

Traumatic experiences and life events in people with intellectual disability

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Purpose of review

The aim of this article is to present and critically evaluate recent research on life events and traumatic experiences as predictors of psychopathology in people with intellectual disability.

Recent findings

The area has not developed significantly in the last years. Although life events have been associated with a range of mental health problems, only few studies have tried to clarify their role in psychopathology. It is often the case that differences between life events and traumatic experiences have been overlooked, mainly because establishing a clear cut-off point between the two types of events is not always possible. In addition, traumatic experiences *per se*, and as potential predictors of psychopathology, have been scarcely investigated in people with intellectual disability.

Summary

The role of recent life events and traumatic experiences across the life-span of people with intellectual disability deserves more research. An outstanding question is whether these events are risk factors or triggering factors, as well as how to differentiate between traumatic and life events. Identifying possible protective factors for mental health seems to be a very promising line for future research with important clinical implications.

Keywords

intellectual disability, life events, mental health, psychopathology, traumatic experiences, vulnerability models

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Introduction

The recent literature has often supported that people with intellectual disabilities (PWID) tend to present higher rates of mental health disorders than those without intellectual disabilities (i.e. Cooper *et al.* [1[•]] and Smiley *et al.* [2[•]], but see also Whitaker and Read [3]), suggesting an increased bio-psycho-social vulnerability to psychopathology. Biological factors, such as behavioural phenotypes, psychological factors, such as low self-esteem and insecure attachments, and social–external factors, such as life events, are often salient in PWID. It is therefore possible that the interaction of these factors may account for the high rates of mental health problems in PWID. In this context, understanding the role of life events and traumatic experiences becomes particularly important.

Past research of life events and traumatic experiences

The impact of recent life events has been extensively studied in PWID [4–12] and frequently has been taken into account in vulnerability models [13,14]. Very little

research, however, has been conducted on traumatic experiences across the life span, except for isolated experiences, such as sexual abuse [15–18] and understanding posttraumatic stress disorder (PTSD) in PWID [19,20].

The thin red line between life events and traumatic experiences

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)-IV diagnostic criteria a traumatic event is defined as involving actual or threatened death or serious injury of self or others causing immediate intense fear, helplessness or horror. In contrast, a life event is an experience with a determinable origin and limited duration, which can influence someone's psychological status and can markedly change the social or physical environment [5], for example moving house or residence. An obvious question is whether life events and traumatic experiences are different concepts or part of a continuum [21]. Establishing a clear separation line is a difficult task as 'nontraumatic' life events may become 'traumatic' in PWID due to difficulties in understanding and analysing situations (e.g. getting lost in a subway station). Lower

levels of intellectual functioning have been associated with higher rates of PTSD [22], suggesting that the range of potentially traumatic experiences is greater in PWID.

In this sense, the developmental perspective [23] may perhaps shed more light on the cut-off point between traumatic experiences and life events when such experiences trespass the frontier of 'bearable' to 'unbearable'. The developmental level at which trauma occurs has a major impact on the capacity of the victim to adapt [24]. For example, the level of self-perception of coping skills or self-regulation can determine the processing of an event, so that the same event may be experienced either as nontraumatic (at a higher developmental level) or as traumatic (at a lower developmental level).

Life events

In the period of this review, Tsakanikos *et al.* [25**] examined the impact of multiple life events on mental health in adults with intellectual disabilities in a cross-sectional study design. Data revealed that single exposure to life events was significantly associated with female sex, schizophrenia, personality disorders and depression. Multiple exposure to life events, however, was associated with personality disorder, depression and adjustment reaction. Investigating multiple exposure (cumulative impact of life events) as a stressor can be especially informative, as it can potentially demonstrate a cut-off point for the number and severity of life events that could trigger mental health problems.

In this same period, a longitudinal study (2-year follow-up) with adolescents was published by Gunther *et al.* [26**] that examined the contribution of exposure to bullying and adverse life events (family-related or school-related) in the development of psychopathology, along with the potential moderating effects of neighbourhood social capital. Both variables were found to predict an increase in psychopathology. Exposure to bullying was associated with the development of hyperactivity and emotional problems, while the experience of adverse life events (especially family-related) predicted the development of behavioural problems. Neighbourhood social capital did not seem to moderate the effects. The inclusion of potential moderating variables opens future research lines, mainly on protective factors, with obvious implications for clinical practice.

A number of risk factor studies have also looked at life events *inter alia*, given that such events are often followed by presentation of both mental health disorders and behavioural problems [27]. Cooper *et al.* [1*] in a population-based study ($n=1023$) investigated a large number of factors independently associated with mental ill health,

including number of life events, which turned out to be significant. While trying to establish incidence rates, Smiley *et al.* [2*] carried out a prospective cohort study to identify predictors of mental ill health. In this study, it was shown that preceding life events predicted incident ill health (it should be noted that under the term 'life events' traumatic experiences were also included). Furthermore, Cooper *et al.* [28] tried to establish the prevalence, incidence and predictive factors of mental ill health but this time in a population-based prospective cohort study of 184 adults with profound intellectual disabilities. Life events in the previous 12 months were again significant predictors of mental ill health. It should be noted that this study examined exclusively recent life events (not including long-term traumatic experiences), suggesting that the effect seemed greater than for Smiley *et al.* [2*], signalling a greater impact when the degree of disability is higher, perhaps because people with profound intellectual disabilities are likely to experience greater difficulty in understanding changes and relationships between events.

