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Full Length Article

Reported exposure to trauma among adult patients referred for psychological services at the Free State Psychiatric Complex, Bloemfontein

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ABSTRACT

Background: Information regarding lifetime exposure to potentially traumatic events is critical in the management of various psychiatric disorders. Recent South African research suggests high levels of trauma exposure in the general population, however, the prevalence and type of potentially traumatic events among tertiary psychiatric patients are unknown.

Objective: The study aimed to explore and describe the extent and nature of reported potentially traumatic events and associated variables in adult patients referred for psychological services at the Free State Psychiatric Complex (FSPC), Bloemfontein.

Methods: In this cross-sectional study, demographic information, diagnostic morbidity and co-morbidity, and presence and type of reported trauma exposure reported by patients during the initial assessment were obtained from files of adult patients seen during a one-year period (2010) at the out-patient unit and the in-patient affective ward at the FSPC. Data were captured on data record forms by the researchers and analysed by means of descriptive statistics, univariate analysis and logistic regression (SAS version 9.1).

Results: Of the 192 adults (71.9% White and 67.2% female) referred for psychological services, 75.5% were diagnosed with mood disorders, 17.2% with anxiety disorders, 22.4% with substance-related disorders and 20.9% with cluster B personality disorders or traits. A total of 145 (75.5%) reported past trauma exposure. The most frequently reported types of trauma exposure were traumatic death/injury of a loved one (37.0%), physical assault (24.5%), witnessed/threatened violence (19.3%), and sexual assault (17.7%). Women were more likely to have been exposed to trauma than men (OR 4.02, 95% CI 1.87–8.62), in particular to traumatic death of a loved one (OR 3.13), physical assault (OR 4.08), or sexual assault (OR 5.43).

Conclusions: The findings of this study contribute to current data regarding the prevalence of exposure to trauma and its possible association with mental illness. The importance of

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comprehensive trauma exposure screening in routine psychiatric interviewing practices is highlighted.

1. Introduction

1.1. *Background*

South African society is faced with exceedingly high rates of interpersonal violence, with age-standardised mortality rates at seven times the global rate (Norman, Matzopoulos, Groenewald, & Bradshaw, 2007). South African research suggests high levels of trauma exposure, with a lifetime exposure to at least one potentially traumatic event (PTE) reported for 73.8% of the general population (Atwoli et al., 2013). An event is considered to be a PTE if it is characterised by the experience, witnessing, or confrontation with actual or threatened death, serious injury, or sexual violence (American Psychiatric Association, 2000; 2013). By analysing the South African Stress and Health Study, Atwoli et al. (2013) found that the unexpected death of a loved one and witnessing trauma occurring to others were the most common PTEs reported by a general population sample. However, the prevalence and type of PTEs among tertiary psychiatric patients are unknown.

Not only is the presence of previous trauma exposure relevant to clinical practice, but also the nature of the PTE. Different traumatic stressors have been associated with different response patterns; post-traumatic stress disorder (PTSD), for example, is diagnosed ten times more frequently following rape than after experiencing natural disaster (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Kopel & Friedman, 1997). Williams et al. (2007) have also emphasised the importance of considering traumatic events in the context of other traumas, taking into account the cumulative effect of trauma exposure and the graded relationship between multiple traumatic events and distress. This is especially relevant in the South African setting, where the average person with a history of trauma exposure experienced 4.3 of such occurrences on average (Atwoli et al., 2013). Demographic variables may further influence both the degree of exposure to PTEs as well as the person's reaction to such events. It has been suggested that women not only have a greater risk of exposure to specific kinds of PTEs, such as sexual assault and childhood sexual abuse, but also have a greater risk of developing PTSD when exposed to such traumatic events (Tolin & Foa, 2006).

Apart from PTSD (a well-documented consequence of trauma exposure), previous trauma exposure has also been linked to an increased vulnerability to other forms of psychopathology, including depression, social anxiety, substance abuse, dissociative symptoms, personality disorders, aggressive behaviour, sexual dysfunction, self-mutilation and suicidal tendencies, as well as problems with self-esteem, parenting and an increased risk for later victimization (Allen & Lauterbach, 2007; Bandelow et al., 2004; Bedard-Gilligan et al., 2015; Bolton et al., 2004; Callahan, Price, & Hilsenroth, 2003; Fichter, Goldfeder, Conti, Rooney, & Demaria, 2011; Ford & Smith, 2008; Liebenberg & Papaikonomou, 2010; Munjiza, Law, & Crawford, 2014; Pine, Costello, & Masten, 2005; Seedat, Stein, & Carey, 2005; Stovall-McClough & Cloitre, 2006; Trickey & Black, 2000; Wolf, Reinhard, Cozolino, Caldwell, & Asamen, 2009). In a study conducted by Subramaney (2006) at a South African trauma clinic, it was found that other psychiatric disorders, in particular major depressive disorder, were more frequently diagnosed among patients reporting traumatic stress than PTSD.

In routine clinical practice, screening for past exposure to PTEs is mostly done during the completion of the semi-structured psychiatric intake interview. Other methods of assessment may include questionnaires such as the Traumatic Life Events Questionnaire (TLEQ) (Kubany et al., 2002), but these are not routinely used. Clinical practice, therefore, may potentially lead to the underdiagnosis of PTSD, and prevent appropriate management and assessment of outcomes (Mkize, 2008). Adequate screening for all forms of psychopathology, including PTSD, may be hindered by a high clinic workload, limitations placed on time for consultations, and working in a cross-cultural setting (Carey, Stein, Zungu-Dirwayi, & Seedat, 2003). The underdiagnosis of PTSD has been observed in an in-patient tertiary psychiatric setting in South Africa, where almost half of comorbid PTSD cases have been missed with standard assessments (Van Zyl, Oosthuizen, & Seedat, 2008). The absence of a thorough assessment into past trauma exposure may be due to an alarming trend in the training of mental health practitioners. McFarlane and Van Der Kolk (2007) warned that the study of trauma exposure and its role in the development of psychopathology is at risk of becoming marginalised. According to them, trauma-related disorders receive scant attention during the training of medical students and psychiatric residents. They comment that "… the need to ignore the reality of trauma in people's lives also pervades medical school departments of psychiatry, where the response to increasing levels of traumatisation in society has generally been to ignore it".

It is clear that trauma exposure is important in psychiatric settings, but currently no study has explored the extent and nature of exposure to PTEs or the variables associated with such exposure in psychiatric patient samples in South Africa.

1.2. *Aim of study*

This study investigated the extent of trauma exposure as reported by adult patients across all diagnostic categories referred for psychological services at the Free State Psychiatric Complex (FSPC), in Bloemfontein. This study, on a small scale, heeds the call by Williams et al. (2007) for a direct assessment