



TRAUMA, ARMED CONFLICT AND RISK EATING BEHAVIORS IN COLOMBIAN POPULATION

Maritza Rodriguez, Juanita Gempeler

Equilibrio Outpatient Program for ED Treatment. Bogotá, Colombia. South America.

Abstract

Exposure to traumatic events is a risk factor for ED. People exposed to armed conflicts and socio political violence present a chronic stress response that can lead to various psychopathological outcomes (problematic eating behaviors, among others).

Methods: Using the data from the National Survey of Mental Health that studied 12.311 Colombians, we explored the association between risk eating behaviors and the history of traumatic events such as family violence, other forms of social violence, sexual abuse, and exposure to situations derived from Colombia's armed conflict.

Results. 29.3 % of adolescents and 40% of young adults reported having been exposed to at least one traumatic event in the last year. Additionally 18,7% of young people in Colombia had suffered forced displacement due to the country's armed conflict or insecurity. 11.4 % (CI 95% 8,2-15,5) of adolescents exposed to traumatic events reported diet behaviors versus 7,9% (CI 95% 5,9-10,3) of the non-exposed. 8,6% (CI 95% 6-12,2) reported binges, compared with only 4,2% of the non-exposed. In people between 18 and 25 years of age, the prevalence of diet was 12,3% (CI 95% 9,3-16,1) and of binges was 8%(CI 95% 5,7-11,3) between those exposed to any traumatic event compared with 8% and 4,9% of the non exposed. **Conclusion:** Similar to what has been observed with sexual trauma and physical and emotional maltreatment, the exposure to traumatic events related with socio political violence seems to be associated with risk behaviors for ED.

Introduction

Even if trauma is not a specific risk factor for ED, it frequently precedes symptom appearance and contributes to their maintenance in time.

In Colombia, given the country's fifty-year old history of internal armed conflict, it seems necessary to explore how sociopolitical violence affects the civil population, and how the trauma of being exposed to this kind of violence relates to the appearance and maintenance of eating disorders.

Modalities of violence impact can be appreciated in figure 1 and table 1

Figure 1. Modalities of Sociopolitical Violence in Colombia



Table 1. Impact of violence in Colombia after 50 years of violence (Grupo de Memoria Histórica- 2014)

220.000 deaths: 8 / 10 civilians
25.007 disappeared
1.754 victims of sexual violence
6.421 children and adolescents recruited by armed groups
7.000.000 people forcefully displaced (women and children).
400.000 refugees

Methods & Materials

Using the data from the National Survey of Mental Health that studied 12.311 Colombians, we explored the association between risk eating behaviors and the history of traumatic events such as family violence, other forms of social violence, sexual abuse, and exposure to situations derived from Colombia's armed conflict. Eating behaviors were explored using 5 items of EAT-26 and 2 items of BULIT for dieting, restrictive eating and binges or purging behaviors.

Results

Around 30% of adolescents and 40% of young adults report having been exposed to at least one traumatic event in the last year. 18.7% of young people were victims of forced displacements due to events related to the armed conflict. 88% of them and 46% of adults perceive psychological trauma (Tables 2 and 3). When exploring eating behaviors, we found that ED risk behaviors were more frequent in people exposed to traumatic events in the last year, in comparison with non-exposed persons. We found this to be true for both adolescents and adults. See Table 4.

Table 2. Exposure to experiences associated with violence, and psychological trauma perception, in Colombian adolescents between 12 – 17 years of age , by gender.

Traumatic events and severity indicators of the experience	Men		Women		Total	
	%	95% CI	%	95% CI	%	95% CI
At least one traumatic event	30.7	27.3 - 34.4	27.9	24.7 - 31.5	29.3	26.9 - 31.8
Only one traumatic event	24.6	21.4 - 28.0	21.7	18.8 - 25.0	23.1	20.9 - 25.5
Two traumatic events	3.7	2.5 - 5.3	4.2	2.9 - 6.1	3.9	3.0 - 5.2
Displacement due to armed conflict or insecurity						
Lifetime	14.5	10.2 - 20.1	22.0	17.0 - 28.0	18.3	14.9 - 22.4
Severity of Traumatic Experience						
Death of a closely related person due to a traumatic event	31.8	25.7 - 38.5	33.6	27.2 - 40.6	32.6	28.2 - 37.5
Psychological Trauma Perception	88.9	83.5 - 92.7	87.3	81.7 - 91.4	88.1	84.4 - 91.1

Table 3. Traumatic Events: Exposure to experiences associated with violence, and psychological trauma perception in Colombian people between 18-44 years of age.

