
Effects of Traumatic Experiences

A National Center for PTSD Fact Sheet

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When people find themselves suddenly in danger, sometimes they are overcome with feelings of fear, helplessness, or horror. These events are called traumatic experiences. Some common traumatic experiences include being physically attacked, being in a serious accident, being in combat, being sexually assaulted, and being in a fire or a disaster like a hurricane or a tornado. After traumatic experiences, people may have problems that they didn't have before the event. If these problems are severe and the survivor does not get help for them, they can begin to cause problems in the survivor's family. This fact sheet explains how traumas can affect those who experience them. This fact sheet also describes family members' reactions to the traumatic event and to the trauma survivor's symptoms and behaviors. Finally, suggestions are made about what a survivor and his or her family can do to get help for PTSD.

How do traumatic experiences affect people?

People who go through traumatic experiences often have symptoms and problems afterward. How serious the symptoms and problems are depends on many things including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was, and what kind of help and support a person gets from family, friends, and professionals immediately following the trauma.

Because most trauma survivors are not familiar with how trauma affects people, they often have trouble understanding what is happening to them. They may think the trauma is their fault, that they are going crazy, or that there is something wrong with them because other people who experienced the trauma don't appear to have the same problems. Survivors may turn to drugs or alcohol to make themselves feel better. They may turn away from friends and family who don't seem to understand. They may not know what to do to get better.

What do trauma survivors need to know?

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- Traumas happen to many competent, healthy, strong, good people. No one can completely protect him- or herself from traumatic experiences.
- Many people have long-lasting problems following exposure to trauma. Up to 8% of individuals will have PTSD at some time in their lives.
- People who react to traumas are not going crazy. They are experiencing symptoms and problems that are connected with having been in a traumatic situation.
- Having symptoms after a traumatic event is not a sign of personal weakness. Many psychologically well-adjusted and physically healthy people develop PTSD. Probably everyone would develop PTSD if they were exposed to a severe enough trauma.
- When a person understands trauma symptoms better, he or she can become less fearful of them and better able to manage them.
- By recognizing the effects of trauma and knowing more about symptoms, a person is better able to decide about getting treatment.

What are the common effects of trauma?

During a trauma, survivors often become overwhelmed with fear. Soon after the traumatic experience, they may re-experience the trauma mentally and physically. Because this can be uncomfortable and sometimes painful, survivors tend to avoid reminders of the trauma. These symptoms create a problem that is called posttraumatic stress disorder (PTSD). PTSD is a specific set of problems resulting from a traumatic experience and is recognized by medical and mental-health professionals.

Re-experiencing Symptoms:

Trauma survivors commonly re-experience their traumas. This means that the survivor experiences again the same mental, emotional, and physical experiences that occurred during or just after the trauma. These include thinking about the trauma, seeing images of the event, feeling agitated, and having physical sensations like those that occurred during the trauma. Trauma survivors find themselves feeling as if they are in danger, experiencing panic sensations, wanting to escape, getting angry, and thinking about attacking or harming someone else. Because they are anxious and physically agitated, they may have trouble sleeping and concentrating. The survivor usually can't control these symptoms or stop them from happening. Mentally re-experiencing the trauma can include:

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- Upsetting memories such as images or thoughts about the trauma
- Feeling as if the trauma is happening again (flashbacks)
- Bad dreams and nightmares
- Getting upset when reminded about the trauma (by something the person sees, hears, feels, smells, or tastes)
- Anxiety or fear, feeling in danger again
- Anger or aggressive feelings and feeling the need to defend oneself
- Trouble controlling emotions because reminders lead to sudden anxiety, anger, or upset
- Trouble concentrating or thinking clearly

People also can have **physical** reactions to trauma reminders such as:

- Trouble falling or staying asleep
- Feeling agitated and constantly on the lookout for danger
- Getting very startled by loud noises or something or someone coming up on you from behind when you don't expect it
- Feeling shaky and sweaty
- Having your heart pound or having trouble breathing

Because trauma survivors have these upsetting feelings when they feel stress or are reminded of their trauma, they often act as if they are in danger again. They might get overly concerned about staying safe in situations that are not truly dangerous. For example, a person living in a safe neighborhood might still feel that he has to have an alarm system, double locks on the door, a locked fence, and a guard dog. Because traumatized people often feel like they are in danger even when they are not, they may be overly aggressive and lash out to protect themselves when there is no need. For example, a person who was attacked might be quick to yell at or hit someone who seems to be threatening.

Re-experiencing symptoms are a sign that the body and mind are actively struggling to cope with the traumatic experience. These symptoms are automatic, learned responses to trauma reminders. The trauma has become associated with many things so

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that when the person experiences these things, he or she is reminded of the trauma and feels that he or she is in danger again. It is also possible that re-experiencing symptoms are actually a part of the mind's attempt to make sense of what has happened.

Avoidance Symptoms:

Because thinking about the trauma and feeling as if you are in danger is upsetting, people who have been through traumas often try to avoid reminders of the trauma. Sometimes survivors are aware that they are avoiding reminders, but other times survivors do not realize that their behavior is motivated by the need to avoid reminders of the trauma.

