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6.1 Post-Traumatic Stress Disorder

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Post-Traumatic Stress Disorder Definition Over the Years

While it has taken time for medical practitioners to recognize post-traumatic stress disorder (PTSD) formally, the condition with its associated symptoms has existed by other names throughout the course of history. PTSD is now recognized as a human response to trauma from many situations, including natural disasters, acts of terrorism, sexual assault, or exposure to combat and battle (Black Bear Lodge, n.d.).



Historically, in the 1800s, PTSD was termed “soldier’s fatigue” or “battle exhaustion” as a way to describe traumatized soldiers’ responses to battle and in the late 19th and early 20th centuries, “railway spine” was used to describe the psychological effects of those who witnessed or survived railroad accidents (Black Bear Lodge, n.d.).

The term “shell shock” was introduced into the medical literature in 1915. It described symptoms that many soldiers experienced during World War I. During the 1970s, the term PTSD gained momentum as innumerable Vietnam veterans began experiencing psychological problems, many persisting upon their return home. In 1980, PTSD was officially classified as a mental disorder (Black Bear Lodge, n.d.) as it appeared for the first time in the third edition of the Diagnostic and

Statistical Manual of Mental Disorders (DSM-III) published by the American Psychiatric Association (Crocq & Crocq, 2000).

Who can get PTSD?

Throughout history, PTSD has been recognized as a mental health problem associated with war and disaster survivors, but as we know, it can affect anyone, including children. Nowadays, it has been recognized that it is possible to develop or experience PTSD from secondhand exposure,

such as learning that a close friend or family member experienced violence or was involved in an accident (Taylor-Desir, 2022).

To accurately diagnose PTSD, a health care provider will ask a patient about their symptoms, medical history, mental history, and exposure to trauma. Providers will use the diagnostic criteria for PTSD in the American Psychological Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Cleveland Clinic, n.d.).

DSM-5 Criteria is a list of symptoms a healthcare provider uses to Diagnose PTSD (Figure 6.1 a).

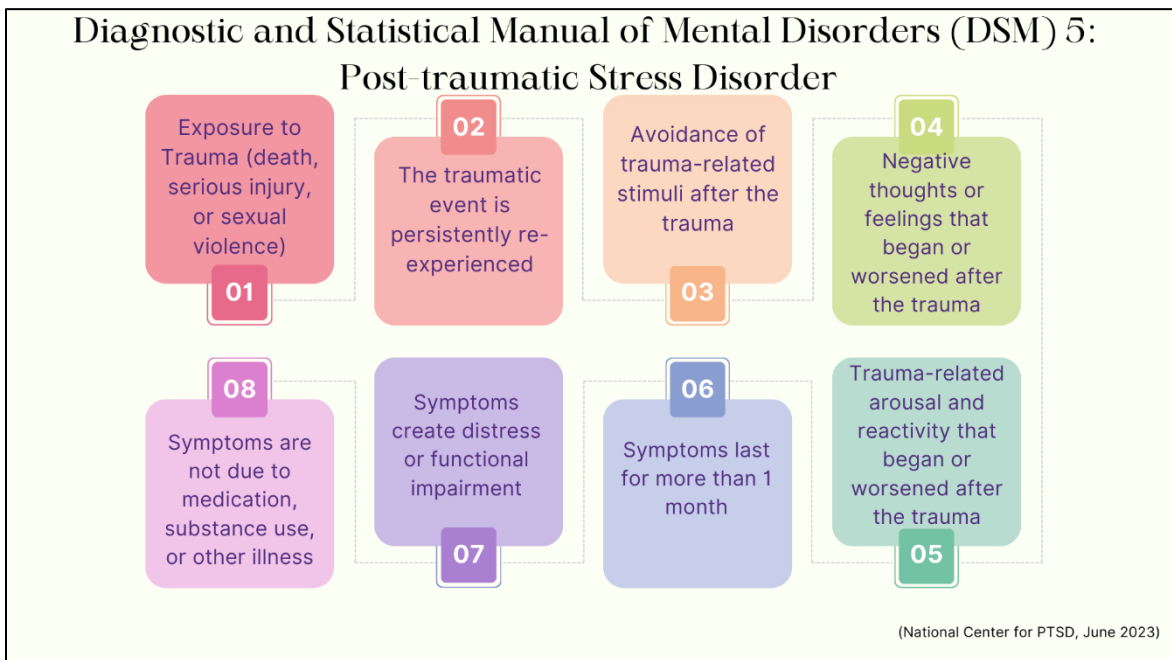


Figure 6.1a
List of Symptoms Used by a Healthcare Provider to Diagnose PTSD
Source
National Center for PTSD, 2023

01. Exposure to trauma can be actual or threatened, and it can happen in the following ways: Direct exposure, by witnessing the trauma that occurred to others. Learning that a relative or close friend was exposed to a trauma. Indirect exposure to aversive details of the trauma, usually in the course of professional duties such as first responders or medics (U.S. Department of Veterans Affairs, 2023b)

- 02.** The traumatic event is persistently re-experienced
- a. Involuntary distressing memories
 - b. Recurring distressing dreams
 - c. Flashbacks or dissociative reactions in which the person feels or acts as if the traumatic event were recurring
 - d. Emotional distress after exposure to traumatic reminders
 - e. Physical reactions after exposure to traumatic reminders
- 03.** Avoidance of trauma-related stimuli associated with the traumatic event can happen after the trauma
- a. Avoidance of trauma-related thoughts or feelings
 - b. Trauma-related reminders include people, places, conversations, activities, objects, or situations).
- 04.** Negative thoughts or feelings that began or worsened after the trauma occurred
- a. The inability to remember vital features of the traumatic event is associated with amnesia and no other factors such as a head injury, drugs or alcohol.
 - b. Overly negative thoughts and assumptions about oneself or the world
 - c. Exaggerated blame of self or others for causing the trauma
 - d. Negative emotions state such as fear, horror, anger, guilt, and shame
 - e. Decreased interest in activities
 - f. Feelings of isolation or detachment from other people.
 - g. Difficulty experiencing positive emotions such as happiness, love or satisfaction.
- 05.** Trauma-related arousal and reactivity that began or worsened after the trauma was experienced
- a. Irritability, aggression or angry outbursts expressed as verbal or physical aggression to other people
 - b. Risky or destructive behavior
 - c. Hypervigilance
 - d. Heightened startle reaction
 - e. Difficulty to concentrate
 - f. Sleeping problems (Substance Abuse and Mental Health Services Administration, 2014; U.S. Department of Veterans Affairs, 2023b).

