

# Trauma & Critical Incident Care for Humanitarian Workers



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**ONLINE TRAINING MODULE TWO**

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The information contained in these modules is provided solely for educational purposes. The self-examination exercises and scales on this website are not intended to be used as diagnostic or treatment tools. Any concerns you might have about mental health issues should be discussed with a qualified mental health professional. If any of the material in this module raises concerns for you, please contact the Headington Institute staff or other appropriately qualified mental health professionals.

## INTRODUCTION | Humanitarian Work is Soul Work

Before you begin, you should know that some of the stories and exercises in this module may stir up powerful and unpleasant feelings associated with memories of your own previous trauma. If at any time you begin to feel upset, please stop reading; take a break and do something you find soothing or enjoyable, and resume your study at a later point. If you become distressed, read the section on taking care of yourself after traumatic events, and try some of the suggestions. If distress continues, please contact the Headington Institute staff or other appropriately qualified mental health professionals.

*“I left Bosnia...three years ago. What I didn’t realize then is that Bosnia...will never leave me. Loud sudden noises still make me duck for cover as if there were shellfire nearby. I still dream, from time to time, about a foot clad in a tennis shoe that I saw poking from a mass grave. I now always sleep lightly, one ear cocked for danger. But most of all what stays with me is the guilt...”*

— Elizabeth Neuffer (quoted in Danieli, 2002, p. 286)

International humanitarian work is an inherently dangerous undertaking. Whether the result of natural disaster, civil conflict, or domestic crime, violence and its aftereffects are something few humanitarian workers can escape witnessing, or even becoming targets of themselves. Many humanitarian workers around the world live with a certain level of chronic uncertainty and fear.

The fact that humanitarian work can be risky is not surprising given that the purpose of the work is to help civilian victims of disaster and conflict. Humanitarian workers are therefore often exposed to many of the same risks facing the people they are working to help. As a result, the recent changes in global conflict patterns have increased the chances that relief and development workers will become targets of threat and violence.

Consider the following research findings:

- According to the Aid Worker Security Database, the number of major attacks on aid workers has increased by 228% percent from 2002 to 2011 (Humanitarian Outcomes (2012), Aid Worker Security Database, <https://aidworkersecurity.org/>).
- Aid worker casualties are three times as high as they were in 2002, including over 100 deaths per year (Schreter & Harmer, 2013).

- Since 2006, kidnapping of aid workers has increased by 350% (Soddalt, Harmer, & DiDomenico, 2009), and is considered to be the most used form of violence against aid workers (Schreter & Harmer, 2013).
- 55-78% of aid workers experience at least one seriously frightening or disturbing incident during the course of their work (Connorton, et al., Epidemiologic Reviews Advanced Access, 2011).
- Between 19-33% of humanitarian workers report feeling their life is in danger (Connorton, ibid., 2011).

Humanitarian workers are not immune to being deeply impacted by disturbing and dangerous events just because they are working for a noble cause. A growing number of research studies suggest that a significant proportion of relief and development workers will eventually experience some serious traumatic-stress-related reactions. Studies vary widely, with PTSD rates ranging from 8-43%, major depression from 8-20% and anxiety from 8-29%. To put this in context, the rates of PTSD in the United States is estimated to be 6.6% and in Western Europe, 1.9% (Connorton, ibid., 2011). Humanitarian workers helping people who are hurting run a real risk of being hurt themselves in the process.

The news is not all bad, however. There are a number of ways to support humanitarian workers and reduce their risk of developing enduring trauma-related difficulties. One important method of support is providing information about stress and trauma, normal reactions to traumatic events, and helpful coping and resilience building strategies. **All humanitarian workers should understand the dynamics of trauma and know how to help manage or alleviate trauma reactions.** This knowledge decreases their risk of experiencing enduring trauma reactions and increases their resilience more effectively after traumatic events.

This is the second in a series of online training modules on traumatic stress and humanitarian work provided by the Headington Institute. This online training module is written for humanitarian workers and aims to help you:

- **Understand the dynamics of stress and trauma reactions**
- **Recognize common trauma reactions**
- **Learn how to care for yourself and others after a traumatic event**

By the end of the module you should better understand:

- How stress can range from good to toxic
- The factors that determine whether stress becomes toxic and thereby traumatic
- The concept of allostasis and why allostatic load is so damaging
- What common trauma reactions are
- The neuropsychological basis of resilience

- How to become more resilient
- How to take better care of yourself after you experience traumatic events
- How to care for others after they experience traumatic events
- Where to get more information for continued learning or personal assistance and when to seek professional help

This study module is not a comprehensive treatment of the subject of trauma and humanitarian work. It is designed to provide an introduction to the topic and a framework to help you learn at your own pace and enhance your understanding with additional resources.

This module builds on material presented in the first module in this series, **Module ONE: Understanding and Coping with Traumatic Stress**. Readers who have not completed that module are encouraged to do so before continuing.

Additional online modules provided by the Headington Institute include:

- [Module One: Understanding and coping with Traumatic Stress](#)
- [Module Three: Understanding and Coping with Travel and Re-entry Stress](#)
- [Module Four: Understanding and Addressing Vicarious Trauma](#)
- [Module Five: Family Matters: Self-care for spouses and family members of humanitarian aid workers](#)

Visit our [website resources page](#) to find these and other free resources provided by Headington Institute.

As you work through the different sections in this module, take the opportunity to reflect on how this information is relevant to your work and life. To help you in this process, we have included questions at the end of many study sections in boxes that look like this:

### For personal reflection...

- Taking the time to think through your answers to these questions will increase your learning and retention over time.
- Writing down your answers to these questions may be even more helpful to you. Studies have shown that guided journaling can be very beneficial to your physical and emotional health. Writing down your answers will also leave you with a written record that you can refer back to and reflect on as you set self-care goals.

At the end of the module try testing your comprehension by taking the provided quiz.

## PART ONE | Research Summary: Humanitarian Work and Trauma

A number of research studies have explored the experiences and reactions of humanitarian workers around the world (see Connorton, *ibid.*, 2011 for bibliography). These findings provide an interesting glimpse into some humanitarian workers' experiences and reactions in various humanitarian settings. However, one cannot assume that the results of these studies provide an accurate and complete picture of humanitarian workers' experiences in many different roles and situations around the world.

### Humanitarian workers' experiences

Collectively, the results of the studies cited above suggest the following about humanitarian workers' experiences of potentially traumatic events:

- A majority of humanitarian workers in the field, whether expatriate or national, will experience at least one seriously frightening or disturbing incident during the course of their work (Connorton, et al., 2011).
- National staff members for whom “the field” is “home” are at an even higher risk of experiencing traumatic violent events than expatriate staff (Stoddard, et al., 2009).
- The five most common primary traumas were frightening situations (55%–78%), threats or being chased (16%–47%), forced separation from family (40%), shelling/ bombing of office or home (13%–43%), and hostility of the local population (10%–37%) (Connorton, *ibid.*, 2011).
- Expatriate humanitarian workers experience higher rates of alcoholism compared to rates in the United States and Europe (Cardozo, et al., 2005).
- Despite these sobering facts, the response by humanitarians themselves is often dismissive of the impact, seeing their own suffering as less relevant in comparison to the beneficiaries with whom they work (Barron, 1999). These personal attitudes toward their own trauma are often reflected in the policies of the agencies for whom they work, often resulting in inadequate attention to both the security and psychological risks inherent in the work.

