

Women Trauma Epidemic

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Abstract:

The "Women Trauma Epidemic" examines the pervasive and multifaceted nature of trauma disproportionately affecting women globally. This issue encompasses domestic violence, sexual assault, discrimination, and systemic gender-based violence, leading to profound psychological and physical consequences. Research highlights that women are more susceptible to certain types of trauma, such as intimate partner violence and sexual abuse, which are often exacerbated by cultural and societal factors, perpetuating cycles of trauma across generations. The epidemic's societal implications extend to healthcare systems, policy-making, and social norms, necessitating urgent and comprehensive interventions. Studies reveal alarming prevalence rates of gender-based violence, with one in three women globally experiencing intimate partner or non-partner sexual violence in their lifetime. Marginalized women, including racial minorities, LGBTQ+ individuals, and those with disabilities, face compounded risks due to intersecting forms of discrimination and violence. The psychological impacts, such as PTSD, depression, and anxiety, alongside physical health issues, significantly impair women's quality of life and impose economic burdens on healthcare systems. Key contributing factors include patriarchal societal structures, gender inequality, cultural norms promoting masculinity, historical trauma, economic dependence, lack of access to justice, and stigma. Addressing these factors through gender equality promotion, empowerment of survivors, and comprehensive support systems is crucial. Effective strategies include creative expression, self-care practices, healthy relationships, experimental programs, professional guidance, and advocacy. By integrating research, advocacy, and community engagement, society can work towards a future where women live free from the pervasive threat of trauma.

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INTRODUCTION

Women trauma epidemic addresses a critical issue within society, highlighting the prevalence and impact of various forms of trauma experienced disproportionately by women. Trauma among women encompasses a wide spectrum, including but not limited to domestic violence, sexual assault, discrimination, and systemic gender-based violence. These traumatic experiences not only affect individual well-being but also have broader societal implications, influencing healthcare systems, policy-making, and social norms. Research indicates that women are more likely than men to experience certain types of trauma, such as intimate partner violence and sexual abuse, leading to profound psychological and physical consequences (World Health Organization, 2013). Moreover, cultural and societal factors often exacerbate these challenges, perpetuating cycles of trauma across generations. Understanding the complexities of this epidemic is crucial for developing effective interventions and support systems. By exploring the underlying causes, prevalence rates, and intersectional impacts of trauma on women, researchers and policymakers can work towards promoting gender equity and improving the overall well-being of affected individuals.

Trauma experienced by women is not merely a personal struggle but a widespread societal concern that demands urgent attention. The term "epidemic" underscores the alarming frequency and pervasive nature of these traumatic incidents, which extend beyond individual experiences to impact families, communities, and broader social structures. Studies consistently reveal that women are disproportionately affected by trauma, with prevalence rates indicating alarming levels of intimate partner violence, sexual harassment in the workplace, and other forms of gender-based violence (United Nations, 2019).

The consequences of such trauma are profound and multifaceted, ranging from immediate physical injuries to long-term psychological scars such as post-traumatic stress disorder (PTSD), depression, and anxiety (Campbell, Sullivan & Davidson, 2002). These effects not only impair women's quality of life but also impose significant economic burdens on healthcare systems and societies at large (Woods et al., 2018). Moreover, the intersectionality of trauma must be considered, as women from marginalized communities, including racial minorities, LGBTQ+ individuals, and those with disabilities, often face compounded forms of discrimination and violence (Crenshaw, 1991). Addressing these intersecting factors is essential for developing comprehensive strategies that promote equity and justice.

This research aims to amplify voices, advocate for policy reform, and enhance support systems that empower survivors and prevent future occurrences. Through a holistic approach that integrates research, advocacy, and community engagement, we can strive towards a society where all women can live free from the pervasive threat of trauma. Posttraumatic stress disorder symptoms in women experiencing intimate partner violence. WHO, 2013. Based on the pervasive nature of trauma among women, and its diverse impacts, there is an urgent need for comprehensive approaches to address and mitigate these challenges effectively.

