

## Module 9

### Trauma Awareness, Resilience & Managing Stress

**Lesson 29: Trauma Awareness** defines different types of stress and trauma and identifies the impact on body, brain and behaviour.

**Lesson 30: Resilience, Self-Care and Managing Stress** identifies skills and principles for stress management.

This module provides an introduction to the impact of trauma, stress, resilience and self-care that face military, police, and civilians who work in stressful contexts. The lessons are adapted and excerpted from a longer training provided by Eastern Mennonite University's Strategies for Trauma Awareness and Resilience (STAR).

The topics in this Module have the potential for triggering unexpected reactions from participants. For this reason, facilitators using this material should receive special training in dealing with trauma or have a background in counselling or social work. Facilitators should have a plan for helping individual participants to process reactions to the material in this Module. This might include having a counsellor on-call in case of a specific need.



## Lesson 29

### Trauma Awareness

#### Learning Objectives:

At the end of the lesson, participants will be able to:

- Identify at least three types and sources of trauma and the effects on individuals and groups
- Identify at least five impacts of trauma on the body, brain, beliefs and behaviour of individuals and communities
- Identify the links between trauma and cycles of victimhood and violence – in families, organizations, communities and nations

This lesson informs civilians, military and police working in complex environments of the shared challenges of stress and trauma and the impact on civil-military-police relations. The lesson discusses the different types of trauma and stress, as well as its impact on people's bodies, brains, beliefs and behaviours. The lesson illustrates and describes how trauma feed into a cycle of violence as traumatised people make choices to seek revenge or harm others, leading to further trauma.

*The material in this lesson draws from Eastern Mennonite University's STAR programme – Strategies for Trauma Awareness and Resilience.<sup>147</sup>*

#### 1. Stress and Trauma in Complex Environments

Civilians, military, police and anyone living and working in complex environments will experience stress and trauma. Some may participate in harming others, experience harm themselves, witness harm done to others, or a combination of all three. In the past, wars were fought on battlefields, where the trauma was



often separated from civilian population. Current armed conflicts result in far more direct harm to civilians. Civilians, military and police may live with constant fear and a sense of threat and anxiety of what will happen to them. They may be aggressive or impatient with each other, blame or seek revenge on each other if they do not find appropriate ways of managing stress and trauma.

## **2. Definitions of Stress and Trauma**

Stress occurs when our bodies, minds or emotions respond to an outside event. A natural part of life, stress can have a positive or negative effect on the quality of life. Some types of stress motivate us toward positive outcomes. Without any stress, productivity is low and we may feel unmotivated. But too much stress results in distress and can lead to frustration, anxiety and disease. On-going stress may lead to exhaustion, anxiety, depression and eventual burnout.

Traumatic stress refers to an emotional wound that results from experiencing or witnessing a traumatic event or events: a highly stressful, horrifying event or series of events where one feels a lack of control, powerlessness, and threat of injury or death. The word “trauma” comes from the Greek word for “wound.” Not everyone who experiences a traumatic event or traumatic situations experiences traumatic stress. Traumatic stress occurs *when our ability to respond to threat is overwhelmed*.

Traumatic events can be:

### Single Event(s)

An intense one-time event, natural or human-caused, where there is serious threat of harm or death.

### On-going or Repeated Events

Traumatic events or situations that are long term (on-going or repeated at intervals) often without clear points at which it began or will end, and extreme in its social, economic, spiritual, emotional, and political effects on individuals, families, communities, and societies.

Acute Stress Reaction (or disorder) is the diagnostic term for trauma reactions that last a minimum of two days and go away in 30 days.

Post-Traumatic Stress Disorder (PTSD) is the diagnostic term used for reactions that do not go away within 30 days. They cause significant distress and affect the individual's ability to function socially, occupationally and/or domestically. Trauma reactions do not always appear immediately. They can remain dormant indefinitely and show up days, weeks, months or even years after the event, often in response to a later traumatic event or trigger.

*All types of trauma can impact individuals, groups or whole societies.*

## **3. Definitions of Collective or Societal Trauma**

There are different forms of trauma that affect whole communities or societies.

Natural disasters such as hurricanes, typhoons, tsunamis, earthquakes and volcanoes can cause widespread stress and trauma. In general, the level of stress and trauma may correlate with whether government services or civil society is resilient and able to respond to meet human needs.

Human failures such as buildings that collapse, levees breaking, plane crashes, nuclear accidents and chemical contamination may also cause widespread trauma and tend to be more difficult than natural disasters. People may blame a relatively small number of responsible individuals, or a corporation or a government.

Deliberate harms such as structural violence including institutions and policies that harm certain groups, or direct violent attacks, rape, domestic violence, massacres, torture, or war. Deliberate harms usually result in a combination of shame, humiliation, helplessness, fear and/or anger. Deliberate harms also include cultural attacks on the dignity and identity of a group. Sexual and gender-based violence (SGBV) is deliberate psychological and physical harm against both males and females. (See Lesson 27)

## **4. Participation Induced Traumatic Stress (PITS)**

Active participation in causing trauma (even in the line of duty) is a cause of post-traumatic stress disorder. Researchers also refer to this as “Perpetration-Induced Traumatic Stress.”<sup>148</sup> Sometimes this is referred to as a “moral injury” because harming others may feel like it goes against our morality or sense

of ethics. Military and police personnel may experience the psychological consequences of participation-induced trauma syndrome (PITS).

