

Research in Brief



Issue No 2022-4

Publication Date February 23 2022

ISSN 2092-7117

Building D, 370 Sicheong-daero, Sejong City 30147 KOREA **Korea Institute for Health & Social Affairs**

Traumatic Experiences among Young and Middle-aged Koreans

Su-Mi Chae

Research Fellow, KIHASA

Introduction

Korea's suicide rate has over the years been the highest of all OECD countries. Suicide is related in a significant way to traumatic experiences, as has been established by numerous psychological autopsies which find that suicide deaths are committed as a direct consequence of certain events in life and that most suicide cases are associated with negative experiences in childhood. For all the headway made thus far in relevant laws and policies, however, suicide still remains a major cause of death in Korea.

We as groups and individuals are exposed to various traumatic events which to a serious extent could affect not only our psycho-physical health but also the quality of our life. Korean society at large has experienced various calamities, from such environmental disasters as earthquakes and floods to social calamities like the Sewol ferry disaster, as well as the ongoing covid-19 pandemic.

Individuals at some point or other in their lives may well experience a trauma. A trauma experienced in childhood, in particular, can be detrimental in the long-term to brain development or can have a damaging effect on mental health. Korean society has in its midst various types of trauma, many of them still left to be dealt with by individuals on their own. When it comes to victims of certain trauma types, such as domestic violence, sexual violence, crime and disaster, support is provided for by relevant ministries. In the health sector, the National Center for Disaster and Trauma provides services to people psychologically affected by disasters like the covid-19

pandemic.

Korea's policy on trauma is in an inchoate stage. In order to build a systematic support mechanism for those with traumatic experiences, it is important to attain an understanding of how pervasive trauma is among Koreans and of in what ways its impact leads to social problems. This study thus, as a first step toward helping people become resilient to traumatic events, examines the types and characteristics of traumatic events from which Koreans often suffer.



What is trauma?

The term trauma is often evocative of posttraumatic stress disorder (PTSD). However, the two are conceptually distinct. PTSD is an “illness” that people are relatively well aware of, while trauma of itself constitutes not so much a condition as a precondition for one. PTSD is a condition that requires clinical treatment and whose medical diagnosis requires as a precondition a traumatic incident which, while not necessarily be of any of the types previously laid out, is considered so critical an impact on life that for most people it is not a common thing to happen. Such traumatic experiences fall under three types. The first is the type that individuals experience “first-hand” in a war, life-threatening violence or sexual assault. The second involves one’s “witnessing” intimidating injuries, unusual deaths, medical accidents occurred to one’s own children, etc. The last type is one’s “indirect exposure” to traumatic events occurred to someone one is close to.

The American Psychiatric Association defines PTSD as a post-traumatic condition which lasts at least a month and which involves symptoms that include “intrusive and recurrent memories of the trauma, avoidance of trauma-related stimuli, numbing and/or negative changes in mood or cognition pertaining to the trauma, and changes in reactivity and arousal.” (APA. 2017. Clinical Practice Guideline for the Treatment of PTSD.)

Many discussions of trauma have emphasized the need to examine various incidents that are regarded as potentially leading to symptoms specific to PTSD and to provide broader policy-level support to those affected. For example, the US, where support for trauma victims started as early as in the 1980s, has implemented Trauma Informed Care as an approach to trauma care support, with “trauma” so broadly defined by the Substance Abuse and Mental Health Services Administration as to refer to “an event or series of events experienced as harmful or life threatening that has persistent adverse effects on individual functioning, and mental, physical, social, emotional, or spiritual well-being.” (SAMHSA. 2014. A treatment improvement protocol: trauma-informed care in behavioral health services.)

This study examines trauma-related areas that need to be improved upon in terms of policy support, based on a list of 22 trauma event types, of which 16 are those used as criteria to diagnose PTSD, 5 are those suggested by some previous studies and the remaining one is “being tested positive for covid-19”. Using the LEC-5 as a point of reference, this study classified only those who had experienced a traumatic event first-hand, witnessed it happen to someone else, or learned of it happen to someone they are close

