

Is Complex Post Traumatic Stress Disorder a Valid Construct in Refugee Survivors of  
Torture and War Trauma?

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Submitted in fulfilment of the requirements of the degree of Doctor of Philosophy in  
Clinical Psychology

February 2012

## Abstract

PTSD does not include many of the symptoms shown by adults exposed to multiple, sustained interpersonal trauma. Disorders of Extreme Stress Not Otherwise Specified (DESNOS), Enduring Personality Change after Catastrophic Experience (EPCACE) and Adult Onset Complex Post Traumatic Stress Disorder (AO-CPTSD) are ways of defining the syndrome that is believed to develop after such events. This study assessed the validity of DESNOS, EPCACE and AO-CPTSD in a community sample (N = 37) of refugees. A structured interview was constructed to measure the context and type of traumatic events that participants were exposed to and symptoms of DESNOS, EPCACE, PTSD, Major Depression (MDD) and Somatisation Disorder.

Analyses were conducted to assess 1) the prevalence of complex trauma symptoms; 2) whether complex trauma syndromes were more strongly associated with each other than to PTSD, MDD and Somatisation; 3) whether complex trauma syndromes were observed in the absence of PTSD; 4) whether the loss of a person's pre trauma identity differentiates groups who have – and have not – been exposed to coercive control; and 5) whether certain types of trauma events were more likely to be associated with developing complex trauma symptoms.

Results indicated that refugees who had experienced multiple traumatic events, sometimes even including being tortured, commonly have the symptoms that are hypothesized to comprise complex trauma syndromes. However, AO-CPTSD was not well-defined and included items that did not contribute to definition of the syndrome. Adding items measuring autonomy and interpersonal relatedness increased the cohesiveness of the syndrome. Participants who had experienced torture were significantly more likely to have experienced permanent damage to sense of self and had significantly more symptoms of AO-CPTSD.

DESNOS was uncommon (3.7% of sample) and there was wide variability in how commonly individual DESNOS symptoms occurred. The most common DESNOS symptoms were in the domains of alterations in relationships with others, alterations in affect regulation, alterations in self perception and alterations in systems of meaning. While coefficient alpha was acceptable there were seven items with negligible item-total correlations. EPCACE exhibited satisfactory internal consistency and all items made an important contribution to defining the construct. Mistrust and hostility were prominent features of this syndrome. Additionally, subjective incompetence was a prevalent instantiation of hopelessness.

AO-CPTSD, DESNOS and EPCACE were found to share more variance with each other and PTSD than with Major Depressive Disorder and Somatisation. The complex trauma symptoms were rarely experienced in the absence of a lifetime or current diagnosis of PTSD. DESNOS and EPCACE were not distinct from PTSD. AO-CPTSD was found to be distinct from PTSD. This syndrome overlaps extensively with EPCACE, as defined in ICD-10 and is distinguished from the ICD syndrome by the requirement that the affected person has a permanently damaged sense of self.

The findings of this study imply that in future revisions to DSM and ICD, that the definition of EPCACE be changed by (a) eliminating the requirement that ordinary PTSD is present, (b) adding the requirement that the person has experienced permanent damage to sense of self and (c) more clearly defining subjective incompetence as an example of hopelessness.

### Declaration of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

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Justine Evans

February 2012

## Acknowledgements

At the end of 2007 I had the thought that I wanted to do a PhD that explored how refugees recovered and adapted to life in Australia. This was partly inspired by my experiences of living with a number of refugees in my late teens and observing first hand the resilience of people. I was at this point given an article by my Associate Supervisor, Dr Analise O'Donovan, which inspired the research that I have worked on for the past four years. It was the most interesting article I had ever read. It was about how sustained exposure to coercive control can fundamentally damage a person's sense of self. It was written by Angela Ebert and Murray Dyck. Murray became my principal supervisor. I am thankful to Angela who in the initial stages of my research generously gave me feedback on measuring important constructs and ways to phrase questions more sensitively. I am thankful to Analise O'Donovan for providing me with both clinical supervision and emotional support. I am thankful to Murray for taking on a project that was not in his area of specific expertise and who holds a strong belief that doing a PhD is about developing your own critical and independent thought. The final six months I was pushed to my critical thinking limits but he was readily available whenever I needed assistance to structure my writing and give much appreciated statistical guidance. I am thankful to all the people who gave their time to participate in the research and trust me with their stories. I am thankful to the people in my life that I am closest to, particularly my mother who has been an incredible source of strength and support. A quote I saw recently made me think of my PhD. Dorothy Parker when asked if she loved writing, replied "No, but I love having written". Like most meaningful accomplishments it has not always been an easy process but I am proud to have contributed something worthwhile to an important area of research.

