

The Impact of Post Traumatic Stress Disorder on the Psychosocial Life in Adolescence

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Abstract:

Background: Post Traumatic Stress Disorder (PTSD) is the highest common psychological disorder in adolescents. PTSD is caused when experienced a stressful event or crisis, such as warfare, sexual assault, child abuse, car accidents, or other threats on a person's life. Either experiencing it or witnessing it, each adolescence experiences symptoms in a different way. These symptoms include mainly 4 aspects, re-experiencing symptoms, avoiding situations, negative changes in beliefs and feelings, and feeling keyed up (hyper arousal). The impact appears mainly on social and psychological life. Moreover, it can lead to other common disorders, such as anxiety and depression.

Materials and Methods: Quantitative descriptive cross-sectional design has been used. It is an objective, formal systematic process used to test relationships between them, describe variables and examine cause and effect relationships among variables. The reason for using this study design is to determine the impact of PTSD on psychosocial life among adolescents in Jeddah city.

Results: Suggest that there is an association between PTSD and the psychosocial consequences. A majority of participants (71.3%) indicated that females adolescents have greater percentages of experience with PTSD than males (28.7%). Therefore, the main findings of this study reflected that most life-threatening events were lost a loved one (41.6%) which revealed intense fear, helplessness, and feeling frightened. The impact was confirmed by current study that affects psychosocial aspects in the adolescents life, including anxiety and stress (45.3%), and social isolation (49.9%).

Conclusion: The study results defined the impact of post traumatic stress disorder in psychosocial life among adolescents. The participants who aged from 17-19 years realize the concept of PTSD more than younger participants. Moreover, It was found that PTSD reported a high rate with significant impact of this disorder. In particular, it is higher among females than males. Eventually, the impact remained even four years after the trauma. PTSD may present with a range of symptoms.

Key Word: PTSD, Psychosocial, adolescents, trauma

Date of Submission: 25-07-2020

Date of Acceptance: 09-08-2020

I. Introduction

1.1 Background:

Post-traumatic stress disorder (PTSD) is a mental health status that is exaggerated by a life-threatening event, either experiencing it or witnessing it. For most adolescents and children, the psychological stress appears after a traumatic experience usually lasts for short duration. However, symptoms may not improve immediately and become clinically serious and continual. PTSD can occur at any age. A number of factors can enhance the chance of adolescents to get PTSD. Adolescents are those people who aged between 10 and 19 years¹. Personal factors such as age, previous traumatic exposure, and gender can impact whether or not an adolescents will have PTSD. Earlier consequences of the traumatic experience are also a serious factor that should be considered. Therefore, having other mental health problems, such as depression or anxiety can make PTSD more expected to occur, while social support can reduce the risk for PTSD. Symptoms in adolescents usually begin to appear soon after the life-threatening event, but they may not occur until months or years later. Each adolescent experiences symptoms in a different way, these symptoms include mainly 4 aspects. The first aspect is re-experiencing symptoms such as nightmares, seeing, hearing, or smelling something that causes recall of the trauma.

The second aspect is avoiding situations that are similar to the event. Avoid meeting people, crowds and driving that can trigger memories of the traumatic event. Third aspect is negative changes in beliefs and

feelings. The adolescents may lack positive feelings toward other people, and may be isolated from their environments. Forgetting parts of the traumatic event, or not being able to talk about them, or thinking the world is totally dangerous are also important symptoms to consider. The fourth aspect is feeling hyper arousal. The adolescents can be apprehensive, irritable, having insomnia and poor concentration. PTSD can develop in adolescents from 10 to 19 years with many serious consequences, that are similar to adults, such as depression, anxiety, withdrawal, or reckless behavior such as substance abuse or running away. Moreover, they can develop fear, feeling alone, low self-esteem and mistrust the others. On the other hand, aggression and suicide ideation can be noticed significantly among this age.

1.2 Literature review:

In recent years, there has been an increasing amount of literature on psychological impact after experiencing a traumatic event. Suicide ideation is one of the most serious consequences of Post Traumatic Stress Disorder. Because of the limited number of research conducted for the psychological impact of PTSD.

