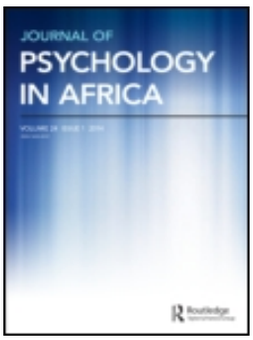

Journal of Psychology in Africa

ISSN: 1433-0237 (Print) 1815-5626 (Online) Journal homepage: https://www.tandfonline.com/loi/rpia20

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To cite this article: Joseph Ssenyonga, Vicki Owens & David Kani Olema (2012) Traumatic Experiences and PTSD Among Adolescent Congolese Refugees in Uganda: A Preliminary Study, Journal of Psychology in Africa, 22:4, 629-632, DOI: 10.1080/14330237.2012.10820578

To link to this article: https://doi.org/10.1080/14330237.2012.10820578

Published online: 01 May 2014.

Journal of Psychology in Africa 2012, 22(4), 629–636
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Journal of
Psychology in Africa
ISSN 1433-0237

Traumatic Experiences and PTSD Among Adolescent Congolese Refugees in Uganda: A Preliminary Study

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The study examined experienced traumatic events and the related Post-Traumatic Stress Disorder (PTSD) amongst a sample of 89 adolescent Congolese refugees (56 females and 33 males) at a refugee camp in Uganda. Data was collected using a questionnaire, and analyzed for trauma moderation by demographics and mediation by PTSD symptom scores. Findings indicate a prevalence of PTSD of 49.4% overall, with 75% of the female refugees meeting the PTSD criteria. The refugees with PTSD had high intrusive, avoidance and arousal scores, in addition to moderate to severe PTSD symptom severity scores. Trauma load was a significant predictor of PTSD among adolescent refugees. Our findings point to the high prevalence of PTSD resulting from an increased trauma load and being a female.

Keywords: traumatic experience, PTSD, refugee, refugee settlement camp

Most studies conducted in Africa provide descriptions of trauma exposure and the resultant psychopathology of special groups, including children and women (Klasen et al., 2010; Onyut et al., 2004). The informants may be child soldiers or rape survivors. In the case of refugees residing in camps next to their countries of origin, survivors who have been studies are mostly adult refugees and not youths and adolescents (see Karunakara et al., 2004; Kolassa et al., 2010; Neuner et al., 2004; Onyut et al., 2004; Onyut et al., 2009; Peltzer, 1999). These studies provide the general picture of the prevalence of PTSD among adults. However, these studeis do not provide a distinct prevalence of PTSD among the neglected groups in refugee camps such as the youth and adolescents.

We are aware of one study that was conducted among adolescents exposed to the diverse effects of war-related trauma in the Eastern Democratic Republic of Congo (Mels, Derluyn, & Broekert, 2009) which revealed that 52.2% of the 990 respondents had PTSD. In that study, higher exposure to traumatic events was associated with increased symptoms of PTSD. However, not much is known about the prevalence of PTSD and the factors that increase the likelihood of PTSD diagnosis among adolescent refugees, particularly in the East Africa. PTSD has been associated with past exposure to trauma and assorted daily stressors currently experienced (Mels, Derluyn, & Broekert, 2010). It is also plausible that PTSD is associated with trauma load. The dose-response model of PTSD asserts that the cumulative number of traumatic events witnessed or experienced (trauma load) is related to the symptoms of PTSD (McNally, 2003).

In Africa, PTSD is more frequent amongst females as compared to males. One explanation for this noted difference pertains to the nature of the events experienced by each sex. Males are more likely to experience or witness violent traumatic events while females usually experience sexual abuse (Tolin & Foa, 2006). Sexual abuse of women is a common experience in African war situations, leading to stigma, guilt and avoidance of social support networks (Nemeroff et al., 2006). Refugees experience diverse stressors but events such as sexual violence, assault and torture are most likely to be linked to the development of PTSD (Miller et al., 2002).

Adolescence is a developmentally sensitive time for acquiring adult role behaviors, attaining education, strengthening social support networks with significant others and et cetera. However, with violent conflict, the adolescents are exposed to enormous violence including injury during the war, recruited as soldiers, sexually abused and witnessing the death of loved ones among others. Adolescents exposed to such traumatic events are more likely to develop PTSD and other trauma related disorders (Mels et al., 2009). Exposure to stress depletes coping resources leading to vulnerability to stress-related disorders (Cardozo et al., 2004; Ford, 2009; Mels et al., 2010).

To aim of the study was to examine traumatic exposure, PTSD prevalence and PTSD risk factors among adolescent Congolese refugees in Uganda. Based on previous research findings and literature, we hypothesized a high prevalence of PTSD rates among adolescent refugees that was related to sex and trauma load. We also explored the relationship between traumatic events and PTSD among adolescent refugees.

Method

Participants and Setting

The sample consisted of 89 randomly selected, registered adolescent refugees aged 18–24 years, comprising 56 females and 33 males, aged 21.08 years (SD = 1.98) . The majority of the refugees were married (50.6%), Protestant by religious affiliation (43.8%), with either no formal education at all or primary-level education (62.9%) and staying with a mean of four family members (SD = 2.74). The average stay in the refugee camp was approximately three years, with UNHCR/WFP assisting in the provision of food.

Procedure

Mbarara University of Science and Technology Institutional Review Committee approved the study protocol on behalf of the Uganda National Council of Science. The Refugee Desk Officer on behalf of the Office of the Prime Minister granted the researchers permission to conduct this research at the refugee settlement. For every randomly selected adolescent refugee, informed consent (written consent or thumbprint) was obtained after proper explanation of the relevant details of the research and answering all the participants concerns. Trained bilingual research assistants interviewed the selected refugees and accurately recorded their responses on the questionnaire. During the data collection period, we engaged the community representative and trained interviewers about some aspects of mental health. These interviews were instrumental in identifying other refugees who were at a higher risk of mental health problems. These were referred to the health facilities in the camp for further management.

