FEMALE PTSD: MYTHS, MISCONCEPTIONS, AND STIGMAS

2/21/2017

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Women who undergo traumatic experiences are twice as likely to develop PTSD as men (A.P.A., n.d.). While PTSD is often associated with war veterans, sexual assault is a leading cause of PTSD. In fact, sexual assault victims experience symptoms similar to war veterans. Although help is often not sought due to various stigmas, therapy, including online therapy, is extremely effective at treating PTSD.

Female PTSD: Myths, Misconceptions, and Stigmas

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INTRODUCTION

While post-traumatic stress disorder (PTSD) is a widely known mental illness, it is usually associated with studies about Vietnam veterans, or veterans in general. However, this diminishes a large population of those who suffer from the disorder.

> **According to the American Psychological Association, women have a much greater chance of developing PTSD, twice that of men**
>
> **(A.P.A., n.d.).**
>
> **A study focusing on a large population of female rape victims found that more than half of the participants were diagnosed with PTSD**
>
> **(Resnick, Kilpatrick, & Lipovsky, 1991).**

However, there are still many victims of PTSD, particularly rape victims, who do not talk to a therapist or seek treatment after their traumatic event. In the research below, we can delve deeper into the major causes of PTSD in women, the stigma that comes along with it, and how therapy can help.

STIGMAS AND MISCONCEPTIONS

Sexism, sexual assault, and trauma experienced in the military are all factors that can lead to PTSD. Each have stigmas tied around them that can intensify negative experiences for victims of the disorder. A study in 2016 by Susan Berg, was conducted to see if there was a correlation between sexist experiences women faced in their day to day lives and increased levels of PTSD.

> **The study entitled, *Everyday Sexism and Posttraumatic Stress Disorder in Women* found that every woman who had participated in the study had had at least one sexist experience in their lives and at least one the year the study took place. Almost 30% of the women experienced mental illnesses such as anxiety, depression, and suicidal thoughts (Berg, 2016).**

Berg also found that sexist behaviors that came from a woman's partner or spouse were more traumatic to them than behaviors in the workplace or in society in general. Berg discovered a positive correlation between women experiencing everyday sexist behavior, and higher rates of PTSD (Berg, 2016). Although this is a very recent correlational study, more research may show more of a connection between PTSD and sexism that women face on a daily basis. Regardless, we can infer from this study that women can experience trauma because of sexism.

Since there are so many victims of sexual assault who suffer from PTSD it is worth noting some of the stigmas that this group faces. A study done by Deitz, Williams, Rife, and Cantrell in 2015 focused on the different types of stigmas. The study, entitled *Examining Cultural, Social, and Self-Related Aspects of Stigma in Relation to Sexual Assault and Trauma Symptoms*, studied societal and cultural pressures as well as stigmas that came from the victim themselves.

> **They found that because of stereotypes perpetuated by society, victims are frequently accused of putting themselves in a position to be assaulted (Deitz, Williams, Rife, Cantrell, 2015).**

There are many misconceptions of sexual assault that are generated by cultural stigmas. Some include the idea that women who are sexually assaulted are lying about their traumatic experience or that they did not mind being assaulted because they found pleasure in it (Deitz, Williams, Rife, Cantrell, 2015). Societal stigmas can ostracize victims and make them feel like they are separated from other members of society. Victims can also develop negative self stigmas, which can lead them to feeling deep shame and having other disparaging thoughts about themselves (Deitz, Williams, Rife, Cantrell, 2015). The 2015 study found that self stigmas had a particularly negative impact on victims. There were more negative psychological problems and trauma symptoms associated with self stigmas than any of the other types. Deitz, Williams, Rife, Cantrell found that cultural and social stereotypes did not trigger as many trauma symptoms. Victims who believed in the stigmas had higher levels of acute symptoms (Deitz, Williams, Rife, Cantrell, 2015). All forms of stigma had some negative impact on the individuals who participated in the study, but those that were internalized by the victims seemed to be some of the most damaging (Deitz, Williams, Rife, Cantrell, 2015). These toxic and false ideas that victims are either being told to victims by society, or that they are telling themselves can be detrimental to their mental health. It seems that self stigmas in particular need to be addressed the most.

STIGMAS AND MISCONCEPTIONS (CONT.)

PTSD in the military is another serious issue to be addressed. Around 20% of female veterans who served in the years of the Iraq and Afghanistan wars developed PTSD due to traumatic experiences they faced during their deployment (Zinzow et al., 2012). Some of those experiences can include combat related injuries, watching someone be wounded or killed, and experiencing sexual assault. In another study entitled *Invisible Wounds of War Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, Tanielian and Jaycox found that because medical treatments have improved exponentially, the rates of soldiers killed in action has decreased. Unfortunately, the 2008 study found that wounded soldiers often experienced intense physical and mental pain from their combat related injuries. Tanielian and Jaycox reason that psychological treatment for veterans must change to accommodate the lasting affects of their mental wounds as well as their physical ones. Traumatic events such as witnessing the graphic death or injury of others, dealing with the constant fear of being wounded or killed themselves, and having to kill hostiles were all factors that could result in PTSD in soldiers (Tanielian & Jaycox, 2008). They also discuss how veterans may not fully report their symptoms when being discharge process because they wanted to return home to their families. Tanielian and Jaycox did find that soldiers were worried that seeking treatment would hurt their chances of being able to continue serving in the military or finding work after their discharge if their use of therapy was not kept confidential (Tanielian & Jaycox, 2008). Despite the affects of PTSD the stigma of seeking psychological help seemed to be a great deterrent for veterans.

