

PREVALENCE OF POSTTRAUMATIC STRESS DISORDER AMONG TRAUMA SURVIVORS IN KHYBER PAKHTUNKHWA

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ABSTRACT

The objective of the study was to assess the level and prevalence of trauma and its impact on individuals who faced trauma in their life. Cross sectional survey comprised of 153 trauma survivors with an age range of 18 to 67 years selected through purposive sampling. The demographics of trauma survivors were gender, age, family system, marital status, occupation, and nature of trauma survivors. PTSD Check List – Civilian Version (PCL-C) was used to measure posttraumatic stress disorder among trauma survivors. The trauma survivors' sample consisted of 54.9 percent males and 45.1 percent females. In relation to the nature of trauma, 29.4% had an accident in their family, 27.5 % faced trauma due to the death of a family member, 14.4 % faced trauma due to sexual abuse, 8.5% faced trauma due to an incident in the family, 5.9% encountered trauma due to earthquake, 5.2% faced trauma due to fire, 2.6% faced trauma due to loss in body parts, 2.0 percent faced trauma due to miscarriage and remaining 4.8% faced trauma due to others. The findings of the current study showed the male accident trauma survivors experienced 41% mild, 35% moderate and 24% severe PTSD symptoms while female exhibited 63% moderate and 37% severe PTSD symptoms. Female sexual abuse trauma survivors experienced 27% mild, 67% moderate, and 6% severe PTSD symptoms while male experienced moderate PTSD symptoms only. Males who experienced the death of a family member exhibited 20% mild, 65 % moderate, and 15% severe PTSD symptoms while females experienced 59 % moderate and 41% severe PTSD symptoms. In case of death of friend males 5% moderate, 5% severe PTSD symptoms and 4 % of females showed Moderate PTSD symptoms due to domestic violence. 5% of males revealed Moderate, 10% severe while female revealed 4% mild, 12 % moderate 8% severe symptoms of PTSD due to earthquake. 4 % of females showed mild and 8% severe PTSD symptoms due to miscarriage. 10% of males revealed mild, 10% severe while female revealed 16% severe symptoms of PTSD due to fire. 5% of males revealed Moderate, 5% severe due to occupation incidents. 5% of males revealed mild PTSD symptoms, 15% moderate while females revealed 12.5% moderate, and 5% severe PTSD symptoms due to occupational incidents in the family. Among the trauma survivors of loss of business males showed 10% moderate and 10% severe PTSD symptoms. Among the trauma survivors of blast 5% of males showed mild and 4% of females showed severe PTSD symptoms. A demographic survey of the Hazara Division revealed females were more victims of trauma as compared to their male counterparts ($t = 4.67, p < .001$).

Keywords: Prevalence, Posttraumatic Stress Disorder Nature of Trauma, Gender

INTRODUCTION

Trauma is a scenario in which a person's life is in danger or in which there is excessive violence and possibly even death. When such a situation arises, the person will show symptoms of both physical and psychological distress, including headache, body pain, sweating and hypertension, heart issues,

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disturbed sleep and appetite, disorientation, confusion, increased sensitivity, distress, thoughts of the trauma, nightmares, and flashbacks. Such issues can be handled through psychotherapy. An event, sequence of events, or collection of circumstances that a person perceives as being physically or emotionally hurtful or threatening can result in trauma and have long-lasting negative repercussions on their physical, social, emotional, or spiritual well-being (SAMHSA, 2012).

Few therapists acknowledged dissociation as a typical response to stress until recently. Many people report feeling numb during and after a traumatic encounter, feeling separated from their bodies, changes in sensory experiences, and memory difficulties. Dissociation, according to the DSM-IV, is a disruption of identity, memory, or consciousness as they are typically integrated functions.

Loss of home, loss of employment, loss of education, estrangement from the community, and restricted access to healthcare facilities have an impact on refugees' mental health in an indirect manner. According to estimates from the World Health Organization (WHO), 10% of persons who suffer a traumatic incident in a war area will go on to acquire major mental health issues, and another 10% will adopt behaviors that will make it difficult for them to operate normally (WHO, 2015).

