportunities to reflect can directly challenge young peoples’ negative reflective appraisals through feedback, normalisation and acknowledgement (Blumer, 1986; Stryker, 2001, 2008). Thus, indirectly enhancing young peoples’ actualising tendency, building positive self-concept and supporting young people to develop into a ‘fully functioning person’ (Rogers, 1961).

Furthermore, young people providing support should be educated on the woven effect and the importance of keeping connected to places and people they trust. Spending time identifying and building their foundations of support will allow young people to transition
smoothly through roles. Additionally, peers receiving support should be educated around the impact of sole responsibility and give permission for their supporter to access help from a trusted other. Providing permission can aid in both the peer and the supporter’s journey to recovery. Integrating this knowledge into programs such as teen Mental Health First Aid (tMHFA; school-based program to improve supportive behaviours towards peers) or school curriculum on health and wellbeing, will help educate young people and build their foundations of support and may aid in early intervention (Hart et al., 2018).

7.3.4 Foundations of Support: Implications for Digital Place

Digital place provides a platform for connection which defies rural barriers such as geographical restrictions, but only when it can be accessed reliably (Dolan et al., 2020; Marino, 2015). The inability to provide digital togetherness due to limited internet accessibility, enhanced young people’s perception of helplessness, vulnerability and reinforced sole responsibility for providing support to their peer. The implications of these findings highlight the need for government policy to focus on providing equal opportunity for all young people despite location, to access internet and online support services. This need is timely, as the Federal Government of Australia’s 2021-2022 budget has committed $68.5 million to enhance and improve accessibility to telecommunications through programs such as the Mobile Black Spot Program and the Regional Connectivity Program (Department of Infrastructure Transport Regional Development and Communications, 2021).

Increased internet connection can directly reduce young people’s helplessness by removing geographical restrictions, eliminating blackspots, and increasing the quality of internet services provided. With the current barriers faced by young people in rural areas, limited internet accessibility places these young people at risk of maintaining sole
responsibility, developing unhealthy foundations of support, experiencing the woven effect whilst also removing accessibility to online support and self-help programs.

7.3.5 Foundations of Support: Implications for Community Trauma Events

The results of the current study, along with Scannell et al. (2016), showed that community grief acts as both a protector and trigger for young people supporting their peer through a traumatic incident. Although, it is important for the community to grieve as a collective, a considered approach is essential after a traumatic event. This approach should include openness, normalisation of experiences and identify pathways to access support (Scannell et al., 2016). However, young people should also be advised to monitor their exposure to traumatic material through reducing social media usage and obtaining information from a reliable and supportive source (Devine-Wright, 2009; Scannell & Gifford, 2014; Trąbka, 2019; Vasterman et al., 2005). Introducing and integrating programs into communities, such as HOPE SF Peer Health Leadership program (based in San Francisco, USA), can create supportive community-driven services which are based on principles such as the Trauma-Informed Community Building and Engagement model (Falkenburger et al., 2018). These programs empower community leaders to design and run support programs which are based on community needs. By doing so, young people and community members alike can create their own place of healing as well as provide a space which is easily accessible. Furthermore, with the introduction of head-to-help services across Victoria, Australia (telephone intake and drop-in centres), young people can now more easily access trained professionals (nurses, psychologists) and referral pathways which are specific to their community (Gippsland Primary Health Network, 2020).
7.3.6 Summary of Study Implications

Foundations of support highlights the need for a number of key strategies essential for preventing young people from experiencing the woven effect. Providing opportunities for communication and connection, will allow young people to build healthy foundations of support which incorporate family, friends, community, landscape and digital space. By utilising these resources, young people can smoothly transition through their support journey and build a symbolic framework of support to be used in future interactions (Blumer, 1986; Stryker, 2001, 2008). Increasing awareness of the woven effect within communities, can help trusted others identify when young people have assumed sole responsibility and provide pathways back to their foundations of support.

The above sections discussed the foundations of support and its positioning within theoretical concepts such as Sullivan’s (2001) interpersonal theory, Blumer’s (1986) symbolic interactionism, Relph’s (1976) insider/outsiderness and Roger’s (1961) self-actualising tendencies. This section further discussed geographical restrictions within rural areas, the use of place as a protector against the woven effect and the creation of digital space to provide support and overcome barriers associated with geographical restrictions. Evaluating the grounded theory approach and strengths and limitations of the study will now be discussed followed by recommendations for future research.

7.4 Evaluating the Grounded Theory Approach

When determining the worth of empirical research, scientific rigor is of most importance. Although qualitative research has been criticised for lacking generalisability, quality, being unsystematic, and biased (Charmaz, 2014; Charmaz & Thornberg, 2020), Glaser and Strauss (1967) argued that qualitative research should be assessed on its own tenets, not those based on quantitative traditions. Accordingly, this study will be evaluated
using Charmaz’s (2014) four main criteria for assessing quality of a constructivist grounded theory study, which includes: credibility, originality, resonance and usefulness.

Creditability is determined by the researcher having sufficient familiarity with the data, in order to make empirical observations and gain insight into the participants’ experience of the studied phenomenon (Charmaz, 2014; Charmaz & Thornberg, 2020). Additionally, the participants’ voice should be made explicit throughout the comparative analysis, as well as acknowledging the researcher’s presence through reflexivity (Charmaz & Thornberg, 2020). Originality is demonstrated through a variety of ways such as providing new insights or a different conceptualisation of a known problem (Charmaz, 2014). Resonance highlights that the researcher has created concepts which reflect the participants’ experience as well as provide insight to others (Charmaz, 2014; Charmaz & Thornberg, 2020). Usefulness indicates whether the grounded theory study contributes to new knowledge and has policy and practice applications (Charmaz, 2014). Charmaz (2014) provided a number of reflective questions for each criterion to help researchers evaluate the quality of the grounded theory. These questions helped informed the following evaluation of the grounded theory study shown in Table 12.
Table 12

Evaluation Criteria for the Grounded Theory Study

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Outcome</th>
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<tbody>
<tr>
<td><strong>Credibility</strong></td>
<td>• Conducting in-depth interviews aimed at exploring young people’s perspectives of the phenomenon.</td>
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<td></td>
<td>• Clear inclusion and exclusion criteria and sampling methods chosen for the study, which helped identify participants from a variety of backgrounds and rural locations.</td>
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<td></td>
<td>• Providing a detailed and clear account of the analytic methods used (see Chapter 5).</td>
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<td>• Presenting examples of how systematic comparisons, were made between data, codes, categories and theoretical categories.</td>
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<td></td>
<td>• Honoring the participants’ voices through providing context behind their experiences and analysis being directed by their narratives.</td>
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<td></td>
<td>• Reflexivity through memos written in first person, participation in supervision and the use of diagrams and storyline method to help identify and trace theoretical insights.</td>
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<td></td>
<td>• Providing a transparent detailed record of how the grounded theory was developed, the coding process used and steps towards abstraction (incident by incident coding, focused coding, categories, core category, theoretical coding and substantive theory).</td>
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<tr>
<td><strong>Originality</strong></td>
<td>• Chapter 2 identified there is limited research into the phenomenon.</td>
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<td></td>
<td>• The ‘foundations of support’ grounded theory, provided new and novel insights into underlying processes associated with supporting a peer.</td>
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<td></td>
<td>• The theory highlighted four stages of support (hearing the trauma event; reacting to story; supporting and taking on responsibility).</td>
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<td></td>
<td>• Identified the different pathways associated with taking on responsibility (shared, alone then shared and sole responsibility).</td>
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<td></td>
<td>• The importance of connection to family, friends, community and place for young people living in a rural place.</td>
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<td></td>
<td>• The detrimental consequences which occur when young people lost these connections through providing support.</td>
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<td></td>
<td>• The importance of understanding geographical restrictions and rural factors (i.e., confidentiality and socially proximate areas) and how these impact on the support provided as well as influence whether a young person maintained sole responsibility.</td>
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<tr>
<td></td>
<td>• Identify the importance of healthy foundations of support, and how, if utilised appropriately, can guide a young person through their role as a supporter.</td>
</tr>
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</table>
Strengths and Limitations of Study

In alignment with the constructivist nature of this study and all empirical research, it is essential to acknowledge limitations in order to demonstrate reflexivity, place the grounded theory in context, highlight potential errors within data collection, as well as identify future research possibilities (Bryant, 2007; Charmaz, 2014). Charmaz (2014) stated that no researcher can be completely objective, and as a result the grounded theory may have been influenced by researcher bias. To counteract this potential limitation and promote rigor and validity, I aimed to identify preconceptions and biases which may have influenced the

### Resonance

- The grounded theory was presented to participants who participated in the theoretical sampling (this included both participants from initial sample and new participants). All participants stated that the grounded theory resonated with them.
- The theory and constructed categories identified the processes associated with young people supporting their peer who experienced a traumatic event and identified liminal and taken for granted meanings.
- The use of participants’ narratives to name the grounded theory and the outcome of sole responsibility (i.e., the woven effect), allowed the theory to remain true to the participants’ experiences and hence, increased the resonance of the theory.
- The theory developed, identified the links between young people and their foundations of support.
- The theory further highlighted risks associated with maintaining sole responsibility, as well as identified rural environmental factors which influenced young people’s decisions to access support.

### Usefulness

- Chapter 7 offers interpretations of the foundations of support theory that can be used by the professionals, schools, family members and young people in their everyday practices.
- The foundations of support theory can be used to identify young people who are at potential risk of the woven effect as well as identify pathways back to healthy foundations of support.
- Chapter 7 also presented the need for further research to expand, develop and explore the generalisability of the theory.
decisions and actions I made throughout the study (i.e., my background, beliefs, and experiences), and be as transparent as possible in regard to the process of meaning-making of the data (Charmaz, 2014; Etherington, 2004). Meaning-making was achieved through memoing, critical analysis of reflective memos, reinterviewing participants, supervision, selection of transcripts being multi-coded by members of the research team, obtaining feedback from old and new participants and completing an audit trail (of decisions, emotional reactions and judgements) (Bowen, 2009; Charmaz, 2014; Dowling, 2006; Etherington, 2004).

Although the use of in-depth interviews was seen as a strength of this study, it is important to note that these perspectives are localised within the social and cultural context of the participants, and hence the grounded theory may not have generalisability to other settings (i.e., urban youth) (Bryant, 2007; Carminati, 2018; Charmaz, 2014). Additionally, as participants in this study were predominantly from an Australian-Anglo-Saxon background, the grounded theory developed may not be applicable or transferable to other cultural and ethnic populations. Given this study was conducted in a rural area, Gippsland, Victoria, the findings may not be reflective of young people living in other rural locations, as there may be geographical restrictions and other contextual issues not identified in the current region (i.e., remote learning due to geographical isolation). Despite these limitations, Charmaz (2014) believed that co-construction of meaning created through interactions between the participants and researcher are likely to resonate with others outside the participant pool. However, further research is required to test the generalisability of the foundations of support within other contexts (see section 7.6 for research recommendations).

The analysis, and hence, the grounded theory identified in this study, may have been compromised by the small sample size. Strauss and Corbin (1998) stated that in order to construct a grounded theory, at least 10 interviews with comprehensive coding are required.
In light of this, the study’s sample size of 22 exceeds the above recommendation and is another strength of the study. Nonetheless, the findings of the present study must be used and interpreted with caution, as the grounded theory may not accurately represent the rural population in question due to the small sample size (Aron et al., 2013; Charmaz, 2014). Many theorists disagree on the adequate sample size needed for purposive samples, however agree that the common goal is data saturation (Bryant, 2007; Charmaz, 2014; Guest et al., 2006). Although data saturation is also contested and highly subjective in qualitative research, Charmaz (2014) stated that reaching saturation is more dependent on the quality of data collected rather than on sample size. Thus, a strength of this study is highlighted through reaching saturation: that is no new categorical insights were identified in the data. Reaching saturation indicated there was quality and richness in the data collected (Bryant, 2007; Charmaz, 2014; Guest et al., 2006). Furthermore, as this study involved a second round of interviews that re-visited the findings with participants, it allowed this study to honour their content (experiences), which deepened, nuanced, refined, and strengthened the foundations of support theory.

Given the findings of this study are based on young peoples’ retrospective accounts of providing support to a peer who experienced a traumatic event, young people were not restricted or limited to the timing or types of traumatic experiences they supported their peer through. A potential criticism of this approach could be the lack of clear parameters surrounding what constituted as a traumatic event. True to the constructivist nature of this study, young people guided the definition of a traumatic event through constructing their own meaning and associations when discussing their accounts of supporting a peer who had experienced a traumatic event (Bryant, 2007; Charmaz, 2014). This was enhanced by elevating the voice of the participants, through the participatory approach, which led to the name of the theory, the “foundations of support” and other concepts such as the “woven
effect”. Furthermore, the integrity of the grounded theory methodology used in this study, allowed for an in-depth understanding of the participants’ perspectives through constant comparison and abstraction towards the identification of the core category observed in the phenomenon studied (Bryant, 2007; Charmaz, 2014). However, the applicability of these findings in new contexts is currently unknown, as testing the substantive theory in other areas was beyond the scope of this PhD.

Lastly, this study was strengthened by the use of the symbolic interactionist framework, which guided interview questions, analysis of data and helped identify the unique meanings participants placed on their role as a supporter. Identification of the core category and the development of the theory, the foundations of support, was assisted by analysing actions and reciprocal processes between participants, their peers and their foundations of support. This framework also allowed the identification of participant’s interactions with others, highlighted the importance of the role as a supporter, the impact of reflective appraisals, self-appraisals and actual appraisals on the support role, and the creation and reinterpretation of meaning through these interactions.

7.6 Future Research

The following section presents a number of recommendations surrounding future studies. These recommendations were based on the findings of this study and will aid in building a robust and broad theory which is meaningful across a range of settings. Hence, the foundations of support theory may need to be adapted and amended according to potential new insights provide by future studies. Recommendations included:

1. Research has shown that when compared to their urban counterparts, young people residing in rural areas are more likely to engage with outdoor activities, which can provide respite from the risks associated with the woven effect (Best et al., 2014;
Hartig et al., 2001; Larson et al., 2019; Nesi et al., 2018). These risks include, increased use of digital media resulting in isolation, loneliness, mental health symptoms and disconnection from place (Best et al., 2014; Larson et al., 2019). As the participants in this study were faced with rural barriers (i.e., geographical restrictions), which are different to those experienced by urban youth; it is essential to understand if the urban contextual environment impacts differently on the foundations of support. Given research has shown that urban youth have reduced accessibility and understanding of the benefits of outdoor space, their role as a supporter might encompass different processes or associated meanings in relation to their foundations of support (Birch et al., 2020; Larson et al., 2019). Testing the foundations of support theory in an urban population is essential to understand the potential contextual differences and how these might impact on the theory.

2. Minority and ethnic groups have been shown to be at greater risk of isolation, loneliness and mental health symptoms due to reduced accessibility to natural space, outdoor activity and increased digital media usage, when compared to non-minority groups (Best et al., 2014; Larson et al., 2019). The current study showed connection to place and outdoor space as a significant protector from the woven effect, it is therefore essential to understand how ethnic and minority groups protect themselves from the woven effect and whether outdoor space and the foundations of support are assigned different meanings according to cultural and religious values.

3. Previous research has shown individuals who identify themselves as indigenous, Aboriginal or Torres Strait Islanders have a symbolic relationship with the land, environment and people, understanding these connections and their assigned meanings, can build, strengthen and enhance the foundations of support by integrating this knowledge as an essential part of the theory (Hatala et al., 2020; Larson et al.,
Further research is required to understand an indigenous perspective on the foundations of support, given indigenous youth often experience outsiderness due to colonialisation, loss of land, disconnection from community and culture and discrimination (Schultz et al., 2018; Stewart & Warn, 2017).

4. This study provided insight into how the contextual environment impacted on the process of providing support to a peer who experienced a traumatic event in Gippsland, Victoria, Australia. Future research testing the foundations of support theory in other areas, both in Australia and other countries, will allow for adaptation and amendments according to potential new insights, thus creating a robust and broad theory which is meaningful across a range of contextual settings. For example, the climate differences between England and Australia, could impact on the use of outdoor space and hence, impact the meanings assigned to the foundations of support amongst English youth.