PREVALENCE OF TRAUMA AMONG WOMEN

The prevalence of trauma among women represents a significant public health issue with staggering global implications. Across various regions and cultures, statistics consistently highlight alarmingly high rates of intimate partner violence, sexual assault, and other forms of gender-based violence. For instance, according to the World Health Organization (WHO), 2013), approximately 1 in 3 women worldwide have experienced physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. In the United

States alone, studies indicate that nearly 1 in 4 women have experienced severe physical violence by an intimate partner in their lifetime, with rates even higher for certain subpopulations such as Indigenous women and women with disabilities (Black, et al, 2011, Collins, 1991). Moreover, sexual violence affects approximately 1 in 5 women in the U.S., emphasizing the pervasive nature of these traumatic experiences

Beyond direct interpersonal violence, women also face structural and systemic forms of trauma, including discrimination, economic inequality, and political marginalization. These factors not only increase the risk of violence but also exacerbate its impact on women's mental and physical health (Uman, 2020). Globally, the intersectionality of trauma further complicates the picture, as marginalized women face compounded risks due to factors such as race, ethnicity, socioeconomic status, and sexual orientation (Collins, 1990). For instance, Indigenous women in Canada and Australia experience disproportionately high rates of violence, reflecting historical and ongoing systemic injustices (Jewkes, 2002). Addressing the prevalence of trauma among women requires not only acknowledging these stark statistics but also implementing comprehensive strategies that encompass prevention, intervention, and support. By promoting gender equity, empowering survivors, and fostering societal change, we can strive towards a future where all women live free from the pervasive threat of trauma.

PROBABLE FACTORS RESPONSIBLE FOR THE PREVALENCE OF TRAUMA AMONG WOMEN

The factors contributing to the "women trauma epidemic" are multifaceted and interconnected, encompassing various social, cultural, economic, and institutional dimensions. Some key factors responsible for the prevalence of trauma among women will be discussed under the following sub-headings:

Patriarchal Societal Structures: Patriarchy, characterized by male dominance and control over societal structures, plays a fundamental role in perpetuating violence against women. This systemic inequality limits women's autonomy, economic independence, and decision-making power, increasing their vulnerability to abuse and trauma (Collens, 1990).

Gender Inequality and Discrimination: Persistent gender inequalities in access to education, employment, healthcare, and political representation contribute to women's marginalization and vulnerability to violence. Discriminatory practices and attitudes reinforce power imbalances and limit women's ability to seek help or escape abusive situations (United Nations, 2019).

Culture of Violence and Norms of Masculinity: Societal norms that equate masculinity with dominance, aggression, and control contribute to the perpetuation of violence against women. These norms can normalize and justify abusive behaviors, creating environments where violence is tolerated or condoned (Ullma, 2010).

Historical and Intergenerational Trauma: Historical injustices such as colonialism, slavery, and genocide have lasting impacts on communities, contributing to cycles of trauma that disproportionately affect women. Intergenerational transmission of trauma can perpetuate patterns of violence and adversity within families and communities (Collin, 1990).

Economic Disparities and Dependence: Women's economic dependence on partners or family members can trap them in abusive relationships, making it difficult to leave or seek help. Economic disparities and lack of financial resources limit women's options for independence and safety (Jewkes, 2002).

Lack of Access to Justice and Support Services: Barriers to accessing justice, including inadequate legal frameworks, biased judicial systems, and fear of retaliation, prevent many

women from seeking protection or redress for violence. Insufficient support services, including shelters, counseling, and healthcare, further compound the challenges faced by survivors (Ullmen, 2010).

Stigma and Victim Blaming: Societal attitudes that blame victims of violence for their experiences or shame them for seeking help can deter women from disclosing abuse or seeking support. Stigma surrounding mental health issues related to trauma can also prevent women from accessing necessary care and healing (Dolton, 2009).

Media and Cultural Influences:

Media portrayals and cultural representations that objectify women, perpetuate harmful stereotypes, or glamorize violence can reinforce societal attitudes that contribute to the trauma epidemic. These influences shape public perceptions and norms around gender roles and relationships (Brock, 2015).

Addressing the factors responsible for the women trauma epidemic requires comprehensive strategies that promote gender equality, challenge harmful norms and practices, strengthen legal protections, enhance access to support services, and empower women economically and socially. By addressing these underlying factors, societies can work towards preventing trauma and creating environments where all women can live free from violence and its devastating consequences.