In China, 2015 there was a study examined the relationship between post traumatic stress disorder (PTSD) symptoms, and suicide ideation in a sample of 2,298 children survivors of the Wenchuan earthquake. Findings reported that avoidance, intrusion, hyperarousal symptoms, and PTSD were undoubtedly correlated with suicide thoughts².

Moreover, results indicate that PTSD symptoms had an indirect impact on suicide ideation that was driven by depression. The findings suggest that isolation and hyperarousal symptom are the most significant indicators of suicide ideation among children survivors of the Wenchuan earthquake. Anxiety and depression are considerable symptoms that many studies emphasized the relationship between these symptoms and PTSD. One of these studies was conducted in China. After an earthquake in 2018, prevalence of mental health problems was 13.1% for PTSD, 37.3% for anxiety, and 19.8% for depression. Among the participants who reported PTSD, 71.5% suffered from anxiety, and 49.7% had depression. In addition, girls were more expected than boys to exhibit these symptoms in this particular study³. Another study was conducted in Malaysia, 2017. It exhibited the relationship between childhood depressive symptoms, Posttraumatic Stress Disorder (PTSD) and maltreatment. 327 (96%) of adolescents, came across at least one childhood victimization. Serious differences were established for all types of victimization (i.e. sexual abuse, maltreatment, neglect, severe assault, and family victimization) between delinquent and non-delinquent adolescents. Delinquent adolescents reported PTSD and depressive symptoms extremely more than non-delinquent adolescents. The prevalence of depression and PTSD symptoms among delinquents was 52.7% and 20.8% . Extremely victimized delinquent adolescents and/or those victimized in family-related experiences were at greater risk to rise suspects of psychiatric symptoms⁴.

Otherwise in recent years, a considerable amount of studies documented the impact of terrorist attacks on adolescents' mental health and revealed a significant prevalence of PTSD. Other psychiatric symptoms such as anxiety and depression among these populations have occurred. However, there is growing evidence of a wide range in prognosis, in terms of mental health, after an exposition to a terrorist attack. Most youth seem to recover without any psychological support, while others experience persistent PTSD or delayed stress response¹.

There is a large volume of published studies describing the role of PTSD in social life. Particularly, on school performance. In Utoya 2018, 237 survivors from terrorist attack, 143 (61%) had reported impaired in academic performance, 66 (29%) had impaired school wellbeing after one year of terrorist attack. Recently, a study in France (2019) found that female survivors are more likely to report impaired school performance⁵. The study has shown the highest prevalence of PTSD among adolescents after terrorist attacks. School absenteeism, poor concentrating, frequent changing fields and bad grades are the most common terrorist impacts on school performance¹.

Previous studies have explored the relationships between PTSD and school commitments. In Iraq 2016, the evidence found that long term exposure to war has an impact on school performance in adolescents. The prevalence of PTSD matches more in high school students rather than in university students. Thus, the study showed out of 240 high school students, 85.5% had bad school performance⁶ . In Sweden (2019), the popularity of PTSD is higher in refugees than children with native Swedish parents. The researchers found that PTSD has an effect on school performance in both refugees and native children. Because their parents have a history with PTSD, it can lead to serious consequences. The Children will be at high risk to develop PTSD⁷. Another study was conducted in Malaysia 2012, the results reported that 8.3% of the participants had severe symptoms of PTSD while 39.8% had moderate symptoms, 42.1% had mild symptoms, and 9.7% had no significant symptoms. The findings of symptoms were lack of interest in 49.1% of participants, 52.3% had poor concentration, 34.3% had sleep disorders, and 28.7% had social isolation. Females had a higher percentage of symptoms than males⁸.

1.3 Research Problem

Post traumatic stress disorder is a worldwide problem among all ages. In the US, 25% of youth experience a traumatic event by the time they are 16 years old, they develop post traumatic stress disorder (PTSD). 70% of adolescents have experienced a traumatic event at least once in their lives and up to 20% of them develop PTSD^{9,10}. In Afghanistan and Iraq, prevalence of current PTSD was 13.8% after the gulf war. In England, between 4.1% and 5.9% of all White British women have screened positive for PTSD^{11,12}. Several studies were conducted internationally. However, there is no sufficient studies regarding the impact of PTSD in adolescents in Saudi Arabia in particular Jeddah city.