What are the common symptoms of PTSD?

Symptoms of PTSD involve numbness or amplified emotions, anxiety, hypervigilance, intrusive thoughts, flashbacks, or nightmares regarding past trauma. These situations or feelings can cause a person to avoid reminders of the trauma and cause sleeping problems. These symptoms can interfere with relationships and may affect the ability to keep a steady job or function in activities of daily living (Taylor-Desir, 2022).

Many individuals exposed to a traumatic event may experience similar symptoms. However, to be diagnosed with PTSD, symptoms must last over a month and generate significant problems in the person's daily functioning. Many people develop symptoms within three months of the trauma, but other symptoms may appear later and often persist for months and sometimes years. PTSD usually occurs with other related conditions, such as depression, substance use, memory problems, and other physical and mental health conditions (Taylor-Desir, 2022).

What is Military-Related Post-traumatic Stress Disorder?

PTSD is slightly more common among service members since they are more likely to be exposed to many potentially traumatizing events than the civilian population. For example, deployments can result in witnessing severe injuries or a serious training accident, life-threatening situations, and violent death. These situations can occur suddenly and not always on expected targets. PTSD is a frequent psychological response to current and past military operations (U.S. Department of Veterans Affairs, 2018).

Other Military-Related Factors that May Contribute to PTSD

Other military-related factors that may contribute to PTSD are military occupation or specialty, the politics around the war, where the war was fought, and the type of enemy faced. Another cause of PTSD in the military can be military sexual trauma (MST). MST is any sexual harassment or sexual assault that a Veteran experienced when they were in the military. MST can happen to anyone during peacetime, training, or war (U.S. Department of Veterans Affairs, 2018).

Lack of support during the post-trauma exposure period (which is the period closely following exposure to a traumatic event or events) also increases the risk and likelihood of acquiring PTSD (U.S. Department of Veterans Affairs, 2018).

How common is PTSD?

Veterans who are deployed are three times at higher risk of developing PTSD than those who did not deploy. Additionally, military personnel who experience multiple deployments or longer cumulative lengths of deployments may be at higher risk for PTSD and other mental health problems. PTSD is slightly more common among Veterans than civilians. At some point in their life, 7 out of every 100 Veterans (or 7%) will have PTSD (U.S. Department of Veterans Affairs, 2018), while 6 out of every 100 civilian adults (or 6%) will develop PTSD in their lifetime.

Additionally, PTSD is more common among female Veterans compared to male Veterans (13% and 6% respectively). One reason PTSD may be more common in women Veterans is related to MST. PTSD is one of the most common mental health diagnoses related to MST. Although MST can happen to anyone in the military, it is much more commonly reported in women:—about 1 in 3 women Veterans and 1 in 50 male Veterans report experiencing MST (U.S. Department of Veterans Affairs, 2023b).

Older Veterans may experience PTSD symptoms 50 years or more after their life in the military (Figure 6.1 b). Those symptoms can include having nightmares or feeling like they are reliving the event, avoiding situations that remind them of the event, being easily startled, and losing interest in activities (U.S. Department of Veterans Affairs, 2022).

PTSD SYMPTOMS LATER IN LIFE



When a veteran retires, has more time to think about the memories and fewer things to distract them, so they feel worse

Having medical problems or thinking they are not as strong as they used to be can worsen their symptoms

Watching the news on TV and from current wars can bring memories back

If a veteran coped by drinking but stopped it later in life, the lack of coping strategies may aggravate their PTSD

Figure 6.1b

PTSD Symptoms Later in Life

Source

U.S. Department of Veterans Affairs, Nov 9, 2022

US Veterans with PTSD during different service eras

The number of Veterans diagnosed with PTSD has changed over the different service eras. Results of a study conducted with Veterans across the US showed the prevalence of PTSD was lower in WWII/Korean War and Vietnam War Veterans compared to Veterans from the Persian Gulf War and Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) Eras. The current prevalence (2022) for WWII/Korean War, Vietnam War, Persian Gulf War, and OEF/OIF was 2%, 5%, 14% and 15%, while the lifetime prevalence was 3%, 10%, 21%, and 29% (Figure 6.1c). Despite the lower prevalence of PTSD in older Veterans, data suggests that some Veterans continue to experience PTSD into old age (U.S. Department of Veterans Affairs, 2023a).

Service Eras	PTSD in 2022	PTSD At Some Point in Life
Operation Iraqi Freedom (OPF)/ Operation Enduring Freedom (OED)	15%	29%
Persian Gulf War: Desert Storm	14%	21%
Vietnam War	5%	10%
World War II/ Korean War	2%	3%

Note: Data from this table include Veterans who were alive during the time of the study and do not include any Veterans who may have had PTSD and died during the study (U.S. Department of Veterans Affairs, 2023a).

Figure 6.1c

PTSD Prevalence in 2022 (Current) vs PTSD Lifetime Prevalence

Source

U.S. Department of Veterans Affairs, 2023a

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