

# Trauma nation: Exposure to traumatic events among South African university students

Anita Padmanabhanunni 

Department of Psychology, University of the Western Cape, Cape Town, South Africa

## Correspondence

Anita Padmanabhanunni, Department of Psychology, University of the Western Cape, Private Bag X17, Bellville, Cape Town 7535, South Africa.

Email: [apadmana@uwc.ac.za](mailto:apadmana@uwc.ac.za)

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## Abstract

The current study investigated exposure to past trauma among South African students at a historically disadvantaged institution (HDI). The student population at HDI's are typically from low-income communities that were marginalized by apartheid-era policies and few studies have focused on trauma exposure among this population group. Respondents ( $N=914$ ) completed the Life Events Checklist and a demographic questionnaire. Logistic regression analysis was conducted to identify gender differences in exposure. 97.6% of the sample reported trauma exposure. The most frequently experienced traumatic events were physical assault (69.3%) and transportation accidents (64.7%). While men were almost twice as likely to report exposure to physical assault (77.2% vs. 67%;  $\beta=.53$ ; odds ratio [OR]=1.70;  $p<.01$ ) and assault with a weapon (59.7% vs. 44.3%;  $\beta=.62$ ; OR=1.86;  $p<.01$ ), women were twice as likely to report unwanted or uncomfortable sexual experiences (32.3% vs. 19.4%;  $\beta=-.69$ ; OR=0.50;  $p<.01$ ) and sexual assault (19.3% vs. 13.1%;  $\beta=-.69$ ; OR=0.50;  $p<.01$ ). It is recommended that psycho-education on trauma be included in orientation programmes and mental health screening and early referrals for psychological services be implemented.

## KEYWORDS

gender, historically disadvantaged institution, Life Events Checklist, South Africa, students, trauma, university

The higher education sector in South Africa has a distinctive history owing to apartheid-era policies of racial segregation which led to the establishment of universities for different racial groups (Habib, 2016). These different categories of universities were governed and resourced in disparate ways. Historically disadvantaged universities (historically disadvantaged institution [HDI's] or historically Black universities) were significantly under-resourced and mainly located in former homelands that were established by the apartheid government for Black South Africans. In contrast, historically advantaged universities (HAI's or historically White universities) received the bulk of state funding and were established in more affluent areas (Bozalek, 2011). Although significant transformation and restructuring of higher education have occurred following the end of apartheid, the student population at HDI's remains slanted toward a largely working-class student body (Habib, 2016; Mdepa & Tshiwula, 2012). Students at HDI's are also more likely to come from communities that were marginalized by apartheid policies (i.e., those groups that were placed on the periphery of the social and economic hierarchy due to their race). For these students, the transition to university represents an important milestone. However, this transition can be particularly challenging for those who enter university with significant psychological distress owing to a history of trauma (Anders, Frazier, & Shallcross, 2012).

A substantial body of international research (Anders et al., 2012; Boyraz, Horne, Owens, & Armstrong, 2013; O'Bryan, McLeish, Kraemer, & Fleming, 2015; Read, Ouimette, White, Colder, & Farrow, 2011) has documented the prevalence of lifetime exposure to potentially traumatic events (PTEs) among university students. These exposure rates have ranged between 48% and 95% (Anders et al., 2012; O'Bryan et al., 2015; Scarpa, 2001; Watson & Haynes, 2007). Lifetime exposure to PTE's has been associated with adverse mental health outcomes including posttraumatic stress disorder (PTSD), depression, anxiety, and substance abuse (Tripp, McDevitt-Murphy, Avery, & Bracken, 2015). In addition, several international studies (Baker et al., 2016; Boyraz et al., 2013; Jordan, Combs, & Smith, 2014) have linked trauma history to difficulties adjusting to university, poorer academic performance, and dropout.