- In what ways do these research findings about humanitarian workers' experiences of potentially traumatic events reflect your own experiences and observations?
- In what ways do these research findings about humanitarian workers' stress and trauma-related reactions, anxiety, depression, and alcohol abuse reflect your own experiences and observations?

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## PART TWO | What is Trauma?

### Some important definitions...

**Stress** can be defined as any demand or change that the human system (mind, body, spirit) must meet and respond to. Stress is inherent in all our lives and is necessary for growth. The very first steps a young child makes are stressful physically and emotionally, yet we all would consider this an achievement. This highlights that stress, by definition, can be **good**, **acceptable**, or **toxic**, depending on how much control we have over the stressor, its novelty, the internal and external resources we bring to it (McEwen, 2011), and the degree of brute evil associated with it.

**Good stress** is often something we take on as a challenge and feel stronger as the result of having taken it on. **Acceptable stress** can be viewed as any experience that did not overwhelm us, nor did it challenge us. We handled it and were not any worse for wear in the moment. Toxic stress occurs when either the experience is so heinous and/or, it was completely new and unexpected, and/or we didn't have the resources to manage it, and/or we had no control over it. **Toxic stress** results in damage to us in physical, psychological, behavioral, emotional and relational ways. When we have been damaged by toxic stress, we experience trauma and refer to the experience as having been **traumatic**. In the context of humanitarian and relief work, events which have the potential of becoming toxic and **traumatic** are often referred to as **critical incidents**.

### What makes a stressful event toxic or traumatic?

1. **The degree of control we have over the event.** Helplessness is a feeling that almost all human beings try to avoid. The degree of vulnerability we feel in situations over which we have no influence or power is often overwhelming. This is especially true when we also feel fear. Feeling afraid and helpless at the same time is traumatic for most individuals.
2. **The novelty of the event.** Incidents with which we have had no prior experience or training and that often happen unexpectedly make it much more difficult to process and respond to in an effective way. This highlights the importance of simulation training especially for the kinds of critical incidents humanitarians face. Such simulation training should aim at helping humanitarians develop psychological as well as security awareness.

**3. The lack of internal or external resources to adequately handle the event.** There are many resources that we either innately possess or have worked to attain which help us to manage stressful situations. Later in this module we will address the concept of resilience, which can be understood as the proactive development of internal and external resources that help us manage stress more effectively. If our resilience is low and we have few resources, it is more likely that stressful events will be experienced as toxic.

**4. The degree of brute evil inherent in the event.** Too often in humanitarian aid work today events occur that are so violent and disregarding of human life or dignity that almost anyone would experience them as toxic. Witnessing the effects of mass destruction and loss of life, seeing or handling dead bodies, being taken hostage, suffering sexual assault, dealing with blatant corruption and greed, are all examples of events and experiences that will be toxic to most people. The cumulative impact of experiencing many of these events is often too much for anyone to bear.

Not all disturbing, stressful events will prove equally traumatic for everyone who experiences them. The essential issue is for every humanitarian to be aware of their own tolerance and resilience regarding each of these factors. These can and do vary for everyone from situation to situation, deployment to deployment. Self-knowledge and honest assessment are critical skills each aid worker should develop.

### For personal reflection...

- Think of an example of an event that was traumatic for one person, but not as traumatic for someone else. What may have accounted for this?

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## PART THREE | How toxic stress and trauma affect you

*“If you have experienced a trauma it can be like having stared directly at the sun. Even after you look away the glare seems everywhere and prevents you from seeing things clearly. It can keep you from even opening your eyes at all for a while...”*

*— (Rosenbloom & William, 1999, p.6)*

In this section we explain the neurochemistry of the human stress response in some detail. This can help you understand many of the symptoms, experiences, and behaviors that can occur after you have been traumatized.

### What happens in your brain and body: The chemistry of trauma

When you experience a dangerous or traumatic event, a powerful automatic response is generated in your brain with the activation of the sympathetic nervous system. A series of complex biochemical reactions are triggered that are designed to help you handle a threat by initiating a **fight, flight, or freeze** response. This process is regulated by the primary stress circuits of the brain, the amygdala, hippocampus and prefrontal cortex, in conjunction with other circuits in the hypothalamo-pituitary-adrenal axis (HPA axis). Once the threat is managed or diminished, the parasympathetic nervous system activates and turns off the stress response and hopefully returns us back to a calmer state. This whole process is known as **allostasis**. Allostasis literally means 'achieving stability through change'. A stressor has impact on us and our brain and body attempt to adjust and adapt to that impact. The stress response or allostasis is this attempt at adaptation. However, if for various reasons the stress response continues, we enter a state of allostatic load where the stress hormones continue to circulate. The effects of allostatic load can be debilitating and result in severe physical and psychological damage that can ultimately lead to a premature death (McEwen, 2011). It is as if our physical and psychological gas pedal gets stuck on high idle or worse, and eventually our engine gets damaged.

### The Flight or Fight Response

This response is initiated by the **amygdala**, a small bilateral almond shaped structure in the limbic system of the brain. The amygdala functions as a kind of surveillance and alarm system. It is constantly monitoring our environment for any sights, sounds or smells that have previously been associated with danger. The amygdala operates outside of our conscious awareness and remembers these cues even for frightening or traumatic events that occurred way back into childhood. When the amygdala senses danger, it initiates a powerful signal to the HPA axis that results in a release of adrenaline and cortisol (among other glucocorticoids and catecholamines) that produce the following:

- increase in the rate and strength of the heartbeat resulting in increased blood pressure
- shunting of blood from the skin and viscera to the skeletal muscles, coronary arteries, liver, and brain. As this shuts down digestion, this also can result in involuntary urination or defecation. Remember, this is a normal response over which you have no control.
- rise in blood sugar which is used to provide more energy to your brain and muscles
- increase of more rapid and shallow breathing in order to provide more oxygen
- dilatation of the pupils allowing more intense focus on the threat (tunnel vision)
- decrease in pain awareness
- increase in clotting ability of the blood that helps if you are physically injured.

Clearly, all of these are intended to make us more ready to respond with strength and speed to a threatening situation. However, there is another effect that can be problematic in many critical incidents faced by humanitarian workers. When the amygdala reacts, it tends to shut down the **prefrontal cortex**. As this part of the brain can best be described as our conscious and thinking self, this can lead to more erratic and emotionally charged behavior that can be dangerous to our well-being. An all too frequent example of this is coming upon an illegal checkpoint. In this circumstance we need to be able to think clearly and rationally in order to have a better chance of survival.

### The Freeze Response

The freeze response is similar to certain animals 'playing dead' as a way of protecting themselves from further attack. In humans it can range from a kind of mental dissociation, where we seem removed from the situation, to a serious life threatening condition where our brain and body begin to shut down. In some species, this process can occur with little long term damage. However in humans it can be life threatening and is thought to operate according to the polyvagal theory (Porges, 2011), which is rare. It is believed that this may be the physiological process behind 'voodoo death'.