1.4 Study aim:

This study aimed to assess the impact of post traumatic stress disorder on psychosocial life among adolescents in Jeddah city.

1.5 Research question:

What is the impact of PTSD (Post Traumatic Stress Disorders) on the psychosocial life of adolescents aged in Jeddah City ?

II. Material and Methods

A quantitative descriptive, data was collected using a self reported questionnaire developed by researchers team. The sample size was 373 of adolescents, aged from (10-19).

Study Design: quantitative design Cross-Sectional study.

Study Location:The study population were adolescents between 10-19 years old. The setting of data collection was an online survey from the community of Jeddah City, kingdom of Saudi Arabia.

Study Duration: February 2020 to May 2020.

Sample size: 373 adolescents.

Sample size calculation: The sample size was estimated based on Jeddah population.

Subjects & selection method: The study population was drawn from adolescents who aged from 10-19 years because this aged group are exposed to threatening life events frequently. The selection method was randomly selected of the participants.

Inclusion criteria:

1. Adolescents for both gender (male -female)
2. Aged from 10 to 19 years
3. Live in Jeddah city
4. Speak Arabic language
5. Accepted to participate in research study voluntarily and without harm

Exclusion criteria:

1. Adolescents live outside Jeddah
2. Speak foreign language
3. $10 \leq \text{age} \leq 19$ years
4. Adolescents who have mental or physical disability

Procedure methodology

After written informed consent was obtained from nursing faculty at KAU, the Self-report questionnaire is composed of four parts. The first part included participants' basic demographic characteristics, which includes age, gender, educational level. The second part obtained from a website named anxiety and depression association of America. It consists of 5 close ended questions which were modified by the researchers to be suitable for the purpose of the research. It includes questions about the risk factors which include medical and family history of mental health problems, having issues with substance misuse, living conditions, good support system of family and friends, have been exposed to other trauma earlier in life, and when exposed to the trauma. The third part consists of the impact on physical, psychological, and social life aspects and their responses to it. The last part assessed their awareness regarding their opinion, if PTSD has a long term impact on psychosocial life and if seeking help may improve these symptoms or not.

Statistical analysis

The data were analyzed using SPSS, version 25.0 software. The data illustrated by using frequencies and percentages. The results illustrated using graphs including bar chart and pie charts.

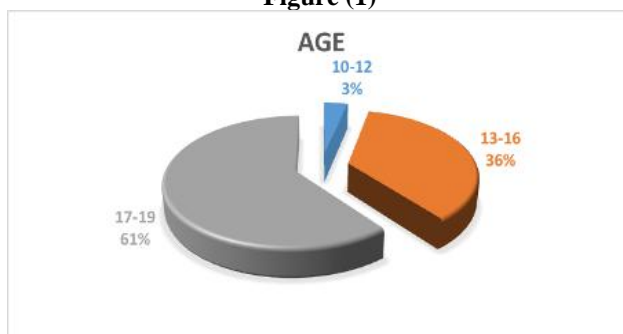
Table (1) Demographic

		Frequency	Percent
1. Age	10-12	13	3.5%
	13-16	134	35.9%
	17-19	226	60.6%
2. gender	Female	266	71.3%
	Male	107	28.7%
3. school level	Elementary	10	2.7%
	Middle	61	16.4%
	High school	302	81.0%

III. Result

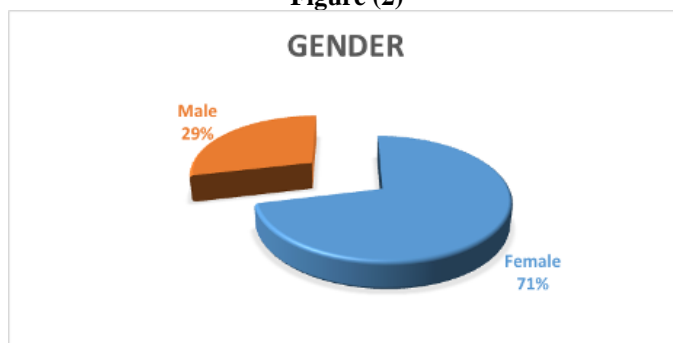
Out of 373 participants, 13 (3.5%) of the sample study were aged from 10 to 12 years. 134 (35.9%) of the sample were aged from 13 to 16 year. Where 226 (60.6%) of the sample their age lies between 17 and 19 years as shown in the following figure (1)