Most prevalent symptoms are back pain, stomach discomfort, and psychosomatic issues like anxiety, sleeplessness, and depression (Murthy & Lakshminarayana, 2006). According to Fekkes et al. (2010) victims are more prone to exhibit psychosomatic symptoms and internalize mental health issues (Luukkonen et al., 2010).

The presence of two or more criterion symptoms, one or more recurring symptoms, and three or more avoidance signs are required for the diagnosis of posttraumatic stress disorder (PTSD) and may last for more than one month following the traumatic event (American Psychiatric Association, 2013). PTSD will have an impact on resiliency, physical healing, and other activities if it is not diagnosed and addressed. It will lead to persistent illnesses, behavioral problems, and other psychotic symptoms such as substance misuse and aggressive conduct (Copanitsanou et al., 2018).

According to a study by Pires and Maia (2013), 64.5 percent of the population had PTSD and 58.9 percent had acute stress disorder (ASD). Symptoms of PTSD are positively related to PTSD and pre-traumatic dissociation symptoms. Compared to men, women reported higher rates of ASD, pre-traumatic dissociation, and PTSD. In terms of successful interpersonal and social communication performance following trauma, women suffer more than men.

According to literature analysis, divorce rates are greater among women who experienced trauma as children. According to a study, girls under the age of 18 who have been raped and have PTSD symptoms are severely socially isolated. Another large-scale study of women from the general population found that those who have experienced sexual assault are less likely to get married, communicate less frequently, and receive less support from friends and family than those who have not experienced abuse (Golding et al., 2002).

Objectives

The research was carried out to obtain the following objectives.

1. To assess the level and prevalence of trauma and its impact on individuals.
2. To examine gender differences among trauma survivors.

Hypotheses

1. Prevalence of trauma will be higher in female than male trauma survivors.
2. Gender differences will exist among trauma survivors.

METHODS

Design: The study is based on a cross-sectional survey research design.

Sample: A purposive sample of 153 trauma survivors with an age range of 18 to 67 years were selected through purposive sampling. The sample was selected from Counseling Center of Hazara University Mansehra and Balance Life Psychological Services and Clinic Mansehra and Institute of Personality Development Abbottabad.

Inclusion criteria: Both male and female trauma survivors, who have volunteered for the research and have experienced the trauma.

Exclusion criteria: Any trauma effected individual who have not volunteered, or who was not directly related to the trauma.

Table No. 1 Demographic Distribution of Sample (N = 153)

Characteristics	Frequency (N=153)	%
Gender		
Male	84	54.9
Female	69	45.1
Age		
Minimum	18	
Maximum	67	
Family System		
Nuclear	44	28.8
Joint	109	71.2
Marital Status		
Unmarried	63	41.3
Married	71	46.4
Divorced	9	5.9
Widow	8	5.2
Occupation		
Students	31	20.3
House Wife	18	11.8
Office Job	14	9.2
Business	23	15
Jobless	10	6.5
Teachers	11	7.2
Others		
Did not Specify	29	19
Nature		
Accident	45	29.4
Death of Family Member	42	27.5
Sexual Abuse	22	14.4
Incident in Family	13	8.5
Earthquake	9	5.9
Fire	8	5.2
Loss in Body parts	4	2.6
Miscarriage	3	2.0
Others	7	4.8

Instrument

PTSD Check List – Civilian Version (PCL-C)

It is a 17-item checklist comprising of the item that corresponds to the PTSD symptoms, developed by National Center for PTSD, Behavioral Science Division (2003). Each item is responded on a five-point Likert scale and responses range from not at all to extremely. The scale is in public domain available for research purpose.