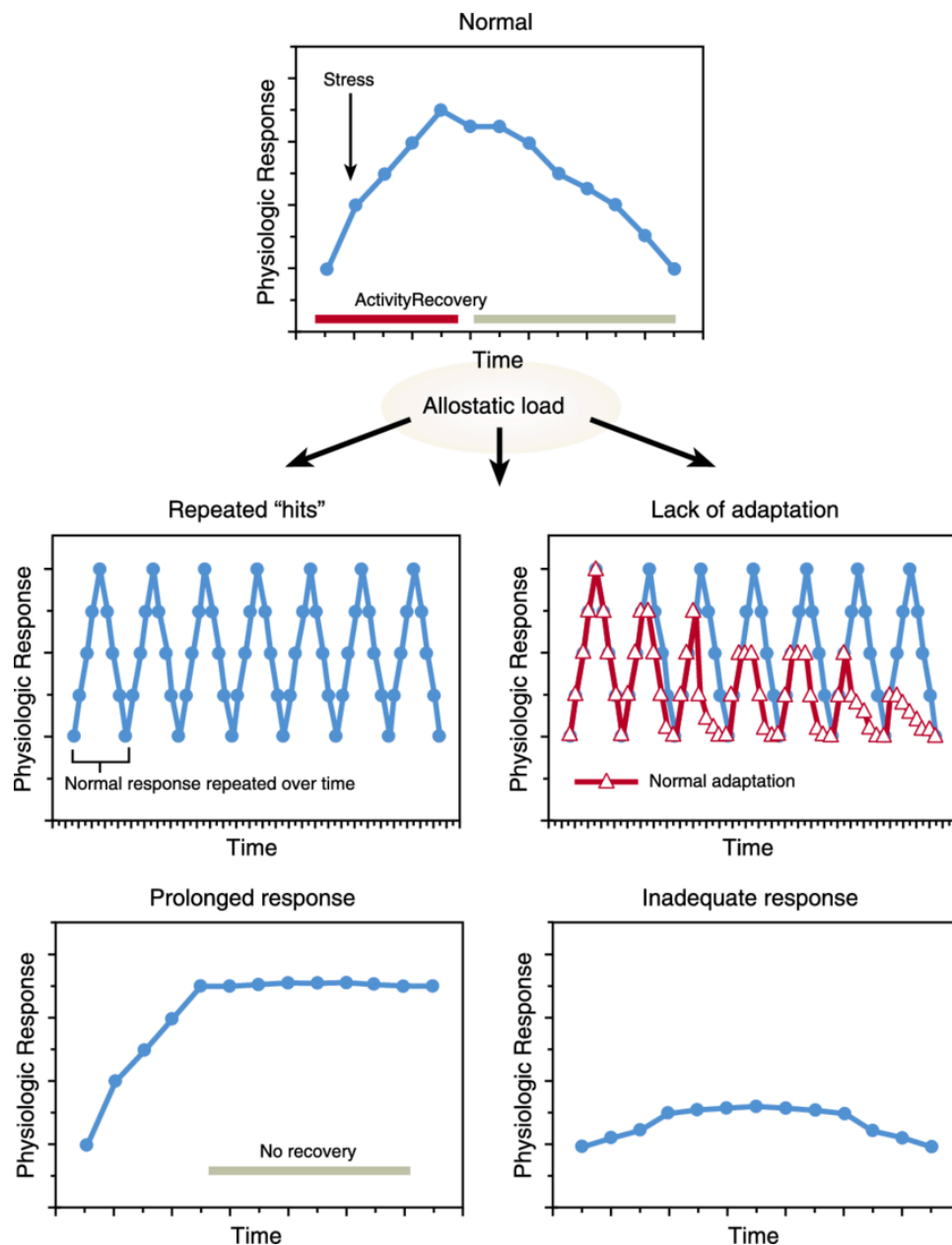
### Effects of Allostatic Load

As has been mentioned, there is a strong relationship between toxic stress and illness, both physical and psychological. This is because the sympathetic nervous system response takes a toll on your body over time if allostasis is not achieved and the biochemical levels do not return to normal levels fairly rapidly. Here are some of the effects of the long-term elevated stress response found with allostatic load:

- Repeatedly encountering terrifying or life-threatening events results in your amygdala becoming denser as it records more data surrounding danger situations. This means that it can take less and less to activate the amygdala and send you into high-alert. This can cause the feeling of being chronically alert and jumpy after exposure to trauma.
- Recurrently high levels of 'toxic' stress (or even long term exposure to repeated "acceptable" stress) can cause the hippocampus to shrink. The hippocampus acts as a 'shock absorber' to the amygdala. It provides context appraisal to what the amygdala indicates is dangerous. In this way, it can help regulate or shut down the amygdala response if this appraisal indicates the situation really isn't dangerous. The hippocampus is critical to forming memories and is involved in spatial orientation. Continued high toxic stress, as well as the sleep loss that often occurs with this stress, compromise the ability of the hippocampus to lay down and consolidate new memories. The combination of a denser amygdala and shrunken hippocampus often results in post-traumatic stress symptoms.
- Continued adrenaline presence in the bloodstream increases cholesterol production, decreases the rate at which cholesterol is removed from the bloodstream, and increases the deposition of plaque on the arterial walls. All of these conditions are associated with an increased risk of experiencing stroke and heart disease.
- While increased blood clotting ability is very useful if you are physically injured as it helps slow blood loss, this can also increase your risk of experiencing a heart attack or a stroke over time.
- A prolonged increase in blood circulation may contribute to high blood pressure and migraines.
- Increased cortisol levels impair the effectiveness of some types of white blood cells that play a key role in your immune system. A weakened immune system makes the body more vulnerable to infection, colds, flu, and certain types of cancer.
- The reduction in pain awareness mediated by neurochemicals such as endorphins, when prolonged, can lead to a long term depletion in these substances. This can lead to increased arthritis pain and severe headaches. It may also contribute to the temptation to take drugs (e.g., caffeine and other substances) that increase or mimic the effects of these neurotransmitters.

## Types of Allostatic Load

The research indicates that there appear to be four kinds of allostatic load:



© 2007 by American Physiological Society

The top graph illustrates the process of allostasis which is a healthy and normal response to a stressor. The sympathetic nervous system response is initiated to deal with the stress, and then the parasympathetic system brings down the response after the stressing event has been handled.

The '**Repeated Hits**' graph illustrates when different stressors occur too frequently resulting in the sympathetic response being constantly mobilized without enough down time to adequately recover. This kind of pattern can be quite common in humanitarians working in high-risk environments. The repeated security threats, along with the daily vigilance needed to protect oneself, can eventually put a person into a state of allostatic load.

The '**Lack of Adaptation**' graph illustrates a situation where a particular stressor becomes so toxic that the sympathetic response continues to be triggered. Examples of this pattern could include: a complicated grief reaction where the 'waves' of distressed feelings never quite subside over time; or, experiencing or observing a brutally evil event that we cannot get over.

The '**Prolonged Response**' graph illustrates what often occurs when we experience chronic stress. Chronic stress results when a series of low level stressors continue over a period of time such that the sympathetic response is always engaged. Typically, we become so used to the feeling of this chronic activation that we don't realize its destructive consequences. The line between chronic stress and too frequent acceptable stress overlaps and conscious attention needs to be given to monitoring this in ourselves.

The '**Inadequate Response**' graph illustrates a situation where the sympathetic system does not adequately respond to a stressor, leaving us vulnerable to more damage or impact by the stressor. The 'boiling frog' analogy fits with this pattern, where an individual no longer responds in an appropriate defensive manner to a stressor. Humanitarians who have spent years in high-risk environments are particularly prone to this kind of response. Another example of this is Burnout or Vital Exhaustion. In Burnout, the individual often reaches a point of complete exhaustion, loss of interest, and loss of self-efficacy. Depression, feelings of hopelessness and apathy are common.