Figure (1)



266 (71.3 %) of the sample study were females, while 107 (28.7%) were males as shown in the figure (2)

Figure (2)



10 (2.7%) of the sample study have a primary educational level, 61 (16.4%) of participants have a middle educational level, and 302 (81.0%) were have a secondary educational level as shown in the figure (3)

Figure (3)

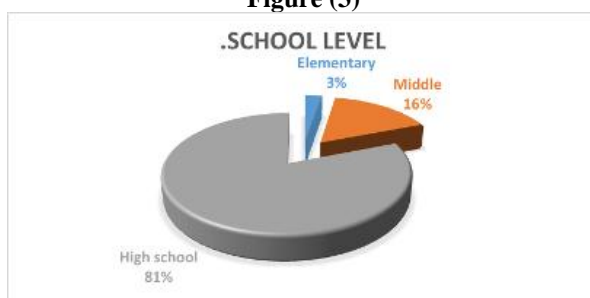
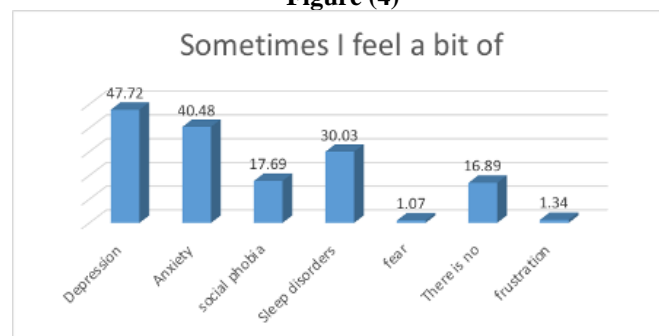


Table (2) risk factor

		Count	Layer Total N %
Sometimes I feel a bit of	Depression	178	47.7%
	Anxiety	151	40.5%
	social phobia	66	17.7%
	Sleep disorders	112	30.0%
	There is no	63	16.9%
	fear	4	1.1%
	frustration	5	1.3%
A member of my family has some symptoms	Depression	47	12.6%
	Anxiety	64	17.2%
	social phobia	25	6.7%
	Sleep disorders	36	9.7%
	There is no	241	64.6%
Do you take any kind of drugs permanently?	Yes	25	6.7%
	No	300	80.4%
	Sometimes	48	12.9%
I feel a good relationship with my family and friends	Yes	211	56.6%
	No	35	9.4%
	Sometimes	133	35.7%
	Family only	3	0.8%
My living condition is good	Yes	254	68.1%
	No	27	7.2%
	Sometimes	94	25.2%
9. Do You have experienced or witnessed a life-threatening event that caused intense fear, helplessness, or horror.	loss of loves person	155	41.6%
	phenomena (flood - earthquakes)	53	14.2%
	accidents (cars- fire - airplane)	74	19.8%
	social media videos(terrorism)	18	4.8%
	violence (emotional- sexual abuse)	73	19.6%
10. When the trauma happened?	Less than month	9	2.4%
	From one to six months	110	29.5%
	From 7 months to 1 year	44	11.8%
	From 1 to 3 years	86	23.1%
	From 4 years to more	117	31.4%

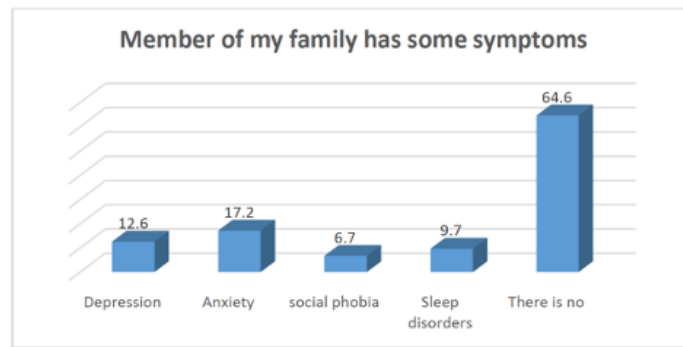
As shown in table 2, 178 participants (47.72%) of the sample study sometimes feel Depression, 151 (40.48%) feel anxiety, 66 (17.69) have social phobia, 112 (30.03%) have sleep disorders, 4 (1.07%) feel fear, and 5 (1.34%) feel frustration as indicated as the following figure (4).