In South Africa, only three previous studies (Hoffmann, 2002; McGowan & Kagee, 2013; Peltzer, 1998) have investigated exposure to PTEs among the student population. McGowan and Kagee (2013) assessed the prevalence of 14 PTEs among a sample ( $N = 1,337$ ) of students at a large historically advantaged residential university. Approximately 90% of the sample reported exposure to one or more PTEs across their lifetime. The most frequently reported traumatic event was exposure to suicide/homicide of a significant other (43%) while the least commonly reported events included xenophobic violence (11%) and forced sexual activity (19%). Hoffmann (2002) investigated the incidents of 10 PTEs among students ( $N = 245$ ) at a vocational college and reported a 70.6% exposure rate. Similar to the findings by McGowan and Kagee (2013), the most commonly reported traumatic event was the death of a loved one (42.4%) while the least frequently experienced trauma included unwanted sexual activity (7.8%). Peltzer (1998) found a lifetime prevalence rate of 56% among students ( $N = 262$ ) at a residential university. Commonly reported traumatic events included motor vehicle accidents and the significant death of a loved one.

These studies also provided insights into gender differences in exposure to trauma among university students. In Peltzer's (1998) study, women were more likely than men to be exposed to the unexpected death of a significant other (27.8% vs. 11.0%) and sexual assault (6.0% vs. 0%). Men were also more likely to experience an accident compared to women (26.8% vs. 11.7%). Higher rates of exposure to sexual assault among women were also reported in the studies by Hoffmann (2002; 9.8% vs. 1.6%) and McGowan and Kagee (2013; 24% vs. 9%). Hoffmann (2002) also found that women were more likely to report exposure to violent robbery compared to men (15.3% vs. 8.2%). McGowan and Kagee (2013) reported that men were more likely than woman to have experienced physical force, (26% vs. 19%), witnessed an attack (49% vs. 37%), had their life threatened (47% vs. 32%), or been threatened with a weapon (39% vs. 19%).

Although the above three studies offer important insights regarding the prevalence of trauma among the student population, the present study adds to this evidence base by providing more current information on this issue among a more diverse sample. The studies by Hoffmann (2002) and Peltzer (1998) were conducted more than

a decade ago and the findings may no longer be applicable and there is, therefore, a need for more current information. The more recent study by McGowan and Kagee (2013) was conducted at an HAI and possibly reflects the experiences of a subgroup of students from more privileged sectors of society. It may not be applicable to the broader student population who are from historically marginalized groups. The socioeconomic circumstances of students at HDI's differ substantially from those at HAI's in that they are more likely to come from backgrounds characterised by poverty. They are also more likely to have parents or guardians who are unemployed and to be the first in their families to attend university (Carolissen & Bozalek, 2017; Letseka & Breier, 2008).

There is also significant variability between prior studies in the estimated prevalence of PTEs (between 56% and 90%) and this may be due to differences in the definition of what constitutes a traumatic event and the nature of the instruments used to assess exposure to PTEs. Researchers (Read et al., 2011) have argued that to promote the validity of findings, the assessment of trauma exposure needs to be in accordance with the definition of such exposure detailed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), that is, the individual needs to have either directly experienced, witnessed, learned about the trauma, or been indirectly exposed to it in the course of their work (American Psychiatric Association, 2013).

The current study adds to the existing body of knowledge by providing current evidence on the extent to which university students are exposed to PTEs. The study was conducted at an HDI and a significant proportion of the student population at HDI's are from previously marginalized groups (Carolissen & Bozalek, 2017; Habib, 2016). These students are potentially more vulnerable to trauma exposure because they are more likely to reside in high-risk areas characterised by gang violence, substance abuse, and poverty (Anders et al., 2012; Boyraz et al., 2013). They are also more likely to be adversely affected by trauma exposure due to limited social and financial resources that could facilitate coping (Read, Griffin, Wardell, & Ouimette, 2014). The present study, therefore, provides important information about the experiences of a distinctive group of students that are underrepresented in the trauma literature in the country. The present study also assessed a broader range of traumatic events compared to prior research (e.g., Hoffmann, 2002; Peltzer, 1998), and the instrument used to assess trauma exposure was aligned to the DSM definition of what constitutes exposure (Weathers et al., 2018). Finally, the study adds to findings on gender differences in exposure to trauma among university students.