## What happens psychologically?

We all have basic psychological needs that more often than not are disrupted by trauma. These include the need to feel relatively safe, the need to trust other people, the need to feel that we have some control over our lives, the need to feel that we are of value, and the need to feel close to other people (Saakvitne & Pearlman, 1996). Experiencing a traumatic event can undermine some or all of these needs. For example:

- **Safety:** Traumatic events can alter your assumptions and beliefs about how safe the world really is.
- **Trust:** When a traumatic event is man-made, it can undermine the basic sense of trust you have in other people.
- **Control:** Traumatic events can shatter your ideas and ideals about how much control you really have over your life and choices.
- **Esteem and value:** Traumatic events can disrupt your sense of self-worth, self-esteem, and inherent value.
- **Intimacy:** Impaired trust following traumatic events can make intimacy with other people difficult.

Most of the time, beliefs about the way the world works change slowly and gradually. “With trauma, however, basic beliefs can change quickly and dramatically, the way an earthquake can suddenly shift the course of a river. A belief may intensify, become absolute, reverse itself, or collapse altogether” (Rosenbloom & Williams, 1999, p.67). These sudden challenges to your beliefs and sense of meaning and order in the world can be very frightening and upsetting.

- Do you think you may be experiencing toxic stress or trauma-related physical symptoms? If so, what are they?
- How have your beliefs in the five basic psychological need areas we discussed (safety, trust, control, esteem, and intimacy) been impacted by your experiences?
- At the end of the last section in the study text, you thought of an example of an event that might be traumatic for one person but not as traumatic for another person. Think of that example again. How might that event impact someone's feelings and beliefs in relation to safety, trust, control, esteem, and intimacy?
- Now think of another person who experiences the same event but is affected very differently. Why might that person have reacted so differently?

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## PART FOUR | Symptoms of trauma

### The continuum of trauma reactions

In the days and weeks after a traumatic event, most people experience trauma and stress reactions. These reactions are the result of normal and adaptive mechanisms described above. They can contain elements of post-traumatic stress, depression, anxiety, anger, and grief.

Trauma reactions often appear quickly – in the hours, days, and weeks after the event. However, delayed trauma reactions also can occur anywhere from several weeks or months to years later. Delayed trauma reactions are sometimes sparked by something that reminds the individual of the original traumatic event.

Trauma reactions tend to change in intensity and character over time and usually subside gradually during the first weeks and months after a traumatic event. Most people who have experienced a traumatic event will return to a healthy state of functioning eventually but may have a lasting vulnerability. For example, if you experience a bank robbery, you are likely to think of that event when you enter a bank (an example of how the amygdala functions), and you may experience some temporary anxiety when something reminds you of that event.

Approximately 25% of people who experience a traumatic event go on to experience lasting trauma-related difficulties. These long-term reactions can include elements of PTSD, depression, anxiety, and/or substance abuse. If this has happened to you, it doesn't mean that you are weak. It may mean that the traumatic event was so powerful that it pushed you far past your normal coping strategies. It also means that you might benefit from working with a counselor or mental health professional who understands trauma.

### Common symptoms of trauma

Individuals exposed to a traumatic event can experience a wide variety of trauma reactions after the event. However, some trauma reactions are more common than others. Given the likelihood that humanitarian workers will experience some degree of trauma as a result of their work, it is important for you to be familiar with:

- Common symptoms of trauma;
- The signs that you (or someone else) are experiencing an unusually intense trauma reaction and should seek support from a mental health professional.

The following table outlines some common symptoms of trauma. You may also want to refer to [Module One: Understanding and Coping with Traumatic Stress](#) to review common signs of toxic stress. Many of these more general symptoms of stress can also be present after a traumatic event.

COMMON SYMPTOMS OF TRAUMA			
INTRUSIVE SYMPTOMS	AVOIDANCE SYMPTOMS	AROUSAL SYMPTOMS	CHANGES IN COGNITION & MOOD
<ul style="list-style-type: none"> <li>• Recurrent, involuntary and intrusive memories.</li> <li>• Traumatic nightmares</li> <li>• Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness.</li> <li>• Intense or prolonged distress after exposure to traumatic reminders.</li> <li>• Marked physiologic reactivity after exposure to trauma-related stimuli.</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent effortful avoidance of distressing trauma-related stimuli after the event in regard to:</li> <li>• Trauma-related thoughts or feelings</li> <li>• Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations)</li> </ul>	<ul style="list-style-type: none"> <li>• Irritable or aggressive behavior.</li> <li>• Self-destructive or reckless behavior.</li> <li>• Hypervigilance.</li> <li>• Exaggerated startle response.</li> <li>• Problems in concentration.</li> <li>• Sleep disturbance.</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to recall key features of the traumatic event.</li> <li>• Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., “I am bad,” “The world is completely dangerous”).</li> <li>• Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.</li> <li>• Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame).</li> <li>• Markedly diminished interest in (pre-traumatic) significant activities.</li> <li>• Feeling alienated from others (e.g., detachment or estrangement).</li> <li>• Constricted affect: persistent inability to experience positive emotions.</li> </ul>

*(Adapted from the Diagnostic and Statistical Manual for Mental Disorders V, 2013)*

Experiencing some of these symptoms in the first days and weeks after a traumatic event is quite common, and their intensity will probably subside gradually. However, if the symptoms are severe enough to cause you significant distress, interfere with your daily routine and functioning, or last for more than a month, you may be suffering from post-traumatic stress disorder (PTSD) or related conditions. If you are worried about trauma reactions you have been experiencing, refer to the study section titled: When and how should I seek professional help?

## Risk factors

Research has identified several factors that influence the likelihood of experiencing more severe trauma following a potentially traumatic event. Some of these are situational (e.g., the nature and type of event) and some are personal (e.g., history of psychiatric illness). These risk factors are:

- **The nature and intensity of the traumatic event:** The type of traumatic event may play the single biggest role in predicting trauma-related difficulties. For example, research suggests that experiencing or witnessing a personal and intentional act of human cruelty (such as rape or an armed attack) generally results in a higher risk of experiencing enduring trauma reactions than experiencing or witnessing an impersonal and/or accidental traumatic event (like destruction caused by a hurricane).
- **The length of exposure to stressful and traumatic situations:** As exposure lengthens, risk increases.
- **The number of other stressors being experienced at the same time:** Those who are experiencing multiple significant life-events (such as the death of a parent or relocating internationally) at the time the traumatic event occurs tend to be more vulnerable to experiencing trauma reactions.
- **The nature and intensity of traumatic events experienced in the past:** There is no escaping our own personal histories when it comes to traumatic events. While our greatest personal wounds can lead to a desire to help others in need, confronting their distress and trauma can trigger our own memories of hurt and betrayal. This is important to keep in mind, since recent research suggests that at least one third of humanitarian workers have undergone personal traumatic events prior to any experiences they may encounter in the field.
- **History of previous psychiatric illness:** Those with a prior history of psychiatric illness, especially those who have experienced acute stress disorder or post-traumatic stress disorder, tend to be more vulnerable to experiencing trauma again.

- **Lack of social support:** People we know well, who are kind and trustworthy, play an important role in protecting us from the effects of stress and trauma. Recent research indicates that social support may actually play a role in shutting down the amygdala fight or flight response thereby helping reduce allostatic load. Social support also promotes positive reward feelings in the brain. The lack of support therefore leaves us at more risk (Inagaki and Essenberg, 2011).
- **Temperament and personality:** Habitually negative and/or anxiety-prone individuals are more vulnerable to reacting more frequently and intensely to stressful events, and may be more prone to being traumatized.

## Symptoms of trauma related to a sense of meaning and purpose and/or spirituality

Traumatic events are usually sudden, unexpected, and very frightening. They can cause us to feel unsafe, out of control, isolated, “damaged”, or “dirty”, and/or to lose trust in other people. It’s not surprising that traumatic events may also cause us to question the fundamental beliefs and assumptions that are connected to our deepest sense of meaning and purpose in life. For some individuals this can be rooted in a faith tradition, while for others it can be spring from humanistic concern or a wider more diffuse sense of spirituality.