Instruments

Data were collected using the Posttraumatic Stress Diagnostic Survey (PDS: Foa, 1995). The PDS provides subscale scores for intrusions, avoidance and arousal symptom clusters in addition to a total symptom severity score. The PTSD symptom severity items were rated on a Likert scale ranging from 0 (not at all or only once) to 3 (five or more times a week or almost always). The PDS symptom severity is the sum of individual scores for the questions resulting in a possible score range of 0–51. In the current study, the reliability of the PDS was .87 for the total symptom severity, .78 for rintrusion, .71 for avoidance and .70 for arousal. A cut-off score of 16 on the PDS symptom severity was used to distinguish between adolescent refugees with and those without PTSD (see also Ertl et al., 2010).

The trained interviewers translated the questionnaire from English to Kiswahili, followed by blend back translation. The translated instrument was pilot-tested using a sample of 35 refugees. The reliability (alpha coefficient) of the PDS in the pilot study was .79. The PDS was suitable for the refugee population of the refugee camp given the adequate psychometric properties from the pilot study.

Data Analysis

The Statistical Package for Social Science version 18.0 was used to analyse the data. Logistic Regression analysis was conducted to identify factors that significantly contribute to a PTSD diagnosis.T-tests for independent samples were used to analyse the differences between gender and PTSD scores. Phi correlations tested the relationship between traumatic events and PTSD status.

Results

A total of 44 adolescent refugees (49.4%) had PTSD. There was a significant difference between PTSD and sex ($\chi^2 = 5.442$; $df = 1$; $p = .020$). More female refugees had PTSD compared to male refugees. Thirty-three (75%) of the female refugees compared to 11 (25%) of the male refugees had PTSD. Further analyses (Table 1) revealed significant differences between sexes with respect to intrusive symptoms (t (87) = 3.12, p = .002), avoidance symptoms (t (87) = 3.16, p = .002), arousal symptoms (t (87) = 2.22, p = .029), and overall PTSD severity score (t (87) = 3.36, p = .001) with females refugees obtaining higher scores than the male refugees.

The results showed significant phi correlations between non-sexual assault by a family member or someone you know and PTSD (φ = .333; p = .002) and sexual assault by a family member or someone you know and PTSD (φ = .229; p = .030). Sexual contact when you were younger than 18 with someone who was five or more years older than you were also revealed a significant relationship to PTSD (φ = .254; p = .016).

Logistic regression analysis revealed significant independent contributions of social demographic variables and trauma-specific variables in the prediction of PTSD. Trauma load was the most significant contributor to PTSD in the model (OR = 1.762). The covariates accounted for 37.1% of the variance in PTSD (Table 2).

Discussion

The female refugees had a higher prevalence of PTSD compared to male refugees. Female refugees also had more intrusions, arousal, avoidance symptoms and PTSD severity than male refugees did. The finding of this study are similar to those of previous others concerning the association between gender and PTSD (e.g., Cardozo et al., 2004; Nemeroff et al., 2006; Neuner et al., 2004; Tolin & Foa, 2006).

However, the present findings contrast with previous findings (Karunakara et al., 2004; Onyut et al., 2009) that established that in the refugee camp, males seemed more prone to PTSD as opposed to females. The likelihood of PTSD in-

Table 1

Mean Scores of Female and Male Refugees

	Total M (SD)	Females M (SD)	Males M (SD)	t	p
Intrusions	6.74 (4.10)	7.73 (4.21)	5.06 (3.32)	3.12	.002
Avoidance	8.51 (4.71)	9.66 (4.65)	6.55 (4.20)	3.16	.002
Hyperarousal	7.19 (3.87)	7.88 (4.05)	6.03 (3.29)	2.22	.029
PTSD severity	22.44 (10.94)	25.27 (11.39)	17.64 (8.26)	3.36	.001

Table 2
Predictors of PTSD Among Adolescent Refugees

Predictor	Wald	OR	*p*
Sex	4.295	.289	.038
Age	2.041	1.218	.153
Level of education	3.298		.192
Primary	.502	.598	.479
Secondary	2.870	.269	.090
Number of displacements	1.611	.777	.204
Family members	2.164	.870	.141
Trauma load	12.799	1.762	<.001
Constant	1.904	.014	.168

Note. Nagelkerke R Square = .371

creased with age and migration history in the previous studies. The traumatic events associated to PTSD involved betrayal of trust because someone known by or related to the victim committed these wrongdoings. Betrayal by a trusted person is likely to lead to the continuation of the cycle of violence. Such traumas are definitely associated with a higher risk of PTSD (Ford, 2009).

Refugees experienced multiple traumatic events that reflected a dose-effect relationship between trauma load and PTSD. The results converge with past studies that also documented a dose-effect relationship between PTSD and trauma load (Kolassa et al., 2010; Mels et al., 2009; Neuner et al., 2004; Onyut et al., 2004).

The limitations of the current study included a small sample size and not being able to assess other common mental health disorders often documented in post conflict situations. We did not measure camp stressors that might have an impact on the prevalence of PTSD.

Conclusion

Our findings highlight a high prevalence of PTSD especially among female adolescents refugees. Secondly, the data suggest that not all single exposures to potentially traumatic events lead to PTSD. Therefore, risk and protective factors explain the noted prevalence of PTSD. Trauma load was associated with an increased risk of PTSD.

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