

PTSD

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Post-Traumatic Stress Disorder (PTSD)

- In the most dramatic cases, a victim may reenact their in fantasy or behavior, in increasingly complex attempts to master the incidents

PTSD

- Anxiety disorder sometimes observed in people who experienced or witnessed a life threatening or catastrophic event
- Re-experiencing symptoms
 - Flashbacks
 - Bad dreams
 - Frightening thoughts
- Avoidance symptoms
 - Places, events, persons
 - Feeling numb
 - Feelings of guilt, depression, worry
 - Loss of interest in enjoyment
- Hyperarousal
 - Always tense or on edge
 - Easily startled
 - Difficulty sleeping
 - Angry outbursts

Short Term Impact

- *Externalizing*
 - Acting out
 - Appearing angry
- *Internalizing*
 - Becoming depressed or sad
 - Anxious

Short Term Impact (cont.)

- Some victims move immediately into denial in order to cope with the experience
- Wishes for retaliation are also a common response in order to regain control

Accute Stress Disorder

- Symptomology essentially identical to PTSD
 - Recent incident (less than 6 months)
 - PTSD requires prolonged symptoms
 - Longer than 6 months

Trauma

Traditional Factors Commonly Believed To Correlate With Trauma

- VIOLENCE (when sexual abuse/assault is violent, more trauma to victim occurs)
- PENETRATION (the sexual act of penetration causes more trauma than other types of sexual contact)
- AGE OF VICTIM (the younger the victim, the more trauma is increased)
- FREQUENCY (the more incidences of sexual abuse mean greater trauma to the victim)

Trauma (cont.)

NEW REFLECTIONS

- VIOLENCE – If violence is separated from “terror” it seems to be a rehabilitating factor rather than a trauma issue. For the victim, violence can be a “badge of innocence.”
- PENETRATION – Penetration does not correlate with trauma unless the act was sexually pleasurable for victim. Other types of sexual behavior appear more traumatic.
- AGE – age of victim at time of abuse did not correlate with trauma, but the “time spent in secrecy” did. Younger victims rehabilitate more effectively than older victims provided treatment received at time abuse discovered.

Trauma (cont.)

- FREQUENCY – It was not “how many times” that correlated with trauma but “how much time” the child spent with incidents occurring and the memory moving and changing over time.

Reduction of Trauma

FACTORS THAT REDUCE TRAUMA

- #1 Precognitions of Offender/Victim Status – those vics who showed minimal trauma understood they were a victim. The abuse was not as important as what the vic was thinking at the time the assault occurred.
- #2 Immediate Report – Vics who viewed themselves as “innocent” and the offender as “criminal” made an immediate report.
- #3 Report Response – Vics who reported abuse and received treatment had the best opportunity for recovery.
- #4 Future Recall – Vics who did not have a clear, accurate method to recall the abuse, manifested some level of trauma. Contrarily, those vics who had a clear method to recall the abuse scenario, avoided trauma in the future.