5. Through my clinical practice, I have noticed the potential implications for the foundations of support on other populations not identified in this study. In particular, the theory provides insight into the foundations needed to help individuals transitioning into new roles. Focusing therapeutic intervention on building healthy foundations of support, can allow individuals to strengthen connections and build solid foundations which they can rely on during periods of change. This will aid in preparing them for the transition process and potential complications which may arise. For example, when working with elders in the community, who have lost their independence through age, illness and other factors, the foundations of support can help create an understanding of structure and connections required to help them smoothly transition into their new role (i.e., entering a nursing home). Thus, future research, testing the meaningfulness and appropriateness of the foundations of support
in different populations, would aid in further developing the theory which places structure around individual’s journey through changing roles.

7.7 Chapter Summary and Conclusion

This chapter provided a summary of the grounded theory, foundations of support, and highlighted the processes behind young people in a rural area, providing support to their peer who has experienced a traumatic event. The processes identified in this substantive theory, included hearing the trauma event, reacting to the trauma event, supporting, and taking on responsibility. The core category was identified as taking on responsibility, which had three emergent stages, sharing the load, alone then shared and sole responsibility. Each of these stages led to the young person either getting back to normal or being woven into the mix.

The foundations of support was discussed from a variety of perspectives which included geographical, sociological and psychological points of view. These perspectives helped situate the grounded theory in the context of other literature and what is already known (Charmaz, 2014). The successful outcome of supporting a peer, allowed young people in this study to build a symbolic framework around their support role which helped inform role expectations, create subjective meaning and navigate future relationships (Blumer, 1986; Carter & Fuller, 2016; Stryker, 2001, 2008). Furthermore, this process helped young people achieve their actualising tendency to be the best supporter possible and obtain approval from those who matter (Rogers, 1961). Seeking feedback from trusted others, allowed these young people to share the load, challenge negative reflective appraisals and conditions of worth, whilst also developing their affiliative system and interpersonal intimacy, through the bidirectional process of giving and receiving support (Maton, 1987; Matsueda, 1992; Rogers, 1961; Stryker, 2001, 2008; Sullivan, 2001). These young people showed healthy connections to their foundations of support which included family, friends, the community, place and
digital space. With the successful integration of their foundations of support, these young people were able to get back to life as normal.

This study also showed that young people who maintained sole responsibility suffered from negative reflective appraisals, focused on the incongruence of their ideal self and actual self, and were unable to reconcile their conditions of worth. Their symbolic framework associated with the support role was challenged, and led to them changing actions, reassessing meaning, increasing intensity and maintaining sole responsibility (Blumer, 1986; Hergovich et al., 2002; Matsueda, 1992). The cyclical nature between negative reflective appraisals preventing young people (who maintained sole responsibility) from reaching their actualising tendency, also reduced their ability to access feedback from their foundations of support (Rogers, 1961). Without feedback, young people were reliant on their reflective appraisals to determine their conditions of worth (Matsueda, 1992; Rogers, 1961).

Healthy foundations of support which consisted of friends, family, community, place and digital space acted as a protector in preventing young people from experiencing the woven effect. When connections were lost, young people were at risk of maintaining sole responsibility, experiencing the woven effect and developing unhealthy foundations of support. This study showed that geographical restrictions and residing in a rural area impacted directly on young peoples’ connection to their foundations of support, as well as their ability to build a symbolic framework which could guide them in future support roles. In particular, limited or no transport, large geographical areas and reduced internet coverage, reduced young people’s ability to provide support, thus impacting negatively on their reflective appraisals and conditions of worth (Matsueda, 1992; Rogers, 1961). However, the inclusion of outdoor space in their foundations of support, provided respite from their support role whilst also allowing them to reconnect to their place (Best et al., 2014; Larson et al., 2019; Thulin & Vilhelmson, 2019).
Thus, educating young people around the importance of building healthy foundations of support can reduce the burden associated with sole responsibility and prevent young people from experiencing the woven effect. By integrating this theory into schools and clinical practice, young people can support each other through encouraging peers to utilise their foundations of support, identify trusted others and obtain the feedback and support required to successfully navigate their role as a supporter. This understanding will help prevent young people from over-identifying with their role as a supporter, by normalising the process of accessing their own support from a trusted other. The reflection provided by others can help reduce the burden of the woven effect and provide context and boundaries around the support role. Without this, the confusion of roles, assumption of responsibility and reduced self-care, meant that young people could create a fragile framework of self which guided them when navigating their role of a supporter.

The ‘foundations of support’ identified a developmental milestone, which has significant influence over a young person’s sense of self and prediction of future self. The successful navigation of the support role, allowed for young people to build confidence and move towards their self-actualising tendencies (Rogers, 1977). The insight provided by the ‘foundations of support’, identified resources which go beyond the nuclear family and integrates ‘foundations’ from a variety of mediums including natural environments and digital platforms. Encouraging young people to see beyond the looking glass self and observe the ‘foundations of support’ which lay beneath, can shelter a young person from the burdens associated with ‘the woven effect’.

This journey began in the small town of Foster, Victoria (Australia), with the words of a 15 year-old-girl who said “…if there was something interactive, like people could learn how to help other people while they’re waiting to be seen that would be really cool…. That’s a service that I think would be really awesome”. Although this thesis is a long way from
providing a service to address her needs, the ‘foundations of support’ is a stepping-stone
towards educating young people around the importance of accessing help during their support role. Her words will guide me through the next stage of my journey to enhance the ‘foundations of support’ to be accessible to young people and trusted others, as well as provide insight across a variety of contextual settings.
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Appendix A

Research Article published in *Early Intervention in Psychiatry*
Youth access clinics in Gippsland: Barriers and enablers to service accessibility in rural settings.

RUNNING TITLE: Barriers and enablers in access to rural youth services

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Youth access clinics in Gippsland: Barriers and enablers to service accessibility in rural settings

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Funding information
National Health and Medical Research Council, Grant/Award Number: 1141207: Australian Rotary Health

Abstract
Aim: Approximately 15 years ago, four youth access clinics (YACs) were established in the Gippsland region to improve mental and general healthcare for young people living in the region. The aim of the study was to examine the barriers and enablers for young people accessing the YACs in Gippsland.

Methods: Using qualitative methodology, nine female YAC staff members and seven youth YAC consumers were interviewed. Thematic analysis was utilized to identify important and consistent themes in the data derived through the consultation process.

Results: Barriers under four themes were identified: environmental (eg, limited transport); service (ie, limited opening hours; client (eg, parent permission) and staff (ie, retention of staff). Enablers were identified as environmental (ie, high social proximity), service (eg, funding), client (ie, awareness of service) and staff (eg, champion staff).

Conclusion: The success of new rural service models will likely depend on learning from what has already worked in some of the many small communities in this region. Beyond learning, further success and uptake of new service offerings will be enhanced through understanding community needs, obtaining community support and enhancing high social proximity.

Keywords
qualitative methods, risk factors, service models, social proximity, youth mental health

1 INTRODUCTION

Residing in a rural community poses many challenges for young people. These include a lack of access to community care and professional assistance, insufficient financial resources, fear of stigma, limited confidentiality and geographical isolation (Boyd et al., 2006; Curtis, Waters, & Brindis, 2011; Hardy, Kelly, & Voaklander, 2011). These challenges are likely to have a significant influence on service accessibility and a young person’s perception of their mental health and its severity. With the increased awareness and prevalence of youth mental health problems in Australia, it is essential for commissioners, researchers and professionals alike to understand the influence of barriers and enablers on service accessibility in order to develop new youth-focused programs that meet the complex needs of rural adolescents (Boyd et al., 2006; Hardy et al., 2011).

Unlike top-down process in which commissioners, policy makers, or other organizations decide on a location and establish a site for a service, for rural services to be successful, there is a need for input and support from the community and for the service to be a part of the community (Sullivan et al., 2005; Xu & Chow, 2006). In essence, this entails a bottom-up approach—growing instead of arriving, actively seeking to find ways to overcome stigma, promote availability and openness of the service and at the same time, ensure confidentiality (Sullivan et al., 2005; Turner et al., 2017).

Despite the introduction of innovative services such as telehealth to enhance accessibility and improve the quality of services in rural areas, internet black spots, limited mobile reception, concerns around confidentiality and impersonal treatment, often reduce the success of these services being integrated into rural communities (Clarke, Kuksenman, & Barry, 2015;
Gibson et al., 2011; Myers & Conner, 2016). Thus, supporting a bottom-up approach in rural communities can help integrate the use of telehealth technologies and guide development of services which are community and geographically sensitive to the local region (Gibson et al., 2011).

Understanding young people’s perspectives on service barriers and enablers is an essential component when designing and delivering successful and accessible services in rural areas. Research conducted by Boyd et al. (2006) showed that young people identified a number of barriers that prevented them from accessing support. These included: lack of transport, finances (unemployment), confidentiality concerns, lack of knowledge surrounding services available, limited female general practitioners, minimal bulk-billing and free services, inexperienced health care professionals, reduced choice of treatment providers and long waiting lists. Other studies showed young people reported concerns surrounding the need for parental consent, embarrassment of parental involvement and feelings of being a burden due to parents working and having limited time (Chan et al., 2016; Edwards, Therault, Shores, & Melton, 2014; Ervin, Phillips, & Tomnay, 2014).

Confidentiality and high social proximity within a rural community are essential when creating successful youth services and reducing barriers (Hodges, O’Brien, & McGorry, 2007; Sawyer et al., 2001). Social proximity refers to an individual’s interpersonal relationship with others, groups and wider community (Ervin et al., 2014). High social proximity can aid in the early detection of behaviour change and identification of mental health symptoms (Alsibett, Boyd, Francis, Newnham, & Newnham, 2007; Boyd et al., 2011). Whereas, low social proximity can prevent a young person from accessing care due to concerns for confidentiality and feeling ostracized by the community (Alsibett et al., 2007; Ervin et al., 2014; Sawyer et al., 2001). Most studies to date however, report on the negative impact of social proximity and the barriers it causes for a young person when accessing services (Curtis et al., 2011; Ervin et al., 2014; Sawyer et al., 2001).

When developing youth services in rural areas, outreach services based on the needs of young people are recommended. The importance of working within the community to provide local solutions is also identified, although insufficient funding can often impact on the program’s sustainability (Edwards et al., 2014; Hodges et al., 2007). Financial constraints often lead to non-youth-specific spaces, where the youth program shares facilities with older populations. Research shows that shared space can discourage young people from accessing support (Ervin et al., 2014).

An example of a bottom-up service delivery approach is that developed by four communities in Gippsland, Victoria (Foster, Korumburra, Leongatha and Wonthaggi) (Figure 1). Approximately 15 years ago, each community developed a youth access clinic (YAC) in order to respond to perceived youth needs, reduce barriers, enhance access and improve care for all young people in the region. Gippsland Primary Health Network and the South Coast Primary Care Partnerships provided support and funding to the YACs and facilitated the creation of the YAC consortium. The aim of the consortium was to share knowledge and resources, enhance risk management, attract funding on a larger scale, provide a common logo, website, and frame of reference, as well as collect data from each of the youth clinics. The YAC consortium is made up of partnerships between the four YACs, the Department of Education, South Coast Primary Care Partnership and the Gippsland Primary Health Network (https://www.southcoastyouthclinics.com.au/). The success of the YACs helped justify the funding for Wonthaggi headspace, demonstrating the need for youth services in Gippsland. As headspace continues to expand across Australia, it is likely that a proportion of future growth will incorporate regional and rural settings. The aim of this research was to examine the barriers and enablers for young people accessing support and identify local and non-local factors that either contribute to or hinder the success of clinics such as the YACs. It is hoped that the findings of this qualitative study will inform the development and success of future rural youth-focused clinics.

2 | METHODS

2.1 | Sample

Participants were recruited from the four YACs in Gippsland. The sample consisted of nine female YAC staff members, with a mean age of 46.11 years (range 37-54 years). Staff included practice nurses, program managers and general practitioners. Each staff member was identified by the consortium as having in-depth knowledge of the YACs. The seven youth participants (six female and one male; mean age 17.42 range 15-20 years) were consumers of the YACs and volunteered to participate in the study in response to study advertisements. No participants identified as Aboriginal or Torres Strait Islander.

2.2 | Design

Participants engaged in individual semi-structured interviews (Crouch & McKenzie, 2006). Thematic analysis was utilized to identify important and consistent themes across the dataset, which was derived through the consultation process (Braun & Clarke, 2012). The data analysis was conducted in six phases as outlined by Braun and Clarke (2012). These phases include: familiarization with the data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report.
2.3 | Materials

The researchers and the YAC consortium (four nurses, two practice managers, primary care partnership case worker, department of education psychologist) developed two semi-structured interview schedules, one for staff and one for young people, which aimed to identify barriers and enablers to accessing care in rural settings. Examples of questions for young people included: Is YAC important in your area? If so, why? If not why?; What makes it easier for you to access YAC? What makes it harder for you to access YAC? Staff interview questions included: How did they identify the need for the YAC?; What makes it easier for your YAC to run its service?; Do you struggle with recruiting any particular clinician from any field? Why? What are the barriers?

2.4 | Procedure

Ethics approval was obtained from the University of Melbourne Psychology Health and Applied Sciences Human Ethics Sub-Committee (Approval #1750770).

Participants provided written informed consent and were interviewed by the researcher either face-to-face (13 interviews) or via the telephone (three interviews). Interviews took between 30 and 90 minutes. Interviews were audio-recorded and transcribed verbatim.

2.5 | Analysis

Interviews were analysed according to Braun and Clarke (2012) guidelines. QSR NVivo 11 aided coding and analysis processes. Thematic maps were used to highlight relationships between themes (Braun & Clarke, 2012). All interviews were rechecked to validate the final themes (Guest, Bunce, & Johnson, 2006). Supervision and discussions with the YAC consortium and co-authors ensured transparency and rigour of data analysis. A reflexivity journal was maintained throughout the research process, documenting observations, reflections, decisions and processes and was used to question assumptions made in interpreting and coding the data (Braun & Clarke, 2012).

3 | RESULTS

3.1 | Barriers to accessing care

3.1.1 | Environmental barriers

There were a number of environmental barriers identified by young people and YAC staff (Figure 2). The main theme highlighted by staff was the lack of services for young people in the South Gippsland area. Staff stressed the need for “geographically feasible” S2 services for young people as many are reliant on public transport.
to access services. Young people agreed with the above barriers, in particular transport barriers by stating "...you have to be really mindful of the buses if you're taking the bus" YP4. Other barriers highlighted in Figure 2 are lack of services in areas such as Phillip Island, internet black spots and lack of mobile reception.

3.1.2 Service barriers

Figure 3 provides a summary of perspectives on service barriers. Young people reported limited opening hours as being a significant barrier to accessing services. Comments such as "...nothing's open after school, everything closes at 5" YP2 and "...there was quite a big wait when you came in and sometimes they couldn't get around to you" YP4 highlighted this. Staff agreed with the limited opening hours and need to be flexible; however, statements such as "Opening from 12.30 to 4.30. We were really strict on that because I had to go and pick our kids up" S2 highlighted the conflicting responsibilities of profession. Other service barriers highlighted were the lack of general practitioners, counsellors and female doctors.

3.1.3 Client barriers

Young people were concerned about parents needing to approve access to YACs. For example "Kids weren't able to go there because I had to get signed permission from their parents" YP4. Staff also identified parents as a significant barrier by highlighting the need for "management around a parent not being happy about their child going to" S3. Young people also discussed concerns about low social провинк with parents being in the YAC waiting room, for example, "I'm going to go and get it while my friend's mum is just sitting there" Y1. Stigma was also highlighted with "...friends have found it awkward" YP1. Figure 4 provides a summary of client barriers.
3.1.4 | Staff barriers

The recruitment and retention of champions was a significant barrier across all YACs. Comments such as “concept of a youth clinic but nobody was really prepared to devote themselves to it” S4, highlighted barriers with recruitment and the direct impact this barrier has on the clinic’s success. Non-youth-friendly staff were also identified as barriers; “he’d turn up and then kids wouldn’t turn up” S5. A number of staff emphasized the high potential for burnout. Comments included the feeling of being “not just GP but counsellor, social worker, advocate which is all part of our brief” S1. Other factors that led to burnout in staff were urban doctors “…didn’t have that sense of community” S6 and limited mental health professionals, that is, “few psychologists who deal with youth health” S1.

3.2 | Enablers

3.2.1 | Environmental enablers built on community

Environmental enablers such as community support, high social proximity, donations and financial support all aided in the survival of the programs. Staff stated “entire community is quite supportive” S4. This comment highlighted the essential partnership between communities and service providers. Young people identified environmental enablers such as centralization of location and not having to travel: “…the main thing that appeals is that it’s right near us” YP3.