Procedure

In this study three centers named Counseling Center Hazara University Mansehra, and Balance Life Psychological Services and Clinic Mansehra, and Institute of Personality Development Abbottabad. Patients who approached these centers were requested to participate in the research and were briefed about the nature and purpose of research. Participants were selected using PTSD checklist. They were ensured about data safety and nature of the information being obtained. They were also instructed to participate to complete the research although they were informed that they had the liberty to quit at any stage. The data were collected from January 2020 to December 2021. Data were analyzed using SPSS.

RESULTS**Table No. 2 Level of PTSD between Males and Females Trauma Survivors (N = 153)**

	Male Trauma Survivors (n = 84)	Female Trauma Survivors (n = 69)
Mild	23(27%)	6 (8.70%)
Moderate	42(50%)	36(52.17%)
Severe	19(23%)	27(39.13%)

Table 2 showed 27% male exhibited mild, 50 % moderate and 23% severe PTSD symptoms. Table also indicated 8.70% female exhibited mild, 52.17 % female moderate and 39.13% female severe PTSD symptoms.

Table No. 3 Level of PTSD between Males and Females Accident Trauma Survivors (n = 45)

	Male Trauma Survivors (n=37)	Female Trauma Survivors (n=8)
Mild	15 (41%)	0(0%)
Moderate	13 (35%)	5(63%)
Severe	9 (24%)	3 (37%)

Table 3 depicted 41% male trauma survivors of accident exhibited mild PTSD symptoms, 35% male exhibited moderate PTSD symptoms and 24% male exhibited severe PTSD symptoms. Table also indicated no female exhibited mild PTSD symptoms, 63% female exhibited moderate PTSD symptoms and 37% female exhibited severe PTSD symptoms.

Table No. 4 Level of PTSD between Males and Females Sexual Abuse Trauma Survivors (n = 22)

	Male Trauma Survivors (n=7)	Female Trauma Survivors (n=15)
Mild	0 (0%)	4(27%)
Moderate	7 (100%)	10(67%)
Severe	0 (0%)	01 (6%)

Results of table 4 indicated males who experienced sexual abuse exhibited moderate PTSD symptoms. Females exhibited 27% mild PTSD symptoms, 67% moderate PTSD symptoms and 6% severe PTSD symptoms.

Table No. 5 Level of PTSD between Males and Females Trauma Survivors Experienced the Death of Family Member (n = 42)

	Male Trauma Survivors (n = 20)	Female Trauma Survivors (n = 22)
Mild	4 (20%)	0(0%)
Moderate	13 (65%)	13(59%)
Severe	3 (15%)	9 (41%)

Result of table 5, 20 % of males who experienced the death of a family member exhibited mild PTSD symptoms, 65 % moderate PTSD symptoms, and 15% severe PTSD symptoms while 59 % of females experienced moderate PTSD symptoms and 41% severe PTSD symptoms.

Table No. 6 Level of PTSD between Males and Females Trauma Survivors experienced the Death of a friend, Domestic violence, Earthquake, Miscarriage, Fire, Occupation incident, Incident in the family, Loss of business, and Blast (n = 44)

Nature of Trauma		Male Trauma Survivors (n = 20)	Female Trauma Survivors (n = 24)
Death of Friend	Mild	0 (0%)	0(0%)
	Moderate	1 (5%)	0(0%)
	Sever	1 (5%)	0 (0%)
Domestic Violence	Mild	0 (0%)	0(0%)

	Moderate	0 (0%)	1(4%)
	Sever	0 (0%)	0 (0%)
Earthquake	Mild	0 (0%)	1(4%)
	Moderate	1 (5%)	3(12%)
	Sever	2 (10%)	2 (8%)
Miscarriage	Mild	0 (0%)	1(4%)
	Moderate	0 (0%)	0(0%)
	Sever	0 (0%)	2(8%)
Fire	Mild	2 (10%)	0(0%)
	Moderate	0 (0%)	0(0%)
	Sever	2 (10%)	4(16%)
Occupation Incident	Mild	0 (0%)	0(0%)
	Moderate	1 (5%)	0(0%)
	Sever	1 (5%)	0(0%)
Incident in Family	Mild	1 (5%)	0(0%)
	Moderate	3 (15%)	3(12.5%)
	Sever	0(0%)	6(25%)
Loss of Business	Mild	0 (0%)	0(0%)
	Moderate	2(10%)	0(0%)
	Sever	2 (10%)	0(0%)
Blast	Mild	1 (5%)	0(0%)
	Moderate	0 (0%)	0(0%)
	Sever	0 (0%)	1(4%)