Figure (4)



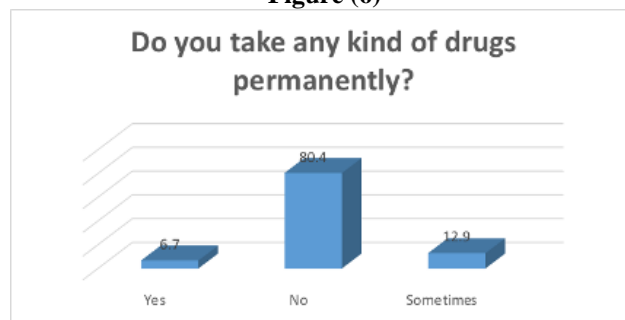
47 participants (12.6%) of the sample study have a member of their family has some symptoms of depression, 64 (17.2%) have a member of their family has symptoms of anxiety. 25 (6.7%) have social phobia, and 36 (9.7%) have some symptoms of sleep disorder as indicated as the following figure (5).

Figure (5)



25 participants (6.7%) of the sample study take a kind of drug permanently as indicated as the following figure (6).

Figure (6)



211 participants (56.6%) of the sample study reported that they have a good relationship with their families and friends, while 245 (68.1%) of the sample study reported that their physical condition is good as indicated as the following figures (7,8)

Figure (7)

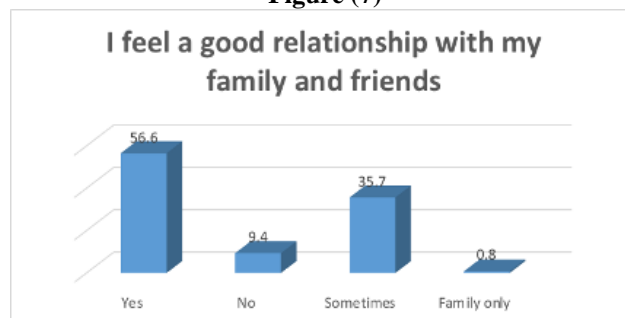
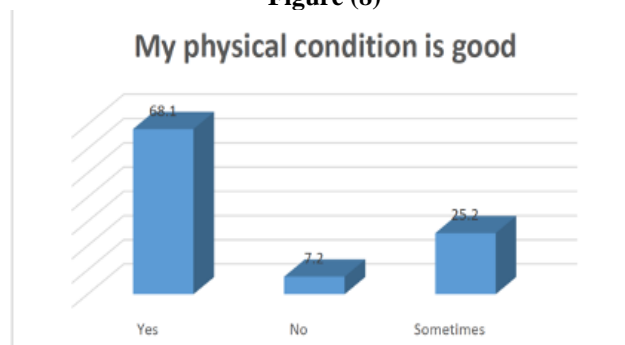
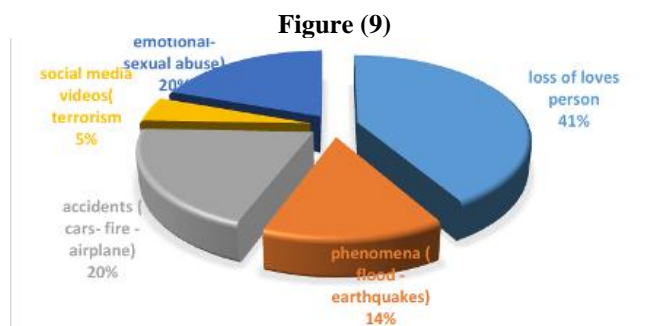


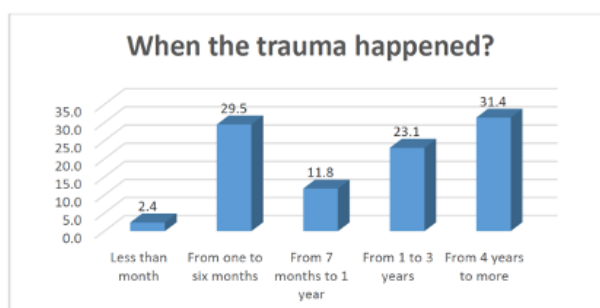
Figure (8)