3.2.2 | Service enablers

Service enablers identified by young people included, “free access for services” YP2 and “…bulk billed” YP4. They further addressed concerns around stigma by highlighting “…it’s confidential and everyone’s there for a similar reason” YP1. Staff identified funding as the main service enabler, through statements such as “we run on the sniff of an oily rag”, S5 and ”…I can legitimately say I am being paid for this amount of time” S2. Staff further stated the creation of the consortium and forming of partnerships were essential service enablers.

3.2.3 | Client enablers

Word of mouth enhanced accessibility and knowledge of YACs, for example, “friends had mentioned it” YP3. Other enablers were the youth-friendly professionals and partnerships between YAC, schools and the wider community. For example, “they would ask me just anything, like just having a general conversation of what’s been going on, or weekend or anything and it’s just like ‘OK and that’s normal…” YP3 and “...definitely support from the GP service and the school in sending young people to the service and also providing that medical support” S4. These enablers built trust in young people, for example, “…it was there when I probably needed it” YP1.

3.2.4 | Staff enablers

Staff qualities and approach to young people were extremely important in the success of the YACs. Furthermore, partnerships and teamwork were essential in sharing knowledge and information. Success was created from “key stakeholder knowing the right people, local knowledge, ground up approach, just building those relationships” S1. From the young persons’ perspective, staff qualities such as being approachable, non-judgmental and making time were essential “my GP doubled up as everything” YP2.

3.2.5 | Financial enablers

Funding was important for the continuation of YAC services. Their overall “goal was to get continual funding” S6. Comments such as “Gippsland PHN funding was absolutely instrumental in just trying to lift the profile but also just to get everyone to work together” S7. Community donations also helped YACs provided unique services such as purchasing scripts, “…food” and “…emergency support” S2. These donations were essential as prior to the Gippsland PHN funding, financial support from medical clinics and Bass Coast Health “guaranteed a shortfall for the doctor’s day. So if they didn’t have a certain amount of kids in then they’d cover that cost”.

4 | DISCUSSION

The aim of the present study was to identify the barriers and enablers of young people accessing youth-focused clinics and identify local and non-local factors that either facilitated or hindered the success of the YACs. Although delivery of youth mental health services in rural settings has been explored, this is a unique study which examines a bottom-up approach to addressing youth mental health service delivery in rural settings and provides valuable information concerning youth and staff perspectives on perceived barriers and enablers. A number of barriers and enablers to service delivery and accessibility were identified and provide insight into the creation of successful youth clinics, informed service needs and provide area specific considerations for the introduction of headspace to Wonthaggi and future rural youth-specific clinics.

The finding that a number of barriers influence young people’s ability to attend youth services in a rural setting is consistent with previous research. Boyd et al. (2006) highlighted barriers such as lack of transport, finances, confidentiality concerns, limited female doctors, minimal free services, inexperienced health practitioners, long waiting lists and limited choice of practitioner. These barriers were reflected in the current study with participants expressing concerns around transport, geographical isolation and the reliance on caregivers for transport. In particular, young people felt restricted by the bus timetable and would often miss out on appointments due to the potential of being stranded if they missed the bus. Similar to Boyd et al. (2006), young people and staff expressed concerns surrounding the high cost
of travel and complicated bus routes, which create barriers to accessing services. The current study showed that the transport barriers led to young people relying on their parents for transportation. This is concerning as previous research has found that the reliance on parents can lead to young people feeling embarrassed, concerned about confidentiality, and fears of being a burden, which may in turn reduce help-seeking (Chan et al., 2016; Edwards et al., 2014; Ervin et al., 2014).

The study also identified the environmental barrier of mobile and internet blackspots. These blackspots can prevent rural programs such as the YACs from following models of best practice which includes health promotion and prevention with face-to-face and web-based supports (Clarke et al., 2015). It also creates barriers for young people accessing tele-psychiatry, which was recommended by Boyd et al. (2006) as a solution to accessibility problems with specialists.

The present study is consistent with previous research highlighting the need for more female doctors, psychologists and counsellors (Aisbett et al., 2007; Boyd et al., 2006; 2011). With the high rates of mental illness among youth in rural settings, unqualified or generic staff place young people at risk of disengagement from services, misdiagnosis and ineffective treatments (Degotardi, 2008; Fox, Merwin, & Blank, 1995; Hodges et al., 2007). The integration of mental health nurses, psychologists, social workers and psychiatrists can create trust, reduce waiting lists and increase service accessibility for young people as well as reduce the community perception of unqualified staff in rural settings (Boyd et al., 2006; 2011).

Stigma, low social proximity and concerns surrounding confidentiality and parent involvement can directly impact on a young person’s safety to access services (Aisbett et al., 2007; Ervin et al., 2014). Consistent with previous research, the study highlighted young people were afraid of gossip, feeling intimidated and restricted by friend’s parents being in the YAC waiting room. This type of low social proximity can lead to a young person refusing the service and feeling ostracized by the community (Ervin et al., 2014; Sawyer et al., 2001).

To counteract the low social proximity, researchers have argued that the success of youth programs is dependent on “champion” professionals (Aisbett et al., 2007; Boyd, Haynes, Wilson, & Bearsley-Smith, 2008). Without qualified, committed professionals and funding, innovative services such as the YACs are likely to fail (Boyd et al., 2008; Degotardi, 2008). Indeed, the current study identified problems with retention of champions due to it being financially unrewarding, time consuming and leading to burnout.

With lack of funding significantly restricting services provided, the high social proximity and financial support of the Gippsland rural communities allowed the YAC programs to overcome these barriers. This high social proximity builds trust for the service and can lead to early detection of mental illness (Aisbett et al., 2007; Hodges et al., 2007). Furthermore, funding from the Gippsland PHN and other donating organizations, helped YACs fulfill the need for bulk-billing and free services for young people, subsidize staff income shortfalls, provide reception and fund additional equipment.

Experienced staff with a youth-friendly approach were shown by the current study and past research as an essential ingredient to providing successful youth programs (Aisbett et al., 2007; Boyd et al., 2007; 2008). Similar to Boyd et al. (2007), the present research found that staff who were multi-skilled, approachable, easy to talk to, followed-up, and were able to build positive rapport, enhanced attendance rates of young people accessing YACs. The staff characteristics identified in this study were also associated with Boyd et al. (2008) notion of “champions”, who were youth-friendly, qualified and committed.

As headspace continues to expand in rural and regional areas, future research could explore the integration of this program focusing on the enablers and barriers associated with the partnership between headspace and YACs. This research can capture information pertaining to the essential ingredients needed to successfully integrate new service models into rural settings. As previous research has highlighted the importance of working with the community to provide local solutions, this research could provide a detailed description of the transference and integration of local knowledge into new headspace services (Edwards et al., 2014; Hodges et al., 2007).

As the present study is based in Gippsland South Coast and utilized a convenience sample, the findings may not be generalisable to other rural communities and may be susceptible to sampling error (Aron, Coups, & Aron, 2013). Future research could compare YAC service models with other rural services in order to enhance the generalisability of these findings. Another limitation of the current study could be the female dominated sample, as the male perspective was underrepresented. Hence, future research could also investigate the male perspectives from both young people attending and staff working within YACs.

Consistent with previous research, the current study has identified a number of barriers and enablers to services accessibility for young people residing in rural communities. Barriers included transport, low social proximity, parent consent, limited services, funding and recruitment of staff. Enablers identified in the present study included community support, bulk-billing services, funding from GPHN, creation of the consortium, youth-friendly practitioners, trust, and partnership with the community and other services. With funding being highlighted as the number one barrier and enabler to service delivery, ongoing funding is essential to aid the continuation of these successful community-driven programs.

In conclusion, the YAC programs have successfully provided youth-friendly services which are community specific and able to address the local needs of youth residing in Gippsland South Coast. The successful integration of headspace into the South Coast region will be dependent on its ability to work in partnership with the already successful YAC services. Providing additional outreach services to YACs would allow each program to address youth needs as well as build trust among the community for the new headspace model and brand. Complementary services will directly address the limited access to specialists in rural areas and offer alternative programs for young people. This is important as YACs have limited opening hours and the support of headspace can provide additional service at additional times for young people. Further, funding support from headspace to increase YACs opening hours, would allow for the continuation of YAC services and provide support to young people who are unable to
travel to Wonthaggi for headspace support. The success of a new service model will likely depend on learning from what has already worked in some of the many small communities in this region. Beyond learning, further success and uptake of new service offerings will be enhanced through working with the YAC consortia which has developed from community need, with community support and which has added positively to the social capital of each community.

ACKNOWLEDGEMENTS
This study was supported by funds from Gippsland Primary Health Network. E.D. is supported by a scholarship from Australian Rotary Health. K.A. is supported by a Career Development Fellowship (APP1141207) from the National Health and Medical Research Council, Australia. These funding bodies had no role in the design or conduct of the study or interpretation of the findings. We thank all staff who are part of the YAC consortium and young people for their support of this study.

DATA AVAILABILITY STATEMENT
With ethics approval, the data that support the findings of this study can be made available via the corresponding author.

ORCID
Erin Dolan https://orcid.org/0000-0002-2576-2461

REFERENCES

Appendix B

Advertisement for Study

Research Participants Wanted

Seeking 14-20 year olds to assist with social and psychological health research project

Orygen, in conjunction with the University of Melbourne, are currently recruiting participants for a study investigating young people providing support to their peers who have experienced a traumatic event in rural communities.

Participation involves completing a screening interview to determine eligibility for participation in study and a 60-90 minute interview with the researcher which will be audio recorded. Reimbursement will be provided for your time.

Some individuals may be contacted to ask follow up questions to help provide

In order to participate you need to:
- Be between 14-20 years old
- Provided support to a friend who has experienced a traumatic event
- Live in a rural environment

Each participant will be reimbursed a $30 gift card for their time and travel costs.
If you are interested in participating in this study or hearing more contact Erin Dolan via email or phone:
Erin.dolan@orygen.org.au
0425 843 498

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Appendix C

Screening Interview

We thank you for participating in this screening interview. This interview is used to confirm if an individual is eligible to participate in this study. There is a small chance that some individuals will not meet the criteria for the study and will not be able to participate. For example if an individual lives in the city, they would not meet the criteria as we are looking for young people living in rural areas; or if someone suffers from Post-Traumatic Stress Disorder, then we would offer to help them access support, rather than participate in the study. We thank you for your willingness to participate in this screening interview.

1. How old are you?
2. Have you been diagnosed with Post Traumatic Stress Disorder by a health professional?
3. Have you provided support to a peer who has experienced a trauma?
4. What was the traumatic event that your friend experienced?
5. How old were you when you provided support to your peer who was exposed to a traumatic incident?
6. Were you living in a rural environment at the time of supporting your peer?
Appendix D

PTSD Checklist (PLC-C)

Client's Name: ________________________________

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an “X” in the box to indicate how much you have been bothered by that problem in the last month.

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>Not at all (1)</th>
<th>A little bit (2)</th>
<th>Moderately (3)</th>
<th>Quite a bit (4)</th>
<th>Extremely (5)</th>
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<tr>
<td>1</td>
<td>Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</td>
<td></td>
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<td>2</td>
<td>Repeated, disturbing dreams of a stressful experience from the past?</td>
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<td>3</td>
<td>Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
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<td>4</td>
<td>Feeling very upset when something reminded you of a stressful experience from the past?</td>
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<td>5</td>
<td>Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?</td>
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<td>6</td>
<td>Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?</td>
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<td>7</td>
<td>Avoid activities or situations because they remind you of a stressful experience from the past?</td>
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<td>8</td>
<td>Trouble remembering important parts of a stressful experience from the past?</td>
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<td>9</td>
<td>Loss of interest in things that you used to enjoy?</td>
<td></td>
<td></td>
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<td>10</td>
<td>Feeling distant or cut off from other people?</td>
<td></td>
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<tr>
<td>11</td>
<td>Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
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<td>12</td>
<td>Feeling as if your future will somehow be cut short?</td>
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<td>13</td>
<td>Trouble falling or staying asleep?</td>
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<td>14</td>
<td>Feeling irritable or having angry outbursts?</td>
<td></td>
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<td>15</td>
<td>Having difficulty concentrating?</td>
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<td>16</td>
<td>Being “super alert” or watchful on guard?</td>
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<tr>
<td>17</td>
<td>Feeling jumpy or easily startled?</td>
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PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

This is a Government document in the public domain.
Appendix E

Interview Protocol 1

Purpose of study

What we are looking at is emotional support amongst young people. In particular we are looking at a young person who is emotionally supporting a friend who has been exposed to a traumatic event. We want to understand what happens, how you feel, what are the challenges, what helped and are there any lingering emotions after supporting your friend (i.e., relief, sadness, feeling needed, fear, helpful, helplessness, thoughts of their friend).

Traumatic incident This term is defined as a young person reporting to their friend that they have been exposed to or experienced a trauma, for example: Accidents: such as motor vehicle accidents and workplace related trauma; increased rate of suicide and suicide attempts; family violence, parent or caregiver having a mental health condition/ drug or alcohol abuse, child abuse (physical/sexual) and neglect; accident related injuries; bullying, crime related violence, environmental adversity: bushfire, drought and floods.

Date: Time:

Demographic Information

Can you please tell me about yourself?

Prompts

- Name
- Gender
- Age
- Are you at school? If so what year level:

1. Can you tell me what kind of things would you define as a traumatic event?

2. Can you tell me about a time when you supported a friend through a traumatic event?

Prompts

a. What was the traumatic event experienced by your friend?

b. How was your friend acting or behaving? (i.e. crying, pacing, quiet, distant)
c. How did you feel when you were supporting your friend?

d. How did you act or behaviour when supporting your friend?

e. How well do you know this person?

3. **Tell me about what happened- how you came to support your friend**

   **Prompts**
   a. Who if anyone was involved?
   b. Did anyone help you to emotionally support your friend?

4. **How do you emotionally support your friend? What do you do?**

   a. Did the emotional support happen more than once?

5. **When, if at all, did you experience or notice feeling different as a result of supporting your friend?**

   **Prompts**
   a. How did it feel?
   b. What were you thinking?
   c. What exactly was it that made you feel different?
   d. Did you ever feel judged or bullied for feeling different or upset?
      i. If so by whom?

6. **Did you hear about the traumatic event from anywhere else?**

   **Prompts**
   a. If so where?
   b. How many times did you hear about the trauma?
   c. How much detail did you know about the trauma?
   d. How did you feel when you heard about it?

7. **Was there anything else happening in your life at the time of emotionally supporting your friend?**

8. **What advice would you have for others who are about to support their traumatised peer?**

9. **After providing support to your friend, did you feel as though you needed support?**

   a. If so what support did you need?
   b. Were you able to access this support?
10. What supports might be important for a young person providing support to a friend following trauma?

11. Is there anything else you would like to add or do you have any questions?

RECORDING STOPPED

Do you feel ok after the interview? And do you need any further support?

The following are examples of probes that will be used throughout the interview:

- Can you please tell me a bit more about that
- What does/would that look/be like for you
- What is an example of that

At the conclusion of the interview, researcher will thank the participant, ask them if they have any questions, final comments, or anything else they think is important for the researcher to know. If not all questions were covered, the participant will be asked if they are willing to be contacted to clarify any information in the interview.
Appendix F

Interview Protocol 2
THEORY SCRIPT

- When young people heard about the trauma event from their friend, they felt shock, disbelief and overwhelmed.

- Young people feared making the problem worse and did not know how to support their friend. Despite this feeling, they continued to support their friend through the traumatic event.

- Young people took on responsibility for supporting their friend and believed that it was important to be loyal and protect their friend’s privacy. Taking on responsibility can lead to young people feeling stressed and exhausted.

- Young people would either share the responsibility with a trusted other (e.g., parent) or take on sole responsibility for supporting their friend.

- Shared responsibility would provide young people with feedback and support, and let them know they are cared for and are not alone in their support journey. This helped young people to get back to normal.

- Sole responsibility would lead to young people feeling alone, push their own feelings aside and potentially suffer from deteriorating mental health. These young people can fall into a dark hole, have breakdowns and lose themselves.

QUESTIONS New Participants

This is part two of the PhD study into supporting a friend through a traumatic event in a rural area. We would like to know more about living in a rural area and how this may have impacted on the support you provided to your friend.