Sexual assault and the stigmas about it, particularly in the military, can also be incredibly damaging and harmful to women. A study done in 2015 by Kintzle et al., found that one third of the participants, all of whom were women sexually assaulted in the military, experienced severe symptoms of PTSD

(Kintzle et al., 2015).

However, many sexual assault victims never came forward. Kintzle's study entitled *Sexual Trauma in the Military: Exploring PTSD and Mental Health Care Utilization in Female Veterans*, found that around 15% of those who had experienced sexual assault had reported their attacker. These low numbers suggests that there are major factors deterring victims of sexual assault from not only bringing their attackers to justice but opening up to a trained professional about their experiences. The military often perpetuates the idea that soldiers need to keep their emotions and trauma to themselves (Kintzle et al., 2015). This dangerous mindset can bring on feelings of shame and guilt. The 2015 study also found that when the victim was assaulted by someone in their unit, the rest of the group was not as likely to offer emotional support. In some cases, women in the military had the added strain of filing paperwork to receive care, which can mean they had to report their assault before being able to seek treatment (Kintzle et al., 2015). By doing more research and being more open about PTSD, we may be able to dismantle the stigmas surrounding it. It is also vital that we include it in the discussion of mental health, making the impact it has on people, particularly women, more widely known. Changing the conversation seems to be an important part in helping those with mental illness. It seems we need to start by being frank about the populations most affected by PTSD and the causes of it.

EFFICACY OF THERAPY

Although PTSD can bring on issues with substance abuse, and symptoms of depression, and anxiety to name a few, the vast majority of PTSD victims do not seek treatment.

According to a study conducted by Littleton, Buck, Rosman, and Grills-Taquechel in 2012, as many as 80% rape victims do not talk to a therapist after their traumatic event. (Littleton, Buck, Rosman, & Grills-Taquechel, 2012).

In their study entitled *From Survivor to Thriver: A Pilot Study of an Online Program for Rape Victims*, they tested the usage of online therapeutic programs as treatment for rape victims who had developed PTSD. Participants were given several modules to complete which were moderated by a licensed therapist. Each online module gave the participant questionnaires to fill out and received online feedback from the therapist. This allowed the therapist to quickly determine areas to be addressed and worked on with the participant (Littleton, Buck, Rosman, & Grills-Taquechel, 2012). Littleton, Buck, Rosman, and Grills-Taquechel found that this also helped the therapist decide which modules the women would benefit most from and the order in which ones to allow them access to. All of the participants benefited from the assigned modules and discussions with the therapist in some way. The majority of them lessened their symptoms of PTSD to the degree of not meeting the criteria of having it (Littleton, Buck, Rosman, & Grills-Taquechel, 2012). This is despite the fact that all of the individuals had high levels of PTSD symptoms before participating in the 2012 study. All of the women found the treatment to be worthwhile and did not report experiencing negative effects from the treatment (Littleton, Buck, Rosman, & Grills-Taquechel, 2012). When discussing the limitations of the study, the researchers remarked that the participants had to complete the modules in the assigned lab and were not given more privacy. They also did not have the freedom to complete the modules on their own schedule and had a limited amount of time to talk with the therapist (Littleton, Buck, Rosman, & Grills-Taquechel, 2012) . Even though the women benefitted greatly from the study, this begs the question of how much more beneficial treatment could be in a different setting. The researchers theorize that programs that are completely online with more therapist involvement may be even more helpful to clients (Littleton, Buck, Rosman, & Grills-Taquechel, 2012). Services like ITherapy address many of those questions. ITherapy provides a form of similar treatment but it also gives the client the opportunity to dedicate more time to modules and to be in a safe space during their sessions. They can have more control over the scheduling of their sessions and have the option of stepping away from the computer if they need to collect themselves. It also gives therapists the option of assigning worksheets and questionnaires to clients to aide them in their treatment. Regardless of what form of therapy is used, we can see that therapy is sorely needed for people suffering from PTSD and can be extremely beneficial to quality of life.

CONCLUSION

In general, women cope with higher rates of PTSD and sometimes have more trouble being heard. There are multiple reasons for this, and it seems part of the way of fixing this is to have more open discussions particularly about violence against women. Online programs and breaking social stigma seem to be some effective means of treatment. We are not in any means discounting PTSD occurring in men, LGBTQ+ communities, or trauma in any other population. This just appears to be one of the largest groups that is suffering from PTSD. Further research and more accessible programs and therapy are necessary for all who have PTSD.

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