As serious risk factors, 155 participants (41.6%) of the sample study have experienced loss of a loved person. 53 (14.2%) of participants have experienced or witnessed a life-threatening natural phenomena such as flood. 74 (19.8%) of participants have experienced accidents including fire and car accidents. 18 (4.8%) of participants witnessed social media videos containing terrorism or killing moments. 73 (19.6%) of participants have experienced violence such as physical, emotional and sexual abuse as indicated as in figure (9)



9 (2.4%) of the sample study reported that trauma happened since less than a month. 110 (29.5%) of participants reported that the trauma happened from one to six months. 44 (11.8%) of them said that trauma happened from 7 months to 1 year, while 86 (23.1%) of participants reported that trauma happened from 1 to 3 years. 117 (31.4%) of participants reported that trauma happened since From 4 years or more as indicated as in figure (10)



As a physical impact of PTSD, 109 participants (29.2%) of the sample study noticed urine incontinence after the trauma, where 138 (37%) of the sample study noticed palpitation most of the time, and 136 (36.5%) of the sample study experienced shortness of breath.

41 (11%) of the sample study noticed loss of appetite. 8 (2.1 %) of the sample study noticed Fear, and 2 (0.5%) of the sample study noticed frustration and crying as indicated in the figure (11)

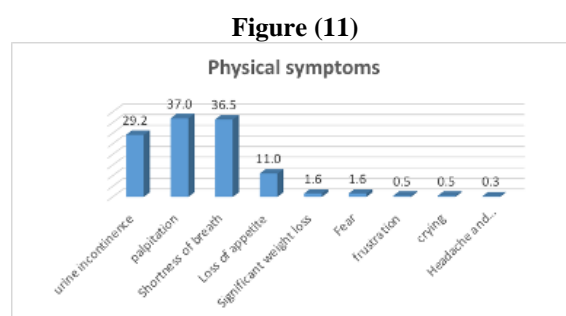
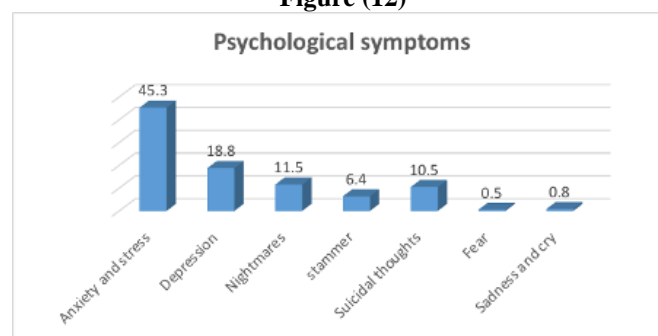


Table (3) impact

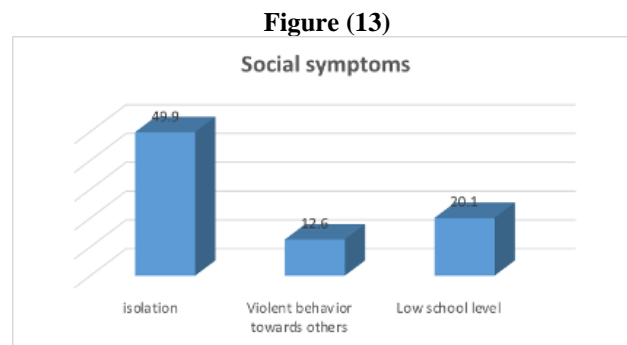
		Frequency	Percent
11. Have you noticed any of these symptoms after the trauma? (Physical symptoms)	urine incontinence	109	29.2
	palpitation	138	37.0
	Shortness of breath	136	36.5
	Loss of appetite	41	11.0
	Significant weight loss	6	1.6
	Fear	6	1.6
	frustration	2	0.5
	crying	2	0.5
12. Have you noticed any of these symptoms after the trauma? (Psychological symptoms)	Anxiety and stress	169	45.3%
	Depression	70	18.8%
	Nightmares	43	11.5%
	stammer	24	6.4%
	Suicidal thoughts	39	10.5%
	Fear	2	0.5%
	Sadness and cry	3	0.8%
13. Have you noticed any of these symptoms after the trauma? (Social symptoms)	isolation	186	49.9
	Violent behavior towards others	47	12.6
	Low school level	75	20.1
14. Do you have intrusions about the event in at least one of the following ways Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)	Yes	208	55.8%
	No	158	42.4%
15. Do you avoid things that remind you of the event in at least one of the following ways (Avoid thoughts, feelings, places and activities)	Yes	262	74%
	No	92	26%