1. What was the traumatic event that you supported your friend through?

2. What does living in this town mean to you?
   Did you feel like you have a sense of belonging (social connection) to this community?
   i. What makes you feel this way?
   ii. Was there anything about the town/area that helped or hindered your ability to provide support?

3. Did your sense of belonging change after supporting your friend through a traumatic event?
   i. If so in what way?
II. How did that make you feel?
III. Did it change how you felt about accessing support for yourself?
IV. Did anything help you feel connected again to your town/area?

4. Now that you have had a chance to look at the diagrams and read the script,
   I. Can you tell me what you think?
   II. Are there any parts of the diagrams that fits with your experience supporting your friend?
   III. Are there any parts of the diagrams that don’t fit with that experience?
   IV. Are there any changes you would make to the diagrams?
5. Is there anything else you would like to add
6. Do you have any questions?

QUESTIONS for Previous Participants

1. What does living in this town/area mean to you?
2. At the time of supporting your friend, did you feel as though you belonged to the community?
   a. Did you have a positive or negative relationship with your community?
   b. Did you feel like you belonged in the town, community, environment etc?
      i. What made you feel this way?
   c. Was there anything about the town/area that helped or hindered your ability to provide support?
3. Did your ‘sense of belonging’ change after supporting your friend through a traumatic event?
   a. If so in what way?
   b. How did that make you feel?
   c. Did it change how you felt about accessing support for yourself?
4. Now that you have had a chance to look at and read the script,
   a. Can you tell me what you think?
   b. Are there any parts of the diagrams that fit your experience?
   c. Are there any parts of the diagrams that don’t fit with your experience?
   d. Are there any changes you would make to the diagrams?
5. Is there anything else you would like to add
6. Do you have any questions?
Appendix G

Ethic Approval
14 June 2019

Dr K Allott  
Centre for Youth Mental Health  
The University of Melbourne

Dear Dr Allott,

I am pleased to advise that the Psychology Health and Applied Sciences Human Ethics Sub-Committee approved the following Project:

Project title: Rural Youth and Emotional Support of Peers Exposed to Traumatic Events: Understanding relationships, peer support and vulnerabilities of young people in rural environments  
Researchers: E Dolan, Prof E J Killackey, Dr K Allott, Dr C M Cosgrave  
Ethics ID: 1954013

The Project has been approved for the period: **14-Jun-2019 to 31-Dec-2019**

It is your responsibility to ensure that all people associated with the Project are made aware of what has actually been approved.

Research projects are normally approved to 31 December of the year of approval. Projects may be renewed yearly for up to a total of five years upon receipt of a satisfactory annual report. If a project is to continue beyond five years a new application will normally need to be submitted.

Please note that the following conditions apply to your approval. Failure to abide by these conditions may result in suspension or discontinuation of approval and/or disciplinary action.

(a) **Limit of Approval:** Approval is limited strictly to the research as submitted in your Project application.

(b) **Variation to Project:** Any subsequent variations or modifications you might wish to make to the Project must be notified formally to the Human Ethics Sub-Committee for further consideration and approval. If the Sub-Committee considers that the proposed changes are significant, you may be required to submit a new application for approval of the revised Project.

(c) **Incidents or adverse effects:** Researchers must report immediately to the Sub-Committee anything which might affect the ethical acceptance of the protocol including adverse effects on participants or unforeseen events that might affect continued ethical acceptability of the Project. Failure to do so may result in suspension or cancellation of approval.

(d) **Monitoring:** All projects are subject to monitoring at any time by the Human Research Ethics Committee.

(e) **Annual Report:** Please be aware that the Human Research Ethics Committee requires that researchers submit an annual report on each of their projects at the end of the year, or at the conclusion of a project if it continues for less than this time. Failure to submit an annual report will mean that ethics approval will lapse.

(f) **Auditing:** All projects may be subject to audit by members of the Sub-Committee.

If you have any queries on these matters, or require additional information, please contact me using the details below. Please quote the ethics ID number and the title of the Project in any future correspondence. On behalf of the Sub-Committee I wish you well in your research.

Yours sincerely

Mr Tony Callahan  
Secretary, Psychology Health & Applied Sciences HESC  
Phone: 8344 2017, Email: t.callahan@unimelb.edu.au

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Research, Innovation and Commercialisation  
Incorporating GoM Commercial Ltd  
Alan Gilbert Building, Level 5, The University of Melbourne, 161 Barry Street, Victoria 3010 Australia  
T: +61 3035 5943 | W: research.unimelb.edu.au | unimelb.edu.au
Appendix H

Participant Information Sheet/Consent Form Young Person
Title
Rural Youth and Emotional Support of Peers Exposed to Traumatic Events: Understanding relationships, peer support and vulnerabilities of young people in rural environments

Protocol Number

Project Sponsor
Orygen

Coordinating Principal Investigator
Ms Erin Dolan

Associate Investigators
Dr Kelly Allott, Dr Catherine Cosgrave, Professor Eoin Killackey,

Location
Youth Access Clinics: Leongatha, Foster, Korumburra and Wonthaggi.

Part 1 What does my participation involve?

1 Introduction

You are invited to take part in this research project, because you are a young person who has identified themselves as having supported a friend who has experienced a traumatic event. This project aims to understand what happens when young people support their peers who have been exposed to a trauma in rural environments.

This Participant Information Sheet/Consent Form tells you about the research project. It explains what is involved in participating. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about.

Participation in this research is voluntary. If you don't wish to take part, you don't have to.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

- Understand what you have read
- Consent to take part in the research project
- Consent to participate in the research interview.
You will be given a copy of this Participant Information and Consent Form to keep.

2 What is the purpose of this research?

Previous research has shown that exposure to the traumatic experiences of others can have different effects on people. In particular, research has shown that working with or supporting individuals who have been exposed to traumatic events, can lead to either stress-related symptoms (i.e., sadness, fear) or increased resilience (i.e., strength, increased self-esteem) within the supporter. A traumatic event is defined as a young person reporting to their friend that they have been exposed to or experienced a trauma, for example: Accidents such as motor vehicle accidents and workplace-related trauma; increased rate of suicide and suicide attempts; family violence, parent or caregiver having a mental health condition/or drug or alcohol abuse, child abuse (physical/sexual) and neglect; accident related injuries; bullying, crime related violence, environmental adversity: bushfire, drought and floods.

There is little known about these concepts and their impact on young people supporting their peers who have been exposed to a traumatic event in rural environments.

The aim of the proposed study is to understand what happens when young people emotionally support their peers who have been exposed to a trauma in rural environments. The proposed study will investigate the young person’s experience of supporting their friend, relationship dynamics and explore if living in a rural environment impacts the type of support provided or the young person’s experience of providing support.

The sample will include 20-30 young people living in a rural setting, aged between 14 and 20 years of age who have identified themselves as having provided support to their peers.

This research is part of a University of Melbourne PhD research project, being conducted through the Centre for Youth Mental Health and Orygen, The National Centre of Excellence in Youth Mental Health.

3 What does participation in this research involve?

In this study we are interested in finding out your perspective and experience on supporting a friend who has been exposed to trauma in a rural environment. We aim to gain an in-depth understanding of your views – so participation will involve undergoing a 6 question screening interview to be conducted over the phone or face to face, to determine eligibility for participation in the study and a face-to-face interview with a study researcher.

The Interview
The interview will take approximately 30-90 minutes and will be conducted at a time and public location convenient to you (e.g., Youth Access Clinic, local library). The interview will be audio-recorded to make sure we are able to capture everything – and don’t miss anything. At the beginning of the interview, you will be asked to answer a few questions about yourself – including your age, gender, and education. Then you will be asked about your experiences supporting a peer who has experienced a trauma in a rural setting. You may be contacted after the interview and asked brief to follow up questions to help clarify your experiences discussed in the interview.

A $30 gift voucher will be given to you as a reimbursement for any expenses or costs incurred as a consequence of your participation.

4 Other relevant information about the research project

Approximately 20-30 young people will take part in this study. Participants will be initially recruited from the four Youth Access Clinics located in Leongatha, Foster, Korumburra and Wonthaggi.
This project involves collaboration with various researchers from Orygen and The University of Melbourne.

5 Do I have to take part in this research project?

Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage.

If you do decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

Before you make your decision, a member of the research team will be available so that you can ask any questions that you have about the research project. You can ask for any information you want. Sign the consent form only after you have had the chance to ask your questions and have received satisfactory answers.

6 What are the possible benefits of taking part?

There will be no clear benefit to you from your participation in this research. However, participation would provide you with the opportunity to contribute to our understanding of the processes behind supporting a peer who has experienced a trauma in rural settings. You will have the chance to share your experiences, which will assist us in developing a deeper understanding of the processes behind supporting a peer who has experienced a trauma in rural settings, which has the potential to inform future research and service planning.

7 What are the possible risks and disadvantages of taking part?

There may be some risks associated with participation in this research project. For example, talking in depth about your experience of supporting a friend who has experienced a trauma may be distressing for you. If this happens you can request to stop the interview. The interviewer is a clinical psychologist who is experienced at supporting people who are distressed. She will provide you with further options for support (i.e., referral to health practitioner or support service) if you find you need further support following the interview. The researcher will also contact you a week after the interview to ensure your needs are met and support options if needed have been utilised. Furthermore if you suffer any distress, injuries or complications as a result of participation in this study please contact the research team as soon as possible.

8 What if I withdraw from this research project?

You are free to withdraw from this research project at any point during the study, either verbally or in writing. If you do decide to withdraw from the project, please notify a member of the research team before you withdraw. If you do withdraw your consent during the research project, research staff will not collect additional personal information from you, although personal information already collected will be retained to ensure that the results of the research project can be measured properly and to comply with law. You should be aware that data collected by the sponsor up to the time you withdraw will form part of the research project results. If you do not want them to do this, you must tell them before you join the research project.

9 What happens when the research project ends?

Once the study is complete and the results are known, a written plain English summary of the results of the project will be made available to you upon request. To obtain this please contact the PhD student, Erin Dolan or notify the researcher following your interview. If you request we will email this report directly to you.

Part 2 How is the research project being conducted?
10 What will happen to information about me?

By signing the consent form you consent to authorised research staff collecting and using personal information about you for the research project.

Any information obtained in connection with this research project that can identify you will remain confidential. This means that only the Investigator(s) and Study staff directly involved in this project will have access to them. The records will be kept in a locked cabinet or password-locked database on site at Orygen. Electronic copies of confidential information will be password protected and accessed only by researchers involved in this project. Your data will have a unique code and be stored separately to your details (i.e., name). Your unique code will only be linked to your details in a separate password-protected file (printed copy stored in a locked filing cabinet). Only study team members will have access to this file linking your unique code and contact details. Records relating to the study will be kept for 15 years after the results of the study have been reported. After that it will be destroyed.

Information obtained during the research project is subject to inspection (for the purpose of verifying the procedures and the data) by the relevant authorities and authorised representatives of the Sponsor, Orygen, The National Centre of Excellence in Youth Mental Health, by the institution relevant to this Participant Information Sheet, Orygen Youth Health, or as required by law. By signing the Consent Form, you authorise release of, or access to, this confidential information to the relevant study personnel and regulatory authorities as noted above.

It is anticipated that the results of this research project will be published (group results and case studies) and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that you cannot be identified, except with your permission. As such, when case studies are reported, we will use different names and change other information for individual participants to maximise anonymity. However, because there are only up to 30 people in this study and the study is being conducted in a rural setting, there is a small risk that in some instances, such as presentations of the study findings within Gippsland, complete confidentiality may not be able to be maintained. While names and other identifying information of participants will never be used, descriptions of traumatic events that have occurred in the local community, including local residents and young people involved, may be known among the community.

The information that you provide during this study may be used as part of future, ethically reviewed and approved research projects conducted by Orygen, The National Centre of Excellence in Youth Mental Health.

In accordance with relevant Australian and Victorian privacy and other relevant laws, you have the right to request access to your information collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please contact the study team member named at the end of this document if you would like to access your information.

Any information obtained for the purpose of this research project that can identify you will be treated as confidential and securely stored. Your information will only be used for the purpose of this research project and will only be disclosed with your permission, except as required by law.

11 Complaints and compensation

If you suffer any injuries or complications as a result of this research project, you should contact the study team as soon as possible and you will be assisted with arranging appropriate medical treatment. If you are eligible for Medicare, you can receive any medical treatment required to treat the injury or complication, free of charge, as a public patient in any Australian public hospital.

If you suffer any injury as a result of your participation in this research project you may be able to seek compensation through the courts. If you suffer any distress or psychological injury as a result
of this research project, you should contact the research team as soon as possible. You will be assisted with arranging appropriate treatment and support.

12 Who is organising and funding the research?

This research project has been initiated by Principal Investigator Erin Dolan. The project will be a funded project. Funding has been provided by Australian Rotary Health to conduct this research.

In addition, if knowledge acquired through this research leads to discoveries that are of commercial value to Orygen, The National Centre of Excellence in Youth Mental Health or Orygen Youth Health, the study doctors or their institutions, there will be no financial benefit to you or your family from these discoveries.

No member of the research team will receive a person financial benefit from your involvement in this research project (other than their ordinary wages).

13 Who has reviewed the research project?

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the HREC of University of Melbourne...

This project will be carried out according to the National Statement on Ethical Conduct in Human Research (NHMRC, 2007). This statement has been developed to protect the interests of people who agree to participate in human research studies.

14 Further information and who to contact

The person you may need to contact will depend on the nature of your query.

If you want any further information concerning this project you can contact the following:

**Clinical contact and complaints contact person**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dr Kelly Allott</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td>Senior Research Fellow</td>
</tr>
<tr>
<td>Telephone</td>
<td>03 9986 9423</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Kelly.allott@orygen.org.au">Kelly.allott@orygen.org.au</a></td>
</tr>
</tbody>
</table>

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

**Reviewing HREC approving this research and HREC Executive Officer details**

This research project has been approved by the Human Research Ethics Committee of The University of Melbourne. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Manager, Human Research Ethics, Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 2073 or Email: humanethics-complaints@unimelb.edu.au. All complaints will be treated confidentially. In any correspondence please provide the name of the research team or the name or ethics ID number (F19-322) of the research project.
Consent Form - Adult providing own consent

Title
Rural Youth and Emotional Support of Peers Exposed to Traumatic Events: Understanding relationships, peer support and vulnerabilities of young people in rural environments

Protocol Number

Project Sponsor
Oxygen

Principal Investigators
Erin Dolan

Associate Investigators
Dr Kelly Allott, Dr Catherine Cosgrave, Professor Eoin Killackey

Location
YACs: Leongatha, Foster, Korumburra and Wonthaggi.

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.
I understand the purposes, procedures and risks of the research described in the project.
I have had an opportunity to ask questions and I am satisfied with the answers I have received.
I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.
I understand that I will be given a signed copy of this document to keep.

I consent to the audio recording of the interview

Name of Participant (please print) __________________________
Signature __________________________ Date __________________________

Name of Witness* to Participant’s Signature (please print) __________________________
Signature __________________________ Date __________________________

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Name of Senior Researcher†
(Signature) __________________________ Date __________________________

† A senior member of the research team must provide the explanation of and information concerning the research project.

Note: All parties signing the consent section must date their own signature
Form for Withdrawal of Participation - Adult providing own consent

Orygen Youth Health and Orygen, The National Centre of Excellence in Youth Mental Health

Title
Rural Youth and Emotional Support of Peers Exposed to Traumatic Events: Understanding relationships, peer support and vulnerabilities of young people in rural environments

Protocol Number

Project Sponsor
Orygen

Principal Investigators
Ms Erin Dolan

Associate Investigators
Dr Kelly Allott, Dr Catherine Cosgrave, Professor Eain Killackey

Location
YACs: Leongatha, Foster, Korumburra and Wonthaggi.

Declaration by Participant

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my relationship with Orygen Youth Health.

Name of Participant (please print)

Signature ______________________________ Date ____________

Declaration by Senior Researcher *

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

Name of Senior Researcher (please print)

Signature ______________________________ Date ____________

* A senior member of the research team must provide the explanation of and information concerning withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.
Appendix I

Participant Information Sheet/Consent Form: Parent/Guardian

---

Participant Information Sheet/Consent Form

Parent/Guardian consenting on behalf of participant

Orygen Youth Health and Orygen, The National Centre of Excellence in Youth Mental Health

Title
Rural Youth and Emotional Support of Peers Exposed to Traumatic Events: Understanding relationships, peer support and vulnerabilities of young people in rural environments

Protocol Number

Project Sponsor
Orygen

Principal Investigator
Erin Dolan

Associate Investigators
Dr Kelly Allott, Dr Catherine Cosgrave, Professor Eoin Killackey

Location
Youth Access Clinics: Leongatha, Foster, Korumburra and Wonthaggi

---

Part 1 What does your child’s participation involve?

