

## General Information About Stress-related Reactions and Disorders

In the course of their lives most people will have experienced some stressful events. For about half of the adults in the United States, these events or experiences are the kind described in the Diagnostic and Statistical Manual of Mental Disorders – IV (DSM-IV). These events become part of a person’s history and influence how they think and feel about the world. Many people are able to successfully accept and understand these experiences in a way that ultimately either deepens, or at least does not disrupt, their lives. For others, these stresses influence them in a way that creates problems. In about eight percent of people, this takes the form of Post Traumatic Stress Disorder (PTSD), with women being somewhat more likely to experience this (approximately 12 percent). People diagnosed with PTSD have problems with a combination of things related to the stress. They may go to extremes to avoid reminders of the event, may have difficulties with sleep or jumpiness, and may think or dream about the events when they are not trying to do so. Others may experience some but not all of the symptoms of PTSD or may experience anxiety or panic attacks, depression, or physical health problems.

Although researchers have learned a lot recently about reactions to stressful events, there is no definite way to predict who will develop a stress-related disorder and who will not. There are, however, some characteristics of the traumatic event, the person involved, and the support (or lack of support) received by the person who lives through it that are associated with increased chances of developing problems. It is important to remember that these are not proven to be the **cause** of later difficulties, but are, rather, **associated with** later difficulties. The response to a particular trauma can vary from person to person and may range from little negative effects to tremendous negative effects. It is a common sense idea that anyone who is injured deeply enough will experience some lasting effects. This can be true emotionally as well as physically. In general, the following factors affect the likelihood of a person developing a stress-related disorder after exposure to the stressor.

- Age at onset of trauma (exposure at younger ages increases risk)
- Duration of trauma (trauma that lasts for weeks, months or years increases risk)
- Self-blame (blaming oneself increases the risk)
- Blame by others (whether this is explicit or implied, this increases risk)
- Type of trauma (trauma involving another person’s behavior appears to be more damaging than “acts of God” trauma)
- Severity of trauma (more violence, horror, fear, is linked with increased risk of problems)

**Societal issues:**

Trauma sometimes shatters a person's sense of safety and control. People who have not had that same experience often have a difficult time hearing that the world is not the place they would like to think it is. They may want to ignore the fact that there *is* some danger and some violence in the world. While the general public is becoming more aware of the fact that violence occurs, victims of trauma may still have the experience of being blamed for the trauma happening or for having difficulty recovering from it. It may be difficult for others to accept that trauma is a societal problem, not an indication of individual "weakness". This may be particularly true for women, whose social training has encouraged downplaying their individual rights and needs and prioritized maintaining relationships, even at high costs (such as tolerating abusive relationships).

For many women who have experienced sexual trauma or domestic abuse, a final phase of their healing is to become involved in some community approaches to eliminating violence in the world. They may volunteer at or donate money to a battered women's shelter. They may lobby their legislators for more money for rape crisis centers. Others who have experienced great loss through trauma have made an impact at a societal level by developing organizations such as Mothers Against Drunk Driving, so that they may reduce the likelihood of others having to experience a similar loss.

**Military-related issues:**

Until recently, most of the research about stressful events in the military focused on combat. Certainly the number of women serving in a combat area has increased as social attitudes have shifted. It is still, however, more common for the stressful events experienced by women on active duty to be related either to providing medical care to wounded soldiers, or to sexual harassment or sexual assault. While the military typically records dates of combat, it can be more difficult to find documentation of a soldier's exposure to the traumatic aspects of treating critically wounded persons. Finding documentation of sexual harassment or assault is even more difficult. The FBI states that incidents of sexual assault and sexual harassment go largely unreported in the civilian population. Any woman who has served in the military understands the additional factors that can make it even more difficult to report to one's command about sexual harassment, pressure to fraternize, or rape by another soldier. This sometimes includes use of threats such as discharging a woman as a presumed homosexual if she does not submit to advances, threats to ship a woman out or wash her out of school, or threats of losing a seat when flying "space available" if she does not submit.

**Physical effects:**

There is growing evidence linking past trauma with some types of health problems and with survivors using medical services more frequently after the trauma (Koss, MP & Heslet, L; 1992) ). This increase in use of services by survivors versus by those who did not experience a trauma, holds true even after eliminating any appointments or services that would be directly related to the physical consequences of a particular trauma. They also found that, while that frequency may taper off, it does not seem to drop back down to a pre-trauma rate.

Jamieson and Steege (1997), among others have explored the relationship between a history of sexual abuse and pelvic pain and irritable bowel symptoms. They found dysmenorrhea, dyspareunia, irritable bowel syndrome, and pelvic pain were all more common in women with a history of childhood sexual abuse and (except for dysmenorrhea) also for women with adult abuse.

**Treatments:**

Treatment of trauma is outlined on the “Treatment” page of this website. In general, however, it is useful to remember that treatment occurs in stages. In the first stage, which is often the longest, the focus is on safety and stability. Mental health care providers work with women to ensure that their basic needs (food, shelter, health, safety) are being taken care of as well as that a woman has the ability to tolerate emotional distress without abusing drugs or alcohol, or becoming suicidal or violent. When these are clearly in place it is possible to move into the second stage in which the trauma itself is explored. Finally, in the third stage, the work of therapy focuses on reconnecting with the world and integrating what a woman has learned from trauma treatment into how she chooses to live her life. Women who have moved through all of these stages successfully say things like, “I still think about it, but it doesn’t rule my life anymore”.