In sum, the aim of the present study was twofold, namely to (a) assess the prevalence of prior exposure to traumatic events among students at an HDI and (b) investigate gender differences in exposure to trauma.

## 1 | METHOD

### 1.1 | Study site

The study was conducted at the University of the Western Cape (UWC), which is located in the Western Cape Province of South Africa. UWC was established in 1960 as part of the apartheid era Bantu Education and Extension of University Education Acts, which separated education along racial lines (Lalu & Murray, 2012). Universities for those classified as "non-white" (i.e., Coloured, Indian, and Black) were located in rural areas, thereby ensuring the exclusion of students from financial and economic networks (Habib, 2016). UWC was established to cater for people classified as Coloured (i.e., those of mixed racial ancestry). In the 1980s, UWC formally rejected the racial ideology underlying its establishment and was the first university in the country to institute an open admissions policy (Lalu & Murray, 2012). Since the end of apartheid, there has been greater diversity in the student population but the majority of students attending UWC are still from neighbouring communities that were historically marginalized. The university largely attracts students from poor socio-economic backgrounds because its tuition fees are lower than most other South African universities (UWC Annual Reports, 2019).

## 1.2 | Participant population

The study used a cross-sectional survey design and convenience sampling. There are >20,000 students registered at the university and approximately 70% of these students are undergraduates (UWC Annual Reports, 2019). The participants in the study were undergraduate students ( $N = 914$ ) from the Humanities Faculties (i.e., Arts and Community and Health Sciences), which have the combined highest number of undergraduate enrolments (UWC Annual Reports, 2019). Participants were predominantly female (77.1%) with a mean age of 21 years (standard deviation = 3.93). Most participants were in their first year of study (56.4%).

## 1.3 | Measures

Trauma exposure was assessed using the Life Events Checklist (LEC-5) which is a component of the Clinician-Administered PTSD scale (Weathers et al., 2018). The LEC lists 16 categories of PTE's and respondents indicate whether they had "experienced," "witnessed," or "learned about" the traumatic event or whether they are "not sure if it fits" or "does not apply." Participants also completed a brief demographic survey that consisted of items pertaining to age, gender, and academic year level.

## 1.4 | Procedure

To recruit participants, the nature and aims of the study were advertised to students after their regular lectures. Students interested in participating were asked to remain in the lecture hall and provided with a hard copy of the questionnaire and an informed consent form. Students were asked to indicate the traumatic events that they had experienced before starting university. They were advised of the availability of psychological counselling services at the university's student counselling centre if they experienced any distress or discomfort as a result of completing the survey.

## 1.5 | Ethical considerations

Ethical approval for the study was granted by the Humanities and Social Sciences Research Ethics Committee of UWC. Informed consent was obtained from all participants and questionnaires were completed anonymously.

## 1.6 | Data analysis

Data were captured and analysed using the Statistical Package for the Social Sciences (SPSS 25). Descriptive statistics were generated and logistic regression analysis was conducted to identify differences in reported exposure to trauma between men and women. For the purposes of determining the prevalence of exposure to trauma, the responses to the LEC were dichotomized in terms of exposed/not-exposed.

## 2 | RESULTS

The frequencies and percentages for reported exposure to trauma ranked from highest exposure to lowest exposure are shown in Table 1.

**TABLE 1** Prevalence of reported exposure to traumatic events

Event	N	%
Physical assault	633	69.3
Transportation accident	591	64.7
Any other very stressful event or experience	580	63.5
Sudden, unexpected death of someone close to you	565	61.8
Assault with a weapon	436	47.7
Life-threatening illness/injury	396	43.3
Serious accident at work or home or during a recreational activity	371	40.6
Fire or explosion	365	39.9
Severe human suffering	271	29.6
Other unwanted or uncomfortable sexual experience	270	29.5
Sudden violent death (e.g., homicide, suicide)	193	21.1
Sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	163	17.8
Serious injury, harm, or death you caused to someone else	117	12.8
Natural disaster	113	12.4
Exposure to toxic substance	109	11.9
Captivity (e.g., being kidnapped, abducted, held hostage, prisoner of war)	52	5.7
Combat or exposure to war zone	40	4.4

Approximately 97.6% of respondents reported experiencing a traumatic event before starting university. Table 1 indicates that the most frequently reported PTEs were physical assault (69.3%) followed by transportation accidents (64.7%) and the sudden unexpected death of a significant other (61.8%). The least frequently reported traumatic events were being held in captivity (5.7%) and exposure to a war zone (4.4%).

