TRIUMA & CRITICAL INCIDENT CARE FOR HUMANITARIAN WORKERS

by Lisa McKay

ONLINE TRAINING MODULE TWO
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The content of this module expresses the views and opinions of the author, not necessarily those of the Headington Institute or its staff.
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 in the section on Dealing with distress. 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:

• During the 1990’s, intentional violence became “the leading cause of death among aid workers in complex emergencies, with death from motor vehicle accidents a distant second” (Cardozo & Salama, 2002, p. 242).

• Since the end of the Cold War, the ICRC (International Committee of the Red Cross) has reported a six-fold increase in the number of physical threats to its staff during an average year. Cases in which the ICRC was deliberately targeted have increased steadily from 3% to 20% (Grossrieder, 1998).

• Most humanitarian workers in the field, whether expatriate or national, experience at least one seriously frightening or disturbing incident during the course of their work (Cardozo & Salama, 2002; Holtz et al., 2002; Eriksson et al., 2001; Eriksson et al., 2003).
At least 25% of humanitarian workers in complex humanitarian emergencies (CHE’s) can expect to undergo a potentially life-threatening experience (Cardozo & Salama, 2002; Holtz et al., 2002; Eriksson et al., 2001; Eriksson et al., 2003).

Humanitarian workers are not immune to being deeply impacted by disturbing and dangerous events just because they are working for a noble cause. A limited but growing number of research studies suggest that a significant proportion of relief and development workers will eventually experience some serious traumatic-stress-related reactions (such as symptoms of post-traumatic stress disorder, depression, anxiety, and substance abuse). 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 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 – their ability to “bounce back” – 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 trauma and stress 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:

- What can make an event traumatic for you
- How trauma can affect your body and mind
- What common trauma reactions are
- When to seek professional help
- How to monitor your own well-being
- 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

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, Understanding and coping with traumatic stress. Readers who have not completed that module are advised to do so before continuing.
Additional online modules provided by the Headington Institute include:

- **Understanding and coping with traumatic stress**
- **Trauma and critical incident care for humanitarian workers**
- **On the road again: Coping with travel and reentry stress**
- **Understanding and coping with vicarious trauma**
- **Family Matters: Self-care for spouses and family members of humanitarian aid workers**

Visit our [Online Training Program](#) to find these and other free resources provided by the Headington Institute.

### 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 online quiz.
PART ONE | Research summary: Humanitarian work and trauma

To date, only a handful of published research studies have explored the experiences and reactions of humanitarian workers around the world (see (Cardozo & Salama, 2002; Holtz et al., 2002; Eriksson et al., 2001; Eriksson et al., 2003). All of these studies focused on the experiences of field staff working in frontline “hot spots”, such as Kosovo during the late 1990’s. Their findings provide an interesting glimpse into some humanitarian workers’ experiences and reactions in this type of relief setting. 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:

• 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.

• At least 25% of humanitarian workers in a complex humanitarian emergency (CHE) can expect to undergo a potentially life-threatening experience.

• More than 90% of humanitarian workers surveyed had witnessed or heard about something traumatic happening to someone they knew personally during their current assignment (Eriksson et al., 2003).

• National staff members for whom “the field” is “home” are at an even higher risk of experiencing traumatic events than expatriate staff.

• The most commonly experienced traumatic events included being threatened with serious physical harm or death, being within range of gunfire and/or being shot at or bombed, being in situations where many people are dying, having the responsibility of handling dead bodies, being robbed and/or attacked, and being involved in road accidents.

Humanitarian workers’ reactions

Collectively, the results of the studies cited above suggest the following about humanitarian workers’ stress and trauma-related reactions:

• Approximately 10% of humanitarian workers will have been diagnosed with a psychiatric disorder, most commonly depression, anxiety and/or PTSD (post-traumatic stress disorder), prior to their current assignment.