1 Introduction

This is an invitation for your child to take part in this research project. Rural Youth and Emotional Support of Peers Exposed to Traumatic Events: Understanding relationships, peer support and vulnerabilities of young people in rural environments. This is because your child is a young person who has identified themselves as having experienced supporting a friend who has experienced a traumatic event. This project aims to understand the processes associated with young people supporting their peers who have been exposed to a traumatic event in rural environments.

This Participant Information Sheet/Consent Form tells you about the research project. It explains what is involved in participating. Knowing what is involved will help you decide if you want your child to take part in the research.

Please read this information carefully. Ask questions about anything that you don’t understand or want to know more about. Before deciding whether or not your child can take part, you might want to talk about it with a relative, friend or the child’s local doctor.

Participation in this research is voluntary. If you do not wish for your child to take part, they do not have to. Your child will receive the best possible care whether or not they take part.

If you decide you want your child to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:
• Understand what you have read
• Consent to your child taking part in the research project
• Consent to your child participating in the research interview.

You will be given a copy of this Participant Information and Consent Form to keep.

2 What is the purpose of this research?
Previous research has shown that exposure to the traumatic experiences of others can have different effects on people. In particular, research has shown that working with or supporting individuals who have been exposed to traumatic events, can lead to either stress-related symptoms or increased resilience within the supported. A traumatic event is defined as a young person reporting to their friend that they have been exposed to or experienced a trauma, for example: Accidents: such as motor vehicle accidents and workplace related trauma; increased rate of suicide and suicide attempts; family violence, parent or caregiver having a mental health condition/ drug or alcohol abuse, child abuse (physical/sexual) and neglect; accident related injuries; bullying, crime-related violence, environmental adversity; bushfire, drought and floods.

There is little known about these concepts and their impact on young people supporting their peers who have been exposed to a trauma in rural environments.

The aim of the proposed study is to understand the processes associated with young people emotionally supporting their peers who have been exposed to a trauma in rural environments. The proposed study will investigate the individual and relationship processes and explore the impact of the rural environment in which these processes are taking place.

The sample will include 20-30 young people living in a rural setting, aged between 14 and 20 years of age who have identified themselves as having provided support to their peers.

This research is part of a University of Melbourne PhD research project, being conducted through the Centre for Youth Mental Health and Orygen, The National Centre of Excellence in Youth Mental Health.

3 What does participation in this research involve?

In this study we are interested in finding out your child’s views and experience of supporting a peer exposed to a traumatic event in a rural environment. Participation in this study involves a 6 question screening interview to be conducted over the phone or face to face, to determine eligibility for participation in the study and a one-off interview – so that we can gain a detailed understanding of your child’s perspectives.

The Interview:
The interview will take approximately 30-90 minutes and will be conducted at a time and public location convenient to your child (e.g., Youth Access Clinic, local library). The interview will be audio-recorded to make sure we are able to capture everything – and don’t miss anything. At the beginning of the interview, your child will be asked to answer a few questions about themselves – including their age, gender, and education. Then your child will be asked about their experiences of supporting a peer who has experienced a trauma in a rural setting. Your child may be contacted after the interview and asked brief follow up questions to help clarify their experiences discussed in the interview.

A $30 gift voucher will be given to each young person as a reimbursement for any expenses or opportunity costs incurred as a consequence of their participation. As this is a reimbursement by definition there is no financial advantage and logically it also follows that this is not an incentive.

4 What does my child have to do?
Participation in the study does NOT result in any of the following restrictions:

- Lifestyle restrictions e.g. physical restrictions, participation in sport
- Dietary restrictions
- Restriction to donate blood
- Restriction to take your regular medications
- Restrictions to engage in other support or treatments

5 Other relevant information about the research project

Approximately 20-30 young people will take part in this study. Participants will be initially recruited from the four Youth Access Clinics located in Leongatha, Foster, Korumburra and Wonthaggi. This project involves collaboration with various researchers from Orygen and The University of Melbourne.

6 Does my child have to take part in this research project?

Participation in any research project is voluntary. If you do not wish for your child to take part, they do not have to. If you decide that they can take part and later change your mind, you are free to withdraw them from the project at any stage.

If you do decide that your child can take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

Before you make the decision, a member of the research team will be available so that you can ask any questions that you have about the research project. You can ask for any information you want. Sign the consent form only after you have had the chance to ask the questions and have received satisfactory answers.

Your decision whether your child can or cannot take part, or take part and then be withdrawn, will not affect their routine treatment, relationship with those treating them or relationship with the Youth Access Clinic.

7 What are the alternatives to participation?

Your child does not have to take part in this research to receive treatment at the YAC. Routine care at YAC may include supportive counselling, support groups and/or medication. Your child’s nurse will discuss these options with you before you decide whether or not your child will take part in this research project. You can also discuss the options with your/their local doctor.

8 What are the possible benefits of taking part?

There will be no clear benefit to you from your child’s participation in this research. However, participation would provide your child with the opportunity to contribute to our understanding of the processes behind supporting a peer who has experienced a trauma in rural settings. Your child will have the chance to share their experiences, which will assist us in developing a deeper understanding of the processes behind supporting a peer who has experienced a trauma in rural settings, which has the potential to inform future research and service planning.

9 What are the possible risks and disadvantages of taking part?

There may be some risks associated with participation in this research project. For example, talking in depth about the experience of supporting a friend who has experienced a trauma may be distressing for your child. If this happens your child can request to stop the interview. The interviewer is a clinical psychologist who is experienced at supporting people who are distressed. She will provide your child with further options for support (i.e. referral to health practitioner or support service) if your child find they need further support following the interview. The researcher will also contact your child a week after the interview to ensure their needs are met and support
options have been utilised if needed. Furthermore, if your child suffers any distress, injuries or complications as a result of participation in this study please contact the research team as soon as possible.

10 What if I want my child to withdraw from this research project?

Your child is free to withdraw from this research project at any point during the study, either verbally or in writing. If your child decides to withdraw from the project, please notify a member of the research team before your child withdraws. If you withdraw your consent during the research project, research staff will not collect additional personal information from your child, although personal information already collected will be retained to ensure that the results of the research project can be measured properly and to comply with law. You should be aware that data collected by the sponsor up to the time your child withdraws will form part of the research project results. If you do not want them to do this, you must tell them before your child joins the research project.

11 What happens when the research project ends?

Once the study is complete and the results are known, a written plain English summary of the results of the project will be made available to you upon request. To obtain this please contact the PhD student, Erin Dolan or notify the researcher following your child’s interview. If you request we will email this report directly to you.

Part 2 How is the research project being conducted?

12 What will happen to information about me?

By signing the consent form you consent to authorised research staff collecting and using personal information about your child for the research project.

Any information obtained in connection with this research project that can identify your child will remain confidential. This means that only the Investigator(s) and Study staff directly involved in this project will have access to them. The records will be kept in a locked cabinet or password locked database on site at Orygen. Electronic copies of confidential information will be password protected and accessed only by researchers involved in this project. Your child’s data will have a unique code and be stored separately to your child’s details (i.e., name). Your unique code will only be linked to your child’s details in a separate password-protected file (printed copy stored in a locked filing cabinet). Only study team members will have access to this file linking your unique code and contact details. Records relating to the study will be kept for 15 years after the results of the study have been reported. After that it will be destroyed.

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It is anticipated that the results of this research project will be published (group results and case studies) and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that your child cannot be identified, except with your permission. As such, when case studies are reported, we will use different names and change other information for individual participants to maximise anonymity. However, because there are only up to 30 people in this study and the study is being conducted in a rural setting, there is a small risk that in some instances, such as presentations of the study findings within Gippsland, complete confidentiality may not be able to be maintained. While names and other identifying information of participants will never be used, descriptions of traumatic events that have occurred
in the local community, including local residents and young people involved, may be known among the community.

The information that your child provide during this study may be used as part of future, ethically reviewed and approved research projects conducted by Orygen, The National Centre of Excellence in Youth Mental Health.

In accordance with relevant Australian and Victorian privacy and other relevant laws, you have the right to request access to your child’s information collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please contact the study team member named at the end of this document if you would like to access your information.

Any information obtained for the purpose of this research project that can identify your child will be treated as confidential and securely stored. Your child’s information will only be used for the purpose of this research project and will only be disclosed with your permission, except as required by law.

13 Complaints and compensation

If your child suffer any injuries or complications as a result of this research project, you should contact the study team as soon as possible and you will be assisted with arranging appropriate medical treatment. If your child is eligible for Medicare, you can receive any medical treatment required to treat the injury or complication, free of charge, as a public patient in any Australian public hospital.

If your child suffers any injury as a result of their participation in this research project you may be able to seek compensation through the courts. If your child suffer any distress or psychological injury as a result of this research project, you should contact the research team as soon as possible. You will be assisted with arranging appropriate treatment and support.

14 Who is organising and funding the research?

This research project has been initiated by Principal Investigator Erin Dolan. The project will be a funded project. Funding has been provided by Australian Rotary Health to conduct this research.

In addition, if knowledge acquired through this research leads to discoveries that are of commercial value to Orygen, The National Centre of Excellence in Youth Mental Health or Orygen Youth Health, the study doctors or their institutions, there will be no financial benefit to you or your family from these discoveries.

No member of the research team will receive a person financial benefit from your child’s involvement in this research project (other than their ordinary wages).

15 Who has reviewed the research project?

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the HREC of Melbourne Health.

This project will be carried out according to the National Statement on Ethical Conduct in Human Research (NHMRC, 2007). This statement has been developed to protect the interests of people who agree to participate in human research studies.

16 Further information and who to contact

The person you or your child may need to contact will depend on the nature of your query.
If you want any further information concerning this project you or your child can contact the following:

**Clinical contact and complaints contact person**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dr Kelly Allott</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td>Senior Research Fellow</td>
</tr>
<tr>
<td>Telephone</td>
<td>03 9966 9423</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Kelly.allott@orygen.org.au">Kelly.allott@orygen.org.au</a></td>
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If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

**Reviewing HREC approving this research and HREC Executive Officer details**

This research project has been approved by the Human Research Ethics Committee of The University of Melbourne. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Manager, Human Research Ethics, Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 2073 or Email: humanethics-complaints@unimelb.edu.au All complaints will be treated confidentially. In any correspondence please provide the name of the research team or the name or ethics ID number of the research project.
Consent Form - Parent/Guardian consenting on behalf of participant

Title
Rural Youth and Emotional Support of Peers Exposed to Traumatic Events: Understanding relationships, peer support and vulnerabilities of young people in rural environments

Protocol Number

Project Sponsor
Orygen

Principal Investigator
Erin Dolan

Associate Investigators
Dr Kelly Allott, Dr Catherine Cosgrave, Professor Eoin Killackey

Location
YACs: Leongatha, Foster, Korumburra and Wonthaggi.

Declaration by Participant
I have read the Participant Information Sheet or someone has read it to me in a language that I understand.
I understand the purposes, procedures and risks of the research described in the project.
I have had an opportunity to ask questions and I am satisfied with the answers I have received.
I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.
I understand that I will be given a signed copy of this document to keep.

I consent to the audio recording of the interview □

Name of Child (please print) __________________________________________________________
Signature of Child __________________________________ Date __________________________

Name of Parent/Guardian (please print) ______________________________________________________
Signature of Parent/Guardian __________________________________ Date __________________________

Name of Witness* to Parent/Guardian’s
Signature (please print) _________________________________________________________________
Signature __________________________________ Date __________________________

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Study Doctor/Senior Researcher*
I have given a verbal explanation of the research project, its procedures and risks and I believe that the parent/guardian of the participant has understood that explanation.

Name of Senior Researcher* (please print) ______________________________________________________
Signature __________________________________ Date __________________________
A senior member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature

**Form for Withdrawal of Participation – Parent/Guardian**

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th><em>Rural Youth and Emotional Support of Peers Exposed to Traumatic Events: Understanding relationships, peer support and vulnerabilities of young people in rural environments</em></th>
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<tr>
<td><strong>Project Sponsor</strong></td>
<td>Orygen</td>
</tr>
<tr>
<td><strong>Principal Investigator</strong></td>
<td>Erin Dolan</td>
</tr>
<tr>
<td><strong>Associate Investigators</strong></td>
<td>Dr Kelly Allott, Dr Catherine Cosgrave, Professor Eoin Killackey</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>YACs: Leongatha, Foster, Korumburra and Wonthaggi.</td>
</tr>
</tbody>
</table>

**Declaration by Parent/Guardian**

I wish to withdraw the child from participation in the above research project and understand that such withdrawal will not affect their routine treatment, relationship with those treating them or relationship with Orygen Youth Health.

| **Name of Child (please print)** |  |
| **Signature of Child** | Date |
| **Name of Parent/Guardian (please print)** |  |
| **Signature of Parent/Guardian** | Date |

**Declaration by Senior Researcher†**

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the parent/guardian of the participant has understood that explanation.

| **Name of Senior Researcher† (please print)** |  |
| **Signature** | Date |

† A senior member of the research team must provide the explanation of, and information concerning, withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.
Appendix J

List of Services

Support Services Contact details

- **Life Line: 13 11 14**
  - Telephone counselling
- **Kids Help Line: 1800 551 800**
  - Telephone counselling
- **Beyond Blue: 1300 224 636**
  - Information and support
- **Emergency: 000**
- **Headspace Wonthaggi: 5671 5900**
  - Information and support; psychological and medical support
- **YAC (Youth Access Clinic):**
  - Leongatha: 5662 2201
  - Wonthaggi: 5672 1333
  - Foster: 5683 9780
  - Korumburra: 5655 1355
### Appendix K