Table 2 indicates the gender differences in exposure to traumatic events and the results of logistic regression analysis.

The results of the logistic regression indicated no significant differences between men and women's reported exposure to the following events: natural disaster ( $\beta = .41$ ; odds ratio [OR] = 1.51;  $p > .05$ ), captivity ( $\beta = .14$ ; OR = 1.15;  $p > .05$ ), life threatening illness ( $\beta = .21$ ; OR = 1.24;  $p > .05$ ), severe human suffering ( $\beta = -.18$ ; OR = 0.84;  $p > .05$ ), sudden violent death ( $\beta = -.06$ ; OR = 0.94;  $p > .05$ ), and sudden accidental death ( $\beta = -.15$ ; OR = 0.86;  $p > .05$ ).

Men were almost twice as likely to report significantly higher exposure to the following events: fire or explosion ( $\beta = .54$ ; OR = 1.72;  $p < .01$ ), transportation accident ( $\beta = .56$ ; OR = 1.76;  $p < .01$ ), exposure to toxic substance ( $\beta = .56$ ; OR = 1.76;  $p < .01$ ), physical assault ( $\beta = .53$ ; OR = 1.70;  $p < .01$ ), and assault with a weapon ( $\beta = .62$ ; OR = 1.86;  $p < .01$ ). In addition, men were one and a half times more likely to report significantly higher exposure to serious accident ( $\beta = .42$ ; OR = 1.53;  $p < .01$ ), serious injury caused to someone else ( $\beta = .44$ ; OR = 1.55;  $p < .05$ ), and any other event ( $\beta = .45$ ; OR = 1.56;  $p < .05$ ). Women, on the other hand were almost twice as likely to report exposure to sexual assault ( $\beta = -.46$ ; OR = 0.63;  $p < .05$ ) and unwanted sexual experience ( $\beta = -.69$ ; OR = 0.50;  $p < .01$ ). The responses to combat or exposure to war zone were very low and, therefore, this item was not included in the logistic regression analysis.

**TABLE 2** Results of logistic regression comparing men and women

	Men %	Women %	Beta coefficients	Odds ratio (95% CI) men
Natural disaster	16	11.2	0.41	1.51 (0.97–2.3)
Fire or explosion	50.5	37	0.54**	1.72 (1.3–2.3)
Transportation accident	74.3	62	0.56**	1.76 (1.24–2.49)
Serious accident at work or home or during a recreational activity	48.5	38.2	0.42**	1.53 (1.12–2.09)
Exposure to toxic substance	17	10.5	0.56**	1.76 (1.14–2.72)
Physical assault	77.2	67	0.53**	1.70 (1.18–2.45)
Assault with a weapon	59.7	44.3	0.62**	1.86 (1.34–2.55)
Sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	13.1	19.3	−0.46*	0.63 (0.41–0.99)
Other unwanted or uncomfortable sexual experience	19.4	32.3	−0.69**	0.50 (0.34–0.74)
Combat or exposure to war zone	6.3	5.5	0.14	1.15 (0.60–2.20)
Captivity (e.g., being kidnapped, abducted, held hostage, prisoner of war)	47.1	42.3	0.21	1.24 (0.90–1.70)
Life-threatening illness/injury	26.7	30.5	−0.18	0.84 (0.59–1.19)
Severe human suffering	20.4	21.3	−0.06	0.94 (0.64–1.38)
Sudden violent death (e.g., homicide, suicide)	59.2	62.7	−0.15	0.86 (0.62–1.20)
Sudden, unexpected death of someone close to you	17	11.6	0.44*	1.55 (1.01–2.39)
Serious injury, harm, or death you caused to someone else	69.4	61.7	0.45*	1.56 (1.09–2.23)

Abbreviation: CI, confidence interval.