In table 6, it was observed that 5% of males showed moderate PTSD symptoms and 5% of males showed severe PTSD symptoms while female reported no PTSD symptoms due to death of friend. 4 % of females showed Moderate PTSD symptoms and while males reported no symptoms of PTSD due to domestic violence. 5% of males revealed Moderate PTSD symptoms,10% severe PTSD symptoms while female revealed 4% mild,12%moderate 8% severe symptoms of PTSD due to earthquake. 4 % of females showed mild PTSD symptoms and 8% severe PTSD symptoms while males reported no symptoms of PTSD due to miscarriage. 10% of males revealed mild PTSD symptoms,10% severe PTSD symptoms while female revealed 16% severe symptoms of PTSD due to fire. 5% of males revealed Moderate PTSD symptoms,5% severe PTSD symptoms while female revealed no symptoms of PTSD due to occupation incidents. 5% of males revealed mild PTSD symptoms,15% moderate PTSD symptoms while females revealed 12.5% moderate symptoms of PTSD,25% severe PTSD symptoms due to occupational incidents in the family. Among the trauma survivors of loss of business 10% of males showed Moderate PTSD symptoms and 10% of males showed severe PTSD symptoms while females did not experience loss of business. Among the trauma survivors of blast 5% of males showed mild PTSD symptoms and 4% of females showed severe PTSD symptoms.

Table No. 7 Mean, Standard Deviation and t-values for Male and Female participants on PCL-C (N = 153)

Variable	Males (n = 86)		Females (n = 67)		<i>t</i> (151)	<i>p</i>	Cohen's d
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
PCL-C	56.74	12.03	64.84	8.38	-4.67	<.001	.78

Note. PCL-C = Posttraumatic Stress Disorder Check List- Civilian Version.

The results in above table indicated gender differences in posttraumatic symptoms. Males' trauma survivors significantly scored lower as compared to females.

DISCUSSION

The current research aimed to measure the psychophysical symptoms of the trauma survivors. Among them were trauma survivors encompassing death of a family member, sexual abuse, accident, death of

a friend, domestic violence, earthquake, miscarriage, fire, occupation incident, incident in the family, loss of business and blast.

The current study's first goal was to measure the extent and prevalence of trauma, as well as its impact on individuals with respect to nature of trauma. To meet the first objective of the research first hypothesis was formulated. First hypothesis of the current study states that prevalence of trauma will differ among male and female trauma survivors in accordance with the nature of trauma. Results of the study support the hypothesis. Demographic survey of Hazara Division revealed over all trauma survivors' sample consisted of 45.1 percent females and 54.9 percent males. Although sample comprised of more males in comparison with females, but severity of PTSD symptoms was high among females with respect to level of trauma (mild, moderate and severe).

The results (table 2) demonstrated that the effects of trauma damage are not equally felt by men and women. According to Pires and Maia (2013), compared to men, women reported greater cases of post-traumatic stress disorder (PTSD), pre-traumatic dissociation, and acute stress disorder (ASD). Pre-traumatic dissociation, acute stress disorder (ASD), gender contributed to the explanation of the 26.8% variation in PTSD symptoms. These symptoms are related to hyper arousal, which has been observed to occur in 15% of males and 24% of women (Brand, 2003). According to a Swedish study, the prevalence of post-traumatic stress disorder (PTSD) in men was 13.2 percent, compared to 19.7 percent in women. (Christiansen, & Hansen, 2015).

