Volunteering as a Novel Protective Factor of Posttraumatic Stress Disorder (PTSD): The TERUMAH (*Trauma, Civic Engagement, Resilience and Health*) Study

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BACKGROUND

Pro-social behavior, such as volunteering, has been suggested as positive coping behavior after traumatic experiences, but research has not directly tested the association between volunteering and PTSD risk.

OBJECTIVE

To examine the association between volunteering during wartime and PTSD among those exposed to war-related trauma.

METHODS

A population-based survey 6 months (T1) & 15 months (T2) post-October 7th of n=813 adults ages ≥18. Analytic sample includes n=435 who identified a persistently disturbing traumatic exposure.

- PTSD checklist for the Diagnostic and Statistical Manual of Mental Disorders 5th edition (PCL-5) score >31 (15.6% PTSD in total sample of n=813; 29.2% PTSD among n=435).
- Volunteering Intensity (T1): *low* (<several times/month some weeks), *moderate* (>=several times/month some weeks or less frequently all weeks), or *high* (>=several times/month all weeks).
- Covariates: sociodemographics, social wellbeing (social support, social integration, resilience), other coping behaviors (sleep, physical activity, weight gain, smoking/alcohol use), type and count of traumatic experiences, family member in combat, previous trauma and previous volunteering.

RESULTS

Table 1. Select Characteristics of Analytic Sample

	n=435*	n(%)
PTSD		127 (29.2)
Volunteering Intensity	None	138 (31.7)
	Low	102 (23.5)
	Moderate	71 (16.3)
	High	124 (28.5)
Sex	Female	223 (51.3)
	Male	212 (48.7)
Age Group	18-34	127 (29.5)
	35-49	155 (35.6)
	50+	153 (35.2)
Ethnic/Religious	Jewish non-Haredi	369 (84.8)
	Jewish Haredi	39 (9.0)
	Muslim/Christian/Other	25 (5.8)
	Druze	2 (0.5)
Household Income	<10,999 NIS	130 (29.9)
	11,000-16,999 NIS	134 (30.8)
	≥17,000 NIS	160 (36.8)
	Refused/Don't Know	11 (2.5)

*Those identifying a persistently disturbing traumatic experience

Figure 1. Volunteering October 2023-March 2024 by Type & Intensity (original T1 baseline, n=1139)