• Estimates of the prevalence of diagnosable PTSD among humanitarian workers at any point in time range from 2%-13%. Most estimates fall between 5%-10%.

• Between 15%-25% of humanitarian workers experience significant symptoms of anxiety, depression, and/or PTSD at any given point in time.

• At least 15% of humanitarian workers appear to increase their use of alcohol and/or other potentially harmful substances to hazardous levels during the course of a humanitarian assignment.
For personal reflection...

- 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?
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 therefore a part of normal life. Without physical and emotional challenges, life would be boring. However, stress becomes distress when it lasts too long, occurs too often, or is too severe.

The term trauma can be confusing because the word is commonly used to refer to both an event (e.g., being shot at) and a reaction (e.g., being very upset after you’ve been shot at). In this module, we use the word trauma to refer to the reaction. As such, trauma is the reaction that occurs when the demands of very stressful events exceed our available coping resources and result in severe distress. This distress has negative consequences for our biological and psychological functioning, leading to trauma reactions. When we experience trauma reactions, we say that we have been traumatized. Trauma may also be referred to as critical incident stress.

What makes an event traumatic?

There are two main elements that influence whether people find a particular event traumatic. These are:

1. The nature of the event: Traumatic events are usually either events during which you are seriously physically or emotionally injured, or events that provoke a fear of being killed or seriously injured.

2. The meaning of the event to the victim: Some events are traumatic for almost anyone (e.g., rape), but other events are likely to be experienced as traumatic by one person and not by another. In these cases, the way you experience the event – what it means to you – is just as important as the event itself.

Not all disturbing events will prove equally traumatic for everyone who experiences them. If there is a common denominator that sparks a trauma reaction in people, it seems to be the experience of intense fear (including fear of death), helplessness, and loss of control. In simple terms, an equation that describes a traumatic event might look something like this:

Event + Meaning => Feelings of intense fear, helplessness, and loss of control.

For personal reflection...

• Think of an example of an event that might be traumatic for one person, but not as traumatic for someone else. Why might this be?
PART THREE | How can trauma affect your body and mind

“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 chemistry 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 body: The chemistry of trauma

When you experience a dangerous or traumatic event, a series of approximately 1,500 biochemical reactions are triggered within your body. These reactions are designed to help you handle a threat by preparing you either to fight or run away. The general pattern is as follows:

- Your recognition of threat and danger stimulates all your various stress-response pathways. Adrenaline and several endocrine hormones are released into your bloodstream.
- Increased glucocorticoids stimulate the hippocampus (which is responsible for converting sensory experience into enduring memory). This allows the hippocampus to create vivid memories of the event.
- Some other effects of increased adrenaline and other endocrine hormones in combination include:
  - increased cortisol production. Cortisol is a steroid that counters pain and inflammation and keeps blood-sugar at a certain level.
  - increased blood sugar. This blood sugar is used to feed your brain and muscles.
  - increased heart rate. Blood is pumped more quickly around your body.
  - Changes in blood-flow. Arterial blood pressure increases. Blood is diverted away from your hands, feet and stomach, and towards your brain and major muscle groups. This helps the brain assess the threat and prepares the muscles for action.
  - increased platelet levels. More platelets in your bloodstream help your blood to clot better and faster if you are physically injured.
  - increased endorphin levels. Endorphins help to dull any pain you might experience. This helps you ignore pain long enough to act in ways that might help you survive.
There is a strong relationship between stress and illness, both physical and psychological. This is because the acute stress response takes a toll on your body over time if these biological responses do not return to normal baseline levels fairly rapidly. Here are some of the effects of a long-term elevated stress response:

- **Repeatedly encountering terrifying or life-threatening events can sensitize your amygdala.** 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.

- **Recurrenctly high levels of glucocorticoids can cause cells in the hippocampus to shrink.** This can compromise the brain’s ability to lay down and consolidate new memories. The good news is that both amygdala sensitization and hippocampus damage are potentially reversible. Cell regeneration can occur in the hippocampus and some other areas of the brain.

