

Chapter Three

The Effects of Trauma

In Women's Lives



New Partnerships for Women

The Effects of Trauma on Women's Mental Health and Substance Use

There are many theories linking trauma and mental health or substance use problems among women. They differ in a number of important ways that shape what we know about the effects of trauma in women's lives. One difference among theories is in whether they are focused on short-term reactions to trauma, or reactions occurring over a longer period of time. Another difference is in the pathway or pathways they view as important in understanding the trauma-mental health link.

In this chapter, we begin by reviewing a prominent theory of the immediate, or short-term, effects of trauma exposure on men and women's lives, which assumes that most people recover in the short-term from such exposures, although some go on to develop more long-lasting mental health problems. We then share the stories of several women for whom traumatic experiences are longer lasting and ask, what is it about their lives and experiences that made it difficult for them to recover in the short-term? Drawing on these stories, along with findings from community studies of trauma exposure and consequences, we develop a general theory of the pathways through which exposure to traumatic life events may lead to a mental health or substance use problem, or both. We also consider some of the resources and strengths of women that help them prevail in the face of great adversity.

Short-term effects of trauma in women's lives:

As Edna Foa and her colleagues (2006) note in *Common Reactions to Trauma*, exposure to traumatic life events or experiences may cause many emotional problems in the short term. In fact, many of these changes following a trauma are normal and most people who experience a major life trauma have severe problems in the immediate aftermath. Here we highlight some of the more common problems adults experience in the wake of a traumatic life event, which are described in more detail at the website for the National Center for post traumatic stress disorder (PTSD) (see reference for site).

- *Fear and anxiety* are common and natural responses to a dangerous situation and may continue, if not recur long after the trauma has occurred, sometimes being triggered by places, times of day, smells or noises, or other situations that remind you of the trauma.
- *Re-experiencing the trauma* through unwanted thoughts, flashbacks, or vivid images are also common.
- *Increased arousal* is another common response to trauma, which may be accompanied by feeling jumpy, jittery, shaky or irritable. Such arousal reactions are due to the fight or flight response in our bodies in the face of danger—we, like animals, protect ourselves from danger by fighting or running

Suggested Reading:

- *Common Reactions to Trauma* by Edna B. Foa, Elizabeth A. Hembree, David Riggs, Sheila Rauch, and Martin Franklin (2006)

away. This requires more energy than usual so our bodies pump out extra adrenaline to help us get the extra energy we need to survive. Over long periods of time, such states of arousal and vigilance can be very uncomfortable. Another variation of this state is *freezing*, much like a deer caught in the headlights.

- *Avoidance* is another common response to managing trauma-related pain. We may avoid situations associated with the trauma or even push away painful thoughts and feelings resulting in *numbness* or the deadening of any feelings.
- *Anger or irritability* commonly follow traumatic experiences and can be extremely uncomfortable, especially if experienced on the spur of the moment in relation to people you are close to.
- *Guilt and shame* may also follow exposure to traumatic life events, particularly if one feels somehow to blame for what happened or is made to feel that way by others.
- *Grief and depression* are also common reactions to trauma and can include feelings of hopelessness and despair, sadness, and crying, or feeling that life is not worth living.
- *A negative self-image or view of the world* can also develop following a traumatic life experience. You may decide “I am a bad person and deserved this.” Alternatively, you may conclude that you can’t trust anyone or anything. Both feelings can co-exist and are often part of the package of guilt, shame, grief, and depression.
- *Sexual relationships* may also suffer after a traumatic experience. For many, a loss of interest in sex is common, particularly if the trauma involves a sexual assault.
- *Increased use of alcohol or other substances* is also not uncommon in the wake of a traumatic event.

Foa and her associates note (2006) that it is not unusual for a number of these reactions to occur in combination following exposure to a traumatic life experience. However, for many people, such thoughts, feelings, and behaviors typically diminish, or completely disappear, over a two to three month period following exposure to a traumatic life experience. Others recover more slowly while some may have recurring problems for years following the trauma. **An important question is what makes the difference between those who do and those who do not recover in the short term?** And what are the factors that protect against the development of mental health or substance abuse problems in the wake of exposure to traumatic life events, particularly events involving physical and or sexual abuse? To address these questions, we turn first to women’s stories.

