

PERITRAUMATIC RISK FACTORS FOR PTSD IN A SAMPLE OF BATTERED WOMEN



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BACKGROUND

Posttraumatic stress disorder (PTSD) research findings (Brewin, Andrews and Valentine, 2000; Ozer, Weiss, Best and Lipsey, 2003) indicate that several clusters of factors may explain the development of PTSD. These include sociodemographic, pretraumatic, peritraumatic and posttraumatic factors.

Data from these meta-analyses concluded that the most significant risk factors for PTSD were posttraumatic (stress and social support), and mainly peritraumatic ones, including trauma severity, perceived threat, intense emotional responses and, above all, dissociation.



OBJECTIVE

This study analyzes the relationship **between peritraumatic risk factors** (event characteristics and emotional response) and **PTSD** and **posttraumatic symptoms** (intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal) in battered women.

METHOD

Participants

49 battered woman
Age: Mean=40.46; SD=9.27
Civil status: 20% married or living with their partners
Months of violence: Mean=136.70; SD=133.06

Procedure

- ✓ Participants were asked to identify the worst episode of violence suffered.
- ✓ All of them completed an assessment battery, that included the following measures.

- ❖ Emotional response
- ❖ Event characteristics
- ❖ Diagnostic criteria for PTSD (DSM 5) and posttraumatic symptoms

Global Assessment of Posttraumatic Stress Disorder EGEP (Crespo & Gómez, 2012)

Peritraumatic Dissociative Experiences Questionnaire, PDEQ (Marmar, Metzler & Otte, 2004)

- ❖ Dissociation

Data Analysis

Point-biserial correlations were calculated to analyze the association between PTSD Diagnostic, posttraumatic symptoms and emotional response (e.g fear) and event characteristic (e.g serious injury or death person).

RESULTS

Table 1. Correlations between EGEP scores and event characteristics / emotional response

PERITRAUMATIC FACTORS	PTSD (0-80)	Intrusion (0-20)	Avoidance (0-8)	Negative alterations cognition and mood (0-28)	Alterations in Arousal (0-24)
Trauma severity (0=low; 3=high)	.365*	.319*	.269	.360*	.254
Sexual aggression (0=no; 1=yes)	.020	-.106	-.042	.013	.090
Physical aggression (0=no; 1=yes)	.120	.001	.090	.115	.183
Oneself Serious injury (0=no; 1=yes)	.254	.292*	.246	.080	.291*
Serius injury or death person (0=no; 1=yes)	.243	.370**	.119	.195	.099
Threat to physical integrity (0=no; 1=yes)	.137	.074	.148	.081	.178
Threat to others' physical integrity (0=no; 1=yes)	.208	.220	.019	.201	.170
Life threatening (0=no; 1=yes)	.381**	.256	.237	.361*	.419**
Threat to others' life (0=no; 1=yes)	.144	.209	.031	.059	.090
Disagreeable scenes (0=no; 1=yes)	.037	.176	.000	.000	-.075
Threats to personal dignity (0=no; 1=yes)	.229	.255	.092	.199	.150
Fear (0=no; 1=yes)	.332*	.207	.151	.303*	.365**
Helplessness (0=no; 1=yes)	.225	.255	.117	.177	.150
Horror (0=no; 1=yes)	.157	.223	-.031	.122	.097
Loss of consciousness (0=no; 1=yes)	.042	-.084	.089	.088	.080
Dissociation (10-50)	.714**	.652**	.590**	.561**	.608**

*p<.05 **p<.01

PTSD DIAGNOSTIC 74%
PTSD SEVERITY

Low: 24.5%
Medium-Low: 51%
Medium-High: 20.4%
High: 4.1%

CONCLUSIONS

As expected, **Dissociation** is the peritraumatic factor that is most closely related with PTSD symptoms and also with the different group of symptoms specified in DSM-5. Also as found in previous studies, trauma severity, the presence of life threats, and the fear response during the event relate to **overall PTSD symptoms**.

Nevertheless, when groups of symptoms are considered separately results are different. So that, **Negative alterations in cognition and mood** show the same pattern than overall PTSD symptoms, whereas **Intrusion** severity is related with trauma severity and by the presence of serious injury during the event, and **alterations in arousal** relate to the presence of both, serious injury and life threat, an also to the presence of fear responses during de event. Moreover **Avoidance** responses seem to have no relationship with peritraumatic factors but dissociation.

All in all, results show that every group of PTSD symptoms is related to different peritraumatic factors, though Dissociation is the most important factor in predicting all of them.

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