- **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.

- **More platelets in the blood promote clotting.** This is very useful if you are physically injured, as it helps slow blood loss. However, over time, this can also increase your risk of experiencing a heart attack or a stroke.

- **Stress-related changes in circulation may contribute to high blood pressure and migraine headaches.**

- **Cortisol impairs 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 even certain types of cancer.

- **An increased level of acid production in the stomach increases the risk of experiencing chronic stomach and digestive upsets.**

- **Chronically depleted endorphin levels can lead to less effective natural pain relief and a lowering of the sense of well-being that is typically produced by the presence of endorphins.** This can lead to increased arthritis pain and severe headaches. Low endorphin levels may also contribute to the temptation to take drugs (e.g., caffeine and other substances) that increase or mimic the effects of endorphins.

**What happens in your mind?**

The impact of trauma is not only physical. Traumatic events also have mental and emotional consequences. We all have basic psychological needs. 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.

**For personal reflection…**

• Do you think you may be experiencing 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?
PART FOUR | Symptoms of trauma

How does trauma develop?

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 survival mechanisms. 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, 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 1 (Understanding and Coping with Traumatic Stress) to review common signs of stress. Many of these more general symptoms of stress can also be present after a traumatic event.
**COMMON SYMPTOMS OF TRAUMA**

<table>
<thead>
<tr>
<th>INTRUSIVE SYMPTOMS</th>
<th>AVOIDANCE SYMPTOMS</th>
<th>AROUSAL SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistently re-experiencing the event in thoughts, images, recollections, daydreams, and/or nightmares</td>
<td>Avoiding places, thoughts, conversations and/or people associated with the event</td>
<td>Being on the alert for danger</td>
</tr>
<tr>
<td>Feeling upset, distressed and/or anxious in the presence of reminders of the event</td>
<td>Problems recalling some aspects of the event</td>
<td>Being jumpy and easily startled</td>
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<tr>
<td></td>
<td>Losing interest in formerly enjoyable and important activities of life</td>
<td>Experiencing sleep disturbances (such as not being able to get to sleep, waking up often, or having vivid dreams or nightmares)</td>
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<tr>
<td></td>
<td>Feeling “removed” from other people</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td></td>
<td>Feeling numb</td>
<td>Irritability or angry outbursts</td>
</tr>
</tbody>
</table>

*(Adapted from the Diagnostic and Statistical Manual for Mental Disorders IV-TR, 2000)*

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). 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?*

**Spiritual symptoms of trauma**

In addition to the symptoms listed above, there are some common spiritual symptoms of trauma. *Spirituality* is a core component of human nature. It shapes and informs our sense of meaning, purpose, hope, and faith. It is a foundation, guide, and motivation for morality, personal growth, and service to others. Whether due to an explicit belief in a deity, a more diffuse sense of transcendence or connectedness with nature or a life force, or a faith in human nature and solidarity, most people believe that to be fully human involves more than simply the physical dimensions of existence.

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 – to our spirituality.

Common spiritual symptoms of trauma include:

- **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.
• **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.

• **A sense of discouragement and loss of hope.** This can express itself through feelings of depression, painful questioning, and/or cynicism.

• **Alienation and a loss of a sense of connection.** You can feel isolated, or have a sense of being cut off from the connection you feel to the source of your deepest sense of meaning and purpose (whether that be God, nature, a life-force, or other people).

### Symptoms of intense trauma reactions

Sometimes individuals experience more severe trauma reactions. When this occurs, they should be monitored and supported by a mental health professional. Symptoms and reactions of a severe trauma reaction include:

• **Severe dissociation:** Feelings of enduring disconnection from your body or surroundings, derealization (feeling as if you or the world is not “real”), and depersonalization (feeling as if you are losing your identity or adopting a new identity). Dissociation may also involve “losing time” or experiencing amnesia regarding significant periods of or the entire traumatic event.

