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Lifetime Trauma Exposure, Gender, and *DSM-5* PTSD Symptoms Among Adolescents in Malaysia

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Adolescents who have multiple traumatic experiences may suffer from posttraumatic stress disorder (PTSD) or other mental health problems later in life. Study of trauma exposure and PTSD among adolescents is very limited in Malaysia. This study explored the prevalence of lifetime trauma, demographic risk factors, and PTSD symptoms among Malaysian adolescents. This cross-sectional study recruited 1,016 adolescents aged 13 to 17 ($M_{\text{age}} = 14.9$ years). Results showed that 83% participants had at least 1 traumatic exposure (TE), whereas prevalence of PTSD symptoms was 11.7%. Adolescents with multiple TEs and those with violent and self-inflicted TE were at significantly higher risk to develop PTSD symptoms. Findings suggest that a large proportion of Malaysian adolescents are exposed to a variety of traumatic events since childhood. Trauma exposure should be included as an important component in our adolescent mental health assessment, allowing early psychological intervention to be provided to those affected.

Keywords: PTSD, adolescents, lifetime trauma, Malaysia

In the past decades, several studies have been carried out to investigate the lifetime prevalence of victimization and trauma among adolescents (Elklit, 2002; Finkelhor, Turner, Ormrod, & Hamby, 2009; Rasmussen, Karsberg, Karstoft, & Elklit, 2013). Results have corroborated one another on multiple points, but lifetime prevalence of traumatic exposure (TE), PTSD, and types of TE have ranged widely. Approximately 40–90% of the adolescent population in United States and Denmark has experienced a potentially traumatic exposure (Breslau, 2009; Elklit, 2002; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

Children and adolescents who experience multiple TEs are very likely to develop PTSD and other psychosocial impairments later in life (Trickey, Siddaway, Meiser-Stedman, Serpell, & Field, 2012). Lifetime prevalence of PTSD was found to be around 7.8% in United States (Kessler et al., 1995), 9% in Denmark (Elklit, 2002), and 10% in India (Rasmussen et al., 2013). Briere, Kaltman, and Green (2008) showed that adults who experienced two or

more TEs in childhood had greater vulnerability to PTSD effects when compared with those who had no previous history of TE. Ogle, Rubin, Berntsen, and Siegler (2013) found among older adults in United States that events that occurred with greater frequency early in life were associated with more severe PTSD symptoms than events that occurred with greater frequency during later decades.

In a community setting, the most commonly reported TE in Denmark was the death of a family member, followed by a threat of being beaten, humiliation, near drowning, and traffic accident (Elklit, 2002). In India, the most common TE, as in Denmark, was the death of a family member, but followed by traffic accident, serious illness, witnessing an injury, and coming close to being injured or killed (Rasmussen et al., 2013).

Previous studies consistently found that female adolescents have higher risks for PTSD than male adolescents (Elklit, 2002; Breslau, 2009; Elklit & Petersen, 2008; Kessler et al., 1995). Similarly, significant gender differences have been found in types of TE. For example, Elklit (2002) reported that female adolescents were more likely to have family related TEs such as domestic violence and sexual abuse while male adolescents were more likely to experience violent TEs such as physical assaults and threats of injury (Elklit, 2002).

It remains unclear whether certain types of TE are more likely to lead to PTSD. Ford, Chapman, Connor, and Cruise (2012) found in a sample of delinquent adolescents that traumatic exposure to sexual abuse and physical assault were important risk factors in predicting adolescent mental health without specifically investigating PTSD. A study by Ariga et al. (2008) on TE type as a predictor for PTSD among delinquent female adolescents did not find a significant result. Haller and Chassin (2012) showed that

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