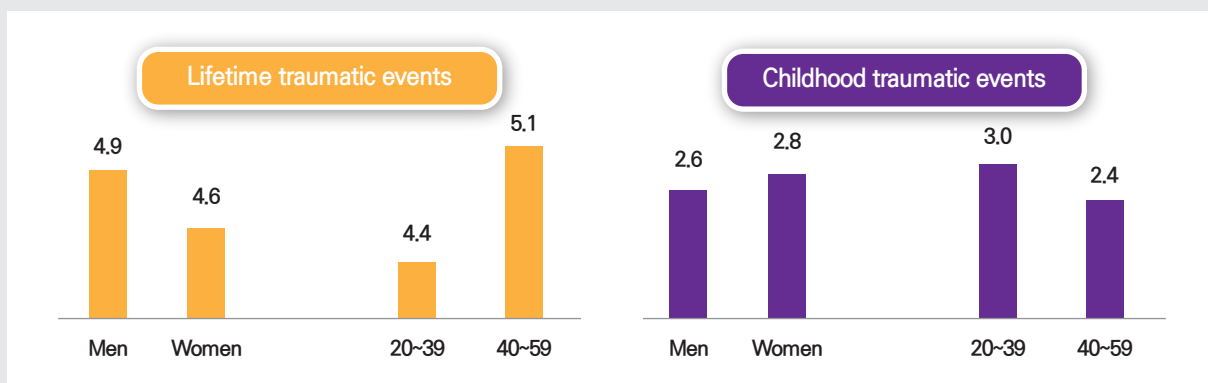
to, as having experienced a traumatic event.

Prevalence of exposure to traumatic events

The survey on which this study is based was conducted online from July 9 to July 30, 2021, in which a total of 2,000 adults of ages between 20 and 59 participated from across the country. The respondents, quota-sampled by region, sex and age and selected via random-digit dialing (composed of those who wished to take part in this study), were sent an URL link to an online questionnaire. The survey has a margin of sampling error of plus or minus 2.19 percentage points at a 95-percent confidence level.

Of the respondents, 89.9 percent were found to have experienced at least one of the 22 types of traumatic event. On average, the respondents reported having experienced, either directly or indirectly, 4.8 types of traumatic event. The number of traumatic events experienced lifetime was higher in men than in women, whereas the number of traumatic events experienced as a child was higher in women. Those in their 40s and 50s, compared to younger respondents, reported having experienced a higher number of traumatic events, while it was the younger generation who reported a higher number of childhood traumatic events. A possible explanation for this is that younger respondents could remember more accurately things they had experienced as children, as childhood memories of middle-aged respondents date back to a more distant past. Another explanation might be that younger participants are more cognizant of trauma.

[Figure 1] The number of types of traumatic event experienced by young and middle-aged adults

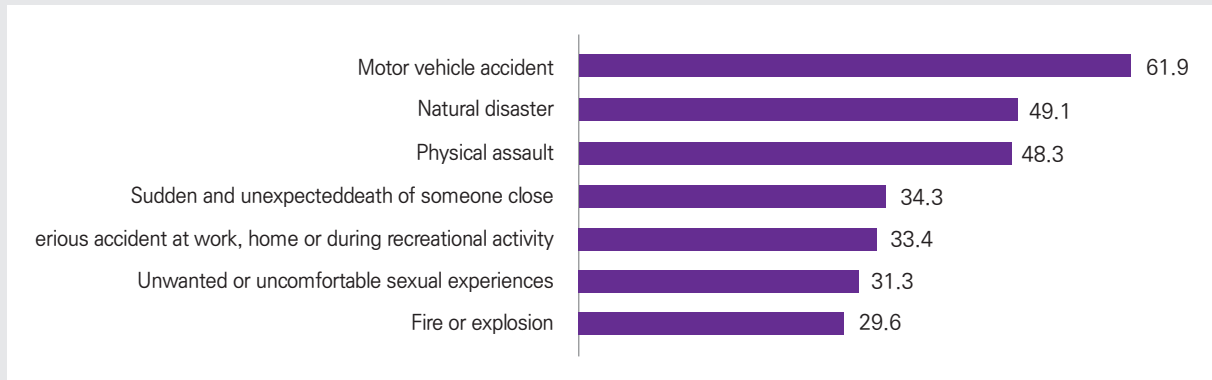


Source: Survey of Traumatic Experiences in Koreans. KIHASA

The types of trauma which more than 30 percent of the respondents reported having experienced include “motor vehicle accident,” “natural disaster,” “physical violence,” or “serious accident at work,

home or during recreational activity.” Many of the respondents also reported having experienced traumatic events that are relational in nature, such as “bullying in school, work or family” (23.4 percent) and “divorce or marital separation of oneself or in the family” (20.4 percent).