• **Repeated intrusive “re-experiencing” of the event:** Re-experiencing occurs when some facet of the trauma (perhaps a sight, smell, or noise) triggers significant emotional distress and feelings of terror and vulnerability. In its most vivid form, re-experiencing can include flashbacks (feeling as if you are experiencing the event all over again), recurrent and terrifying nightmares, and repetitive and automatic re-enactments related to the event (such as acting out parts of the event over and over again).

• **Extreme withdrawal:** Extreme withdrawal from normal and supportive social networks, drastic relationship changes, and/or compulsive avoidance of other people.

• **Extreme hyperarousal:** Experiencing panic attacks (e.g., times when you hyperventilate, your heart beats very fast, and you think you are going crazy or dying), feeling unable to concentrate on anything, and/or difficulty controlling violent impulses.

• **Debilitating anxiety:** Severe phobias or obsessions, and paralyzing anxiety attacks.

• **Severe depression:** Feeling a constant lack of happiness and pleasure in life, and/or constant feelings of worthlessness and self-blame.

• **Problematic substance abuse:** Prolonged and excessive use of alcohol or drugs to numb distress and aid coping.

• **Impaired self-care:** Diminished capacity for self-care behaviors related to nourishment, hygiene, and rest.

If you, or someone you know, is experiencing severe trauma reactions, read the section on taking care of yourself after traumatic events to learn how to find professional help and support.
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, follow this link to learn more about taking care of yourself after traumatic events, and try some of the suggestions listed there.
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, 1996). 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 – perhaps because 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 | Risk and protective factors

In addition to understanding some of the social and cultural differences in how trauma can be experienced and expressed, it’s also helpful to understand personal risk and protective factors. Risk factors increase vulnerability to experiencing trauma after a traumatic event. Protective factors decrease the likelihood that a person will experience severe and enduring trauma reactions.

Here is a diagram illustrating some of the factors that can contribute to the development of severe and enduring trauma reactions (like PTSD) and other psychiatric disorders after experiencing traumatic events.

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<tr>
<td>High</td>
<td>DOSE</td>
<td>Low</td>
</tr>
<tr>
<td>Younger</td>
<td>AGE</td>
<td>Older</td>
</tr>
<tr>
<td>None</td>
<td>SOCIAL SUPPORT</td>
<td>Strong</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>TRAUMA</td>
<td>Impersonal</td>
</tr>
<tr>
<td>Anxious</td>
<td>TEMPERAMENT</td>
<td>Calm</td>
</tr>
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© Lewis, Kelly, & Allen, 2004, p.9

The next two sections discuss risk and protective factors in more detail.

Risk factors

Research has identified several factors that influence the likelihood of experiencing 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 suggests that those with low levels of social support are 4 times more likely to experience traumatization and 2.5 times more likely to experience some form of physical illness. This may be why individuals without partners are also at greater risk.

• 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.

Protective factors

In contrast, the following factors tend to help people thrive in the face of adversity. They buffer individuals against the effects of stressful experiences and help them cope with the transitions resulting from significant life-events. They foster resilience and generally help people recover more quickly and completely following significant trauma:

• Social support: Well-developed interpersonal skills, extraversion, and the ability to secure and maintain a healthy nurturing social network are vital to emotional health and stability. Recent research suggests that strong interpersonal relationships may provide the best protection in highly stressful environments.

• Optimism and healthy self-esteem: An optimistic outlook, regular experiences of positive emotions, a healthy self-esteem, and faith in self are traits that foster hardiness and resilience.

• Spirituality: Spirituality incorporates a person’s vision of a moral order, search for meaning and purpose, hope for the future, and in some cases religious beliefs. In general, spirituality is an effective protective factor. The exceptions appear to be when someone’s spirituality is naïve (untested and/or not thoughtfully constructed) or when people are particularly rigid in their spiritual beliefs. In these instances, individuals who are faced with a traumatic event can be more vulnerable to the shattering of rigid worldviews, loss of sense of meaning and purpose, negative self-images, and other psychological difficulties.