Indicator	Male % (95% CI)	Female % (95% CI)	Total % (95% CI)
TRAUMATIC EXPERIENCES			
Any traumatic experience	41. (38.7 - 43.2)	39.7 (37.8 - 41.6)	40.2 (38.8 - 41.7)
Traumatic experience due to domestic violence	5.3 (4.4-6.4)	9.4 (8.3-10.6)	7.7 (6.9-8.5)
Psychological violence	61.9 (41-79.1)	56.7 (47-66.1)	57.6 (48.8-66)
Physical violence	64.7 (43.5-81.3)	70.5 (61.2-78.3)	69.5 (61.1-76.8)
Sexual abuse		26.5 (19-35.7)	24.5 (17.9-32.6)
Traumatic experience due to physical violence (not domestic)	3.7 (2.9-4.7)	3.0 (2.4-3.7)	3.3 (2.8-3.8)
Traumatic experience due to organized crime	11.6 (10.2-13.1)	10.1 (9-11.3)	10.7 (9.8-11.6)
Traumatic experience due to armed conflict	8.4 (7.2-9.8)	7.5 (6.6-8.6)	7.9 (7.1-8.7)
DISPLACEMENT DUE TO ARMED CONFLICT OR INSECURITY			
Lifetime	17 (14.7-19.6)	19.9 (17.7-22.2)	18.7 (17.1-20.4)
Psychological Trauma in people exposed to organized crime		38.9 (30.3-48.2)	29.2 (23.2-36.1)
Psychological Trauma in people exposed to armed conflict	38.3 (25.8-52.7)	51.7 (39.2-63.9)	45.9 (36.8-55.4)

Table 4. ED risk behaviors in people between 12-25 years of age exposed to traumatic events in the last year.

ED Risk behaviors in 12-17 years	Exposed to any traumatic event in the last year		Non-exposed to traumatic events in the last year	
	%	CI 95%	%	CI 95%
Diet	11.4	8.2 - 15.5	7.9	5.9 - 10.3
Binges	8.6	6.0 - 12.2	4.2	3.0 - 5.8
Over-control related to food/ being pressured by others to eat	18.7	14.4 - 23.9	12.1	9.8 - 14.7

ED Risk behaviors in 18-25 years	Exposed to any traumatic event in the last year		Non-exposed to traumatic events in the last year	
	%	CI 95%	%	CI 95%
Diet	12.3	9.3 - 16.1	8.0	6.2 - 10.2
Binges	8.0	5.7 - 11.3	4.9	3.6 - 6.7
Over-control related to food/ being pressured by others to eat	21.9	17.8 - 26.6	13.5	9.8 - 18.5

Table 5. Prevalence of ED risk behaviors by BMI in Colombian people between 18-25 years of age

ED Risk Behavior	Underweight		Normal weight		Overweight		Obesity	
	%	CI 95%	%	CI 95%	%	CI 95%	%	CI 95%
Diet	16.2	9.3 - 23.7	10	7.9 - 12.6	7	4.6 - 10.6	11.2	5.2-22.4
Binges	6.3	2.2-16.7	5.6	4.1-7.5	7.5	4.5- 11.7	6.7	2.7-15.8
Over-control related to food/ being pressured by others to eat	40	28.1-43.2	19.4	11.1-15.5	6.6	3.9-10.8	6.6	3-14.1
Binges, food preoccupation and vomiting	2.3	0.5-9.2	0.4	0.1-1.2	0.5	0.1-1.7	0.4	0.1-2.2
Induced vomiting	5.6	0.5-40.1	0.2	0-0.7	23.2	4.6-65.5	1.8	0.3-10
Distress with eating	2.5	0.8-7.4	1.1	0.6-2	2.3	1.2-4.5	3.9	1.3-11.3

Conclusions

- Eleven point four percent of adolescents and 12.3% of Colombian young adults that were exposed to traumatic events in the last years, report diet behaviors. In contrast, only 7.9% and 8% respectively of non-exposed persons report them.
- Eight percent of persons exposed to trauma report binges, while only 4% of persons non exposed to trauma do so.
- Sixteen percent of Colombian young adults that are underweight by BMI, diet in order to lose weight, while 10% of them in normal weight do so.
- Chronic stress derived from exposure to violent environments that affect the civil population, such as Colombia's armed conflict, seems to be a fertile ground not only for the development of anxiety and mood disorders but also for the development of eating risk behaviours, that should be explored.
- Emotional climate of constant fear and anxiety in which the possibility of control does not exist or is very weak, could increase the possibility of control over eating behaviors, and its failure (binge and purge).
- Eating symptoms could be the expression of emotional dysregulation in traumatized people.
- Other forms of violence such as socio political violence should be considered as potential factors associated with risk for ED.

References

- Bell et al. Characteristics of the Colombian armed conflict and the mental health of civilians living in active conflict zones. *Conflict and Health* 2012, 6:10 <http://www.conflictandhealth.com/content/6/1/10>.
- Rodriguez M, Pérez V, García Y. Impact of Traumatic Experiences and Violent Acts upon Response to Treatment of a Sample of Colombian Women with Eating Disorders. *Int J of Eating Disorders*, 2005;37(4): 299-306.
- Brewerton, Timothy D. (2007) 'Eating Disorders, Trauma, and Comorbidity: Focus on PTSD', *Eating Disorders*, 15:4, 285 - 304.
- Tagay et al. Eating Disorders, Trauma, PTSD and Psychosocial Resources. *Eat Disord*. 2014 ; 22(1): 33-49. doi:10.1080/10640266.2014.857517
- Grupo de Memoria Histórica. ¡BASTA YA! Colombia: Memorias de guerra y dignidad. Bogotá: Imprenta Nacional, 2013.
- Ministerio de Salud y Seguridad Social de Colombia. Encuesta Nacional de Salud Mental, 2015.