Sexual Assault: Sexual assault, including rape and other forms of non-consensual sexual activity, is a significant contributor to trauma among women. It involves a violation of bodily autonomy and can lead to profound psychological and emotional distress. Survivors of sexual assault often experience symptoms of post-traumatic stress disorder (PTSD), anxiety, depression, and substance abuse as coping mechanisms (Campbell et al., 2009; Ullman, 2010). The trauma from sexual assault can also affect relationships, self-esteem, and overall well-being, leading to long-term consequences if not properly addressed and supported.

Gender-Based Violence: Gender-based violence encompasses various forms of violence perpetrated against women due to their gender, including intimate partner violence, domestic abuse, honor killings, and female genital mutilation. These acts are rooted in power imbalances, patriarchal norms, and societal attitudes that condone violence against women. Gender-based violence can cause physical injuries, psychological trauma, and emotional scars that affect survivors' sense of safety and self-worth (Garcia-Moreno et al., 2006). The ongoing threat and trauma associated with gender-based violence contribute to a pervasive sense of fear and vulnerability among women, impacting their mental health and overall quality of life.

Substance Abuse: Substance abuse often co-occurs with trauma among women, serving as both as coping mechanism and a consequence of traumatic experiences. Women who have experienced trauma, such as sexual assault or domestic violence, may turn to alcohol or drugs as a way to numb emotional pain or manage symptoms of PTSD and anxiety (Back et al., 2003). Substance abuse can exacerbate feelings of guilt, shame, and self-blame, further complicating recovery from trauma. Moreover, substance abuse increases women's vulnerability to revictimization and can hinder their ability to seek help or access supportive services.

Sexual Exploitation: Sexual exploitation, including sex trafficking, prostitution, and coerced sexual labor, subjects women to extreme forms of abuse and exploitation. Victims of sexual exploitation often experience severe psychological trauma, including complex PTSD, dissociation, and feelings of helplessness (Jewkes R. 2010). The exploitation of women's bodies for financial gain or power perpetuates cycles of trauma and victimization, leaving



survivors with profound emotional and physical scars. The lack of autonomy and control over one's body in situations of sexual exploitation intensifies the trauma and undermines survivors' sense of agency and dignity. All these factors interplay with one another, creating a complex web of trauma that disproportionately affects women. They contribute to ongoing cycles of violence, marginalization, and psychological distress, perpetuating the "women trauma epidemic" across different contexts and communities. Addressing these interconnected factors requires comprehensive strategies that promote gender equality, empower survivors, strengthen legal protections, and enhance access to trauma-informed care and support services.

EFFECTS OF THE EPIDEMIC OF TRAUMA ON WOMEN

Psychological impact such as Increased Vulnerability: Trauma, such as intimate partner violence (IPV) or sexual assault, can increase the risk of substance abuse as individuals may turn to alcohol or drugs to cope with emotional pain, intrusive memories, and feelings of distress (2011).

Compounded Trauma: Substance abuse can exacerbate existing trauma symptoms and complicate recovery efforts, making it challenging for individuals to address underlying psychological issues effectively (Cavana).

Physical Health Effects: Health Risks: Substance abuse associated with trauma can lead to a range of physical health problems, including liver disease, cardiovascular issues, and compromised immune function. These health risks further deteriorate well-being and quality of life (Collins, 1990).

Neglect of Health: Coping with trauma through substance abuse may result in neglect of health care needs, exacerbating the impact of both trauma and substance use on overall health outcomes.

Social and Interpersonal Consequences such as Isolation: Substance abuse can contribute to social isolation and withdrawal from support networks, leaving individuals more vulnerable to ongoing trauma and reducing access to resources that could facilitate recovery (Ullma, 2001).

Relationship Strain: Substance abuse stemming from trauma can strain interpersonal relationships, leading to conflict, distrust, and further isolation from sources of support.

Gender-Based Violence (GBV) and Intimate Sexual Violence could result to:

Psychological and Emotional Effects such as

Post-Traumatic Stress: Survivors of GBV and intimate sexual violence often experience symptoms of post-traumatic stress disorder (PTSD), such as intrusive Memories, hypervigilance, and emotional numbing.

Depression and Anxiety: These forms of violence can also lead to depression, anxiety disorders, and other mood disturbances, impacting daily functioning and quality of life (WHO, 2015).