• Adaptability: A certain degree of flexibility in belief structure, emotional experience, and worldview is a protective factor.
• **Tendency to seek meaning:** A natural tendency to find meaning and purpose in events, especially stressful events that challenge an individual, is a protective factor.

• **Ability to mentalize:** Mentalizing “involves being aware of mental states in oneself and others – feelings, needs, desires, beliefs, attitudes and so forth. When we mentalize we make sense of our own actions and of the actions of others. We are able to have distance from our emotional mind and bring more rational, clearer ideas about our earlier experiences to the fore” (Lewis, Kelly & Allen, 2004, p. 16).

• **Curiosity and openness to experience:** Curiosity and openness to new experiences are related to adaptability, hardiness, and resilience.

• **Aptitude:** Resourcefulness, intellectual mastery, and general capability are protective factors.

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**For personal reflection...**

- Which of these risk factors can you recognize in your own life history, current situation, and personality?

- Which of these protective factors can you recognize in your own life history, current situation, and personality?

- You can take steps to improve your hardiness and resilience. In looking over the list of protective factors above, what are one or two things you could do that would help improve your resilience?
PART SEVEN | Examining your current well-being

Monitoring and taking care of your own wellbeing is an essential prerequisite for effectively helping others. It is one of the best ways to maintain your fitness to continue in your role as a helper.

After a traumatic event, it’s helpful to understand the wide range of normal reactions that you may experience. It can also be helpful to have a systematic method of checking-in with yourself and paying attention to whether you are experiencing any symptoms of trauma.

Using a checklist can help you do this. A checklist or self-examination scale can familiarize you with typical trauma symptoms so that you can recognize them more easily. It can also help you think about which trauma reactions, if any, you commonly experience.

When completing an exercise like this, it is important to remember that it can stir up some powerful and unpleasant memories and emotions. Don’t forget that you can take a break if this happens and do something else for a while. If you’re feeling upset and you’re not sure what to do to calm or soothe yourself, read the section on taking care of yourself after traumatic events and try some of the suggestions in the section on dealing with distress.

For personal reflection...

- Follow this link to see a list of self-examination scales you could use if you would like to explore whether you may be experiencing symptoms of trauma.

- What has helped you cope following traumatic events you have experienced in your life? Or, what do you think you would find most comforting and helpful during the period following a traumatic event?
When you experience a traumatic event, your body goes into a state of high-alert. 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.

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.** Moderate to intense exercise within 24 to 48 hours after a traumatic event helps your body use up some of the hormones and chemicals that were released during the event to prepare us for action. This helps restore hormonal equilibrium in your body. However, you should exercise within your normal limits. 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. On the other hand, you should avoid constantly surrounding yourself with people. This can be a way to avoid thinking about what happened.

- **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.

- **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 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, 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.

Dealing with distress

If you feel distressed, anxious, or agitated, and 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, soduku puzzles, gardening, or rocking in a rocking-chair.

• 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.

• Count to yourself and concentrate on feeling your heart beating. After a couple of minutes of this, you may notice that your heart rate slows down and that you feel calmer.

• 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.
PART NINE | 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](#).

**For personal reflection…**

• 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?
PART TEN | 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

Finally, follow this link to access the Headington Institute’s CARD Directory. The CARD (Counselors Assisting Relief and Development) Directory is a list of mental health professionals around the world interested in working with humanitarian workers. The CARD directory may list contacts in your area.
SELF QUIZ | Test your Knowledge

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.

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 if 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

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REFERENCES

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 dbosch@headington-institute.org or phone (626) 229 9336.

On the internet

National Center for PTSD
Sidran Institute
Baldwin’s trauma information pages
International Society for Traumatic Stress Studies
Psychosocial.org

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.


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.


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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For completion of the online module:
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