PTSD in Women Service Members and Veterans

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The views expressed are those of the presenter and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.
DSM-5: PTSD Criterion A

A Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.
# DSM-5: Symptom Criteria for PTSD

\[1+1+2+2 = \text{PTSD}\]

## Intrusion (B)
- Intrusive, Distressing Recollections
- Distressing Dreams
- Dissociative Reactions (e.g. flashbacks)
- Psychological Distress to Reminders
- Marked Physiological Reactions to Reminders

## Avoidance (C)
- Avoidance of Internal Reminders (memories, thoughts, feelings)
- Avoidance of External Reminders (people, places, conversations, activities, objects, situations)

## Negative Alterations in Cognitions and Mood (D)
- Traumatic Amnesia
- Persistent Negative Beliefs and Expectations
- Persistent Distorted Blame
- Persistent Negative Emotional State
- Diminished Interest
- Detachment or Estrangement
- Persistent Inability to have Positive Emotions

## Arousal (E)
- Irritable Behavior and Angry Outbursts
- Reckless or Self-Destructive Behavior
- Hypervigilance
- Exaggerated Startle Response
- Concentration Difficulties
- Sleep Difficulties
RATES OF PTSD
Topline Story

2:1

WOMEN ROUGHLY TWICE AS LIKELY AS MEN TO HAVE PTSD

• Lifetime Prevalence
  • Women ~ 10-12%
  • Men ~ 5-6%

• Trauma Exposure
  • Higher among men

• Conditional Risk for Gender
  • Differs across trauma type

Gender, Exposure and PTSD (DSM-IV)

Kessler et al., 1995
Combat Exposure

OEF/OIF

GENDER DIFFERENCES LESS APPARENT

- Probable PTSD\textsuperscript{a}
  - $f = 21\% - m = 23\%$

- New Onset PTSD\textsuperscript{b}
  - $f = 6.7\% - m = 6.1\%$

- Severity of PTSD\textsuperscript{c}
  - $f = 30.2 - m = 31.3$

\textsuperscript{a} – Street et al., 2013; mailed survey, veterans, PCL total
\textsuperscript{b} – Jacobson et al., 2015; MCS, matched control, new onset, PCL symptoms
\textsuperscript{c} – Vogt et al., 2011; mailed surveys, 1-yr post-deployment, PCL total
RISK FACTORS
Factors That Interfere with Recovery

• Pre-trauma Factors
  • Demographic characteristics
  • Psychological characteristics
  • Prior trauma history

• Trauma Factors
  • Severity of trauma
  • Intensity/persistence of emotional reactions
  • Dissociation

• Post-trauma Factors
  • Lack of social support
  • Negative cognitions
  • Additional stressors
Combat Exposure as a Predictor of PTSD – Gender Differences

• Vogt et al., (2011)
  • Women more likely than men to report:
    • Sexual harassment/assault
    • Prior life stressors
  • Men more likely than women to report
    • Combat exposure
    • Exposure to aftermath of battle
    • Difficult environment

• Street et al., (2013)
  • Women more likely than men to report:
    • Sexual harassment/assault
    • General harassment
    • Poor unit support
  • Men more likely than women to report
    • Combat experiences
    • Exposure to aftermath of battle

In both studies:
Trauma factors were related to PTSD severity but the same for men and women
Factors That Interfere with Recovery – Gender Differences

• Pre-trauma Factors
  • Prior interpersonal victimization
  • Pre-deployment PTSD symptoms
  • Unit support
  • Preparedness
  • Concerns about family/life disruption (not diff)

• Trauma Factors
  • Combat exposure
  • Exposure to aftermath of battle (not diff)
  • Deployment sexual stressors

Participants
• 1143 (121 female)
• National Guard soldiers
• Assessed prior to & following combat deployment

Gender and all variables were significantly related to PTSD
• CE and Aftermath tended to convey more risk for women
• Prior victimization and Family/life concerns conveyed more risk for women
• Unit Support was more protective for men