Listening to women’s stories

In the course of our earlier study and our community work and trainings, we have invited women to give accounts of major life traumas they have experienced. We have also invited them to tell us about the impact of such events on their lives in the short term, as well as over time. Finally, we inquired into their own recovery process, asking what they found helpful or harmful in coping with these traumas and

their emotional consequences. We share some of these stories below using pseudonyms to protect our story tellers' identities. We begin with Y'kana's story:

I was molested by my friend's father when I was 14. This molestation went on for 3 ½ years. One time he tried to take my virginity, but I was too small to enter. The last time, when he was going to try again, I shook my head 'no.' A month later; he was dead during an operation. I was 17 and went to the wake for my friend's sake.

Initially, Y'kana reacted with a range of feelings, emotions and physical revulsion: "My immediate response, besides shame, guilt, worry, was to become physically ill, nauseous. When I went home, I stayed isolated in my room for two days, not even coming out for meals." Over time, Y'kana's feelings changed to hate, anger, and more guilt: "I had a choice—stay home and get hit or terribly ridiculed or seek refuge at my best friend's house, though it meant getting sexually abused. Since what he did didn't hurt like getting hit (except the one time he tried to take my virginity), it was like the lesser of two evils. I guess it did hurt emotionally in that my curiosity made me feel very guilty." Now 45 years old, Y'kana reflects on the help she received from her therapist and from reading the book, *Courage to Heal*. She also reminds herself, "He's been a skeleton in a box in the ground for almost 30 years now. I remind myself that my body responding doesn't make me sinful or bad."

Although Y'kana feels she has made much progress in her recovery from this difficult stretch in her adolescent years, she notes that she still has a lot of problems with sex and intimacy. Her friend, with whom she still has contact, has similar problems and she wonders: "I still suspect that he also sexually abused my best friend, but I don't want to trigger her trauma by asking her or telling her what he did (to me)."

Mary's story is in some ways similar to Y'kana's, although she relates a series of traumatic life events: (1) rape at 13, (2) parental physical abuse (which started most of her problems, she says); (3) divorce due to husband's ongoing infidelity, and (4) physically abusive relationship. She recounts that the physical abuse by her parents lasted for years and went as far back as she could remember. "I felt unwanted and unloved—I ran away from home numerous times as a teen. Bruises were noticed by my best friend. I couldn't leave the home as I had to protect my brother." Over time, Mary's feelings changed to rebellion although she suffered from low self-esteem. She notes: "I was afraid to be a parent fearing I would continue the cycle." With the help of "lots of counseling," in addition to "having friends who understand," Mary has made good progress in her recovery. Now at age 56 she notes: "I am bipolar and suffer from depression, but I am not suicidal any more."

Although Mary has little to say about the impact of her marital problems and abuse on her current well being, *Tries to Catch Moonbeams With a Net*, as she refers to herself, focused primarily on her relationship abuse. It began when she was 32 years old. We refer to her subsequently as Moonbeams. She tells us: "My traumatic event(s) lasted years and began when my ex-partner escalated her emotional abuse of me by using the police to have me, or threaten to have me, placed in the psych unit." She notes that the police did not believe her side of the story "because I had a mental

illness.” One time, when she sustained a head injury during an argument and had to be taken to the ER, “even the ER doctor believed her [ex-partner’s] version of the event.” “I had no allies—I felt trapped, alone, and with no way out.”

Moonbeams described her reactions to these relationship abuses as a difficult dilemma: “Mostly I was confused and I self-blamed a lot. I thought my illness was to blame. If only I wasn’t ‘crazy’ this wouldn’t be happening to me. I feared the police (I lived in a town of about 2,000 people) and felt watched. The police would sometimes stop and ask me how I was doing and if my medication was working for me. I was afraid to go out and afraid to stay home. I am still leery of police and ER situations.”

