



**THE UNIVERSITY OF  
WESTERN AUSTRALIA**  
*Achieving International Excellence*

**Exposure to Traumatic Events, Prevalence of  
Posttraumatic Stress Disorder and Alcohol  
Abuse in Aboriginal Communities**

A/Professor Gelaye T Nadew



Combined Universities Centre for Rural Health

## Background

Working in Aboriginal communities

Observing a high level of alcohol abuse and violence

Little utilisation of mental health service by  
Indigenous people

Literature review

## Objectives of this paper

To explore the relationship between exposure to traumatic events, prevalence of PTSD and alcohol abuse

To point out that alcohol is used in the form of self-medication

## Review of Literature

**‘Traumatic events confront people with both an external and internal reality which attack ideals and beliefs about safety and personal control. The external reality is of danger and uncontrollable events that may kill, maim, brutalise or destroy. Disaster, war, rape, assault, motor vehicle accidents and predatory violence also generate an internal reality of fear, horror and helplessness.’<sup>1</sup>**

1. McFarlane and Raphael, Trauma and its effects. In Bloch et al. Foundation of Clinical Psychiatry, Melbourne University Press, 2001; 149-161.

## Review of Literature

Over the last two centuries Indigenous Australians have been subjected to unprecedented level of political, social, economic, environmental and physical violence.<sup>2</sup>

**‘Aboriginal culture... is a history of brutality and bloodshed. ...Aboriginal people were not only dispossessed of the land, but also much of the traditional culture and language taken from them.’<sup>3</sup>**

2. Havemann p. Denial of, Modernity and Exclusion: Indigenous Pinceness in Australia. Macquarie Law Journal, 2005; 5: 57-79.  
3. O'Donoghue L. Aboriginal Families and ATSIC. Family Matters, 1993; 35:14-15.

## Review of Literature

**‘Culture provides a frame of belief, which assists in dealing with illness and traumatic events as well as their causes. ... Culture is the vehicle, which embodies the values enriching these processes and the rituals contributing to healing.’<sup>4</sup>**

4. McFarlane, AC. The nature of traumatic stressor and epidemiology of posttraumatic reaction. In Kolk et al. Traumatic Stress; the effects of overwhelming experience on mind, body and society. Guilford Press, 1996; 129-154.

## Review of Literature

**'Individuals strongly identified with a culture and its values are protected and buffered by the support and sense of identity which it provides, particularly at times of trauma.'**<sup>4</sup>

**In current socio-cultural atmosphere, young Aboriginal people lost these important cultural support and protective shield.**

## Accumulative Trauma and its Effects

### Transgenerational Trauma

**'Patterns that are [referred to] as trauma lines, running through particular families across five or six generations. These trauma lines show the increase of so-called mental illness, alcohol and drug misuse, sexual and physical abuses and suicide attempts that reflect the pain of people's lived experiences today.'**<sup>5</sup>

5. Atkinson J. Making sense of the senseless: feeling bad, being mad, getting charged up. Problematic Drug and Alcohol Use and Mental Illness. Conference Proceeding, 1999; 37-49.

## Accumulative Trauma and its Effects

**A study examined data from the Heathcote Hospital reported list of common diagnoses of psychiatric disorders among Aboriginal people in Western Australia, which did not include PTSD.'**<sup>6</sup>

**Indicating possible misdiagnosis**

6. Spencer DJ. Psychiatric Dilemmas in Australian Aborigines. International Journal of Social Psychiatry, 1983; 29: 208-214.

## Critics of PTSD

**It has been argued that people born into traumatised social group and brought up in trauma infested communities don't develop PTSD as its causes are part of their life.'**<sup>7</sup>

**It is also proposed not to talk about negative effects of traumatic event.'**<sup>8</sup>

**Dillon stipulated that claim of PTSD is attractive, malingering behaviour and a chosen response**

7. Summerfield D. The invention of posttraumatic stress disorder and the social usefulness of psychiatric category 2001; BMJ, 322: 95-98.  
8. Dillon A. Posttraumatic Stress Strength. Aboriginal & Islander Health Workers Journal 2009; 33: 22-25.

