



UNDERSTANDING PTSD IN THE AFTERMATH OF SEXUAL VIOLENCE

What is PTSD and who gets it?

PTSD (Posttraumatic Stress Disorder) is a mental health condition suffered by many individuals who have experienced one or more traumatic events, including sexual violence. Not everyone who has experienced a traumatic event develops PTSD. About one-third of sexual assault survivors do. Whether or not an individual will develop PTSD depends on factors specific to the traumatic event, such as the intensity of the event, amount of control over circumstances during the event, and physical harm. It also depends on individual factors, such as other current mental health conditions, a family history of mental health conditions, the amount of stress in life not related to the trauma, and the quality of support received after the event.

It's important to remember that *the individual survivor's experience of sexual violence is more significant to the development of PTSD than the details of the trauma*. For example, an attempted rape can be just as traumatic for one survivor as a completed rape is for another survivor. Regardless of the circumstances, if a survivor develops PTSD, it is not a sign of weakness, nor does it mean that he/she is "crazy." PTSD is a serious, recognizable, and treatable condition in the aftermath of trauma.

What are the symptoms of PTSD?

PTSD is generally characterized by the presence of three types of symptoms:

- *Intrusive memories:* These include flashbacks and disturbing thoughts or dreams about the event. Flashbacks are intense, terrifying recollections of the event, such that the survivor actually feels as if the event is happening again.
- *Avoidance and emotional numbing:* This may include avoiding things that could elicit memories of the trauma, avoiding activities that used to be enjoyable, feeling emotionally disconnected, feeling hopeless about the future, having difficulty with memory and concentration, and having difficulty maintaining close relationships.
- *Anxiety and emotional arousal:* This may include irritability or anger, overwhelming guilt or shame, difficulty sleeping, seeing or hearing things that aren't there, being easily startled or frightened, and engaging in self-destructive behavior.

Symptoms of PTSD typically develop within three months following sexual assault, but may also develop months or even years later in response to a trigger (something that reminds you of the assault). The presence and severity of symptoms can come and go. For example, PTSD symptoms are more likely to worsen when you are experiencing more life stress, or if you see a news report or TV show describing sexual violence.

How is PTSD diagnosed?

Many of the symptoms described above are normal, expected responses to the trauma of sexual violence. What indicates the presence of PTSD is the duration of these symptoms and the extent to which they are interfering with your quality of life. Generally speaking, if these symptoms persist for longer than a month and are making you feel “out of control,” then you may have PTSD. Only a doctor or trained healthcare or mental health professional can diagnose PTSD. He/she will conduct an evaluation or assessment, which includes questions about the trauma, about your recent thoughts, feelings and behaviors, and about any other problems you are experiencing. PTSD is usually diagnosed within one or two evaluation sessions.

When should I get help?

The right time to seek help is anytime you feel that additional support or assistance would benefit you in your recovery process. Whether the assault happened yesterday or years ago, help is available. If you think you may have PTSD, you should consider being evaluated by a doctor or mental health professional. No survivor needs or deserves to suffer in silence.

You must seek help right away if you are engaging in self-harming behavior, such as cutting yourself or abusing alcohol or drugs. While these things may seem to provide you with short-term relief from the emotional pain you’re experiencing, they are dangerous to your health and safety, potentially resulting in serious physical injury, illness, or even death. Additionally, if you are contemplating suicide, you must seek help right away. It is possible to recover from sexual violence and to lead a fulfilling, productive life after trauma – but only if you are alive. Before considering suicide, consider talking to someone who can help you. A great place to start is by calling the National Suicide Prevention Lifeline, which is 1-800-273-TALK (8255).

How is PTSD treated?

PTSD is treated with mental health counseling/therapy, medication, or a combination of the two. There have been significant advances in the understanding and treatment of PTSD in recent years, and more survivors than ever before are receiving effective and timely diagnoses and treatment.

Examples of mental health counseling/therapy include Cognitive Behavioral Therapy (CBT), which usually involves meeting with a licensed mental health professional once per week for a few months. During CBT, survivors learn skills to better understand the trauma they’ve experienced, as well as the thoughts and emotions related to the trauma. Some survivors are guided by the therapist to speak about the trauma repeatedly until the memories no longer cause distress, referred to as “prolonged exposure.” Another mental health counseling method is called Eye Movement Desensitization and Reprocessing (EMDR). This method involves having the survivor focus on distractions like hand movements or sounds while talking about the traumatic event. Over time, this can relieve the distress experienced from memories of the trauma, and can change the way the survivor reacts to those memories.

For additional information and resources for recovery from sexual violence, please visit www.oaesv.org.