Preliminary findings on lifetime trauma prevalence and PTSD symptoms among adolescents in Sarawak Malaysia

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Objective: The objective of this study is to determine the prevalence of lifetime exposure to traumatic events and its relation to PTSD symptoms. Methods: Participants were randomly selected from several schools located in the city of Kuching. There were 85 adolescents participating in this study, with ages ranging from 13 to 14 years old, of whom 31\% (n = 26) were males and 69\% (n = 59) females. The Child Posttraumatic Stress Index-Revised, The Harvard Trauma Questionnaire and a lifetime trauma checklist were used in this study. Results: Results showed that 77.6\% of participants were exposed to at least one lifetime trauma. The most frequently reported traumas were road accident (20.1\%), death of a family member (19.7\%), and almost drowning (10\%). There was more indirect trauma than direct trauma exposure. Males were more likely to be involved in traumatic events than females. Results showed that 7.1\% (6) exhibited PTSD symptoms. There was no significant difference in the mean score of CPTS-RI between genders and among ethnic groups. Total exposure to traumatic events was significantly correlated with PTSD symptoms. Conclusion: Findings suggest that number of lifetime traumatic events was quite high and multiple exposures to traumatic events were significantly related to PTSD symptoms.

1. Introduction

Recently, a body of knowledge has developed investigating the psychological aspects of trauma-related events among adolescents. A substantial amount of literature has established the negative psychological impact on adolescents from different types of trauma related incidents; for example, trauma as a result of abuse and neglect (Paolucci et al., 2001; Gustafsson et al., 2009), car accident (Costello et al., 2002) and domestic violence (Saltzman et al., 2005). Most trauma resulted in mental and emotional distress. Despite recognition of the negative consequences of various traumatic events, the diversity of exposure to trauma is not well established. A larger scope of traumatic events should be explored and more prevalence studies are needed to investigate other trauma related events that potentially lead to posttraumatic stress disorder among adolescents in community settings (Elklit and Petersen, 2008; Finkelhor et al., 2009).

1.1. Prevalence of trauma exposure among adolescents

Well-established prevalence studies on PTSD among adults showed that 80\% of adults (older than 18) and 40–60\% of young children (younger than six) have exposure to at least one traumatic event (Breslau, 2009; Kessler et al., 1995; Scheeringa et al., 2011; Egger and Emde, 2011). Similarly, a few studies have investigated the prevalence of traumatic events among adolescents in the community. Among the critical findings was that the prevalence of trauma-related events among adolescents between 13 and 16 years old in several countries was high (Elklit, 2002; Elklit and...
Elklit and Petersen (2008) reported prevalence of traumatic events in representative samples from four different nations; Lithuania, Denmark, Iceland, and the Faroe Islands. Their findings suggested that 90% of adolescents had been exposed to at least one traumatic event. The most common traumatic event reported was death of a family member, threat of being beaten, humiliation, near drowning and traffic accidents. It was estimated that 9% had lifetime prevalence of posttraumatic stress disorder (PTSD) and females suffered from PTSD at twice the rate of males.

2. Methods

2.1. Participants

Participants were randomly selected from several schools in the city of Kuching based on a list provided by the Sarawak State Department of Education. Of 111 consent forms sent to parents, only 85 (77%) were returned with consent for their children to participate in this study. Due to scheduling constraints from the schools, only adolescents ranging from 13 to 14 years old participated, of whom 31% (n = 26) were males and 69% (n = 59) females. A broader age range of adolescents was utilized for the full study. The majority were Malay, 32.9% (n = 28), 22.4% (n = 19) Bidayuh, 22.4% (n = 19) Iban, and 22.4% (n = 19) Chinese. The educational backgrounds of the fathers were university level (31.7%), higher secondary school (30.4%), vocational (16.6%), lower secondary (11.9%), no schooling (6.7%) and primary school (2.7%). Among the mothers, educational background was higher secondary school (32.6%), university level (26.2%), vocational (17.6%), lower secondary (14.8%), no schooling (6.9%) and primary (2%). Living arrangements of the adolescents were varied, with 84.3% staying with both parents, 11.5% with one parent and 4.2% lived in institutions or with other relatives.

2.2. Measures

2.2.1. Traumatic events checklist (Elklit, 2002)

This instrument allows the participants to answer 20 questions about traumatic events. Each question requires participants to answer if they have direct exposure or indirect exposure (i.e. witnessing an event or having a close person experience an event) to the traumatic event. The traumatic event checklist was gathered from the literature and clinical experience of the authors, covering traffic accidents, other serious accidents, physical assault, abuse, rape, coming close to being injured or killed, near-drowning, attempted suicide, robbery, severe childhood neglect, humiliation or persecution by others, and other trauma. The external validity of this checklist was supported by previous studies (Elklit, 2002).

2.2.2. PTSD symptoms

(1) PTSD symptoms were assessed by the Child Posttraumatic Stress Reaction Index (CPTS-RI). The CPTS-RI (Frederick et al., 1992) is a 20-item scale to measure symptoms of PTSD with children and adolescents. CPTS-RI items include DSM-IV PTSD symptoms such as re-experiencing the trauma, symptoms of numbing and avoidance of affect, and physiological arousal.

(2) Harvard Trauma Questionnaire (HTQ-4) (Mollica et al., 1992). A cross-cultural instrument to measure traumatic symptoms associated with the diagnostic criteria for PTSD as defined by the DSM-III-R. Part IV of HTQ consists of 30 items on 4-point Likert scale (1 = not at all, 4 = very often) of which sixteen items correspond to the three major symptoms of PTSD in DSM IV including avoidance (7 items), re-experiencing (4 items), and hypervigilance (5 items) and 24 additional symptom items that focus on the impact of trauma on the ability to function in everyday
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