Results (table 3) showed that male and female accident trauma survivors experienced different levels of post-traumatic symptoms. Results showed that compared to women, more male trauma survivors had accident-related PTSD symptoms. A previous study revealed that more than 50% of those involved in road traffic accidents have psychological problems like post-traumatic stress disorder, driving phobia, and anxiety (Mayou & Bryant, 2003). In a study on road traffic accidents (RTA), Kovacevic et al. (2020) found that 32.3 percent of RTA survivors had significant rates of post-traumatic stress disorder (PTSD).

Table 4's findings showed that PTSD symptoms were more common in female trauma survivors who had experienced sexual abuse than in male trauma survivors. Current findings are supported by earlier studies. Women are far more likely than men to experience the traumatic effects of physical and sexual assault, with rates of 27% and 8%, respectively (Breslau et al., 1997).

Table 5 findings reported gender wise prevalence of level of trauma due to death of family member. Results revealed severity of PTSD symptoms was higher in females as compared to males. According to studies, re-experiencing symptoms appear to be more pronounced in women. Gender variations in fear processing may contribute to women's higher level of arousal symptoms and PTSD prevalence (Felmingham et al., 2010; Fullerton et al., 2001). Women are twice as likely as men to acquire posttraumatic stress disorder (PTSD) after experiencing a stressful experience (Kilpatrick et al., 2013; Olf, 2016).

The findings (table 6) revealed gender differences in the prevalence of trauma depending on the type of trauma (death of a friend, domestic violence, earthquake, miscarriage, fire, occupation incident, incident in the family, loss of business and blast). According to a study, the probability of acquiring post-traumatic stress disorder (PTSD) after a loved one dies suddenly is 14.3 percent, and sudden loss of a loved one is a contributing factor in 31 percent of PTSD cases (Breslau et al., 1997). An earlier study by Keyes et al. (2014) revealed that incidence of panic disorder, major depressive episodes, and post-traumatic stress disorder increased after sudden death was analyzed at each viewpoint across the life course (PTSD).

Intimate partner violence (IPV) is a serious problem that has a significant detrimental effect on the wellbeing of female victims, according to Karakurt et al. in 2022. Over 78% of PTSD frequency, which is a far greater percentage, is attributed to domestic abuse in females, according to Brand (2003a). Following earthquakes, automobile accidents, and terrorism, women were more likely than men to exhibit posttraumatic stress symptoms (Carmassi & Dell'Osso, 2016; Fullerton et al., 2001). (Solomon et al., 2005). According to a study, males are more likely than girls to sustain bodily injuries (28% versus 11%, respectively) (Breslau, 2001).

The current study's second goal was to investigate demographic variations in trauma-related psycho-physical symptoms. To meet the study's second objective, hypothesis two was formulated. Second hypothesis states that female trauma survivors will report high PTSD symptoms then male trauma survivors. As indicated in table 7, the results revealed significant gender disparities in psycho-

physical symptoms. The findings of the current study revealed significant gender differences on the post-traumatic stress disorder checklist. Results further revealed that females experienced more psycho-physical symptoms than males. The findings substantially support the hypothesis. Current findings have support of the previous studies' findings. Research work was carried out in two Pakistani cities (Rawalpindi and Islamabad) in which seventy burn victims were enlisted. Female burn patients experience higher PTSD symptoms and weaker resilience than male burn patients (Bibi et al., 2018). Another study was carried out in Lahore, Pakistan, to investigate the prevalence and cross-association of abuse and PTSD symptoms in school-aged adolescents (478). Males made up 247 (52%) of the total, while females made up 231 (48%). 140 (29%) females revealed PTSD symptoms however 102 (21%) boys revealed PTSD symptoms (Niazi et al., 2019). A systematic review carried out by Giannoni-Pastor et al., (2016) reported that each burn victim responded to trauma differently and also suffered from PTSD after six months of trauma 2 to 40%.

CONCLUSION

The study contributed that female trauma survivors overall experienced more PTSD symptoms as compared to male trauma survivors. Study concludes female trauma survivors are in greater need of counseling services in KP.

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