Polusny et al., (2014)
Factors That Interfere with Recovery – Gender Differences

• Pre-trauma Factors
  • Psychological characteristics
    • Neuroticism
    • Depression

• Trauma Factors
  • Intensity/persistence of emotional reactions
    • Fear/Horror/Helplessness
    • Panic
    • Immobility
  • Dissociation
    • Peritraumatic Dissociation

• Post-trauma Factors
  • Negative cognitions
    • Negative thoughts about self
    • Negative thoughts about world

Participants
• 368 (225 female)
• Danish bank employees
• Had experienced a bank robbery within 6 months

All variables were significantly correlated with PTSD severity

Group of variables mediated gender - PTSD relation

Christiansen & Hansen (2015)
Factors That Interfere with Recovery – Gender Differences

• Trauma Factors
  • Intensity/persistence of emotional reactions
    • Fear death
    • Initial PTS symptoms (emergency dept)
  • Dissociation
    • Peritraumatic Dissociation

No gender differences on injury, heart rate (EMS or ED), cortisol level

Participants
• 356 (145 female)
• MVA victims
• Assessed in ED and 6 months later

Women had higher PTSD symptom scores

Initial PTS symptoms and dissociation partially mediated gender – 6 mo PTSD relation

Irish et al., (2011)
CORRELATES OF PTSD
Patterns of Correlates

PTSD and Anger Across Deployment and Gender

PTSD and anger severity: comparable across gender and trauma type (deployed vs. non)

PTSD and Anger are correlated

- Men: **stronger** in deployment trauma
- Women: **weaker** in deployment trauma
- Within deployment trauma: Stronger relation between PTSD and anger when trauma is combat

Worthen et al., (2015)
Patterns of Correlates

PTSD and Substance Use

National epidemiological study of >30,000 respondents without past-year alcohol abuse/dependence

Trauma exposure:
- more strongly associated with binge drinking, hazardous drinking, and non-binge drinking for women

Past year PTSD:
- more strongly associated with binge drinking, hazardous drinking, and non-binge drinking for women

Kachadourian et al., (2014)
Patterns of Correlates

PTSD and Substance Use

National epidemiological study of >30,000 respondents

Past year PTSD:
- more strongly associated with non-medical opioid use (NMOU) in women

PTSD symptom clusters:
- NMOU more strongly associated with avoidance for women
- NMOU more strongly associated with arousal for men

Smith et al., (2016)
CLINICAL PRESENTATION AND OUTCOME
Clinical Presentation

Assault Survivors Seeking Treatment for PTSD

• Comparable levels of:
  • PTSD
  • Depression
  • Guilt

• Women more:
  • Health-related concerns

• Men more:
  • State anger

Galovski et al., (2011)
Clinical Presentation

Veterans seeking intensive PTSD treatment

Tiet et al., (2015)

- Comparable levels of:
  - PTSD
  - Alcohol problems
  - Drug problems

- Women more:
  - Depression
  - Quality of life problems

- Men more:
  - Violent/aggressive
Treatment Outcome

Male and Female assault survivors receiving Cognitive Processing Therapy (CPT) for PTSD

- Similar rates of drop-out and # of sessions completed
- Similar improvement on PTSD and depression during treatment
- At 3-month follow-up women were doing better on PTSD and depression
- Women evidenced more rapid gains in guilt, anger and dissociation

Galovski et al., (2013)
Treatment Outcome

Veterans receiving intensive PTSD treatment

- Similar improvement on PTSD and depression during treatment with women evidencing slightly larger gains
- Men evidenced improvement in aggression symptoms but women did not
- Women evidenced improvement in quality of life but men did not
- Both men and women evidenced a worsening of substance use problems

Thiet et al., (2015)
CDP Website: Deploymentpsych.org

Features include:

- Descriptions and schedules of upcoming training events
- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP’s Facebook page and Twitter feed
How to Contact Us

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