symptoms as well. Joseph *et al's* (1999) model can perhaps help explain this. According to Joseph *et al.* (1999) there are many factors that act as protective factors following a traumatic exposure and social support has been identified as one of these protective factors. Joseph *et al.* (1999) reported that social support is associated with better outcome after traumatic exposure. It can be hypothesized that exposure could have activated social support which could protected against negative outcomes in the single exposure group. However, social support could not sustain a buffering effect in the multiple exposure group due to the increased demands generated by multiple exposure.

8.5 Limitations of the present study

The study involves the secondary analysis of survey data. We cannot infer causality and conclude that multiple exposure causes symptom severity in adolescents. The association between multiple exposures and severity of psychiatric symptomatology found in the present study needs to be further investigated with a research design that permits causal inferences.

The second important limitation for the present study was the exclusive use of self-report measures. Self report measures introduce

bias in the study for two reasons. Firstly, the accuracy of information, especially early childhood information can be distorted by recall. Secondly, self reported diagnostic assessments may not be as accurate as clinician ratings for psychiatric symptomology. Further research can complement self report with clinical assessments.

Group differences can also be the result of the instrument bias. For the present study, while the majority of the instruments have acceptable reliability, there were two exceptions. The trauma checklist, alpha value of .418 and CTQ, alpha value .662 did not meet the accepted reliability cut off of .75 (Anastasi, 1982). It is unclear why, and further research needs to investigate this. One possibility is the appropriateness of the instruments for the South African context. In terms of the present study caution must be exercised in interpreting the results due to possible bias introduced by instrument reliability.

The literature review clearly indicates that for both single and multiple exposure there are a broad array of outcomes. Furthermore, the literature suggests that for multiple exposure there could be consequences for personality development. The present study was

confined to exploring PTSD and depression and further research needs to include a broader array of outcomes.

8.6 Conclusions and recommendations

The results of the present study indicates that there is a high level of exposure to trauma in the South African context, and consistent with other South African studies, the rates appear higher than the Euro-American context. While this is indicative of the challenges facing a country in transition, it has enormous implications for the healthy psychological development of South African youth. As Stevens and Lockhart (1997) suggest, healthy resolution of adolescent developmental tasks may be jeopardized under conditions of adversity. The consistency of greater negative outcomes when faced with multiple exposure to trauma further raises more fundamental questions about personality development during the adolescent phase.

The association between multiple exposure and greater negative outcomes is also significant. Firstly it raises questions about the appropriateness of current conceptualization of PTSD and existing theoretical expectations for PTSD. If single exposure is not the norm, then our diagnostic criteria and theoretical explanations also need to

be aligned accordingly.

Secondly, the greater prevalence of psychiatric symptomology has implications for the burden of health care. If these trends persist, then it also implies a significant increase in the cast of health care for the country in transition. As suggested earlier, far more research is required in this area. More importantly far greater attention needs to be paid to developing appropriate strategies for transforming both the reasons for, and the outcomes to adversity in the South African context.

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