## Theoretical Framework

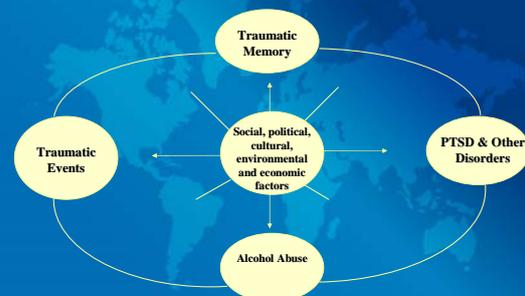
### Pierre Janet work on Traumatic Memory

**'...certain happenings would leave indelible and distressing memories, memories to which the sufferer was continually returning, and which by he/[she] was tormented by day and by night.'**<sup>9</sup>

**'The person is affected more by the harrowing memories than the event itself. This leads to a sense of recurrent trauma, triggered by even the most subtle of stimuli.'**<sup>1</sup>

9. Janet P. Psychological Healing 1925; Vol 1&2; NY Macmillan.

## Conceptual Model of Traumatic Memory



## The Study

Carried out in Central West Region of WA

Total 221 subjects

Male, 47.1% (N=104)

Female, 52.9% (N=117)

## Sample Selection and Inclusion Criteria

Aboriginality

Aged 18 to 65

A person with a current medical symptoms that can affect their ability to participate in the study were excluded

## Methods

Quantitative

Structured Clinical Interview

Survey questionnaires

## Instruments

Composite International Diagnostic Interview (CIDI)

The Impact of Events Scale (IES)

Alcohol Use Disorders Identification Test (AUDIT)

Indigenous Trauma Profile (ITP)

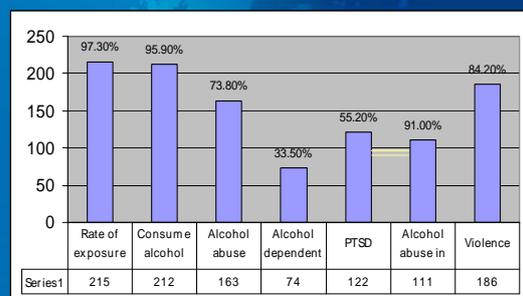
## Administration: data collection

Aboriginal households were identified by Indigenous Health Workers

AUDIT, IES and ITP were administered on door to door survey

CIDI interview was conducted by appointment

## Results



### Results: Subclinical PTSD Symptoms

Sx	Mild	Moderate	Severe	V. Severe	Total
Intrusion	18.5%	17.6%	22.6%	18.1%	76.9%
Avoidance	18.5%	19.0%	22.2%	19.0%	78.7%
Hyperarousal	18.5%	20.4%	26.2%	24.9%	90.0%

**Clinically significant:**

Intrusion:	58.4%
Avoidance:	60.2%
Hyperarousal:	71.5%

### Results: Onset age

**PTSD: 69.1% developed the disorder before the age of 21.**

**Alcohol abuse: 67.1% developed the disorder before the age 21.**

### Results: Alcohol as Self-Medication

**Within the PTSD group, 67.6% (n=75) had PTSD first, then alcohol**

**Almost one-third, 32.4% (n=36) had alcohol abuse first, then PTSD**

### Comparisons

Disorder	This Study	NMHWBS
PTSD	55.2%	1.3%
Alc. Abuse	73.8%	1.9%
Alc.dep.	33.5%	1.5%

10. Australian Bureau of Statistics. National Mental Health and Wellbeing, 2000; Canberra AGPS.

### Comparisons

Trauma	This Study Total	NMHWBS General population	
		M	F
<b>Physical attack</b>			
(Injured from violence)	40.7%	12.9%	5.4%
Threatened with weapon	55.5%	16.5%	7.0%
Rape	21.3%	.6%	5.4%
Witnessed others' trauma	41.2%		37.8%
16.1%			

### Discussion

**PTSD is underreported in this study**

**PTSD symptoms: intrusion, avoidance and hyperarousal are likely to be misinterpreted in current clinical practice**

**Absence of PTSD diagnoses in current clinical environment raises question about the credibility of current mental health assessment**

## Conclusion

Further research involving larger population

Better understanding of the Aboriginal people's traumatic experience can lead to accurate diagnosis and effective intervention

## Acknowledgement

Professor Alexander McFarlane, The University of Adelaide.

Combined University Centre For Rural Health  
University of Western Australia

THREE THINGS IN LIFE,  
once gone never come back ...

WORDS,  
OPPORTUNITY,  
& TIME

aZoneWorld  
http://www.azoneworld.tk  
malimang@hotmail.com