

WHAT IS TRAUMA?

Traumatic events can overwhelm a person's psyche, threatening their physical and psychological well-being and in many cases their survival. Trauma can be experienced by anyone at any age from infancy to late old age.

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS Fifth Edition (DSM-V)

309.81 Post-traumatic stress disorder

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

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

Sources of Trauma

Wars and natural disasters such as cyclones, earthquakes and floods are readily recognized causes of trauma however many other events can be traumatic too.

Trauma also frequently results from a variety of other causes and may be

Single incident e.g. accidents, workplace injuries, falls or physical

injuries, sporting injuries, involvement in a transportation accident (car, boat, train, plane)

Multiple incidents e.g. exposure to toxic substances e.g. asbestos, medical, life-threatening illness or significant disability, childbirth complications, medical negligence or misdiagnosis, crime, exposure to domestic violence, any form of Abuse or Bullying.

Complex Trauma results from ongoing abuse and neglect over many years.

Understanding Post Traumatic Stress Disorder (PTSD)

Normal experiences are processed by the brain which integrates the events into our memory while our physiological responses to the event are regulated, returning us to a state of equilibrium.

PTSD results from a lack of re-regulation or processing of the traumatic experience in the brain. Unprocessed memory is stored in a temporary buffer, often in an unintegrated manner. Attempts by our brain to process this traumatic memory overwhelm our senses and avoidance or blocking occurs. This leaves our system in a state of chronic survival mode as if the event has not 'finished'.

PTSD Symptoms have three major groups:

- 1. Re-experiencing**
- 2. Avoidance**
- 3. Hyper-arousal.**

Re-experiencing can be experienced as any of the following:

- Intrusive recollections – images, thoughts or perceptions**
- Nightmares or bad dreams**
- Acting or feeling as if the event is recurring i.e. flashbacks**
- Distress at exposure to internal or external cues**
- Physiological reactivity on exposure to cues**

Avoidance & Numbing of Responsiveness

- Avoiding thoughts, feelings or conversations about the events**
- Avoiding activities, places or people associated with the events**
- Inability to recall an important aspect of the trauma**
- Diminished interest in significant activities**
- Detachment/estrangement from others**
- Restricted emotional affect**
- A sense of a foreshortened future**
- Increased Arousal**
- Insomnia**
- Irritability or outbursts of anger**
- Concentration difficulties**
- Hypervigilance**
- Exaggerated startle response**

PTSD symptoms can be significantly distressing and lead to significant impairment in Social or Occupational functioning. Under a month the symptoms are known as Acute Stress Disorder. When symptoms persist beyond a month PTSD is the formal diagnosis. (adapted from Lecture on Trauma, Brain & Behaviour by Dr Jan Ewing)

TRAUMA FIRST AID

How others respond to a person who has experienced trauma is essential in determining the degree to which the person will develop PTSD.

In the Acute Phase support is crucial.

Support does not need to be 'de-briefing'.

It needs to include :

- **Validation of the reality of the trauma**
- **Efforts to ensure immediate safety**
- **Provide, warmth, shelter, food etc where appropriate**
- **Provide medical assistance – first aid if needed**
- **Emotional support from family, friends or work colleagues**
- **Listening to their choices regarding help required**
- **Return as soon as possible to a safe comfortable home environment**

In the Post- Acute Phase

- **An ongoing concern for their welfare**
- **Ongoing protection from consequences e.g. loss of job**
- **Reinforcement of a sense of control**

Avoid:

- **Post Trauma 'Betrayal' letting the person down – making promises that aren't kept – exposing the person to further trauma or abuse**
- **Abandonment leaving the person without assistance and ongoing support**
- **Invalidation – denying the reality of the persons experience**
- **Secondary Victimization – blaming the victim**

WHAT IS ABUSE?

Physical abuse: being slapped, kicked, beaten, whipped and assaulted by hand or with a weapon.

Emotional abuse: being called names, put down, denied individual rights, neglected, ignored, and depersonalised.

Sexual abuse: any form of sexual touch including molestation or being required to perform sexual acts, penetration which is non-consensual and/or below the age of consent.

Spiritual abuse: using scripture or spiritual authority to make people feel disempowered or blamed for their circumstances.

Institutional abuse: denying individual freedoms; making decisions for people without their consent.