#### Initial Codes

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<th>No.</th>
<th>Codes</th>
<th>No.</th>
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<td>Having a Positive Outlook</td>
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<td>Trying to connect</td>
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<td>3</td>
<td>Comparing to others</td>
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<td>Worsening of friend symptoms</td>
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<td>Defining a traumatic event</td>
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<td>Feeling helpless</td>
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<td>Supporting a friend</td>
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<td>7</td>
<td>Describing others coping styles</td>
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<td>Acknowledging friend’s struggle</td>
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<td>Trying to help despite helplessness</td>
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<td>Rebuilding trust</td>
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<td>Contrasting serious events to youth humour</td>
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<td>Remaining curious and open to friend</td>
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<td>Noticing changes in friend</td>
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<td>Feeling shocked at disclosure</td>
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<td>Talking Deeply</td>
<td>36</td>
<td>Defining own responses</td>
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<tr>
<td>15</td>
<td>Hearing trauma story</td>
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<td>Judging self/response</td>
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<td>16</td>
<td>Feeling shocked</td>
<td>38</td>
<td>Instilling reality</td>
</tr>
<tr>
<td>17</td>
<td>Connecting over common ground</td>
<td>39</td>
<td>Linking to family/reality</td>
</tr>
<tr>
<td>18</td>
<td>Forming supportive relationships</td>
<td>40</td>
<td>Judging Friend</td>
</tr>
<tr>
<td>19</td>
<td>Taking friend under wing</td>
<td>41</td>
<td>Using guilt to persuade</td>
</tr>
<tr>
<td>20</td>
<td>Building trust</td>
<td>42</td>
<td>Assessing friends response</td>
</tr>
<tr>
<td>21</td>
<td>Being present</td>
<td>43</td>
<td>Apologising and rebuilding trust</td>
</tr>
<tr>
<td>22</td>
<td>Prioritising availability</td>
<td>44</td>
<td>Speaking without thinking</td>
</tr>
<tr>
<td>No.</td>
<td>Codes</td>
<td>No.</td>
<td>Codes</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------</td>
<td>-------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>45</td>
<td>Assessing risk</td>
<td>67</td>
<td>Seeing significance of event</td>
</tr>
<tr>
<td>46</td>
<td>Accepting friends response</td>
<td>68</td>
<td>Respecting silence</td>
</tr>
<tr>
<td>47</td>
<td>Checking in</td>
<td>69</td>
<td>Following friends lead</td>
</tr>
<tr>
<td>48</td>
<td>Instinctively knowing</td>
<td>70</td>
<td>Using interests/distraction to change mood</td>
</tr>
<tr>
<td>49</td>
<td>Distracting</td>
<td>71</td>
<td>Learning what works</td>
</tr>
<tr>
<td>50</td>
<td>Acknowledging impact of support</td>
<td>72</td>
<td>Knowing how to support</td>
</tr>
<tr>
<td>51</td>
<td>Supporting through rituals</td>
<td>73</td>
<td>Increasing confidence</td>
</tr>
<tr>
<td>52</td>
<td>Not knowing support needed</td>
<td>74</td>
<td>Looking for cues</td>
</tr>
<tr>
<td>53</td>
<td>Fear of intruding/overstepping the mark</td>
<td>75</td>
<td>Acknowledging wrong approaches</td>
</tr>
<tr>
<td>54</td>
<td>Being told what type of support</td>
<td>76</td>
<td>Finding support challenging</td>
</tr>
<tr>
<td>55</td>
<td>Acknowledging friend's need</td>
<td>77</td>
<td>Willingness to help</td>
</tr>
<tr>
<td>56</td>
<td>Facing trauma together</td>
<td>78</td>
<td>Supporting as self protection</td>
</tr>
<tr>
<td>57</td>
<td>Freaking out</td>
<td>79</td>
<td>Judging own motives</td>
</tr>
<tr>
<td>58</td>
<td>Feeling confronted and exposed</td>
<td>80</td>
<td>Acknowledging support journey</td>
</tr>
<tr>
<td>59</td>
<td>Assessing types of support</td>
<td>81</td>
<td>Giving back to friend</td>
</tr>
<tr>
<td>60</td>
<td>Being chosen</td>
<td>82</td>
<td>Walking in their shoes</td>
</tr>
<tr>
<td>61</td>
<td>Feeling needed</td>
<td>83</td>
<td>Using self as guidance</td>
</tr>
<tr>
<td>62</td>
<td>Giving space</td>
<td>84</td>
<td>Solving puzzles</td>
</tr>
<tr>
<td>63</td>
<td>Respecting needs</td>
<td>85</td>
<td>Being older and separating from traumatic event</td>
</tr>
<tr>
<td>64</td>
<td>Witnessing grief</td>
<td>86</td>
<td>Gaining back control</td>
</tr>
<tr>
<td>65</td>
<td>Noticing/feeling darkness</td>
<td>87</td>
<td>Reclaiming life</td>
</tr>
<tr>
<td>66</td>
<td>Standing strong and not backing down</td>
<td>88</td>
<td>Identifying steps towards recovery</td>
</tr>
<tr>
<td>No.</td>
<td>Codes</td>
<td>No.</td>
<td>Codes</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------</td>
<td>-----</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>89</td>
<td>Admiring friend.</td>
<td>111</td>
<td>Following the crowd</td>
</tr>
<tr>
<td>90</td>
<td>Changing of roles</td>
<td>112</td>
<td>Naming Supports</td>
</tr>
<tr>
<td>91</td>
<td>Struggling with new role</td>
<td>113</td>
<td>Sharing support role</td>
</tr>
<tr>
<td>92</td>
<td>Friend isolating self</td>
<td>114</td>
<td>Providing a safe place</td>
</tr>
<tr>
<td>93</td>
<td>Seeing isolation as need</td>
<td>115</td>
<td>Seeking input from older person</td>
</tr>
<tr>
<td>94</td>
<td>Creating connection;</td>
<td>116</td>
<td>Listening to advice</td>
</tr>
<tr>
<td>95</td>
<td>Being lost/distracted/trapped</td>
<td>117</td>
<td>Using advice</td>
</tr>
<tr>
<td>96</td>
<td>Others avoiding needs</td>
<td>118</td>
<td>Gaining insight</td>
</tr>
<tr>
<td>97</td>
<td>Differentiating self from group</td>
<td>119</td>
<td>Not forcing support</td>
</tr>
<tr>
<td>98</td>
<td>Identifying needs and moods</td>
<td>120</td>
<td>Choosing face to face</td>
</tr>
<tr>
<td>99</td>
<td>Acknowledging positive outcome to communication</td>
<td>121</td>
<td>social media as disconnection</td>
</tr>
<tr>
<td>100</td>
<td>Sharing the load</td>
<td>122</td>
<td>Being authentic</td>
</tr>
<tr>
<td>101</td>
<td>Identifying inexperience</td>
<td>123</td>
<td>Being accountable</td>
</tr>
<tr>
<td>102</td>
<td>Becoming wiser with age</td>
<td>124</td>
<td>Using self to support</td>
</tr>
<tr>
<td>103</td>
<td>Being young naive and inexperienced</td>
<td>125</td>
<td>Dealing with trauma story over time</td>
</tr>
<tr>
<td>104</td>
<td>Changing perceptions of the world</td>
<td>126</td>
<td>Supporting and being available for all topics;</td>
</tr>
<tr>
<td>105</td>
<td>Trauma invading own life</td>
<td>127</td>
<td>Defining friendship</td>
</tr>
<tr>
<td>106</td>
<td>Struggling to process trauma story</td>
<td>128</td>
<td>Taking care of the boys</td>
</tr>
<tr>
<td>107</td>
<td>Wanting to forget/block trauma story</td>
<td>129</td>
<td>Identifying loyalty</td>
</tr>
<tr>
<td>108</td>
<td>Connecting without possessing</td>
<td>130</td>
<td>Feeling each others pain</td>
</tr>
<tr>
<td>109</td>
<td>Judging others/seeing as selfish</td>
<td>131</td>
<td>Seeing value in role</td>
</tr>
<tr>
<td>110</td>
<td>Feeling alone in support</td>
<td>132</td>
<td>Feeling the burden</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td></td>
<td></td>
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<tr>
<td>------</td>
<td>-------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>134</td>
<td>Wishing he did not know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>135</td>
<td>Wanting moment to be over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>136</td>
<td>Connecting over own trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>137</td>
<td>Feeling responsible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>138</td>
<td>Identifying own struggles</td>
<td></td>
<td></td>
</tr>
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<td>139</td>
<td>Recommending types of support</td>
<td></td>
<td></td>
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<tr>
<td>140</td>
<td>Giving Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>141</td>
<td>Staying committed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>142</td>
<td>Using all resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>143</td>
<td>Acknowledging cyclical nature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>144</td>
<td>Identifying support traits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>145</td>
<td>Feeling safe and comfortable</td>
<td></td>
<td></td>
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<td>146</td>
<td>Being supported helps supporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>147</td>
<td>MISC CODES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>148</td>
<td>Not assuming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>149</td>
<td>Taking things seriously</td>
<td></td>
<td></td>
</tr>
<tr>
<td>150</td>
<td>Returning after trauma event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>151</td>
<td>Everyone talking about trauma event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>152</td>
<td>Seeing enormity of story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>153</td>
<td>Trying to understand</td>
<td></td>
<td></td>
</tr>
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<td>154</td>
<td>Feeling two sides of self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>156</td>
<td>Feeling Bombarded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>157</td>
<td>Freezing to process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>158</td>
<td>Describing trauma story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>159</td>
<td>Feeling unsafe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>160</td>
<td>Providing advice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>161</td>
<td>Believing in recovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>162</td>
<td>Accepting feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>163</td>
<td>Expressing Feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>164</td>
<td>Building tolerance to supporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>165</td>
<td>Identifying unhelpful supports</td>
<td></td>
<td></td>
</tr>
</tbody>
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Appendix L
Hierarchy Maps: Five Categories with Subcategories and Memos

Appendix L contains hierarchy Maps for each category and provides a description each subcategory under the heading of: hearing the trauma event, reacting to trauma, supporting, and taking on responsibility.

Hearing the Trauma Event

- **Hearing about the traumatic event**: Young people find out about a friend’s traumatic event through a variety of methods. These include direct disclosure, witnessing the event, social media, from school and through friends and family.

- **Diffusion of trauma events**: Capturing the ongoing nature of trauma events with young people’s routines, roles, relationships significantly changing due to the trauma event. Reactions to the trauma appear to spread though young people uniting together to protect and support their own or dividing friendship groups according to their values and beliefs around the trauma. Furthermore diffusion can be seen in the impact on the family, with parents changing roles and becoming distant as well as other members of the family being directly impacted by the trauma (i.e. sister being abused). Another way diffusion occurs is through the supporters’ hypothesising negative outcomes such as fearing self-harm or further devastation (i.e. fires).
• **Spreading and clarifying trauma story**: refers to the chaos which surrounds young people after a traumatic event. This chaos is reflected in the spreading of rumours, clarifying details of trauma event, keeping the trauma alive, judging and bullying each other, gossiping, trying to work out what to do. This code has both positive and negative aspects. For example
  
  o **Positive**: “they were all just talking about, everyone was just talking about it and we were just sort of trying to help her because she was having lots of anxiety attacks”
  
  o **Negative**: “when I got to school I like kind of understood a bit more, actually gathered it what was happening that's when I was bombarded with most of the information”

• **Dealing with trauma over time** shows the ongoing impact of trauma over time, despite young people trying to get back to a new normal, they highlight triggers which bring them back to thinking about the trauma, explaining “it's the same tiny piece that's just always there”. Other young people highlight that the trauma doesn’t end, once they solve one piece of the puzzle, new information arises i.e. “there was more and more and more and all her problems kept stacking up and stacking up”, “continuing cycle” and “I guess and we don’t feel it, the pressure of worrying about her for a while and then, you know, out of nowhere she does something again and it sets it off again”. Dealing with the trauma and providing support can occur over years and doesn’t seem end due to the ongoing nature of triggers.

**Reacting to Story**
• **Changing perception of the world:** When hearing about their friend’s traumatic event, young people felt “disbelief”, “shock” and not knowing that traumatic events could happen to people their age. Often being “the first real life thing... ever experienced,” young people felt their “world flip upside down in a second” as they had previously depersonalised these events to “grown up stuff” and only occurring on the “news” and “TV”.

• **Struggling to process trauma story:** Hearing the trauma story “felt like a dream”, “very chaotic, almost like solving “a little puzzle” as “...you, don’t know how to process that at that age”. Questioning if “this is really happening”, and “how can someone do that”, supporters would be “always thinking about it” in order to understand the trauma story.

• **Defining own response:** When hearing about their friend’s traumatic experience, participants described feeling “heartbroken”; “stressed”; “worried sick”; “anxious” and “panicked”. Often feeling “scared” and not knowing what to do, participants would “try to stay calm” and not get “overwhelmed”. However these attempts would often lead to the participant feeling “really exhausted” and “speechless”.

• **Feeling empathy:** Young people highlighted feeling empathy for their friend’s experiences by stating “It makes me really upset to see her like that because I don’t
want her to feel like that”; “I felt bad 'cos there's not much I could do to help him” and “I knew she wasn’t handling it well and I felt bad for her”. Knowing that they could not do much to help their friend, young people used empathy as a way to support and care for their friend i.e. "I'm not angry, I'm being angry for you, like, you know, angry for you". Feeling empathy also appeared to help young people stay committed to their role as a supporter, for example “I didn’t know how she was going to be able to cope with that so I felt more obligated to make sure she was alright”.

- **Feeling shocked**: When being told of their friend’s traumatic event, supporters felt “shocked” at the details of the event. Some supporters felt “disbelief”, as if the trauma was “...like an illusion at first, it was all, like, up in the air just words...”, however when the reality of the traumatic event set in, supporters “froze up”, felt their “heart stopped for a minute” and the reality of the event “come crashing down”.

- **Feeling confronted and exposed**: When hearing about their friend’s traumatic experience, young people highlighted feeling “overwhelmed”, confronted, “helpless” and “vulnerable”. In particular young people described the experience as “Kind of like a sumo wrestler sitting on your chest or something, like, a heavy pain or, um like, kind of something’s dropping”; “… confirmed that something was very wrong. It was really scary”; “it’s kind of like you freeze for a moment”; “feeling of butterflies in my stomach, like, my head goes crazy” and “I was freaking out, you just sort of go "I don’t want to know”.

- **Finding support challenging**: Supporters would feel “obliged to be there... like a safety net” as often there is “nobody else” and they are afraid of what their friend is “going to do”. Although not seeing support as a “burden”, supporters could become “frustrated” with their friend “asking for advice” and not taking it. Often feeling “vulnerable” “awkward” and unprepared, supporters would do “a lot of planning in
my head of, like, what's okay and what's not okay to say right now and how to act right now”.

Supporting

- **Following friends lead:** One of the “best thing to do is when it is something serious or when he’s taking the time to do his thing I leave him be”, “let him come first”, “just listen and if she asks for our input or asks for our opinion or says what shall we do like we give it”. Don’t “push things”, for “if she …going to be resilient….put up a wall and be fine…”, don’t “bring it up”.

- **Not forcing support:** Supporters found it “hard”, to find the balance between providing support, making sure their friend “…knows that there are people who care about...” them, and not being “so forceful”. Some supporters would rely on “body language or facial features” to let them know when to pull “…the reins back”, and others follow their friend’s lead i.e., “I guess if she was going to just put up a wall and be fine, I didn’t want to bring it up”.

- **Noticing changes in friend:** Supporters “noticed” changes in their friend’s “emotions or body language” which indicated “that something wasn’t right”. One supporter
explained “I'd be smiling and laughing but then there would be just, like, I don’t know it’s hard to explain, not like a little bit of a look in her eye or just, like, her face, like, fell in just little moments of, like, every day life and stuff that you could sort of tell she was upset or sad about something but we didn’t know what it was”.

- **Supporting through social media:** Having “constant connection” through “phone, text”, “Snapchat”, “Facetime”, and “Messenger”, allowed friends to message how they were “feeling”, no matter what time of the day. One support stated “I hated having that easy connection because that meant that I called him and that meant, like, I kept making him feel bad for me and I’d feel bad for him...”. Supporting through social media often led to the supporter feeling helpless i.e. “I just wanted to go over to her house and just give her a massive hug because, like, I, I didn’t know what to say over the phone”.

- **Positive aspects of social media:** Social media not only allowed for supporters to “see if she was okay” and check if “anything else happened?” it also provided a safe place (i.e. “group chat on Snapchat”) to “be able to understand what was happening” and provide support. Social media also provided relief as once “she’s texted back and told me she was fine it was like a weight had lifted of my shoulders”.

- **Negative aspects of social media:** “Having that easy connection” would lead to supporters stopping “everything and just make sure she was alright”. Being exposed to “Snapchat stories” which are “vaguely pointing to her wanting to kill herself and then I received a Snapchat from her kind of saying the same thing” or hearing about the traumatic event “…how it had come out of nowhere and how there was people filming it and it was a big group of people and because it was a king punch…” or being reminded of the traumatic event through “Facebook posts about the crash investigation would always come up and, um, family members would also always post
about stuff and so it was always there, it still is” can lead to a “rush of anxiety”,
supporters questioning “oh no what if I'm too late because it was, like, a minute since
she'd posted it” or questioning if they are being “too pushy” i.e. “I remember he kept
leaving me on red, like, not opening my messages and I was, like, I think I'm just
being annoying”.

- **Supporting**: Supporters would talk to their friends, “asking ...questions” to “fully
understand what” their friend had “been through.” They would try to “comfort” their
friend through being “warm”, “rubbing” their back, hugging, offering tissues, food or
a glass of water. It was important to “Just being there for a shoulder to cry on and
listening, cuddling her, just telling her that it's alright now”. This support could occur
at any time of the day, with one supporter stating “I'm here if you want to talk to me,
you know, whenever it can be 3am in the morning if you really want to. I don’t know
if I would wake up but you can try.” The support role was important “Because that's
what friends do. So the support never stops. It doesn’t go.” It’s “Just our normal
friend thing” to do.

- **Being present**: I wanted “to show her that I cared about her and that she was in my
presence, I was in hers, we were together”, “I'm always going to be there”,
“completely there”, “no matter what”, as, “I don’t think anyone should have to go
through this alone”. Being present “did put a lot of pressure on me, ... because it
meant that I was only focusing on her and her wellbeing and not, you know, that of
my friends or of me even because I was so focused on her”. It is important to “be
there”, “no matter what” as “I'd want to know that someone was there if I wanted to
talk to someone”.

- **Checking in**: “I always have to check up...” as “I'm always worried”, “I would ask
quietly, ... how things are going, ... just make sure they are alright so they didn’t feel
like they were going through it alone”. When your friend is “bit more down, like, you could see it physically, ... more closed off just and less herself, ... ask her "are you doing alright? Is everything okay?"