Common experiences as a result of trauma include:

- **Troubling existential questions.** Traumatic events can cause you to struggle with questions and issues related to suffering, evil, forgiveness, fairness, hope, justice, purpose, and divine order.
- **A loss of a sense of meaning and coherence in life.** Traumatic events often raise personal questions related to what life is all about and what’s really important to you. It’s not uncommon to doubt your deepest beliefs, feel empty, and/or feel that life has lost its meaning and coherence.
- **Altered worldview.** Your view of God, who you are in relationship to God, and how the world works, can change after exposure to a traumatic event. For example, trauma may cause you to question assumptions about the world – such as “bad things don’t happen to good people” – that you weren’t even fully aware that you held.
- **A sense of discouragement and loss of hope.** This can express itself through feelings of depression, painful questioning, and/or cynicism.

- ## For personal reflection...

- Reading through the possible trauma reactions in this section of the module may have stirred up some uncomfortable memories and feelings in you. Take a moment to “check in” with how you are feeling and decide whether you need to take a break from this study and do something else for a while. If that’s the case, think about what you feel like doing – something fun, distracting, creative, productive.
- If you’re not sure what you feel like doing, go to the section about taking care of yourself after traumatic events, and try some of the suggestions listed there.

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## PART FIVE | Cultural issues

Research suggests that there are many commonalities in the way that people from different cultures react to traumatic events. For example, people's physiological responses to danger are broadly similar all over the world, and PTSD has been identified among survivors of traumatic events across many different cultures.

However, there are also important differences among cultures in how various events are experienced and how trauma is expressed and understood. Research suggests that the following trauma-related symptoms are likely to be experienced and expressed differently across different cultures:

- Avoidance
- Numbing
- Dissociation (feeling separated or detached from yourself, those around you, and memories of the event)
- Somatization (experiencing physical symptoms of pain and distress that don't seem to have a physical cause and which appear to be related primarily to psychological difficulties)

Some researchers suggest that somatization and dissociation are more common elements of trauma in non-Westerners than in Westerners (Kirmayer, 2010). Other differences seem to be more culture specific. For example, Tibetan refugees displayed the common trauma symptom of guilt far less than Western researchers expected – it's interesting to note that the English word "guilt" does not have a Tibetan equivalent (Terheggen et al., 2001).

It is important to remember that an individual's interpretation, experience, and expression of trauma are shaped by culture, social context, and personal history. Humanitarian workers from non-western cultural backgrounds will find it especially helpful to keep the following questions in mind as they continue with this module. Westerners living and working internationally should take the time to consider stress and self-care concepts in their host culture (Fawcett, 2003, p.209).

- **What constitutes trauma and stress in this culture?** How are trauma and stress conceptualized? What words are used to describe stress and trauma? Is there a concept of individual stress and trauma in this culture, or is it experienced and understood mainly through family and group processes?

- **How is trauma typically experienced in this culture?** What are typical indicators of trauma in this culture (physical, emotional, mental, relational, spiritual, or behavioral)? How is trauma usually expressed in this culture?
- **What have people from this culture traditionally done to cope with trauma and promote healing?** What is the role of the individual or the community in coping with trauma? Which individual, social, and cultural mechanisms are typically used to help promote healing?

## PART SIX | Resilience

The concept of resilience has become ubiquitous in the last couple of years and is invoked in topics ranging from medicine to psychology, economics, politics, agriculture, and on and on. The essential idea of resilience is an ability to successfully adapt in the face of challenge or adversity, thereby creating better outcomes. We at the Headington Institute are particularly interested in helping humanitarians become more resilient in the face of the significant toxic stress they often experience in their work. If you recall from the above description of toxic stress, our own internal and external resources are a variable in whether stress becomes toxic or stays in the acceptable range. Some of these resources are innate or the result of our early childhood experiences. Most, however, can be intentionally improved upon and can increase our ability to withstand and cope with toxic stress.

From a more fundamental and technical neuroscience perspective, the Headington Institute team presumes that resilience is a multidimensional construct that can be defined as any cognitive, emotional, psychological, relational, or physical process that promotes allostasis and moves us out of allostatic load. While research in this area is still in its infancy, there are strong suggestions from animal models and human research that support the following factors as useful for improving our resilience.

- **Social support:** Well-developed interpersonal skills, whether we tend to be extraverted or introverted, and the ability to secure and maintain a healthy nurturing social network are vital to emotional health and stability. Recent research at Headington and other research centers suggests that individuals with a “secure” attachment style score higher on resilience measures. Secure attachment refers to an ability to form close and lasting relationships. While this is often determined by our early childhood experiences, we now know that individuals can intentionally try and succeed in developing a more secure style (Roisman, 2002; Schore, 2008). In other research on the importance of social support, it has been found that veterans who experienced high unit social support and high post deployment support displayed higher levels of resilience (Pietrzak, 2009).
- **Self-efficacy:** Self-efficacy refers to a core belief that we can competently manage ourselves and influence our environment by our actions (Benight, 2004). We can intentionally improve our self-efficacy in various spheres of our lives. Becoming technically more competent in our specialty sector through continued training is an example of one sphere. Learning how to more competently manage and communicate our emotions is an example in a different sphere.

- **Meaning and Purpose:** Understanding why you are doing humanitarian work can help you be more resilient. This motivation could be based on a humanistic or faith perspective. Research has indicated that individuals who have stronger sense of purpose are better able to mentally frame and integrate traumatic experiences when they occur (Peres, 2007). A stronger sense of purpose and control has also been found to increase resilience in veteran populations (Pietrzak, 2011).
- **Physical health and fitness:** A growing body of research has demonstrated the critical importance of physical well-being. In both animal and human models, physical exercise has been shown to promote neurogenesis (the growth of new cells), especially in the hippocampus (McEwen, 2011, Erikson, 2011). As mentioned earlier, the hippocampus has been shown to shrink as a result of too much toxic stress.

Being able to strengthen this critical stress circuit of the brain is hypothesized to increase our ability to manage toxic stress more effectively. Another more obvious advantage of being in good physical condition for humanitarians based in high risk environments is the ability to respond effectively to a threat. 'Speed and distance' from the source of a threat are often the key to survival. If you had to run a mile to save your life, could you? Sleep is an additional essential factor in physical health. Needing to get adequate sleep is often ignored or even looked upon as a sign of weakness in the humanitarian aid world. However, study after study indicates that 7-8 hours of sleep is necessary for the brain to function well. In fact, sleep restriction (meaning consistently getting less than this optimal amount) results in degradation of efficiency, performance and judgment (Durmer, 2005). In addition, it can be another factor in shrinking the hippocampus (Mueller, 2008).

For personal reflection...

- Which of these risk factors can you recognize in your own life history, current situation, and personality?
- You can take steps to improve your resilience. In looking over the list of resilience promoting factors above, what are one or two things you could do that would help improve your resilience?

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## PART SEVEN | Taking care of yourself after traumatic events

When you experience a traumatic event, your body goes into a state of high-alert - a normal allostatic response. It's normal to experience some symptoms of stress and trauma as a result. These symptoms usually subside or disappear with time. However, you can take steps to help your body cope with trauma reactions so that you don't remain in a state of emergency-preparedness longer than necessary. Here are some suggestions for taking care of yourself in the days and weeks after you have experienced a traumatic event. These are just suggestions, some of which may work for you, and others that may not. How you respond to a traumatic event is unique to you. There is no 'one size fits all'.