Over time, her feelings and emotions grew more intense. “I began to self-injure and withdraw. I attempted suicide several times. When a therapist finally believed me, I began to feel better. I am still left with nightmares and I live alone—unsure that I can trust another to be intimate with.” Despite these residual problems, Moonbeams feels there are ways in which she has recovered. “I no longer blame myself. I do/am able to get out and trust enough to have friends. I no longer injure myself—I am able to pursue my career and my creativity and my religion, which was denied to me because my partner saw Native Earth-based religions as pagan.” Moonbeams concludes that what has been most helpful is: “Having a person who believed in me—and a new circle of women—most of whom have been affected by abuse and trauma. We have created our own community that is supportive and accepting.”

Truth, now 26 years old, attributes her personal recovery to her religious faith, although much of her childhood and adolescence was spent in an abusive home: “I was raised in an abusive family for 18 years. My father emotionally, physically, and sexually abused my mother, brother, and me. In 1997, he beat the family dogs to death and was sent to prison. He was a teacher in my high school, so I was humiliated the day I went to school while my father’s face was being broadcasted across the ---- area.”

Truth’s initial reactions were anger, depression, and anxiety, especially during college. “I was hospitalized in a psychiatric ward twice during that time for traumatic flashbacks and self-mutilation. I struggled with alcohol/drug addiction, eating disorders, and became promiscuous. I have worked with three different therapists since 1997.” Truth has since had a remarkable recovery. She notes: “I am healed! In recovery→completely. No psychotropic meds, no addiction, healthy body, and good interpersonal relationships. I will be terminating my clinical relationships with my therapist and psychiatrist soon.” Hopeful of soon completing her master’s degree in clinical work, eventually marrying and having children, Truth believes that “Accepting Christ into my life” has been the most helpful thing in her recovery process. “The therapy, medication, education all helped, but God put all of these avenues into my life to help me find Him. In the Lord, miracles are a reality.”

Lucy’s story, which, like Truth’s, involved early family violence, focuses upon the role of witness, rather than victim. “As a young girl, I witnessed my father beat my mother up, call her names, etc. He also abused animals.” These experiences,

which lasted for about 2 years from the time she was 9 or 10 years old, led to a number of personal problems for Lucy. “I have experienced post traumatic stress disorder, extreme startle response, depression, not knowing how to handle many situations, no ability to handle any conflict in my life, highly sensitive to yelling, flashbacks, aggressive behavior, abuse of drugs and alcohol. Feelings could include guilt, shame, fear, loneliness, lack of trust in males, and anger. It has made me highly independent, not having to rely on anyone to meet any of my needs.”

Lucy, now 43, sees her own recovery as aided by the counseling she received. “With counseling I have been able to accept what occurred in my childhood and learn from it. As I get older, I tend to be able to tolerate more of other people’s behavior. Strained relationships with (my) parents have healed. I am now able to use them to my advantage rather than them hindering my progress. I don’t feel that the feelings have necessarily gone away, but the behaviors have changed. I think just time and forgiveness have lessened the feelings, as well as talking about it with both parents. Education has helped with the aggressive behavior, as I became a parent myself.”

Lucy describes many ways in which she has recovered from her father’s abusiveness. “I am not aggressive at all any more. I can actually talk about it without judgment or crying. I am able to help my younger siblings discuss their feelings about what we experienced. I no longer abuse alcohol. I no longer feel guilt, shame, or anger about the issue. I try to teach my kids how to handle anger appropriately. I don’t resent my parents for my childhood trauma any longer. I have healthy relationships with both parents separately. I have set boundaries with my father to ensure my wishes and safety, as well as for my kids.”

We conclude with Elizabeth’s story—another story of family violence involving the role of witness and victim: “I was with a man for only 2 ½ months. In that time, he brutally beat my two children. Each of them had a broken leg. T. was in the hospital for 10 days with a broken collarbone and bruises on his face from him trying to crush his head. My daughter, R., was sexually abused by him. I also have a third child, which is his because he thought if he got me pregnant, I would never leave him. I also was physically and sexually abused by him.”

In recounting her feelings, emotions, and behaviors in response to his abusive behavior, Elizabeth’s key emotion was fear: “Fear...when this has never happened to you before and you have never known anyone that has experienced it, you are paralyzed by fear and you don’t know what to do. My abuser made sure I was isolated from all my family and friends.” Elizabeth and her children were terrorized, she notes, for “2 months and 14 days,” at which point she apparently turned to a domestic violence shelter and ended the relationship. Explaining her changed feelings and actions, she noted: “The fear turned to anger and guilt—anger at him for what he did to us and anger at myself for being a fool. Also, I felt guilt that my children suffered so at his hand.”