In a prevalence study of psychiatric disorders in children, Emerson and Hatton [29] also looked at a large number of possible risk factors among children with and without intellectual disabilities, finding that exposure to two or more negative life events significantly increased the odds of psychiatric disorders, especially emotional disorders and conduct disorder. Investigating the presentation and risk factors for depression in adults with intellectual disabilities, McGillivray and McCabe [30] found that, along with automatic negative thoughts, social support, self-esteem, and life events that occurred over a 6-month period were significant predictors of clinical depression. Finally, Soni *et al.* [31] investigated the course and outcome of psychiatric illness in adults with Prader-Willi syndrome in a follow-up study. Recent life events were more likely to be experienced in the follow-up period by those participants with recurrent episodes of psychiatric disorders, suggesting that life events could play the role of precipitating factors when vulnerability factors such as the behavioural phenotype of Prader-Willi syndrome are present.

Traumatic experiences

Research activity in this area has mainly focused on the types and effects of traumatic experiences, although the role of these experiences as a risk factor in vulnerability models has been overlooked. Abuse is the more frequently studied type of trauma. Reiter *et al.* [32**] found that students with intellectual disabilities were abused (physical, sexual and emotional) more frequently than their peers. Moreover, it was shown that not only is there a higher incidence of victimization of PWID, but the abuse often goes unreported; or, when reported, it tends to be disregarded. In line with previous research, Reiter

et al. [32**] also found a higher probability of repeated victimization, proposing that the high incidence of abuse of PWID calls for action.

Murphy *et al.* [33**] have employed retrospective interviewing assessing skills and behavioural problems 3 months prior to the abuse (*Time 1*), immediately after the abuse (*Time 2*) and 3 months after the abuse (*Time 3*). This study revealed a consistent pattern of impact in adults with severe intellectual disabilities: fewer problems or difficulties at *Time 1*, major difficulties at *Time 2* and some recovery by *Time 3*. Employing observable measures can be very helpful for identifying possible abuse in people with severe intellectual disabilities as they are less able to report them. Despite the study limitations due to the small number of participants, data also suggested that few cases reached criminal court, it was common to move the victim's placement following abuse and therapeutic services were scarcely offered to victims.

In a broader sample, including participants with intellectual disabilities, Brownlie *et al.* [34] found that participants (especially girls and women) with language impairments were more likely than those with unimpaired language to report sexual abuse, after controlling for differences in socioeconomic status. A study of life histories [35] suggested that the development of a self-injury/self-harm conundrum in individuals with severe intellectual disabilities might be a response to traumatic life experiences. In this same line, and also through case studies, Taggart *et al.* [36] found that the less frequent phenomenon of misuse of alcohol and drugs in PWID may also be a consequence of 'psychological trauma' and 'distance from the community'. Multiple deaths of close family members, death of partners, long-term physical, emotional and financial abuse, sexual abuse or rape were also identified in the case studies.

Finally, Peckham [37*] has published three papers related to sexual abuse. The first paper was a review of sexual abuse in PWID, highlighting consequences such as PTSD, low self-esteem, anger, depression, guilt, relationship problems and behavioural problems such as self-harm, stereotypical behaviour and sexualized behaviour. The second paper described a survivors group for women with intellectual disabilities [38*], and the last one evaluated the therapeutic group effectiveness using a repeated measure design [39*]. The survivors group pilot for women improved sexual knowledge, trauma and depression but neither self-esteem nor anger, and behavioural problems worsened before improving. In terms of interventions, Focht-New *et al.* [40] offer strategies and guidance for assessment for PWID exposed to interpersonal violence and crime, based on the authors' clinical experience and on previous evidence-based knowledge.

Conclusion

Understanding the role of recent life events and traumatic experiences as predictors of psychopathology in PWID is particularly important. Identification of risk factors can shed light on aetiological processes, identify sub-groups that should be targeted for prevention and suggest how interventions and services should be implemented [14]. Importantly, investigation of possible protective factors when risk factors are present has been overlooked, so there is scope for further research in this area, which can inform both clinical theory and practice.

Regarding future research, longitudinal studies are needed to establish the role of life events, and traumatic experiences in particular, in the development of psychopathology. The majority of the recently published papers regarding traumatic experiences are case studies and literature reviews, so there is scope for empirical research on the role of traumatic experiences in the development of psychopathology. Furthermore, no sufficient evidence is available to establish clear-cut distinctions between negative life events and traumatic experiences.

Finally, there is a need to establish the role of life events and traumatic experiences in a diathesis model. As stated by Soni *et al.* [31], life events are triggers (also highlighted by the fact that they are usually measured during the previous 12 months), and they should be studied in their interaction with possible vulnerability factors such as traumatic experiences across the life span.

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References and recommended reading

Papers of particular interest, published within the annual period of review, have been highlighted as:

- of special interest
- of outstanding interest

Additional references related to this topic can also be found in the Current World Literature section in this issue (pp. 518–519).

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This is the most recent and largest population-based study clarifying prevalence rates of mental-ill health in adults with intellectual disabilities. Although not central to the aims of the study, the number of life events was found to be significantly associated with mental ill-health.

- 2 Smiley E, Cooper SA, Finlayson J, *et al.* Incidence and predictors of mental ill-health in adults with intellectual disabilities. *Br J Psychiatry* 2007; 191:313–319.

The authors tried to establish incidence rates and to identify predictors of mental ill-health in a prospective cohort study. Preceding life events were shown to be significant predictors for mental health problems. Further analysis of these variables, however, demonstrated that both traumatic experiences and life events were considered together under the term 'past experiences', and include parental death, parental divorce, compulsory removal from family home, known abuse, neglect or exploitation, financial poverty, other traumatic experiences and long-stay hospital residence.

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