### Do...

After a traumatic event it may be helpful to:

- **Review what you know about stress, trauma, and coping.** Remind yourself you may be experiencing normal reactions to an abnormal event.
- **Get some exercise.** Through a rather complex process in how the amygdala operates, it has been found that movement and exercise can help to dissipate some of the emotional charge following a toxic stress experience (Van Der Kolk, 2006). Hopefully, you will have adopted regular exercise as part of your resilience plan already. If you're not used to exercising, consult your doctor first.
- **Be extra careful.** Avoid tasks and activities that are too demanding or require intense concentration (like balancing a budget or completing intricate or dangerous physical tasks like de-mining). After a traumatic event you may not be able to focus and concentrate normally. Your risk of making mistakes is higher than normal.
- **Try to maintain a normal, active, and productive schedule.** Modify your schedule according to your needs and take into account some of the other suggestions in this list. But, remember that accomplishing some normal and practical tasks (like work or caring for children) may provide structure and normalcy that can be beneficial in the long run.
- **Allow yourself extra time to accomplish ordinary tasks.** Try to maintain a normal routine, but focus on tasks that don't require a lot of thinking and can be completed in a short time.

- **Structure your day so that you spend some time alone and some time with others.** Spending time with family and friends can be very important and may help you feel less isolated.
- **Give yourself permission to avoid people you find draining and depressing.** During the days and weeks following a traumatic event, it is okay to take care of yourself by letting the answering machine pick up the phone for you. Politely tell people that you'd rather talk about something else if you don't feel like discussing what happened. This is your time to take care of yourself first.
- **Communicate.** It can be helpful to talk about your experiences and reactions with people you know, trust, and like. It can also be helpful to talk with a counselor. Sometimes doing this is easier than sharing distressing details with close family and friends. Do not however, let people try to force you to talk about the event. It needs to be on your own terms.
- **Write about your experiences and reactions.** Research has shown that it can be therapeutic to write about your experiences and feelings after a traumatic or distressing event.
- **Help yourself relax by doing things you enjoy.** This can include things like reading, writing, physical activity, visiting someplace beautiful, or watching movies.
- **'Work' to relax.** Set aside some time to experiment with various relaxation strategies, including therapeutic massage, yoga, progressive muscle relaxation, and warm baths.
- **Get plenty of rest.** Take time to rest even if you can't sleep. Remember that sleep disturbances and changes in sleeping patterns are common with trauma.
- **Eat good, well-balanced meals.** Eat regularly even if you're not hungry.
- **Make decisions about routine daily events.** Make decisions about small things like what you will eat for lunch, even if you don't feel like it. This will help bring back some feeling of control over your life.
- **Contact a mental health professional.** Contact a counselor if you feel especially overwhelmed or in need of some extra support during this time.

## Don't...

There are some coping mechanisms (like alcohol) that can feel very effective at helping you deal with the immediate pain of trauma. These activities and substances can provide excitement, mood-enhancement, a means of escape, and short-term relief from tension. In the long-run, however, these coping strategies can backfire and actually increase your distress. Other examples of coping strategies that have the potential to become self-destructive include gambling, thrill-seeking, food, rage, excessive spending, reckless or impulsive sex, deliberate self-harm, overwork, and isolation by withdrawing from the people you care about (Lewis, Kelly & Allen, 2004). After you have experienced a traumatic event, it is wise to be aware of how you use, or abuse, any potentially unhelpful coping strategies.

Here are some things to avoid after a traumatic event (especially during the first couple of days following the event):

- **Don't label yourself crazy or weak.** Acknowledge that what you are experiencing may be normal reactions to an abnormal event.
- **Don't make any big life decisions or changes.** Don't make decisions about things like quitting your job or getting a divorce, especially within the first couple of days or weeks after a traumatic event. You are probably not at your best, and this is not an ideal time to make important decisions.
- **Don't increase your use of alcohol, drugs, gambling, smoking, etc. in the days following a traumatic event.** These may help you feel better in the short-term, but they will only exacerbate problems (or create new ones) in the long-term.
- **Don't use too much caffeine and other stimulants.** Your body is already 'hyped up', and these substances will only increase your level of arousal.
- **Don't try to "just forget" about the event.** Don't try to avoid all thoughts and feelings about the event by working more than usual or doing other things to ensure you stay distracted all the time.
- **Don't cut yourself off from the people around you.** Even if you don't talk to them about what happened, spending time with other people can be helpful. Try to spend some of your time with people you like who help you feel safe and anchored in the present.
- **Don't watch violent movies or TV shows or read books that are graphically violent.** This can trigger distress related to the traumatic event you have just experienced.

### Specific activities to consider:

If you aren't sure what to do to help yourself feel better, here are some suggestions that might help:

- Allow yourself to cry.
- Write, draw, or use another medium that allows you to express your feelings without putting them into words.
- Do a repetitive activity that you find absorbing or soothing. For example, try solitaire, computer games, puzzles, Sudoku puzzles, gardening, or rocking in a rocking-chair. Some research has shown that playing Tetris or a similar visual spatial game may actually reduce the likelihood of flashbacks after a traumatic event (Holmes, 2009)
- Talk to a counselor, trusted friend, or family member.
- Read.
- Watch a movie.
- Spend time outdoors among nature.
- Try visualization exercises. For example, visualize putting the distress in a container, closing the lid, and putting it somewhere safe so that you can come back to it at another time. Alternatively, try visualizing yourself in the safest and most peaceful place you know.
- Exercise.
- Focus on your breathing, and practice deep-breathing exercises. If you don't know any, focus on breathing slowly, deeply, and deliberately from your stomach. After a couple of minutes, you may notice that your heart rate is slowing down and that you feel calmer.
- Hold an object that's special to you and that soothes you.
- Listen to relaxing music.
- Take a warm bath or shower.

### For personal reflection...

- When you experience distressing emotional states, what strategies do you tend to use to help you cope that could potentially damage your body, sense of self, or emotional functioning (e.g., alcohol, gambling, thrill seeking, rage, food, sex, deliberate self-harm, withdrawing from people you care about, and/or over-work)?
- Who do you find easiest and most comforting to be around when you're feeling isolated and depressed?
- What helps you feel better when you're feeling sad and down? What helps you calm down when you're upset? Make a list of these activities and keep it somewhere where you can either see it or access it easily. The more distressed you are, the harder it is to remember to take care of yourself properly. Thinking about this in advance means that you will have a number of helpful options to choose from.

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## PART EIGHT | Taking care of others after traumatic events

People often worry about how to help others after something traumatic has happened to them. If you happen to be “on the scene” at a traumatic event, you may feel that you don’t know what to do to help others. If someone you know is going through a hard time after a traumatic event, you might worry that you are just “getting in the way” and “intruding”, or that you will say the “wrong thing”.

As a general guide, think about what you would need or want from a friend after a similar traumatic event. How would you want someone to treat your brother or sister if this had happened to them? This may help you figure out how to best support others. Two important things to remember are:

1. You are not responsible for taking away their pain.
2. You are not responsible for having the “right answer” to any questions they may ask about the event, why it happened, or what it means.

Generally, people will appreciate your caring presence and your good intentions. Here are some ideas you may find useful if you are trying to help and support someone else after they have experienced trauma.