[Figure 2] High-prevalence traumas experienced by young and middle-aged Koreans



Source: Survey of Traumatic Experiences in Koreans. KIHASA

If policy responses are to effectively address trauma of varying types, it must be determined beforehand on what groups such efforts should focus, as suggested by the finding of this study that the prevalence of each type of traumatic event varies across different socio-demographic groups. Men were more likely to have experienced traumatic events bearing on “accident” and “physical assault”, while women were more exposed than men to trauma of the types that arise from sexual assault, sexual experience, interpersonal relationship, and emotional problems. The prevalence of traumatic events concerning interpersonal relationships and emotional problems was higher in young people than in those in middle age. Those who were divorced, separated or bereaved were more likely than those unmarried or with a spouse to have experienced trauma of various types. High-income groups were more likely than low-income ones to have lived with someone mentally ill or with someone who had attempted suicide. Low-income groups were more likely to have suffered from traumatic experiences coming from being assaulted with a weapon, dire poverty, severe human suffering, divorce or separation, or interpersonal relationship.

[Table 1] Highly prevalent traumatic events as experienced by different sociodemographic groups

| Type of traumatic event | | Sociodemographic characteristics | | | |
|-------------------------|--|----------------------------------|-------|---|--------------|
| | | Sex | Age | Marital status | Income level |
| 1 | Natural disaster | | 40-59 | With spouse | 35.9 |
| 2 | Fire or explosion | Men | 40-59 | With spouse | 53.8 |
| 3 | or vehicle accident | Men | 40-59 | | 28.9 |
| 4 | Serious accident at work, home or during recreational activity | Men | 40-59 | Divorced, separated, or bereaved | |
| 5 | Exposure to a toxic substance | Men | 40-59 | Divorced, separated, or bereaved | 67.5 |
| 6 | Physical assault | Men | 40-59 | | 3.6 |
| 7 | Assault with a weapon | Men | | Divorced, separated, or bereaved | |
| 8 | Sexual assault | Women | | Divorced, separated, or bereaved | |
| 9 | Unwanted or uncomfortable sexual experiences | Women | | | |
| 10 | Exposure to combat or war areas | Men | | | |
| 11 | Captivity | | 40-59 | Divorced, separated, or bereaved | |
| 12 | Life-threatening illness or injury | | 40-59 | With spouse, divorced, separated, or bereaved | |
| 13 | Severe human suffering | Men | | | Low |
| 14 | Sudden and unexpected death of someone close | | 40-59 | Divorced, separated, or bereaved | Middle |
| 15 | Sudden accidental death | Men | 40-59 | Divorced, separated, or bereaved | |
| 16 | Serious injury, harm or death you caused to someone close to you | Men | 40-59 | Divorced, separated, or bereaved | |
| 17 | Being bullied at school or work or in the family | Women | 40-59 | Unmarried | Low |
| 18 | Being divorced or separated or having a family member who had been divorced or separated | | | Divorced, separated, or bereaved | Low |
| 19 | Having lived before age 18 with a problem drinker, an alcoholic or a drug addict | | 20-39 | | |
| 20 | Having lived before age 18 with someone depressed or mentally ill or someone who had attempted suicide | Women | 20-39 | Unmarried | High |
| 21 | Economic bankruptcy | | 20-39 | Divorced, separated, or bereaved | Low |
| 22 | Being tested positive for covid-19 | | | | |

Source: Survey of Traumatic Experiences in Koreans. KIHASA

Note: 1) The sociodemographic groups with a relatively higher prevalence ($p < 0.05$) of certain types of traumatic event were marked in shades.

2) The prevalence of traumatic experiences pertaining to having been tested positive for covid-19 did not vary across different sociodemographic groups.

Those with traumatic experiences showed poor outcomes on mental health measures (Table 2). However, an accurate diagnosis of PTSD, depression or addiction requires clinical judgement based on medical expertise. In this connection, it is important to note that those identified here as having PTSD symptoms should be construed as having risks for probable PTSD, as they were screened with the PC-PTSD-5, a preliminary to accurate diagnosis.

[Table 2] Mental health status and traumatic experiences

| Have had traumatic experiences? (yes or no) | Sociodemographic characteristics | | | |
|--|----------------------------------|--|------------------|------------------|
| | At risk of probable PTSD | Depressive symptoms of medium or high severity | Suicide thoughts | At-risk drinking |
| Yes | 49.7 | 20.3 | 15.9 | 20.7 |
| No | 6.4 | 10.8 | 8.4 | 17.2 |