Ways of avoiding thoughts, feelings, and sensations associated with the trauma can include:

- Actively avoiding trauma-related thoughts and memories
- Avoiding conversations and staying away from places, activities, or people that might remind you of the trauma
- Trouble remembering important parts of what happened during the trauma
- Shutting down emotionally or feeling emotionally numb
- Trouble having loving feelings or feeling any strong emotions
- Finding that things around you seem strange or unreal
- Feeling strange
- Feeling disconnected from the world around you and things that happen to you
- Avoiding situations that might make you have a strong emotional reaction
- Feeling weird physical sensations
- Feeling physically numb
- Not feeling pain or other sensations
- Losing interest in things you used to enjoy doing

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Trying to avoid thinking about the trauma and avoiding treatment for trauma-related problems may keep a person from feeling upset in the short term, but avoiding treatment means that in the long term, trauma symptoms will persist.

What are common secondary and associated posttraumatic symptoms?

Secondary symptoms are problems that arise because of the posttraumatic re-experiencing and avoidance symptoms. For example, because a person wants to avoid talking about a traumatic event, she might cut off from friends, which would eventually cause her to feel lonely and depressed. As time passes after a traumatic experience, more secondary symptoms may develop. Over time, secondary symptoms can become more troubling and disabling than the original re-experiencing and avoidance symptoms.

Associated symptoms don't come directly from being overwhelmed with fear; they occur because of other things that were going on at the time of the trauma. For example, a person who is psychologically traumatized in a car accident might also be physically injured and then get depressed because he can't work or leave the house.

All of these problems can be secondary or associated trauma symptoms:

Depression can develop when a person has losses connected with the trauma or when a person avoids other people and becomes isolated.

Despair and hopelessness can result when a person is afraid that he or she will never feel better again.

Survivors may lose **important beliefs** when a traumatic event makes them lose faith that the world is a good and safe place.

Aggressive behavior toward oneself or others can result from frustration over the inability to control PTSD symptoms (feeling that PTSD symptoms run your life). People may also become aggressive when other things that happened at the time of trauma make the person angry (the unfairness of the situation). Some people are aggressive because they grew up with people who lashed out and they were never taught other ways to cope with angry feelings. Because angry feelings may keep others at a distance, they may stop a person from having positive connections and getting help. Anger and aggression can cause job problems, marital and relationship problems, and loss of friendships.

Self-blame, guilt, and shame can arise when PTSD symptoms make it hard to fulfill current responsibilities. They can also occur when people fall into the common trap of second-guessing what they did or didn't do at the time of a trauma. Many people, in

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trying to make sense of their experience, blame themselves. This is usually completely unwarranted and fails to hold accountable those who may have actually been responsible for the event. Self-blame causes a lot of distress and can prevent a person from reaching out for help. Sometimes society also blames the victim of a trauma. Unfortunately, this may reinforce the survivor's hesitation to seek help.

People who have experienced traumas may have **problems in relationships with others** because they often have a hard time feeling close to people or trusting people. This is especially likely to happen when the trauma was caused or worsened by other people (as opposed to an accident or natural disaster).

Trauma survivors may **feel detached or disconnected from others** because they have difficulty feeling or expressing positive feelings. After traumas, people can become overwhelmed by their problems or become numb and stop putting energy into their relationships with friends and family.

Survivors may get into **arguments and fights with other people** because of the angry or aggressive feelings that are common after a trauma. Also, a person's constant avoidance of social situations (such as family gatherings) may create hurt feelings or animosity in the survivor's relationships.

Less interest or participation in things the person used to like to do may result from depression following a trauma. When a person spends less time doing fun things and being with people, he or she has fewer chances to feel good and have pleasant interactions.

Social isolation can happen because of social withdrawal and a lack of trust in others. This often leads to the loss of support, friendships, and intimacy, and it increases fears and worries.

Survivors may have **problems with identity** when PTSD symptoms change important aspects of a person's life such as relationships or whether the person can do his or her work well. A person may also question his or her identity because of the way he or she acted during a trauma. For instance, a person who thinks of himself as unselfish might think he acted selfishly by saving himself during a disaster. This might make him question whether he really is who he thought he was.

Feeling permanently damaged can result when trauma symptoms don't go away and a person doesn't believe they will get better.

Survivors may develop **problems with self-esteem** because PTSD symptoms make it hard for a person to feel good about him- or herself. Sometimes, because of how they behaved at the time of the trauma, survivors feel that they are bad, worthless, stupid, incompetent, evil, etc.

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Physical health symptoms and problems can happen because of long periods of physical agitation or arousal from anxiety. Trauma survivors may also avoid medical care because it reminds them of their trauma and causes anxiety, and this may lead to poorer health. For example, a rape survivor may not visit a gynecologist and an injured motor vehicle accident survivor may avoid doctors because they remind him or her that a trauma occurred. Habits used to cope with posttraumatic stress, like alcohol use, can also cause health problems. In addition, other things that happened at the time of the trauma may cause health problems (for example, an injury).

Survivors may turn to **alcohol and drug abuse** when they want to avoid the bad feelings that come with PTSD symptoms. Many people use alcohol and drugs as a way to try to cope with upsetting trauma symptoms, but it actually leads to more problems.

Remember:

Although individuals with PTSD may feel overwhelmed by their symptoms, it is important for them to remember that there are other, positive aspects of their lives. There are helpful mental-health and medical resources available (see link below), and survivors have their strengths, interests, commitments, relationships with others, past experiences that were not traumatic, desires, and hopes for the future.

Treatments are available for individuals with PTSD and associated trauma-related symptoms.

Understanding the effects of trauma on relationships can also be an important step for family members or friends.

Answers basic questions about the signs and symptoms of PTSD, who gets it, how common it is, and what treatments are available

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