Elizabeth, in looking back at her own recovery process, notes that the most helpful thing she did was to seek out a good counselor who “...taught me how to forgive myself.” She has used this experience “to help others out in similar situations.” It has also helped her “teach my children a lot about abuse and what it

is.” As she continues to learn about healthy relationships through her counseling sessions, she is also actively involved in helping other women recover from domestic violence experiences.

Making Sense of Women’s Stories

In the discussion that follows, we are going to use these stories, along with findings from recent community studies, to begin to develop a theory of the long-term impact of trauma on women’s lives. We invite you to take a break now from reading and begin to think about these questions in the context of your own life and experiences. When you feel you have the time and interest, and have taken a sufficient break from this difficult material, we ask that you read on.

Making Sense of Women’s Stories

- Question 1: Looking at the list of common reactions to trauma (Foa et al.), which of the women’s initial reactions to the trauma they describe include one or more of these feelings or responses *in the short term*?
- Question 2: Are there other short-term reactions in these women’s stories that you don’t see on this list?
- Question 3: Which of the women, if any, recovered completely in the short-term from exposure to their traumatic life situations?
- Question 4: What do the women’s stories reveal about the long-term consequences of exposure to such life traumas?
- Question 5: In what ways do you see signs of hope and recovery in these women’s stories?
- Question 6: What resources do women find most helpful to them in their recovery process?
- Question 7: What lessons, if any, can you take from these women’s stories that might be helpful in your own growth and recovery process?

Long-term Effects of Trauma in Women's Lives

The women's stories reviewed above reveal many long-term effects of trauma in women's lives linked with complicated histories of abuse. Their stories weave together themes of physical, sexual, and emotional abuse, and sometimes witnessing the abuse of a parent, sibling, or one's children, or favorite animals. Some are stories of childhood abuse experiences that lasted for years, others are stories of abuse at the hands of one's partner also lasting for years, and, in one instance, a story of abuse at the hands of one's parents and subsequently one's partner. In this chapter, we will focus on some of the pathways through which exposure to histories of physical or sexual abuse, or both, are linked with mental health and substance use problems. We start with a review of studies that have been conducted to investigate the link between childhood adversities, including abuse experiences, and adult mental health outcomes. We then turn to studies of the link between adult victimization experiences and mental health outcomes.

Childhood Victimization and Mental Health/Substance Use Problems

We should note at the outset that not all women who have been exposed to childhood adversities develop mental health or substance use problems in adulthood. In fact, most do not. Thus, it is important to think of exposure to traumatic life events as "increasing the risk" of certain mental health and substance use problems over time. We will first explore which mental health problems are most commonly linked with abuse experiences. Then we will turn to an exploration of pathways and processes through which such increased risk occurs. Finally, we will conclude with a discussion of protective factors that prevent the development of mental health and substance use problems among women exposed to such adversities and discuss their implications for women's recovery efforts.

We begin with two large-scale studies that have attempted to investigate and compare the link between different forms of childhood abuse and adult mental health outcomes. Using data from the NVAW study (Thompson et al., 2002), Thompson and her colleagues showed that both childhood physical abuse and childhood sexual abuse were associated with an increased risk of women reporting a chronic mental health condition that started in adulthood. Women with a history of physical victimization were more than two times as likely as women with no such history to report a chronic mental health condition (2.15) and women with a history of sexual victimization were over 1 and a half times as likely as women with no such history to report a chronic mental health condition (1.77). Both forms of childhood victimization were also linked with an increased risk of drug use in the past month (1.57 for physical victimization and 1.55 for sexual victimization). Finally, physical victimization, but not sexual victimization was associated with a significantly higher risk of using alcohol on a daily basis over the past year (1.41 for physical victimization versus .95 for sexual victimization). Although these findings suggest that childhood physical victimization may have somewhat worse consequences for adult women's mental health and substance use problems than childhood sexual victimization, the authors note that women with the highest risk of adult drug use and a chronic mental health