- **Distracting:** Trying to “lift off the heavy” and lift the “mood a little bit”, supporters would try to keep their friend’s “mind off it and do other fun things instead of thinking about it”. Supporters would use a variety of techniques, to help calm and distract their friends. For example “cracking jokes”, asking “random questions”, “going to the gym”, listening to “music”, and diverting “the conversation to something that we both have interest in which was gaming, games, computer games, IT”. Furthermore supporters would put their own emotions aside to help distract their friend i.e. “say if I’ve had a shitty day and she needs me I’ll just, like, put that aside and be happy and bubbly and so that I can cheer her up and stuff so I guess that's where I change my emotions and stuff to sort of fit her”.

- **Connecting over common ground:** Having “common ground” allowed supporters to “relate” to their friend, help them “understand a tiny bit”, and “want to support” their friend more. One supporter felt her friend “was more happy ... because she knew she had someone there to support her” who had “…been through that kind of stuff”. Another supporter stated “It was good that we could relate to each other but it was just a bit sadder at the same time because other people would be like oh that's sad but they don’t know as they had the dad of the year as well so they don’t really understand”.

- **Intervening and supporting:** Although “... talking does help”, supporters provided physical “comfort” through “sitting”, holding hands and “hugging” so their friend would know that they weren’t “alone”. For example “she would breakdown and start crying I would sit with her, ...I would tell her that she wasn’t alone in it and that I
was here for her, that we would get through this, that eventually as much as it sucks right now, it will get better. Life isn’t always staying the same”.

- **Offering advice:** Whilst “reassuring” their friend that “it’s going to be alright”, “everything would be okay”, “it’s in the past and there's nothing we can do about it now”, supporters would also encourage their friend to either “get counselling or go to a psychologist” or provide instructions on how to calm down i.e., “…breathe, like, focus on something that's calm that would normally calm you down, breathe slowly, drink water, you'll be alright”.

- **Using self as guidance:** Using their own “experience” helped supporters to try and “figure out how to help”. For example, “I was diagnosed with depression at 13 as well and that was a really hard time for me and I can kind, like, I know where she’s coming from” and “I have known from my own experience of having panic attacks”. If a supporter did not have experience dealing with the problem, then they would “put…” themselves “…in their,... shoes”.

- **Instinctively Knowing:** “It came naturally for me”, “basically my first instinct was to create, like, a support” “…cos I think that everyone has, like, a motherly side to them regardless of what their age is or, like, if they've had kids or not there's that, like, motherly thing, like, in you.” “It was just how we kind of go about it, I guess”, “go with what my instincts are”.
Taking on Responsibility

- **Acknowledging burden**: This code describes how young people can feel responsible for supporting their friends. This responsibility can lead to overwhelming emotions and a fear around consequences for making mistakes.

- **Acknowledging impact of support** highlights the varied emotions felt by young people throughout their support journey. Most young people describe emotions such as feeling “exhausted”, “stressful”, “on guard”, “suffocated” and “anxious”. Some young people reported feeling judged whilst one young person reported feeling appreciated.

- **Feeling helpless**: Knowing that the traumatic events has “already happened” and that they “can’t change it”, supporters felt “helpless”, “powerless” “hopeless”, “weird”, “scared”, and “vulnerable”. Despite the fear of “making it worse” due to not knowing “...what to do”, they continued to be committed to “wanting to fix it”.

- **Being loyal**: Supporters described being loyal as “weird balance of trying to let them know what's wrong but then also not sharing all of the stuff that she tells me”. When keeping their friend’s story a secret, supporters felt “like I have to be the strong one who's able to sort out the situation when I really kind of just want to cry sometimes”. I
“guess I don’t feel like that I have the right to tell someone...” “it wasn’t my place”
“something as intimate as that, ...no one should know without their consent”. “You
can’t just, like, betray your friend and tell people their secrets because that’s just not
how it works, it’s not how friendship works, you trust each other and give them reason
to trust you”. Telling others about their story would be “a huge violation of ...
privacy”. “It’s definitely a loyalty and protection of my friend”, especially as “where
we’re from it's very small and everyone pretty much knows everyone and I think we
feel that we know that she doesn’t want everyone to know” and start “spreading
rumours around”.

- **Being Authentic:** “it's my nature to sort of help” and try “...not to act differently to
 how I normally act but I did make sure to show my concern for her and make sure
that she was okay”. ’Cos ... you can't really help them ..., if they don’t trust you
they're not going to come to you for help”. It’s important for them to “trust and
believe... so that they can improve and get better”. I need to know “what I'm talking
about” and show them it's not “just going in one ear and out the other”.

- **Being chosen:** highlights the importance of playing the role of supporter. Young
people see being chosen as a reflection of being “trusted”, “... a good friend”, and
helps define them as a person i.e., “I'm the kind of person for a lot of people to come
to when a problem like this happens”. However, with being chosen comes the burden
of responsibility, for example, “no one else knew about it so I was the only one she
could talk to so she couldn’t really talk to anyone else about this, well she didn’t
really want to” and “I was the only person that helped him, so I was there for him to
stop doing those things.” This responsibility was described as feeling like a “parent”,
“scary” and “... a struggle.”
• **Feeling alone in Support:** Young people would often hide their emotions of feeling “suffocated”, “trapped” and “anxious” when providing support. Reasons for hiding their own feelings included secrecy and “responsibility”, not wanting to “betray” or take the “focus” off their friend, nor make the problem worse. Young people felt there was “no follow up” for them, as the focus was either on their friend or due to secrecy of the support and no-one else knew about the problem.

• **Judging self/response:** Supporters would reflect on their own reactions when supporting their friend. Often feeling like they had “…done” or “said” “something wrong”; should have been “around more”; felt “guilty” as if they had let their friend down and angry at themselves as they didn’t “do more”. However, one supporter reflected positively “I'm proud of myself” and whilst another changed her perspectives on relationships i.e., “oh my God, like, I need to stop doing what I'm doing, like my parents do so much for me”.

• **Pushing own feelings away:** Despite dealing with their own struggles (physical and mental health), supporters would often push their own emotions aside in order to support their friends. Seeing their friend’s needs as “most important”, supporters would put their “own mental health… on the back burner”; push their own reactions down i.e. “I wanted to cry but I knew I needed to keep it together”; and “ditched” their hobbies in order to prioritise their friend’s needs. Describing it as “…a drive, a focus…,” supporters warned that by solely focusing on their friends needs can lead to feeling “alone,” “blank”, like they are just “existing” and potentially suffer from “flashbacks” and deteriorating mental health. One supporter however, highlighted that focusing on her friend’s needs allowed her to compare and minimise her own problems i.e. “I always have my feelings there but, like, I use those feelings to cope
with him and also my issues at the same time so it's, like, we're both helping each other”.

- **Putting own problems aside:** Supporters would “feel like I have to, I look after everyone else before I look after myself” as “I was always so caught up in trying to, ... help her with her problems, ... I kind of ignored my own and, like, pushed them to the side”. “I've just got to suck it up pretty much and because I knew how much she was hurting”.

- **Sharing the load:** Knowing that “I'm not alone” and “I didn’t have to carry it all myself” “helped take the weight off my shoulders 'cos if I didn’t have that I'd feel, like, suffocated...”. Accessing support earlier, “…would have been more helpful, definitely, ... 'cos it would have meant that we would, we could have been able to stop things sooner or stop things from escalating into, like, the self-harm as it did...”.

  Having “someone actually cared about me”, “who wants to sit down for, like, a coffee with me and just want to catch up and see how I'm doing and make sure I'm okay,” “felt better”, as “I knew I was doing everything I could and help me chill out a bit, relax 'cos I was so stressed about it”.

- **Naming supports:** Participants found the support of others helpful when providing support to their friend. Most commonly, supporters accessed support from their mum, family, friends, teachers, counsellors, psychologist, doctors and other services such as google and headspace. Participants’ stressed the need to have an older, more experienced person to support them.

- **Non-Helpful Supports:** Despite the best intentions of others, supporters identified a number of unhelpful supports. Supporters stated that young people didn’t feel “…comfortable with talking to” “…teachers and other adults” because “it was so far
out of their league”. “People didn’t want an adult to be able to say, like, "oh well just do this instead, just think of this instead" and give ... solutions”.

- **Qualities of supports:** When seeking support themselves, participants highlighted a number of desirable traits which allowed them to feel “comfortable” and safe when accessing their own support. These qualities included “helped me with knowing more information”; “really understanding”; “easy to approach” and “... had time for me”; “confident”, “not afraid to say what they think”; “stable”, “can make you laugh”; and “won't push you to do anything.” Participants found it helpful to have someone either their “own age” or an adult who is “distant from the situation”, ”trusted” and can confirm things (i.e. "you're alright now, you're going to alright, you did the best that you could"). Most commonly supporters stated “You have to feel comfortable with who is supporting you 'cos if you're feeling comfortable with the person supporting you, then you're going to feel comfortable with the person you're supporting”.

- **Seeking input from an older person:** Having an accessible and trusted adult who provided “advice”, “opinions,” “feedback”, and “solutions”, allowed the supporters to feel increased confidence in their abilities when supporting their friend.

- **Trauma Invading Own Life:** Supporters reported ongoing effects associated with supporting their friend who has experienced a traumatic event. These included “picturing” the traumatic event, reminded of own traumas (“I just thought of what happened with Pa ... a little switch in my head that went off”) feeling “overwhelmed”, “scarred” and “a rush of anxiety”, as well as “tired”, “headaches” and “never felt like eating”.
  
  - Some supporters would “cry themselves to sleep”, whilst others would feel “...right on the edge” suffering from “flashbacks” and “nightmares” leading
to the urge to self-harm i.e. “there’s been times when I’ve almost, like, I’ve had the scissors or the knife to my wrist.”

- Feeling “woven into the mix”, some supporters reporting being in “a dark hole”, having “breakdowns” and losing themselves “I’d, physically is just felt like I was just going through the motions of every day, like I didn’t feel like I was a proper person who felt things and, you know, experienced things and did things. I just kind of, you know, I would wake up, brush my teeth, go to school, sit with her on the bus there and back, hear her problems, tell her that things were going to be alright, think of ways that I could help, you know, get home watch some videos on YouTube, just sit there and watch and then go to bed”.

- Supporters stated that these symptoms were “contagious,” “like this extra weight that wasn’t actually mine,” sometimes feeling like “second-hand anger”. One supporter stated “I thought about it so much just about, like the fact and, like, someone could bring themselves to do that but it, like, thinking that someone else can do that kind of thing almost made it seem, like, like I don’t know, contagious,”. She further went on to say “every time she felt down she would call me and I remember after that I, like, even knowing, like, she uses razors to cut herself I just thought that was okay and, like, and so that’s when I felt down I was, like, I even did it in the same spot, like, right on my hip and it was, like, exactly where she did it”.
Appendix M
Hierarchy Map: Rural Areas

Appendix M contains the hierarchy map for rural areas category and provides a description each subcategory under the heading.

Rural Areas

- **Helped**: Community supports, social networks and environmental influences which aided in the participant’s ability to support their friend. “Well, like just the school and the town since it was counsellors and stuff like that at the school which I could access. And then there's also other the friends who were like other adult friends who I could access as well who were living in the town”. These supports often helped the participant not to take on sole responsibility for supporting their friend.

- **Hindered**: Community judgement, limited social networks and environmental influences (limited transport) hindered the participant’s ability to support their friend. “And especially because she lives so far away. When she was really bad it was always on the phone. I was laying at night, hoping my room would be very dark and it just felt like like literally dark as well. Especially because she was so reluctant to get help. I felt like I had to put in that extra help.”
- **Belonging- Positive:** Feeling like they belonged to the community allowed participants to feel supported, connected to their community. “I do feel like there was a sense of belonging as...since the event really affected a lot of people. It brought everyone together, which made me feel connected with the community and made me feel close to everyone else”. “She passed away in a local garden forest area...It made me feel a little more connected considering that she chose that place to do it. And there may have been a reason behind that.”

- **Belonging- Negative:** Feeling like they don’t belong significantly impacted on participants ability to provide support and recover from this role. “like if you don't fit into the community, like you feel very alone because everyone else gets along, and I don't get along with them so I don't really like it that much because it's such a tight circle that I don't fit into.” And it’s “Like I feel like you know when you're in the situation over and over again, all you remember is just your room. If I think back to then, all I remember is going to school, going to my room, going to school, going to my room. It wasn't a lot of... It was isolated.”

- **Belonging- Elsewhere:** Desire to start again, be anonymous and make new relationships. “I think the fact that I'm pretty sure I won't know anyone who's doing what I'm doing gives me the chance to you know, create friendships with people that know nothing about me. So I can you know start from scratch about you know how I want to be viewed, how I want to act, and how I want the people around me to act, I guess.”

- **Belonging- After event:** Participants who felt like they belonged and shared responsibility for supporting their friend did not feel like their sense of belonging changed i.e. “I don't think my belonging changed because I felt like I belonged before and after”. However, for participants who maintained sole responsibility, their sense
of belonging change significantly and took a negative turn. For example: “No-one spoke to me. I got bullied a lot, like every day. I had to, what else, I don't know. I moved schools. I moved areas. So that way I could meet new people and not be around it all the time.” And “I think it changed... Like, I think I went more into isolation. And then, once I finally got over it myself, I think I felt like I belonged more”
Appendix N

Narrative of the Foundations of Support using *in vivo* Quotes

Often being “the first real life thing... ever experienced” (Ronnie, P17) participants felt their “world flip upside down in a second” (Di, P4) as they had previously perceived these events to be “grown up stuff” (Erin, P6) and only occurring on the “news” (Jason, P1) and “TV” (Simon, P12). Whether participants heard about the trauma event directly from their friend, an adult, on social media, the news, or witnessed it first hand, their reaction remained consistent with feelings of “disbelief” (Frances, P7), “shock” (Jason, P1), as if the trauma event was “…like an illusion…” (Rosie, P10).

However, when the reality of the traumatic event set in, participants “froze up” (Jason, P1), felt their “heart stopped for a minute” (Phyl, P16) and felt the reality of the event “come crashing down” (Rosie, P10). Knowing that the traumatic event has “already happened” (Sam, P11) and that they “can’t change it” (Rosie, P10), participants felt “helpless” (Sam, P11), “powerless” (John, P8), and “vulnerable” (Rosie, P10). Despite the fear of “making it worse” (Kate, P18) due to not knowing “…what to do” (Kate, P18), they continued to be committed to “wanting to fix it” (Erin, P6).

Participants would try to “fix it” (Erin, P6) through showing support such as “asking ...questions” (Frances, P7) to “fully understand what” (Rosie, P10) their friend had “been through” (Rosie, P10). They would try to “comfort” (Belinda, P3) their friend through “just being there for a shoulder to cry on and listening, cuddling her, just telling her that it’s alright now” (Sarah, P13). This support could occur at any time of the day, with one participant stating “I'm here if you want to talk to me, you know, whenever it can be 3am in the morning if you really want to. I don’t know if I would wake up but you can try” (Phyl, P16). The support role was important to participants “because that's what friends do” (Jason, P1).
Being chosen as a supporter allowed participants to feel “trusted” (Rosie, P10), seen as a “good friend” (Erin, P6), and led them to taking on responsibility for supporting their friend. Responsibility was expressed through comment such as “I’m always going to be there… completely there… no matter what…”, as, “I don’t think anyone should have to go through this alone” (Liz, P14). These comments showed the dedication and commitment of participants to ensuring their friend felt supported. However, being “completely there” (Liz, P14) “…put a lot of pressure on…” participants, because it meant they were “…only focusing on” their friend’s “wellbeing” (Nikki, P9) and not that of their own. For example, “I was always so caught up in trying to ... help her with her problems, ... I kind of ignored my own and, like, pushed them to the side” (John, P8).

The ability to provide support in rural areas was significantly impacted by distance and limited public transport. Living in a rural area “…really made it hard to support my friends, because I couldn't see them face to face and I couldn't give them a hug and help cheer them up. It's a lot harder” (Liz, P14). Many participants felt the burden of distance and limited transport in rural settings. For example, one participant stated that to catch up with a friend “I would have to plan a couple hours in advance at least, because I had to get a half hour walk to the train station, and the trains only run once every hour” (John, P8). Living in a rural environment created complications for participants when supporting their friend as some “…live ... where there were not buses really, so to get a bus then a train was a little difficult” (Chloe, P20). Hence participants needed support to be “driven to certain places which can … impact my ability to see them now” (Mick, P21). Being reliant on others for transport can lead participants to feeling “helpless” (Sam, P11) and “responsible” (Rebecca, P22) for their friend’s wellbeing. For example, “If I had a car at the time, or if the bus services were a bit more better, I could probably go with my friend together and we could
stop him” (Rebecca, P22). The lack of transport options would lead to participants providing “extra help” via social media, “because she lives so far away” (Liz, P14).