Social and Economic Consequences such as:

Impaired Social Functioning: Survivors may face challenges in social and occupational settings due to the psychological and emotional toll of violence. This can hinder career advancement, educational attainment, and overall social integration).

Financial Dependence: Economic abuse, a form of GBV, can restrict survivors' financial autonomy and increase dependency on perpetrators, limiting options for escape and recovery (Adams, 2008).

Health and Reproductive Risks:

Physical Health Consequences: GBV and sexual violence can result in physical injuries, chronic pain, and reproductive health issues, including sexually transmitted infections (STIs) and unintended pregnancies (Collins, 2009).

Long-term Health Impacts: The cumulative effects of violence on physical health may persist long after the immediate trauma, requiring ongoing medical and psychological support.

Women Trauma Epidemics could be resolved through various strategies like:

Creative Expression: Engaging in creative activities such as art, music, dance, or writing can provide survivors with a non-verbal means of processing emotions and expressing feelings that are difficult to articulate.

Empowerment: Creative expression can empower survivors by allowing them to reclaim their narrative and voice, promoting healing and self-discovery.

Method:

- Utilizing art therapy techniques to explore emotions, reduce anxiety, and improve self-esteem.

- Writing and Journaling: Encouraging survivors to write or journal about their experiences as a form of reflection and catharsis.

- Self-Care Practices:

Promoting Well-being: Self-care practices such as mindfulness, relaxation techniques, and physical exercise can help survivors manage stress, reduce symptoms of anxiety and depression, and improve overall well-being.

- Empowerment: Prioritizing self-care empowers survivors to reclaim agency over their bodies and lives, fostering resilience and recovery.

Method:

- Mindfulness and Meditation: Teaching mindfulness techniques to cultivate present-moment awareness and reduce emotional reactivity.

- Physical Activity: Encouraging survivors to engage in physical activities that promote relaxation and release endorphins, such as yoga or walking.

Cultivating Healthy Relationships:

Method;

Support and Validation: Nurturing healthy relationships with trusted individuals can provide survivors with emotional support, validation, and a sense of belonging.

- Safety and Trust: Building relationships based on mutual respect and empathy can help survivors rebuild trust in others and themselves.

- Support Groups: Facilitating peer support groups where survivors can connect, share experiences, and learn coping strategies together.

- Family and Community Engagement: Educating family members and community members about trauma-informed approaches to support survivors and create safe spaces.

Experimental Programs:

Method:

- Innovative Approaches: Experimental programs can offer novel interventions and therapeutic modalities tailored to survivors' unique needs and preferences.

- Engagement and Empowerment:

Participating in experimental programs can empower survivors by offering them choices and a sense of control over their healing journey.

Method

- Artistic and Holistic Therapies: Introducing alternative therapies such as equine-assisted therapy, adventure therapy, or wilderness retreats to promote healing and personal growth.
- Technology-Based Interventions: Utilizing digital platforms or virtual reality (VR) therapy to enhance accessibility and engagement in therapeutic interventions.

Professional Guidance:**Method:**

- Expertise and Support: Seeking professional guidance from therapists, counselors, and mental health professionals can provide survivors with specialized support, evidence-based treatments, and personalized care plans.
- Validation and Empowerment: Professional guidance validates survivors' experiences and provides them with tools and strategies to navigate recovery effectively.

Method:

- Trauma-Informed Therapy: Offering trauma-focused cognitive behavioral therapy (CBT), EMDR (Eye Movement Desensitization and Reprocessing), or dialectical behavior therapy (DBT) to address trauma symptoms and promote healing.
- Psychiatric Support: Providing psychiatric evaluations and medication management for survivors with co-occurring mental health conditions such as PTSD or depression.

Advocacy as Healing Strategy:

- Empowerment and Social Change: Advocacy efforts can empower survivors to become agents of change, raise awareness about the impact of trauma, and advocate for policy reforms and community resources.
- Validation and Support: Participating in advocacy can provide survivors with a sense of purpose, validation of their experiences, and opportunities to connect with others who share similar experiences.

Method:

- Community Organizing: Engaging in grassroots movements, survivor-led organizations, or advocacy groups focused on ending gender-based violence and supporting survivors.
- Policy and Legal Advocacy: Collaborating with policymakers, lawmakers, and legal experts to advocate for legislation that protects survivors' rights and improves access to services.

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