### Do...

- **If you are on the scene and don’t know the person involved, introduce yourself and offer to assist.**
- **Determine their role in the disaster/traumatic event.** Were they a witness, a victim, a relative, or a friend? Are they injured and do they need immediate medical attention? Are they missing a loved one who was involved in the disaster?
- **If it is safe and appropriate, remove the person from the direct vicinity of a stressful situation and protect them from curious bystanders and the media.**
- **Offer to contact a friend or loved one for them.** If appropriate, let that person know where they can meet you.
- **If you leave a highly distressed person, make sure someone else is there to stay with them.** If possible, connect them with a mental health professional on the scene.

- **If appropriate, inquire about what happened and how they're doing.** Allow them to talk about their experiences, concerns, and feelings if they wish. Don't force them to do so.
- **When appropriate, discuss normal stress reactions.** Review what you know about normal physical, mental, emotional, spiritual, and behavioral symptoms of trauma. Reassure them that any stress reactions they experience may be normal and will probably pass in time. Recognize that the victim may be shaken and shocked, especially during the first 24 hours after the event. He or she may have trouble concentrating on what you're saying, so keep anything you say fairly short and simple.
- **Discuss coping strategies and practical plans for the next 24-48 hours.** Help the person focus on this immediate time period. Think about how they are going to do simple things like get home, prepare food and eat, and soothe themselves. Determine who will be with them and who they can call if they feel upset or scared. This can be especially important for people who live alone.
- **Assist the person in making decisions, if necessary.** You may need to make decisions for them. More often it is enough to be with them and provide a rational sounding-board while they make decisions about things like medical insurance, statements to the police, who should be contacted, and what they should be told. Simply being a sensible and calming presence can be an invaluable gift to individuals who are shaken and distressed and who are not sure that they're doing or saying the right things.
- **Listen carefully.** If it's someone you know well, don't be afraid to ask what you can do to be helpful and take your cues from them.
- **Assist with practical tasks.** Help with everyday tasks like cooking, cleaning, and supervising children. These activities can help relieve some of the burden for people who are feeling overwhelmed by life. However, beware of walking in and "taking over" in these areas. Sometimes people who have been through a traumatic event will find things like cooking or spending time with their children the best way to care for themselves.

### Don't...

- **Don't assume that the person who's just experienced a traumatic event is unaffected and thinking clearly simply because they appear calm.**
- **Don't say something like, "you're lucky it wasn't worse".** If the victim expresses this sentiment it's generally safe to agree with him or her. But remember that some people will feel hurt and annoyed by this statement. Instead, you can express support by simply saying things like, "I'm so sorry this has happened to you," and "you're safe now".
- **Don't take their anger or other feelings personally.** People who have just experienced a traumatic event may feel overwhelmed by intense emotions, including anger. Sometimes that anger can be directed towards you, even when it seems irrational. This can be hurtful and difficult, but try to stay calm and remember not to take it personally.

If you have been helping someone involved in a traumatic event, don't forget that you will be impacted by hearing the details of their experiences and being a close witness to their pain, grief, and confusion. Do not forget to review your own coping strategies, and take time to care for yourself after you have spent time caring for other people. For more on this topic see our online training module on Vicarious Trauma.

- What are some other ways to support someone who has been through a traumatic event, either at the scene or in the days and weeks after the event? Write down a list of specific things that might be appropriate.
- What do you find hardest about supporting people who are going through a difficult time? What feelings and thoughts does it stir up in you?
- What are some helpful ways you typically deal with these thoughts and feelings? What else might help you after you've spent time caring for someone who is traumatized or grieving?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## PART NINE | When and how to seek professional help?

People often wonder, “If most trauma reactions are normal and will pass by themselves in time, how do I know when I should seek professional help?”

That’s a good question. On one hand, the reactions you are experiencing may subside by themselves during the days and weeks after an event if you:

- Recognize that the trauma reactions seem to be normal responses to abnormal events.
- Take some time to care for yourself.
- Have supportive people around you.

On the other hand, just like it’s sensible to check in with a doctor when you’ve got a severe case of the flu, talking to a trained counselor after a traumatic event can be very helpful. There are also some trauma reactions that require you to seek help from a mental health professional. To continue with the medical analogy, these severe trauma symptoms suggest that your case of the flu may have been complicated by pneumonia. If you catch pneumonia, you need to see a doctor. And **if you experience any of the following severe trauma reactions, you should contact a mental health professional.** Likewise, if you observe these signs in someone else who has experienced a traumatic event, you should strongly encourage them to contact a mental health professional.

### The following may be signs of a severe trauma reaction:

- Suicidal thoughts
- Feeling as if you might be a danger to yourself or others
- Heart palpitations, chest pain, trouble breathing or other potentially serious physical symptoms (contact a physician immediately)
- Severe psychological symptoms, including:
  - Flashbacks
  - Amnesia
  - Enduring feelings of unreality and “disconnection from the world”
  - Feeling completely overwhelmed or paralyzed
  - Feeling that you cannot handle the intense thoughts, feelings, and bodily sensations alone

- A history of mental illness and psychiatric treatment
- Substance abuse (e.g., consistently using alcohol or sleeping medication to help you sleep)
- Feeling that your emotions are not “falling into place” over time and experiencing chronic tension, confusion, emptiness, and exhaustion
- Noticing that your relationships are suffering and/or sexual problems are developing
- Driving yourself to stay active all the time to avoid your feelings

### How do I find professional help?

Many humanitarian workers live and work in places where contacting a mental health professional is difficult. Begin by contacting the Human Resources department of your employer. They may be able to refer you to an appropriate person or resource.

You may also want to seek support and advice from any of the following people:

- Psychologists
- Psychiatrists
- Counselors
- Pastors or spiritual advisors
- Doctors and primary care physicians
- Mentors and elders
- Respected leaders in a community
- Trusted and sensible friends and family members

If you would like more information, wish to speak to a mental health professional, or desire a professional referral, please contact the Headington Institute at [support@headington-institute.org](mailto:support@headington-institute.org) or phone +1 (626) 229 9336.

## QUIZ | Test your Knowledge

You can either take the quiz below on our eLearning platform which will score it for you, or you can score it yourself by taking it here.

**To take this quiz online:** Login to our eLearning platform [here](#) or if you already have a login through your company, use that link. You will automatically be assigned the course for free when you login. It is called “Module TWO:Trauma and Critical Incident Care: QUIZ”.

**To take it here:**

Choose the best answer to each of the following questions. This quiz is meant to test your comprehension of the material in the module you have just read. Your answers will be automatically tallied at the end of this 20-question quiz.

1. Which of the following statements is more accurate?
  - a. Humanitarian workers are usually not affected by traumatic events because they are working to help others.
  - b. Humanitarian workers, just like other people, may experience a wide variety of physical and emotional reactions after traumatic events.
2. Recent research suggests which of the following:
  - a. Most humanitarian workers in the field, whether expatriate or national, will experience at least one seriously frightening or disturbing incident during the course of their work.
  - b. At least 90% of humanitarian workers will hear about something traumatic happening to someone they knew personally during their assignment.
  - c. At least 25% of humanitarian workers in a complex humanitarian emergency (CHE) can expect to undergo a potentially life-threatening experience.
  - d. All of the above.
  - e.