As table (3) shows the psychological impact of PTSD, 169 participants (45.3%) of the sample study experienced anxiety and stress after the trauma, where 70 (18.8%) of participants experienced depression. 43 (11.15%) of the sample study noticed nightmares after the trauma, and 24 (6.4%) of the sample study experienced stammer. 39 (10.5%) of the sample study had suicidal thoughts after the trauma. 3 (0.8%) of the sample study experienced sadness and crying most of the time after the traum, as indicated in the figure (12).

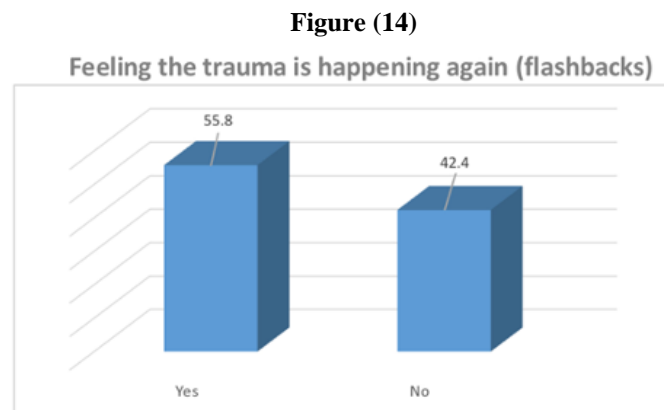
Figure (12)



As a social impact of PTSD, 186 participants (49.9%) of the sample study had social isolation after the trauma, while 47(12.6%) of participants had violent behavior towards others. 75 (20.1%) of participants noticed low school level after the trauma, as indicated in the figure (13).



In addition, 208 (55.8%) of the sample study have intrusions about the event such as acting or feeling as if the event were happening again (flashbacks or a sense of reliving it) as indicated in the following figure (14)



262 (70.2%) of the sample study avoid things that remind them of the event in at least one of the following ways(Avoid thoughts, feelings, places and activities) as indicated in the following figure (15)

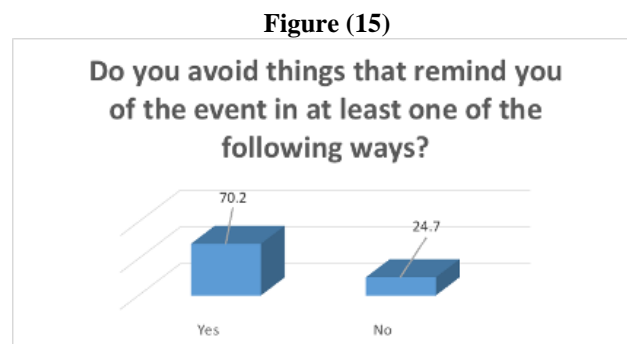


Table (4) awareness

		Count	Layer Total N %
16. Do you think PTSD has a long-term psychological and social impact?	Yes	256	68.6%
	No	112	30.0%
17. Do you think that disclosing these effects or seeking help can improve these symptoms?	Yes	237	63.5%
	No	134	35.9%

As shown in table (4), 256 (68.6%) which indicates most of the sample study think PTSD has a long-term psychological and social impact.

(237) 63.5% of the sample study believe that disclosing these effects or seeking help can improve these symptoms.

IV. Discussion

This study investigated the impact and risk factors of post traumatic stress disorder (PTSD) among adolescents participants in Jeddah. The study results show that most of the participants who experienced symptoms of PTSD are in the age group between 17 to 19 years. Thus, this age group is considered to be at high risk for experiencing PTSD. Another important finding shows that females more than males. It indicates that female adolescents are more likely than males to experience PTSD among their life. This finding was also reported by³. After the earthquake in China, the study reported that the females represented the greater presence than males who have PTSD.