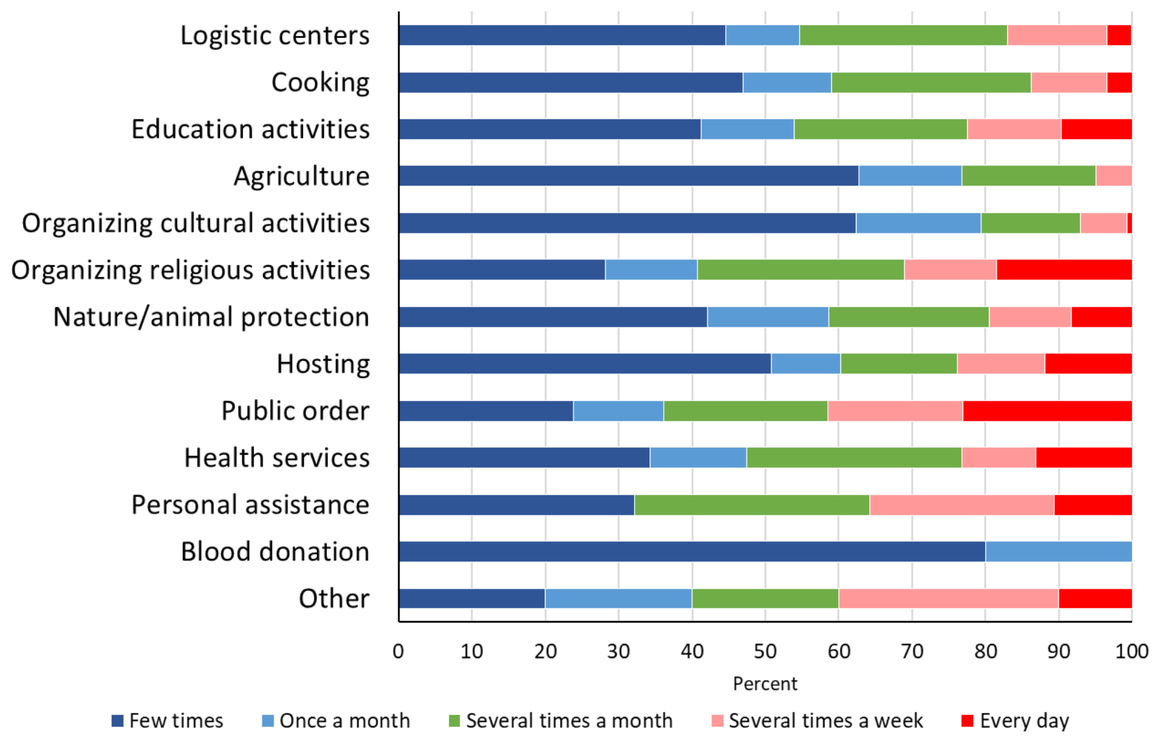
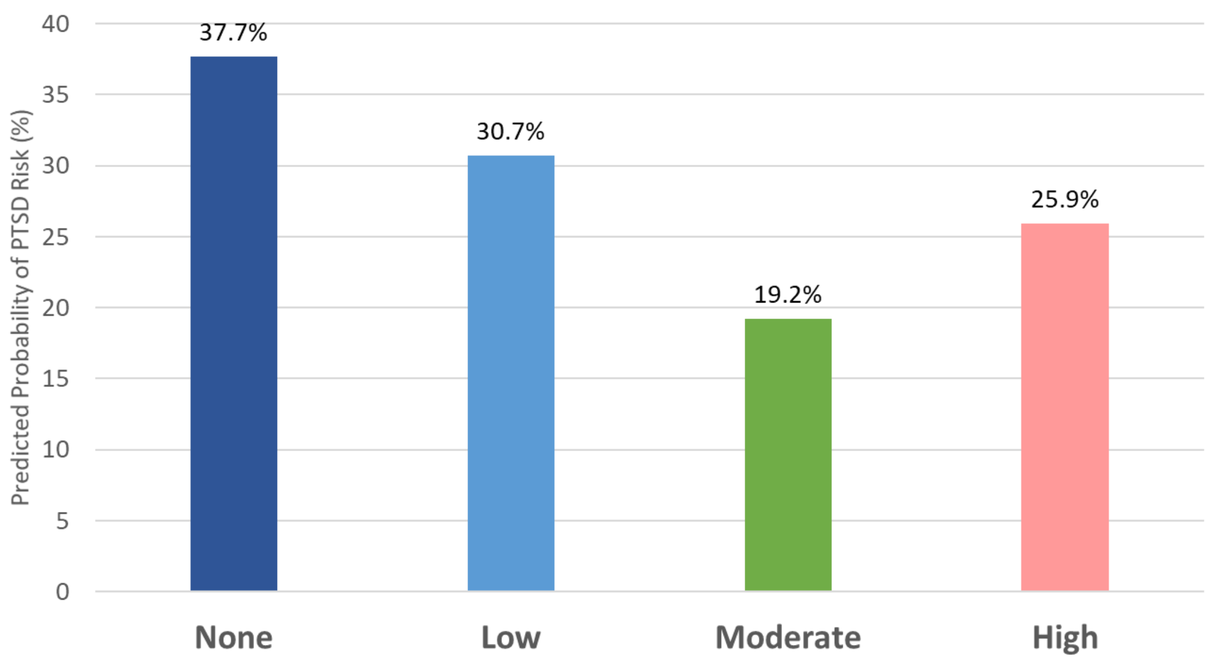


Figure 2. Adjusted Predicted Probability of PTSD by Volunteering*



*Only difference between None and Moderate is statistically significant (average marginal effect: -0.185, p=0.007); model adjusted for age, sex, religion/ethnicity, immigration, marital status, household number, employment, education, income, peripheral residence, previous trauma, family member in combat, type of trauma, number of traumatic events, social support, social integration, resilience, worsening health behaviors, previous volunteering, level of perceived threat.

Table 2. Protective and Risk Factors in Final Adjusted Model

RISK FACTORS	PROTECTIVE FACTORS
LOW INCOME	MODERATE VOLUNTEERING
MULTIPLE TRAUMATIC EXPERIENCES (5+)	PERCEIVED RESILIENCE
WORSENING SLEEP	
HIGH PERCEIVED RISK	

CONCLUSIONS & RECOMMENDATIONS

Volunteering, especially at moderate intensity, emerged as a modifiable protective factor that may alleviate posttraumatic symptoms and prevent PTSD among those experiencing war-related trauma. Our findings suggest volunteering as a novel social-based intervention that may benefit both individuals and communities during times of armed conflict.

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