3. Which of the following is not a recent research finding regarding humanitarian workers' reactions and behavior:
  - a. Approximately 15-25% of humanitarian workers in complex humanitarian emergency situations are likely to experience significant symptoms of depression, anxiety, and/or post-traumatic stress disorder at any given point in time.
  - b. At least 90% of humanitarian workers increase their use of alcohol and drugs to hazardous levels during an assignment in a complex humanitarian emergency situation.
4. Stress can be defined as any demand or change that the human system (mind, body, spirit) is required to meet and respond to.
  - a. True
  - b. False
5. Stress becomes trauma when the demands of the stressful events exceed our coping resources and result in severe distress.
  - a. True
  - b. False
6. There are some types of events that are so awful that they are traumatic for almost everyone who experiences them:
  - a. True
  - b. False
7. An event that is traumatic for one person is always traumatic for another person:
  - a. True: Everyone finds the same types of events traumatic to the same extent.
  - b. False: What the event means to you can be just as important as the event itself. Some events are likely to be experienced as traumatic by some people but not by others.
8. Which of the following is not a typical reaction in our bodies shortly after a traumatic event:
  - a. Increased adrenaline in the bloodstream
  - b. Increased platelets in the bloodstream
  - c. Increased carbon monoxide in the bloodstream
  - d. Increased endorphins in the bloodstream

9. A traumatic event can impact which of your thoughts, feelings and beliefs?
- a. How safe you feel
  - b. How trustworthy you think other people are
  - c. How much control you feel like you have over your life
  - d. How worthwhile you feel you are as a person
  - e. All of the thoughts, feelings, and beliefs listed above can be impacted by a traumatic event.
10. In the days and weeks after exposure to a traumatic event, most people experience trauma reactions:
- a. True – these reactions are the result of normal and adaptive survival mechanisms and can contain elements of post-traumatic stress, depression, anxiety, anger, and grief.
  - b. False – only 5% of people experience any trauma reactions following a traumatic event.
11. Which of the following is not a common symptom of trauma?
- a. Feeling jumpy and nervous
  - b. Thinking about the traumatic event often
  - c. Having difficulty concentrating
  - d. Going blind
  - e. Feeling disconnected from people and/or God
12. Which of the following statements is more accurate?
- a. There are many commonalities in people's reactions to traumatic events across different cultures (e.g., people's physiological responses to dangerous and threatening events are broadly similar all over the world). However, there are also some important differences among cultures in how various events tend to be experienced and how trauma is expressed and understood.
  - b. Everyone around the world, regardless of where they come from, experiences and expresses traumatic events in exactly the same way. There are no significant cross-cultural differences in common trauma reactions.

13. Which of the following factors increases the likelihood that you will experience a severe and/or enduring trauma reaction after a traumatic event?
- a. Being the victim of an act of human cruelty (e.g., an armed attack)
  - b. Having a number of other stressful events occurring in your life at the same time (e.g., moving internationally and the death of someone close to you)
  - c. Having previously experienced severe trauma reactions or a psychiatric illness (such as clinical depression)
  - d. Being socially isolated, and having few friends or family members you feel connected to
  - e. All of the above increase the likelihood that you will experience a severe and/or enduring trauma reaction after a traumatic event.
14. Which of the following statements is more accurate?
- a. Trauma reactions never occur in response to witnessing and/or hearing about traumatic events experienced by others.
  - b. Interaction with people who have experienced traumatic events places helpers at risk of experiencing some form of secondary traumatic stress response. Helpers can experience vicarious trauma.
15. Which of the following is not a helpful way to take care of yourself after you have experienced a traumatic event:
- a. Review what you know about stress, trauma and coping
  - b. Get some exercise
  - c. Drink six shots of vodka
  - d. Talk about what happened and how you feel with someone you trust
  - e. Allow yourself some extra time to accomplish ordinary tasks

16. Which of the following is not a common spiritual trauma reaction
- a. Feeling like your worldview has changed, and that you see the world differently than you did before
  - b. Being visited by an angelic being who says that you are a prophet
  - c. Feeling discouraged, as if you have lost hope
  - d. Feeling like life just doesn't make sense
  - e. Struggling to find answers to hard questions related to issues like suffering and the existence of evil
17. Which of the following is a helpful way to take care of yourself after a traumatic event:
- a. Find a casino and have some fun gambling
  - b. Go out drinking with your friends and get very drunk
  - c. Decide you hate your job and tell your boss you're quitting
  - d. Help yourself relax by reading a light-hearted novel, spending time with family, or writing about your experiences
  - e. Watch a rousing action movie full of car chases, shoot-outs, and lots of violence
18. Which of the following is not a very helpful way to care for someone else who has just been through a traumatic event:
- a. Find out if they are injured and need medical attention
  - b. Help them contact relatives or friends
  - c. Ask them how they're doing and allow them to talk about what happened if they wish
  - d. Tell them a detailed story about the traumatic event that happened to you last year, and then tell them that they should be grateful that what has just happened to them wasn't worse.
  - e. Offer to help with practical tasks like cooking, cleaning, or minding children.

19. Which of the following might be helpful things to try if you are very distressed, anxious, and upset?

- a. Cry
- b. Perform a repetitive activity you find absorbing, like completing a puzzle
- c. Watch a funny movie
- d. Do a deep breathing exercise
- e. All of the above may be helpful

20. Which of the following trauma reactions is a sign that you should seek help from a physician or mental health professional after a traumatic event:

- a. Feeling suicidal
- b. Having heart palpitations, chest pain, or trouble breathing
- c. Complete amnesia – not being able to remember any part of the traumatic event
- d. Feeling like you might hurt yourself or someone else
- e. All of the above

## QUIZ RESULTS

1	b
2	d
3	b
4	a
5	a
6	a
7	b
8	c
9	e
10	a

11	d
12	a
13	d
14	b
15	c
16	b
17	d
18	d
19	e
20	e

## RESOURCES

### References cited in this module:

This module provides an introduction to the phenomenon of psychological trauma. It is intended to provide you with some basic information about trauma reactions and coping and guide you towards additional resources that will enhance your understanding of this topic. Helpful websites and books are listed below.

If you would like more information, wish to speak to a mental health professional, or desire a professional referral, please contact the Headington Institute at [support@headington-institute.org](mailto:support@headington-institute.org) or phone +1(626) 229 9336.

### On the internet

[National Center for PTSD](#)

[Sidran Institute](#)

[Baldwin's trauma information pages](#)

[International Society for Traumatic Stress Studies](#)

### Books

*Sharing the front line and the back hills: Peacekeepers, humanitarian aid workers and the media in the midst of crisis* (2002). Edited by Yael Danieli. Published by Baywood Publishing Company, Inc.

A blended compilation of first-hand accounts from humanitarian workers, peacekeepers, and journalists, along with research and policy articles on stress, trauma, and staff care practices.

*Restoring hope and trust: An illustrated guide to mastering trauma* (2004). By Lisa Lewis, Kay Kelly and Jon Allen. Published by Sidran Institute Press.

A concise and very readable 130-page workbook containing exercises and self-reflection questions for people struggling to deal with trauma and complex post-traumatic stress disorder.

*Life After trauma: A Workbook for Healing* (1999). By Dena Rosenbloom and Mary Beth Williams.

Published by the Guilford Press.

A 350-page workbook containing exercises, self-reflection questions, and self-evaluation scales designed to help survivors of all types of trauma rebuild their lives.

*The Post-Traumatic Stress Disorder sourcebook: A guide to healing, recovery and growth* (2000). By Glenn Schiraldi. Published by Lowell House.

A detailed but user-friendly 400-page manual on PTSD written for victims, families, and therapists.

*Honoring differences: Cultural issues in the treatment of trauma and loss* (1999). Edited by Kathleen Nader, Nancy Dubrow and Beth Hudnall-Stamm. Published by Brunner/Mazel Publisher.

A collection of pieces that examines a number of cultural contexts within the USA and internationally in which mental health professionals provide assistance.

## Cited in the text of this module

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