\* $p < .05$ .

\*\* $p < .01$ .

### 3 | DISCUSSION

The current study aimed to assess exposure to a broad range of traumatic events among undergraduate students at an HDI. Approximately 97.6% of students in the sample reported exposure to a traumatic event before coming to university. This rate is comparatively higher than prior South African (Hoffmann, 2002; McGowan & Kagee, 2013; Peltzer, 1998) and international studies (Anders et al., 2012; Boyraz et al., 2013; Read et al., 2011).

Students reported that the most frequently occurring traumatic event was physical assault (69.3%) followed by transportation accident (64.7%), and the sudden unexpected death of a significant other (61.8%). This contrasts with the findings of McGowan and Kagee (2013) where the most commonly reported events were the traumatic death of a significant other (43%) followed by witnessing an attack on another person (41%).

The student population at HDI's are predominantly from historically disadvantaged groups and tend to reside in lowsocio-economic areas (Carolissen & Bozalek, 2017) that are characterised by high rates of community violence (Hinsberger et al., 2016). This may enhance their likelihood of exposure to trauma in general as well as their exposure to specific forms of trauma (e.g., physical assault and unexpected death of a significant other). Road traffic accidents and related injuries are more common in these settings owing to poorly designed roads, alcohol intoxication, and overloading of vehicles used for public transportation (Parkinson, Kent, Aldous,

Oosthuizen, & Clarke, 2013). This may account for the high rate of reported exposure to transportation accidents among the sample.

In the study by Hoffmann (2002), the least frequently reported traumatic event among university students included unwanted sexual activity (Hoffmann, 2002: 7.8%). In the current study more than a quarter of the sample (29.5%) reported an unwanted or uncomfortable sexual experience. There is considerable evidence that sexual encounters among young people in South Africa involve sexual coercion (Dartnall & Jewkes, 2013; Richter, Mabaso, Ramjith, & Norris, 2015) and it is possible that the reported unwanted or uncomfortable sexual experiences represent instances of coerced sexual activity. Sexual coercion involves the use of threat, deception, verbal insistence or economic circumstances to compel an individual to engage in sexual behaviour against their will (Richter et al., 2015). The higher rates of reported exposure may be ascribed to increased vulnerability among this group or greater willingness to report such incidents. Exposure to sexual assault in the current sample (17.8%) was similar to the earlier findings of McGowan and Kagee (2013: 19%).

Prior studies have provided information regarding the gendered nature of trauma exposure. While men are more likely to be exposed to transportation accidents, physical assault, and witnessing serious injury and death, women are more likely to experience sexual assault (Hoffmann, 2002; McGowan & Kagee, 2013; Winstok & Weinberg, 2018). Consistent with the existing literature, men in the present study were almost twice as likely to report significantly higher exposure to transportation accident, physical assault, and assault with a weapon. Women were found to be twice as likely to report unwanted or uncomfortable sexual experiences and sexual assault compared to men.

It is noteworthy that more than a quarter of men in the study reported experiencing sexual encounters that they appraised as distressing. Most of the existing international literature on sexual violence among university students has focused on women and, while this remains important given the disproportionate victimization of women, it is also necessary to understand the extent to which men experience unwanted sexual contact and sexual assault (Krahé & Berger, 2013). In a review of the international literature in this area, Hines, Armstrong, Reed, and Cameron (2015) reported that the rates of sexual coercion perpetrated against college men are between 10% and 22% whereas the rates of forced sexual assault range between 1% and 3%. Male sexual victimisation is also under-reported due to traditional male gender role socialization and male rape myth acceptance (Javaid, 2018). As such, it is possible that the rates reflected here is not a true estimate of the incidence of male sexual victimization.

