



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



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ABSTRACT

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.

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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

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Petersen, 2008; Rasmussen et al., 2013; de Vries and Olf, 2009). Elklit (2002) found that 88% of adolescents in Denmark were exposed to at least one direct traumatic event in their life. The most commonly reported event was the death of a family member followed by 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.

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 violence, bullying, near-drowning, and traffic accidents. The estimated lifetime prevalence of PTSD was 14.6% and females suffered from PTSD two and a half time more than their male counterparts. A significant gender difference was found in specific related events. Males reported significantly more involvement in traffic accidents, coming close to being injured, threats of being beaten, and near drowning. On the other hand, females reported significantly more incidents of attempted suicide, having lost someone close, sexual abuse, and having an absent parent.

A slightly different study was conducted focusing on even more severe types of trauma; for example, related to violence, abuse, and crime exposure in a sample of children and youth in the United States (Finkelhor et al., 2009). A national study surveying one-year and lifetime trauma involving 3053 children and adolescents aged newly born to 17-years-old found that 60.6% of them had experienced one or more direct victimizations in the past year. Of participants, 46.3% had been exposed to a physical assault, 10.2% had been exposed to some form of maltreatment by significant adults in their life, and 6.1% had been exposed to sexual victimization. Many children reported experiencing more than one exposure. Lifetime prevalence was higher than past year exposure, with an estimated rate of one third to one half more. For past year victimization, boys experienced more physical assaults than girls. Estimates of PTSD symptoms prevalence were not included in this study.

A study of lifetime prevalence of traumatic experience and PTSD was also conducted in the Netherlands (de Vries and Olf, 2009). There were 1087 respondents in this study. Results showed that 80.7% of participants had experienced some form of trauma. The most commonly reported type of trauma was sudden death of a loved one. There was no significant difference between males and females in exposure to the traumatic event. Further analysis indicated that males were exposed to significantly more serious threats of harm and physical violence, accidents, and disasters than were females. More women than men reported sexual violence and life-threatening illness or loss of a child. The lifetime prevalence of estimated PTSD was 7.4% within the last year. It should be noted that this study included adults as well.

1.2. Justification of the study

Previous studies on prevalence of trauma and PTSD built on national probability samples are very rare (Elklit, 2002; Rasmussen et al., 2013). In many countries, including Malaysia, systematic investigation and reports on the prevalence of trauma and PTSD at the state and national level are virtually unavailable. Moreover, many studies conducted abroad that include prevalence of PTSD among adolescents in the community reported their findings combined with the adult population (Kessler et al., 1995; Wahlström et al., 2008; de Vries and Olf, 2009). Therefore the aim of this study is to explore the prevalence of traumatic events in relation to PTSD symptoms among adolescents from the four major

ethnic groups in Sarawak, which possess distinct cultures and customs. Based on the previous studies we do not expect to find a gender difference in overall trauma exposure but there could be gender differences in exposure to specific trauma types. Furthermore, we expect significant gender differences in PTSD prevalence. We also do not expect any significant differences in relation to ethnicity and trauma exposure. This study replicates a study done by Elklit (2002), believed to be the first study investigating the prevalence of traumatic exposure and PTSD among adolescents exposed to a diverse range of traumatic events.

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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