Taking on responsibility, meant that participants felt “obliged to be there... like a safety net” (Erin, P6), as often there was “nobody else” (Sam, P11) to support their friend. Furthermore, taking on responsibility, highlighted the participants’ perceptions of loyalty and the need to protect their friend’s “privacy” as telling others would be “a huge violation” (Belinda, P3). Participants expressed “I don’t feel like that I have the right to tell someone... it wasn’t my place” (John, P8), “something as intimate as that...no one should know without their consent” (Liz, P14). “You can't just, betray your friend and tell people their secrets because that's just not how it works, it's not how friendship works, you trust each other and give them reason to trust you” (Erin P6). Loyalty was especially important, as “where we're from it's very small and everyone pretty much knows everyone” and “...she doesn’t want everyone to know” and start “spreading rumours around” (Nikki, P9).

Taking on responsibly can leave participants feeling “vulnerable”, “awkward” and unprepared, and lead to “a lot of planning” surrounding “…what's okay and what's not okay to say right now and how to act...” (Simon, P12).

Cos nothing prepares you for that, nothing teaches you how to deal if that happens or makes you aware of it you just, like, have to as soon as someone tells you it, you just have to go with it and do the best that you can, you don’t, you're not trained to deal with it (Rosie, P10).

These feelings of inexperience can enhance participants’ fears of making mistakes as they are afraid of what their friend is “going to do” (Belinda, P3). Comments such as “If I say the wrong thing it could tip him over the edge and he could actually do something” (Liz, P14) and “it’s a huge responsibility to think that I’m trying to speak life into this person but who knows what they could do” (Belinda, P3) highlight this. The toll of taking responsibility
was described by participants as “stressful”, leaving them feeling “exhausted” (Belinda, P3), “on guard” (John, P8), “suffocated” (Erin, P6) and “anxious” (Ronnie, P17).

Having a strong sense of belonging to their community, also allowed participants to share responsibility, especially when the trauma event impacted the whole community (i.e., suicide or motor vehicle accident). Many participants felt “it brought everyone together, which made me feel connected with the community and made me feel close to everyone else” (Mick, P21), and “I had other people in the community that I could go to and talk to, especially with my school and my school’s wellbeing, they were there to support me” (Chloe, P20). Thus, a strong sense of belonging led to participants feeling

...we’re so connected through school and all the other things I do and like, and just go down the street and you’d know everyone. Well you know someone at least. So you just feel like you’ve got a relationship with your community (Erin, P6).

One participant highlighted that her sense of belonging and shared responsibility with the community was strengthened through “the landscape and everyone who was taking care of it together by not littering. It was a really positive thing to see that the community cared about the environment” (Chloe, P20). Whilst another stated that she continued to feel connected to her community/environment even after supporting her friend “I don’t think my belonging changed because I felt like I belonged before and after” (Erin, P6).

Many participants who shared the load reported having high social proximity, through positive relationships with their “Parents, parents people go to, obviously ‘cos, you know, that’s where our foundation of support is, is our parents...” (Simon, P12) and “well for me it’s family. I always go to my mum or my dad” (Nikki, P9); friends, “cos we often would talk about it and try to come up with ways that we could help her” (Nikki, P9) and “we were all
there together ...supporting” (Frances, P7); community groups, “our family's really invested in netball, and I think that bit was a great outlet, because it made me like not think about it” (Liz, P14) and “it was definitely a good stress relief, especially cheerleading because that was stressful in itself, performing in front of people. So they were good ways to sort of forget for a minute about everything” (Rebecca, P22); and the environment, “living in a rural area just means a lot more freedom and space” (Liz, P14) and “it’s beautiful living in a rural area” (Rebecca, P22). One participant highlighted that the environment allowed them to share responsibility through communal experiences, such as “...we went to the beach, we went swimming, you know, went hiking, all this sort of stuff and suddenly I didn’t have to, like, I wasn’t worrying about her and I started to enjoy myself” (John, P8). Another participant stated that sharing the load “...made me feel a lot closer to everyone and closer with all the people in the community, than what I was before” (Mick, P21).

Having an accessible and trusted adult who provided “advice” (Kristy, P15), “opinions” (Frances, P7), “feedback” (Jason, P1), and “solutions” (Frances, P7), allowed the participants to feel increased confidence in their abilities when supporting their friend. Participants highlighted the importance of seeking support themselves by stating “if you're supporting someone and you need support yourself to help support this person, find someone ... that's older and close to you.... I mean like, someone your parent's age or your grandparent's age” (Jason, P1). In particular, it was helpful to have someone who was “distant from the situation” (Simon, P12), “trusted” (Phyl, P16) and can confirm things (i.e., “you're alright now, you're going to be alright, you did the best that you could...” (Simon, P12). Most commonly, participants “talked to their mums and dads” (Simon, P12). Other trusted people included, “grandparents” (Jason, P1), “wellbeing teams” (Ronnie, P17), “school counsellor” (Di, P4), “relatives” (Frances, P7), “best friend” (Kristy, P15), “school
Chaplain” (Belinda, P3), “psychologists” (Erin, P6), “teachers” (Kate, P18), and other resources such as “headspace” (Kristy, P15).

A majority of participants highlighted that they would speak to their mum, i.e., “I told her about the situation and she asked questions and I answered her to the best of my ability and, ...she said "Oh well, you gotta see what's happening" and suggest kind of these things” (Belinda, P3) and “when I was really nervous I would talk to mum and tell her I'm feeling really nervous about this but she's like "it's fine, they're fine, don't worry” (Erin, P6).

Participants stated that without this support “I definitely would have felt really lost” (Kate, P18). When participants had access to advice throughout their support journey they “didn’t feel like” they “needed any, any extra…” support, “…because we dealt with it all the way through rather than building it up and having to fix this massive thing at the end, it was just dealt with” (Erin, P6).

When seeking support themselves, participants highlighted a number of desirable traits which allowed them to feel “comfortable” (Chris, P5) and safe when accessing their own support. These qualities included helping “me with knowing more information” (Chris, P5); “really understanding... easy to approach” and “… had time for me” (Erin, P6); “confident... not afraid to say what they think” (John P8); “stable” (Kristy, P15); “can make you laugh” (Ronnie, P17); and “won't push you to do anything” (Phyl, P16). Most commonly participants stated “You have to feel comfortable with who is supporting you 'cos if you're feeling comfortable with the person supporting you, then you're going to feel comfortable with the person you're supporting” (Jason, P1). Overall, participants needed “Consent, loyalty and trust and I don’t know confidence. Those are probably, the main things” (Sam, P11).

Overall, sharing responsibility for supporting their friend through a traumatic event in a rural environment, meant participants knew that they were “connected” (Mick, P21) and
“supported” (Chloe, P20.) by the community. This led to feeling “I'm not alone” and “I didn’t have to carry it all myself” (John, P8), it “helped take the weight off my shoulders ‘cos if I didn’t have that I’d feel, like, suffocated...” (Nikki, P9). However, accessing support earlier, “...would have been more helpful, definitely, ... ‘cos it would have meant that we would, we could have been able to stop things sooner or stop things from escalating into, like, the self-harm as it did...” (Nikki, P9). Despite this, knowing “someone actually cared about me... who wants to sit down for, like, a coffee with me and just want to catch up and see how I'm doing and make sure I'm okay” (Belinda, P3), “felt better” as “I knew I was doing everything I could and help me chill out a bit, relax 'cos I was so stressed about it” (Erin, P6).

Problems arose when participants were not able to share the responsibility for supporting their friend through a traumatic event in a rural setting. Some participants stated that despite being offered some support, they found it unhelpful and led to them assuming sole responsibility for helping their friend. For example, one participant perceived the support being offered was not appropriate, i.e., “he’s got qualifications but he is a 30 year old man and I don’t think a 13 year old girl would want to talk him” (Belinda, P3). Another participant stated:

I was... upset obviously and mum ... came in and she took my phone from my room ..., she's, like, "I don’t think you should message him, you don’t need your phone in bed at night" and, "you shouldn’t be on it" and I'm, " but mum you don’t understand, I need my phone, this is a really important situation. I need to be there for my friend" (Liz, P14).

Assuming sole responsibility for support was also influenced by the idea that “young people didn’t feel comfortable with talking to teachers and other adults” because “it was so far out of their league.... People didn’t want an adult to be able to say, like, "oh well just do
this instead, just think of this instead" and give ... solutions” (Simon, P12). Furthermore, when the participant witnessed their friend withdraw and refuse support from others (i.e., “the teacher tried to help ... she went all quiet. She didn’t want to talk to them” (Eva, P2), they would maintain “secrecy” and continue to provide support on their own. Participants also stated that “anyone outside” the “friendship group” were not helpful as it “attracts too much attention”, added to the “drama” (Eva, P2) and increased the likelihood of “spreading rumours around” (Ronnie, P17).

The need to assume sole responsibility was also influenced by participants having negative experiences with others, i.e., “never been able to trust a teacher. I've never been able to open up to a teacher...” (Sam, P11); having “friends who are feeling the same thing”, as “their emotional state would just get worse and worse and worse and worse”; and feeling “judged” for providing support as “there was a bit of a sense of that he was using me” (Rebecca, P22) and “I was going to get judged by them for still checking up on her and making sure she was okay” (Di, P4). Other reasons for maintaining sole responsibility included the participant having their trust betrayed in the past and the understanding of “how hard it is to tell someone so ... I didn’t ever want to betray that respect” (Liz, P14). Loyalty and fear of spreading rumours also influenced whether a participant retained sole responsibility, for example “it might get taken out of control and stuff and some people might say something that's not actually true...” (Kate, P18), so “we're not really ones to start, you know, spreading rumours around or start spreading stuff around, we just kind of keep it between us, I guess” (Ronnie, P17).

Sole responsibility for supporting their friend through a traumatic event in rural settings can lead to participants feeling alienated “like you don’t fit into the community, ... you feel very alone” (Bell, P19), “blank” like they are just “existing” (John, P8), “all I remember is going to school, going to my room, going to school, going to my room.... It was
isolated” (Liz, P14). Some participants suffered from “flashbacks” (Sarah, P13) and deteriorating mental health: “It feels horrible. It feels like people just don't ... it's just like you're not worth anything” (Bell, P19). Seeing their friend’s needs as “most important” (John, P8), participants would put their “own mental health... on the back burner” (Di, P4); push their own reactions down, i.e., “I wanted to cry but I knew I needed to keep it together” and “ditched” (Di, P4) their hobbies in order to prioritise their friend’s needs. Without the support of a trusted other, participants would continue to support their friend, despite being overwhelmed and “so overpowering with thoughts” (Liz, P14). Describing it as “kind of like a sumo wrestler sitting on your chest or something, like, a heavy pain or, kind of something’s dropping” (Sam, P11). Participants continued to provide support, feeling

... I have to, I look after everyone else before I look after myself as ...I was always so caught up in trying to, ... help her with her problems, ... I kind of ignored my own and, pushed them to the side. I've just got to suck it up pretty much and because I knew how much she was hurting (John, P8).

Maintaining sole responsibility led to a few participants feeling like they “didn’t have any identity whatsoever” (Liz, P14) and became a “calculator to solve her problems” (John, P8). Furthermore, participants felt as though they were “just existing, days would go by and (they) wouldn’t even notice” (John, P8). Feeling “woven into the mix” (Eva, P2), some participants reporting being in “a dark hole” (Di, P4), having “breakdowns” (John, P8) and losing themselves

... physically is just felt like I was just going through the motions of every day, I didn’t feel I was a proper person who felt things and experienced things and did things. I just kind of, I would wake up, brush my teeth, go to school, sit with her on the bus there and back, hear her problems, tell her that things were going to be alright, think
of ways that I could help, get home watch some videos on YouTube, just sit there and watch and then go to bed (John, P8).

When “woven into the mix” (Eva, P2), participants stated their friend’s symptoms were “contagious” (Kristy, P15), “like this extra weight that wasn’t actually mine,” sometimes feeling like “second-hand anger” (Phyl, P16). One participant explained “I thought about it so much just about, the fact ... someone could bring themselves to do that, thinking that someone else can do that kind of thing almost made it seem, I don’t know, contagious” (Liz, P14). This participant further went on to say:

every time she felt down she would call me and I remember after that I, even knowing, she uses razors to cut herself I just thought that was okay and, so that’s when I felt down I was, I even did it in the same spot, right on my hip and it was, exactly where she did it.

Without the feedback of a trusted other, participants would repeatedly replay/evaluate their support of their friend in their mind. Often feeling like they had “...done” or “said” “something wrong” (Belinda, P3); should have been “around more”; felt “guilty” as if they had let their friend “down” (Erin, P6) and “angry” (Phyl, P16) at themselves as they didn’t “do more” (Belinda, P3). This reflection would lead to some participants taking on sole responsibility for supporting their friend and questioning if something goes wrong, “would it be my fault?” (Di, P4), as “It felt like I had the responsibility ...” (Rebecca, P22). Other participants blamed themselves for not being there at the time of the trauma and holding onto the belief that they could have stopped it if they were a better friend, i.e., “very helpless feeling like well it's already happened and I could have done something but I can't now, it's already happened” (Sam, P11) and “maybe this could have been different, maybe it could have stopped earlier and she wouldn’t have had to go through the court process alone” (Sarah, P 13). Feeling “woven into the mix” (Eva, P2), one participant stated “when I don’t
have anyone around me, it's like I'm stuck with my own thoughts, I'm stuck in my own head and I've gotta get out” (Sarah, P13).

The long term effects of taking on sole responsibility and being “woven into the mix” (Eva, P2), led to participants losing their connection to their community and feeling alienated. “You feel very alone because everyone else gets along, and I don't get along with them so I don't really like it that much because it's such a tight circle that I don't fit into” (Bell, P19); “After ... I felt quite disconnected, and I never really like ended up connecting back again in the way that I did” (John, P8). “Well, I think it's because I didn't really see much other than helping. I think I didn't really realise that I actually have other really nice friends...And I didn't realise all the people around me, who were there” (Liz, P14).

Describing it as “tunnel vision” (Liz, P14), sole responsibility can reduce the participant’s awareness of their community and the environment, for example “if I had of noticed these things around me and I've got a beautiful garden outside my window, and had that kind of thing to appreciate, I think it would have really helped a lot” (Liz, P14).

Furthermore, the loss of community connection through taking on sole responsibility led to a few participants dreaming of belonging elsewhere. Despite having “good connections” (Bell, P19) prior to supporting their friend, sole responsibility created a sense of “isolation” (Kristy, P15), “disconnection” (Bell, P19) and alienation. These participants wanted to be “in a completely new place with no relation to anything where I can kind of start afresh” (John, P8), around “different people” (Bell, P19), as living in a rural town meant people are “judgemental” (Rebecca, P22), “don’t recognise that people change, things change” and people are “just too worried about other people’s opinions and ...their perception of the way they are to people” (Bell, P19). Hence, to one participant living in a rural area became undesirable as “No-one spoke to me. I got bullied a lot, every day. ...I move schools. I moved areas. So that way I could meet new people and not be around it all
the time.” As “pretty much everyone that I go to school with is around in town...Like when I go to the shops or something and I see people there, and there's lots of people there that I know, I don't feel very comfortable” (Bell, P19).

Overall, being “woven into the mix” (Eva, P2) led to participants feeling “overwhelmed” (John, P8), “scarred” (Belinda, P3), have “a rush of anxiety” (Di, P4), as well as “tired” (Chris, P5), “headaches” (Sam, P11) and “never felt like eating” (Liz, P14). Some participants would “cry themselves to sleep” (Liz, P14), whilst others would feel “...right on the edge” suffering from “flashbacks”, “nightmares” (Sarah, P13) and leading to the urge to self-harm, i.e., “there's been times when I've almost, like, I've had the scissors or the knife to my wrist” (Sarah, P13). The long term effects of being “woven into the mix” (Eva, P2), and solely focusing on supporting their friend through a traumatic event led to a few participants losing their “sense of belonging” (Bell, P19) to their community and forgetting about myself I, I never dealt with any of the problems that may have happened in my life that I never realised and so since I came out of it, I, I found that I, ... had quite high anxiety and almost depression and just kind of crashed after that relationship... (John, P8).