



What is Post-Traumatic Stress Disorder? (PTSD)

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Introduction

There is a growing awareness among healthcare providers that traumatic experiences are widespread and that it is common for people who have been traumatized to develop medical and psychological symptoms associated with the experience.

Recent studies have shown that childhood abuse (particularly sexual abuse) is a strong predictor of the lifetime likelihood of developing Post-Traumatic Stress Disorder (PTSD). Although many people still equate PTSD with combat trauma, the experience most likely to produce PTSD is rape. PTSD is associated with an extremely high rate of medical and mental health service use, and possibly the highest per-capita cost of any psychological condition.

But there is help and there is hope.

PTSD is a long-term problem for many people. Studies show that 33–47 percent of people being treated for PTSD were still experiencing symptoms more than a year after the traumatic event. Without treatment many people may continue to have PTSD symptoms even decades after the traumatic event.

What Are the Symptoms of PTSD?

PTSD symptoms are divided into four categories. People who have been exposed to traumatic experiences may notice any number of symptoms in almost any combination. However, the diagnosis of PTSD means that someone has met very specific criteria. Based on the DSM 5, the symptoms for PTSD are listed below.

▪ **Intrusive Re-experiencing**

People with PTSD frequently feel as if the trauma is happening again. This is sometimes called a flashback, reliving experience, or abreaction. The person may have intrusive pictures in his/her head about the trauma, have recurrent nightmares, or may even experience hallucinations about the trauma. Intrusive symptoms sometimes cause people to lose touch with the “here and now” and react in ways that they did when the trauma originally occurred. For example, many years later a victim of child abuse may hide trembling in a closet when feeling threatened, even if the perceived threat is not abuse-related.

- **Avoidance**

People with PTSD work hard to avoid anything that might remind them of the traumatic experience. They may try to avoid people, places, or things that are reminders, as well as numbing out emotions to avoid painful, overwhelming feelings. Numbing of thoughts and feelings in response to trauma is known as “dissociation” and is a hallmark of PTSD. Frequently, people with PTSD use drugs or alcohol to avoid trauma-related feelings and memories.

- **Negative Changes in Beliefs and Feelings**

People with PTSD often have negative thoughts and feelings that began or worsened after the trauma, such as overly negative thoughts and assumptions about oneself or the world, and a feeling of isolation. They may have difficulty feeling positive feelings and interest in activities they once enjoyed. Other negative beliefs sometimes include an exaggerated blame of self or others for causing the trauma. Another symptom is an inability to recall key features of the trauma.

- **HyperArousal and Reactivity**

Symptoms of psychological and physiological arousal are very distinctive in people with PTSD. They may be very jumpy, easily startled, irritable, and may have sleep disturbances like insomnia or nightmares. They may seem constantly on guard and may find it difficult to concentrate. Sometimes persons with PTSD will have panic attacks accompanied by shortness of breath and chest pain. Other symptoms may sometimes include irritability and aggressiveness, and risky or destructive behavior.

Who Gets PTSD?

PTSD can affect anyone at any age who has been exposed to a traumatic event where he/she experienced terror, threat (or perceived threat) to life, limb or sanity, and his/her ability to cope was overwhelmed. The exposure can be direct exposure to the trauma, witnessing the trauma, or indirect exposure such as learning a close friend or relative was exposed to the trauma, or indirect exposure to aversive details of the trauma usually in the course of professional duties (e.g. first responders, medics). Conservative estimates show that 8–10 percent of the general population has PTSD. Among people who were victims of specific traumatic experiences (rape, child abuse, violent assaults, etc.), the rate of PTSD is 60–80 percent.

Diagnosis

Diagnosis of PTSD is challenging for a number of reasons. Because the symptoms are often delayed and may appear long after the traumatic event is over, many people don't connect the way they are feeling with the event they experienced months, or even years, before. Unfortunately, since avoiding reminders is one of the hallmarks of PTSD, it is common for those with PTSD to avoid diagnosis and treatment. Also, it is common for those who do seek treatment to be misdiagnosed. Because PTSD often occurs at the same time as other physiological and mental health disorders, PTSD symptoms may be masked or difficult to

identify. Examples of common co-occurring conditions are depression, substance use/dependence, and dissociative disorders. Trauma survivors may experience physical health problems such as headaches, chest pain, or digestive or gynecological problems as well. However, a growing number of clinicians are skilled at recognizing PTSD and still others are specializing in treatment of traumatic stress disorders. If you think you, or someone you know, might have PTSD a thorough physical and mental health assessment is in order.

Can PTSD Be Treated?

Yes. A person who has survived a traumatic event will probably never feel as if the event didn't happen, but the disruptive, distressing effects of PTSD are completely treatable. Depending on the source of the trauma (manmade vs. natural), the nature of the trauma (accidental vs. purposeful), and the age of the victim at the time of the trauma, treatment strategies may vary. Treatment involves both managing symptoms and working through the traumatic event. Most experts agree that psychotherapy is an important part of recovery. Medications can help reduce some symptoms allowing psychotherapy to be more effective.

Where Can I Get More Information?

Sidran Institute is a national 501(c)(3) nonprofit organization devoted to providing mental health information, resources, publications, and education to survivors of psychological trauma, their supportive family members, and mental health care service providers. Our mission is to support trauma survivors through advocacy, education, and training.

The Sidran Institute Press publishes practical tools for training and trauma recovery. *Risking Connection®: A Training Curriculum for Working with Survivors of Childhood*

Abuse is an evidence-based program for developing trauma-informed organizations of all types for audiences of all types (www.riskingconnection.com). *Growing Beyond Survival: A Self-help Toolkit for Managing Traumatic Stress* is the symptom management workbook for trauma survivors used in many dedicated trauma treatment centers.