Table of Contents

Abstract \_\_\_\_\_ 2

Declaration of originality \_\_\_\_\_ 4

Acknowledgements \_\_\_\_\_ 5

Table of contents \_\_\_\_\_ 6

List of tables \_\_\_\_\_ 12

List of figures \_\_\_\_\_ 14

CHAPTER ONE \_\_\_\_\_ 15

    Complex Post Traumatic Stress Disorder: The Applicability of Complex Trauma  
    Syndromes in Refugee Samples \_\_\_\_\_ 15

    The Nosological Debate \_\_\_\_\_ 17

    Age of Trauma Onset and Symptom Expression \_\_\_\_\_ 18

    Complex Trauma Syndromes: Construction and Conceptual Rationale \_\_\_\_\_ 22

        Disorders of Extreme Stress Not Otherwise Specified \_\_\_\_\_ 22

        Developmental Trauma Disorder \_\_\_\_\_ 23

        Enduring Personality Change after Catastrophic Experience \_\_\_\_\_ 25

        Adult Onset Complex Post Traumatic Stress Disorder \_\_\_\_\_ 26

        DESNOS, EPCACE and Adult Onset CPTSD: Similarities and  
        Differences \_\_\_\_\_ 28

    The Mental Health of Refugees \_\_\_\_\_ 33

    The Nature of Trauma Events Refugees Experience \_\_\_\_\_ 38

    Research on Validity of Complex Trauma Syndromes \_\_\_\_\_ 40

        Disorders of Extreme Stress Not Otherwise Specified: The DSM-IV

Field Trials _____	40
Disorders of Extreme Stress Not Otherwise Specified in Non-Western and Refugee Samples _____	46
Enduring Personality Change after Catastrophic Experience _____	52
Adult Onset Complex Post Traumatic Stress Disorder _____	56
Summary of Chapter One _____	56
CHAPTER TWO _____	58
Measurement of Trauma Events and Complex Post Traumatic Stress in Refugees: Methodological Issues _____	58
Measurement of Traumatic Events in Refugee Samples _____	60
Measurement of Complex Post Traumatic Stress Syndromes _____	63
Assessing Trauma Outcomes: Self-Report Questionnaires and Structured Clinical Interviews _____	64
Self-Report Questionnaires _____	64
Structured Clinical Interviews _____	65
Cultural and Linguistic Factors in the Assessment of Psychopathology _____	71
Conclusions, Aims and Hypotheses _____	75
Research Questions and Hypotheses _____	77
CHAPTER THREE _____	79
Pilot Study _____	79
Method _____	80
Participants _____	80
Procedure _____	82

Materials: Structured Clinical Interview	82
Rationale for Construction	82
Structure of Interview	83
Demographic Information	83
Trauma History	83
Post Trauma Symptoms	84
PTSD, DESNOS, EPCACE and AO-CPTSD	85
Results	88
Relevance	89
Clarity	92
Useability	93
Comprehensiveness	93
Discussion	93
CHAPTER FOUR	98
Main Study	98
Method	98
Recruitment	98
Participants	100
Procedure	104
Materials	105
Overview of Statistical Analyses	108
Missing Values Analysis and the Assumptions of the General Linear Model	108