The current study results showed that the participants have had depression at least once in their life. That indicates depression is one of the most common risk factors that contributed to PTSD. The results of this study did not show that family history can be a significant risk factor. The majority of participants reported that their families have no symptoms of psychological disorder such depression, anxiety, social phobia or sleep disorder⁷. This finding is contrary to previous studies which have suggested that family history of psychological disorder is a considerable risk factor. Another important finding was that the majority of participants don't consume any kind of permanent drugs. Therefore, medication didn't appear to be a considerable risk factor. One unanticipated finding was that a high percentage of adolescents have a good relationship with their family and friends. Consequently, Poor relationships between adolescents and their families or friends could be a serious risk factor for developing PTSD symptoms. Living conditions were good for most of the participants. Which indicates there's no relationship between living conditions and being exposed to PTSD.

The most obvious finding to emerge from the analysis is the type of life- threatening event that participants had exposed to. Each event has a serious impact on either psychological or social life. The current study showed losing a loved person as a life threatening event was the major event, which had a serious impact on their life. On the other hand, some participants reported that they had been abused either emotionally, physically or sexually once in their life. Equally, the participants showed that car or fire accidents may contribute to experiencing symptoms of PTSD.

The results of this study indicate that the duration of the incident may affect the intensity of the physical, psychological and social symptoms. The findings in this study showed that the majority of participants were exposed to the event before 4 years or more. In accordance with the present results, previous studies have demonstrated that incidence of the event was high even 4 years after exposure to a life-threatening event such as a tsunami⁸.

The results of the current study showed that the most common physical symptom was palpitations. In accordance with the present results, previous studies have demonstrated that most adolescents experienced considerable anxiety and stress caused by PTSD. This was evident in the current study as the major psychological impact. A previous study which was conducted in China reported that most anxiety symptoms caused by PTSD³. This study confirms that PTSD is associated with social consequences such as social isolation. It produced that social isolation had a significant impact on the participants. In comparison with the study conducted in Malaysia⁸. A possible explanation for this might be lack for a trusted person to talk with, or lack for a supportive family may lead to serious isolation as well. In current study, most adolescents have an intrusion of flashbacks and feel trauma happening again when exposed to a similar event. These results are in

line with those of previous studies that focused on the relationship between PTSD and the psychological consequences, such as nightmares and flashbacks of the traumatic event.

In table 4, the researchers examined the awareness level among PTSD participants. A high percentage of the adolescents assumed that PTSD has a long term on psychological and social impact. These results corroborate the findings of a great deal of the previous studies. These consequences could be prevented if the level of awareness increased among adolescents. Another important finding was that most adolescents agreed that seeking help can improve the symptoms of PTSD. This result could be explained by the fact that the adolescents suffering from PTSD needed greater support once the trauma happened. These findings reflect that participants are aware about these serious consequences, and the importance for seeking help and support whenever needed.

This study may be useful as a guide for developing symptoms management regarding patients with unidentified physical symptoms, who are repeated attendees to primary care. Subsequently, members of primary health care while assessing the patients should ask carefully whether or not patients with such symptoms have been exposed to traumatic events (may be the exposure to this event about months or years before). The primary care team should be aware of traumas associated with the development of PTSD. In addition, CBT (Cognitive behavioral therapy) should be provided to adolescents with serious post traumatic symptoms or with significant PTSD in the first month after the traumatic event¹³.

V. Conclusion

Previous studies found that PTSD is a widespread phenomena in adolescents' populations. Therefore, it was evident that there is a gap in research addressing the impact of PTSD in Saudi Arabia.

The central focus of this study was to determine the impact of PTSD among adolescents in Jeddah. The participants were 373 of adolescents. In Jeddah city, it was found that PTSD reported a high rate with significant impact of this disorder. In particular, it is higher among females than males. Eventually, the impact remained even four years after the trauma. PTSD may present with a range of symptoms.

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Fatmah H. Alsharif, PhD, MSN, RN, et. al. "The Impact of Post Traumatic Stress Disorder on the Psychosocial Life in Adolescence." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 9(4), 2020, pp. 25-35.