The current study did not investigate the psychological sequelae of exposure to trauma. It has been well established that the experience of trauma is associated with adverse mental health outcomes including PTSD, depression, anxiety, and suicidal ideation as well as lower life satisfaction and poorer general health. PTSD, in particular, has been linked to poor educational attainment and dropout among university students (Boyratz et al., 2013). PTSD symptomology (e.g., intrusive memories, persistent negative emotions, and hypervigilance to threat) can impede a student's ability to engage with and complete academic tasks that require focused attention and cognitive flexibility and this can impact on academic performance (Boyratz, Granda, Baker, Tidwell, & Waits, 2016). Gender differences in the association between trauma exposure, PTSD symptomology, and persistence at university has received limited attention in the existing literature. Boyratz et al. (2013) found that female African American students who enter college with a history of trauma and PTSD are at greater risk of dropping out compared to male students. However, the reasons for this remain unclear and further research is needed on this topic.

### 3.1 | Practical implications

The findings of the present study should send a strong message to universities in South Africa. The study confirms that a significant proportion of young people come to university with a history of exposure to trauma. University students in South Africa are typically construed of as a relatively privileged group because they are able to attend

institutions of higher learning. However, many students, particularly those from marginalized backgrounds, are not insulated from trauma and victimisation. The psychological sequelae associated with trauma has been found to adversely affect psychological wellbeing as well as academic achievement and retention at university (Boyras et al., 2013; Duncan, 2000; Jordan et al., 2014). In South Africa, the highest dropout from university (35%) occurs in the first academic year and only 15% of students complete their degree in the designated time (Higher Education South Africa, 2018). Although this cannot be ascribed to the impact of trauma exposure on academic attainment, the experience of trauma and related distress could represent one factor that impacts on academic adjustment and performance (Boyras et al., 2013).

Interventions to support students during the transition to university requires a comprehensive understanding of the factors that place students at risk for negative outcomes and it is imperative for institutions of higher learning to commit in stronger measure to attending to the needs of students who come to universities with a history of trauma. Psycho-education on the psychological impact of trauma exposure needs to be included in first year orientation programmes. This type of information may prove useful in reaching students who may be experiencing trauma-related distress and facilitate their seeking mental health care (Boyras et al., 2013). University mental health services or counselling centres have an important role to play in early intervention programmes. This includes mental health screening for trauma exposure and PTSD, and facilitating early referrals for psychological services.

Academic-researchers on campus with expertise in the field of trauma should work more closely with staff involved with student admissions and retention programmes, and university counselling centres so as to identify and support students who may be adversely affected by the experience of trauma. Programmes that are specifically aimed at enhancing student retention and throughput need to ensure that there is a focus on identifying and addressing the impact of trauma exposure on students.

## 4 | LIMITATIONS

The study has certain limitations. First, the sample was drawn from one HDI in a specific geographic area and this could impact on generalizability. Future studies would need to be conducted at similar universities to determine if the results are generalizable. Second, the study did not collect information on psychological functioning or academic performance and this limits the extent to which conclusions can be drawn on the functional impact of experiencing traumatic events. Third, when compared to previous studies (McGowan & Kagee, 2013), the higher rates of exposure to trauma among the current sample may also be the result of methodological differences. Questionnaire structure and wording has been shown to impact on respondents self-reports (Böckenholt, 2014). As such, the results need to be interpreted with caution. Despite these limitations, the present study underscores the pervasiveness of trauma among student populations and the need for intervention programmes among this group.

## 5 | CONCLUSION

The current study provides evidence that a significant proportion of young people in South Africa come to university with a history of exposure to trauma. Future research needs to build on the findings of the present study by, for example, investigating the association between trauma exposure, academic performance, and university retention. Further research on effective interventions for supporting students with a history of trauma needs to also be undertaken. Finally, a core feature of research on trauma is identifying factors that contribute toward resilience. There is evidence that many students exposed to trauma do not suffer adverse outcomes (Grasso et al., 2012) and this differential vulnerability necessitates further investigation into the factors that promote resilience and coping.



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## ORCID

Anita Padmanabhanunni  <http://orcid.org/0000-0001-7733-7486>

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