With so many people exposed to trauma, the likelihood of impact and long-term consequences are major concerns for social workers. Research suggests that there may be physical impacts that last long after the trauma (Taylor, 2010) and, although not always severe enough to be diagnosed as a stress-related disorder, can affect people's behavior. There appears to be a slow recovery of our stress-response system after exposure to trauma, and especially the deeper or closer to the trauma a person has been. This may lead to a greater sensitivity to new, fearful events and provide a quicker pathway to stress. Therefore, the potential for needing more mental health treatment for exposure to trauma is significant for a large portion of our population. The most severe mental health diagnosis of the fallout from exposure to trauma is post-traumatic stress disorder.

Post-Traumatic Stress Disorder LO 3

The longer-term impact of trauma can be the development of severe stress. Post-traumatic stress disorder (PTSD) is included in the category of anxiety disorders from the *Diagnostic and Statistical Manual of the American Psychiatric Association* (*DSM-5*) (APA, 2013). Although stress can be a common occurrence of daily living, when the situation is severe and typically perceived as life threatening, the reactions are more intense and considered to have the potential to lead to PTSD (Van Der Kolk, Weisaeth, & McFarlane, 1996).

PTSD was first recognized in relation to war veterans, particularly of the Vietnam War, which occurred from the late 1950s through the early 1970s. However, we now know that a variety of traumatic events, such as sexual assault, natural disasters, car or plane accidents, and many other stressful experiences can lead to PTSD. Symptoms, which generally begin within three months of the event, can include emotional numbness or dissociation, depression, heightened startle response, irritability, aggression, and sometimes violence (*DSM-5*). The symptoms must be experienced for at least a month before the diagnosis applies. Victims often relive the trauma event in their thoughts during the day and in their dreams at night. Sufferers of PTSD tend to avoid distressing reminders of their traumatic experience because these triggers can lead to dramatic flashbacks that can be accompanied by the same smells, sounds, and feelings that surrounded the initial events. Anniversary dates can be especially stressful. The course of the illness varies. Some people recover within six months, but others have symptoms that last much longer, and in some, the condition becomes chronic (see Box 14.3).

The wars in Iraq and Afghanistan have caused increased attention to the connection between armed conflict and PTSD, and the high fiscal and human mental health costs caused by war. Estimates are that between 20 and 30 percent of soldiers returning from Iraq had PTSD (Thomas et al., 2010). Soldiers most likely to experience PTSD are those who experienced more frequent combat, including those who were shot at, handled dead bodies, knew someone who was killed, or killed someone else (Hoge et al., 2004). Evidence suggests that sexual assault and sexual harassment increase for soldiers during war times, and both

Box 14.3 More About...PTSD

According to the National Center for PTSD, people are more likely to experience long-term PTSD when the following conditions accompany exposure to trauma:

- Threat to life
- Physical harm
- Witnessing death, bodily injury, or dead or maimed bodies
- Extreme environmental destruction
- Witnessing extreme human violence
- Losing one's home, valued possessions, neighborhood, or community
- Experiencing fatigue, weather exposure, hunger, or sleep deprivation
- Long-term or continued exposure to danger, loss, or stress
- Prior exposure to trauma
- Chronic poverty
- Prior incidence of a psychological disorder (Young, Ford, & Watson, 2007)

Although most survivors return to normal, for some the brain engages a survival mechanism that does not recede, and so the automatic reactions increase over time. Other problems to watch for include these:

- Depression
- Alcohol and drug abuse
- Memory problems
- Worsening intimate relationships
- Difficulty in performing daily living and work activities (Priest & Hull, 2007)

are causes of stress and PTSD (Litz, 2007). The cost of care for returning soldiers with PTSD is escalating. One estimate suggests that PTSD care for veterans may cost up to $200 million per year (Harrison, Satterwhite, & Ruday, 2010). The Veterans Health Administration found that treatment costs for patients diagnosed with PTSD were four to six times greater than for patients without those conditions (Congressional Budget Office, 2012). The overall high cost is true even though only a fraction of returning soldiers who experience PTSD even come in for care. These numbers will only increase over time due to a change in federal policy that now makes it easier for veterans who have PTSD to receive benefits (Dao, 2010). In the past, the Veterans Administration (VA) required that veterans document a specific event that caused their PTSD. Many found this impossible to do. In 2010, the VA changed the rules and no longer require this documentation. This means that fewer submitted claims will be rejected, so more people may be willing to apply for benefits.

There is also evidence of a strong relationship for women between victimization and PTSD (US Department of Veterans Affairs, 2017). Sexual assault is a traumatic event that women are more likely to experience and that causes PTSD more than other stressful events. And women tend to react with depression and anxiety compared to men with PTSD, who are more likely to exhibit problems with alcohol and drugs.

The 9/11 attacks demonstrated that PTSD is not only associated with war, sexual assault, and violent crime. Following the attacks, clinicians noted that thousands, if not millions, of Americans experienced high levels of stress and were potentially at risk for developing PTSD (Arehart-Treichel, 2001). The attacks were certainly a national trauma, and even years later we are still learning about their effects. Although political violence and terrorism have been