CHAPTER FIVE _____	110
Results _____	110
Preliminary Analyses _____	110
Internal Consistency _____	114
Boundaries between Complex Trauma Syndromes and PTSD _____	116
Convergent and Discriminant Validity _____	117
Between Group Differences _____	120
The Effect of Trauma Type on Post Trauma Symptoms _____	122
AO-CPTSD: Testing a Different Operational Definition _____	122
CHAPTER SIX _____	125
Discussion _____	125
Summary of Findings _____	125
Prevalence and Internal Consistency of Complex Trauma Symptoms _____	126
Convergent and Discriminant Validity of Complex Trauma Syndromes _____	129
Boundaries between Complex Trauma Syndromes and PTSD _____	131
Torture and Complex Trauma _____	132
Diagnostic Considerations _____	133
Clinical Implications _____	135
Limitations _____	137
Statistical _____	138
Methodological _____	138

Suggestions for Future Research _____	141
Conclusions: Implications of the Current Research Project _____	143
REFERENCES _____	145
Appendix A	
Structured Clinical Interview (Pilot Study): Complex Post Traumatic Stress Disorder in Survivors of Torture and Refugee Trauma _____	160
Appendix B	
Pilot Study: Participant Feedback Interview _____	221
Appendix C	
Ethics Approval Email _____	222
Appendix D	
Participant Information Sheet _____	223
Appendix E	
Recruitment Flyer _____	226
Appendix F	
Participant Consent Form _____	227
Appendix G	
Video/Audio Consent Form _____	228
Appendix H	
Revised Structured Clinical Interview: Complex Post Traumatic Stress Disorder in Survivors of Torture and Refugee Trauma _____	229
Appendix I	
Structured Clinical Interview for A) PTSD, B) DESNOS, C) EPCACE and D) AO- CPTSD _____	287
Appendix J	
Screening and Transformations Sheet for Analyses run _____	353

Appendix K

Total Scale Scores of PTSD, MDD, DESNOS, AO-CPTSD, EPCACE  
and Somatisation \_\_\_\_\_ 357

Appendix L

Age, Gender and Diagnostic Status of PTSD, MDD, DESNOS, AO-CPTSD,  
EPCACE and Somatisation \_\_\_\_\_ 360

## List of Tables

Table 1.1. Defining Features and Overlap between Post Trauma Syndromes _____	31
Table 1.2. Comparison of Post Traumatic Stress Disorder and Complex Trauma Syndromes _____	32
Table 1.3. Clinicians Instantiations of Symptom Criteria (Beltran et al., 2008) _____	55
Table 3.1. Traumatic Events Experienced by Participants (n = 5) _____	81
Table 3.2. Age, Gender, Country of Origin, and Diagnostic Status of PTSD, MDD, DESNOS, AO-CPTSD, EPCACE and Somatisation _____	90
Table 3.3. Prevalence of Complex Trauma Symptoms (n = 5) _____	91
Table 3.4. Prevalence of MDD Symptoms (n = 5) _____	91
Table 3.5. Prevalence of PTSD Symptoms (n = 5) _____	92
Table 4.1. Participants Gender, Age, Nationality, Ethnicity, Religion, Marital Status and Education Level (N = 37) _____	101
Table 4.2. Traumatic Events Experienced by Participants (n = 37) _____	104
Table 5.1. Prevalence of Complex Trauma Symptoms (N = 36) _____	111
Table 5.2. Mean Score and Standard Deviation for Complex Trauma Syndromes (Current and Lifetime Status) (N=36) _____	113
Table 5.3. Diagnostic Prevalence of Syndromes: AO-CPTSD, DESNOS, EPCACE, PTSD, MDD and Somatisation (N =36) _____	114
Table 5.4. Co-efficient Alpha for Current Syndromes _____	116
Table 5.5. Inter-correlations of Total Scale Scores: AO-CPTSD, DESNOS, EPCACE, PTSD, MDD and Somatisation (N =37) _____	119

## Table 5.6. Inter-correlations of Complex Trauma Total Scale Scores with Shared Items

Removed (N =37) \_\_\_\_\_ 119

## Table 5.7. Bivariate Correlations between Total Current Syndrome Scale Scores and

Trauma Events \_\_\_\_\_ 123

## List of Figures

Figure 1. Structured Clinical Interview Item Assessing the Frequency and Intensity of Alterations in Mistrust _____	88
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