Source: Survey of Traumatic Experiences in Koreans. KIHASA

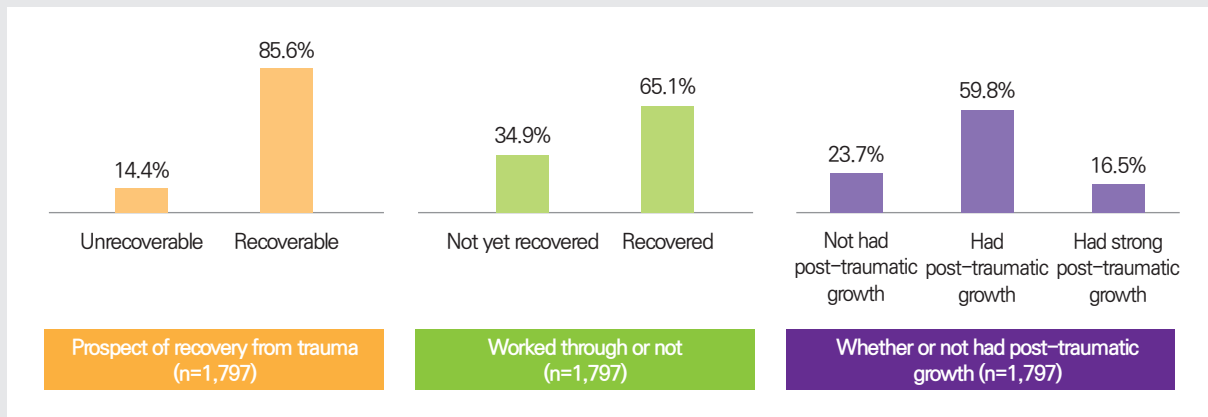
Note: 1) PTDS symptoms were as measured with the PC-PTSD-5, where a total score of 2 points (Likert scale from 0 to 5) or higher suggests probable PTSD.

2) Depressive symptoms were measured with PHQ-9, where a score of less than 4 points suggests a minimal depression, a score of between 5 and 9 points a mild depression, and a score of 10 points or higher (out of a maximum 27) a moderate-to-severe depression.

3) In this study, people with suicide thoughts are those who have thought that "It is better for me to die" or "I would harm myself in some way or another" for several days on end, for more than a week, or almost every day.

Traumatic experiences sometimes negatively affect mental and physical health yet may at times be recovered from and even lead to growth over time (Figure 3). That a large percentage (85.6 percent) of those who reported having traumatic experiences considered themselves able to recover from their such experiences is an encouraging outcome. However, only 65.1 percent thought their traumas had been sufficiently mourned over or worked through, and 76.3 percent reported having post-trauma growth, a psychological change in which one sees from one's traumatic experience positive meaning for oneself.

[Figure 3] Recovery and growth as perceived by those subjected to traumatic experience



Source: Survey of Traumatic Experiences in Koreans. KIHASA



Concluding remarks

Mental health policy needs to be developed with a focus on preventive care. Trauma should be addressed more at the social level than at the individual level. The present mental health policy in Korea has concentrated on increasing support services concerning mentally ill patients, suicide attempters and substance addicts. Given how high the prevalence of trauma is among Koreans, as found in this study, policy on trauma should go beyond curative care and be designed as part of social safety net. For this, it is important to define areas of trauma for which policy interventions are required. Traumatic experiences may include not only events one experiences first-hand but also things that one witnesses as happening, or hears or learns of as happened, to someone to whom one is close. Thus, it can be hard to judge how profound an impact some traumatic event has on one, which suggests that there is a need for detailed discussions of what types of traumatic event to address at the policy level.

In gearing up for establishing policies on trauma, efforts need to be exerted to promote enhanced understanding among Koreans of traumatic experiences. A national screening system need to be put in place by which to monitor on a regular basis the exposure of people to traumatic events. Not only can a traumatic experience be recovered from, it may also lead to post-traumatic growth. However, traumatic experiences may well prove damaging to the mental health of those who have them, sometimes pushing them to suicide, PTSD, depression, and suicide thoughts, giving rise also to various physical symptoms. As trauma is to a large extent a negative impact on people's mental and physical health and social wellbeing, it is important to start preventing it knowing how many people are living with what types of it. Special attention should be paid to the fact that among the respondents there were many cases where traumatic experiences were left unrecovered from. It is also important to notice that having experienced

post-traumatic growth does not necessarily mean that the traumatic experience involved has been sufficiently worked through or recovered from.

Psychological support for people with traumatic experiences of highly frequent types need to be improved in professional competence and specialized for different sociodemographic groups. There is a need to employ various strategies, each targeting each of the various sociodemographic groups, who have been found in this study as exposed in varying degrees to the types of traumatic events that are reported as frequently occurring—“motor vehicle accident”, “natural disaster”, “physical violence”, “serious accident at work, home or during recreational activity”, “sexual assault”, and “fire or explosion”.

There is a need also to examine and pay a due policy attention to trauma issues that are specific to the socio-cultural context of Korea where the suicide rate has for many years been higher than in any other OECD country and where there are a rising number of families living with the daunting trauma of having someone in the family who died of suicide.