Demographic data were obtained by forms created by a Palestinian psychologist. In order to measure the level of exposure to traumatic events and PTSD symptoms, Life Events Checklist and the Impact of Events Scale-Revised were used. Life Events Checklist is a 27-item measure which is designed to reveal how many potentially traumatic events a person encounters during his/her lifetime. LEC is a 5-point scale, 5 as experienced, 4 as witnessed and so on.

Impact of Events Scale - Revised is a 22-item measure that is designed to find out participant’s subjective reactions to the traumatic events. Participant’s answers to these 22 statements may vary from 0 as “Not at all” to 4 as “extremely”. IES-R has 3 sub-scales: Avoidance, intrusion and hyperarousal. The cut-off score for IES is 33.

Results

%71 of the participants had PTSD symptoms according to IES-R scores (M= 50.89, SD= 21.32).

It was hypothesized that there is a statistically significant relationship between traumatic events and specific PTSD symptom groups (intrusion, avoidance and hyperarousal). This relationship was examined through the scores of the LEC and IES-R.

The study indicates that people who have been exposed to higher numbers of traumatic events, exhibit more symptoms of PTSD, replicating the previous finding of the dose-effect relationship between cumulative trauma and PTSD symptoms (B = .985, t(780) = 6.79, p < .001).

➢ The test results showed that there was a significant statistical relationship between Life Events Checklist and the IES-R’s intrusion sub-scale scores. Thus it can be understood that traumatic life events and the incidences of intrusion are connected from a PTSD perspective (B = 1.115, t(780) = 7.06, p < .001).

➢ Another significant statistical relationship was found between Life Events Checklist and the IES-R’s hyperarousal sub-scale scores, which shows a connection from a PTSD perspective (B = 1.064, t(780) = 6.69, p < .001).

➢ A significant statistical relationship between Life Events Checklist and the IES-R’s avoidance sub-scale scores was present as well, implying that traumatic life events and the symptoms of avoidance are connected from a PTSD perspective (B = .698, t(780) = 6.037, p < .001).

➢ The results indicate that there was a significant statistical relationship between the IES-R’s sub-scale scores, intrusion and avoidance. Thus, it can be understood that the incidences of intrusion and avoidance are connected from a PTSD perspective (B = .739, t(780) = 31.98, p < .001).

Conclusion

While these aforementioned results replicate the findings in trauma literature and research; what was novel from our data analysis were the findings regarding the relationship between traumatic life events, intrusion and hyperarousal, and avoidance. Such that instead of being a one-to-one relationship with intrusion, hyperarousal, and avoidance; the data clearly showed that traumatic life events were related only medially to avoidance through the incidences of intrusion and hyperarousal. Implication of this conclusion can be used in the clinical field; with early intervention to intrusion and hyperarousal, avoidance symptoms may be prevented.

References