### 5. Compassion Fatigue, Secondary Trauma, and Burnout

Witnessing, viewing, or hearing about traumatic events in real life or via media can lead to secondary trauma. Researchers document that people who watch televised images of traumatic events repeatedly have a higher rate of symptoms of trauma than those who watch these events only once.

Caring for traumatised people can bring satisfaction and meaning to one's life. Some caregivers may have been taught to put the needs of others above their own. Because they easily share another's emotions, they are vulnerable to internalising the pain and suffering of those they intend to help. They sometimes feel like they are losing their very sense of self. Any unresolved personal trauma in their own life may be activated by reports of similar trauma in those they are helping. Eventually they may feel a debilitating weariness, a deep sense of physical, emotional and spiritual exhaustion.

When the burden for caring for others falls to an inadequate number of people who must work long hours without opportunity for recovery over an extended period of time, debilitating symptoms of "compassion fatigue" are a frequent sign of secondary trauma. Over-work without adequate time for self-care such as relaxation, sleeping, entertainment and eating can also lead to emotional, physical and mental burnout.

Those at high risk for secondary trauma, burnout or compassion fatigue include:

- Disaster and emergency care workers
- Medical staff
- Clergy, chaplains, and mental health professionals
- Family members, friends and associates of trauma survivors
- Lawyers, advocates, and human service workers
- Police and military personnel who attend to civilian needs
- Crisis phone-line attendants, and anyone who cares and listens to the stories of fear, pain and suffering of others

### 6. Brain Structure and Trauma

The structure of the brain itself impacts the process of perception. Conflict, violence and trauma greatly impact people's ability to think and perceive accurately. In the midst of conflict, people respond to traumatic or fear-producing situations via their brain stem. The reptilian brain or brain stem is the unchanging base of the human nervous system that controls basic animal functions such as digestion, perspiration and automatic reactions such as breathing. It is the place of "instinctual" responses to

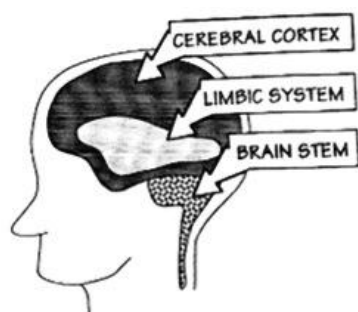


Figure 65: Diagram of the Brain

conflict or threat such as the impulse to freeze, to fight, or to flee. The limbic system is the emotional core of the brain where people feel fear, anger, hatred, joy, etc. These two parts of the brain form the core of the lower brain.

The cerebral cortex, illustrated in this diagram<sup>149</sup> in the front and outside layer of the brain, controls rational thinking. This part of the brain observes, anticipates, plans, responds and organises information. It helps people make logical decisions, reflect, and create ideas. Ideally, it controls the older two parts of the brain. Because this part of the brain helps to integrate and regulate emotional impulses learn to control their emotional reactions and even their physiological

**Hurt people hurt people.**

**Pain that is not transformed is transferred.**

-Adapted from Fr. Richard Rohr

**If we could read the secret history of our enemies we should find in each person's life sorrow and suffering enough to disarm all hostility.**

-Adapted from Henry Wadsworth Longfellow

responses to conflict such as tightened muscles, cold hands, and sweating resulting from fear or trauma. The cerebral cortex or rational brain is the last part of the brain to engage in a situation of crisis.

In the midst of conflict, a threat, or some sort of traumatic experience, the rational brain is often overwhelmed and the other two parts take over with emotional or instinctual reactions. Each individual develops particular “buttons” that when “pushed” lead to reactions. The rush of adrenalin and chemicals through the body can trigger a range of physical reactions. The “memory” of the trauma or crisis can stay in the brain for years afterwards if the rational brain has not had the ability to identify and process the crisis situation. The cortex helps people regulate their emotions such as fear, build relationships and feel empathy for others, and process questions of morality and ethics.

## 7. Common Effects of Stress and Trauma

Stress and trauma can result in a wide range of emotional, cognitive, physical, and spiritual reactions. All people respond to stress and trauma. It is a myth that “strong” people can handle stress. People of different cultures and genders respond to trauma in different ways. In many cultures, gender socialisation for males may encourage responding to stress and trauma with anger or even violence. Gender socialisation for females may allow them to respond with sadness or grief and make it less acceptable for them to express anger or rage. Some people manage stress and trauma in healthy ways, while others become destructive to themselves or others.

Each individual responds to stress and trauma in distinct ways. Yet there are common patterns. In the immediate aftermath of trauma, stress hormones typically flood the body and people feel shock and pain. Then people often move to asking questions such as “Why me?” and may feel shame and humiliation about their victimisation as well as survivor guilt. As time passes, people may become depressed, desire revenge, or both, feeling that revenge will alleviate their depression. For some victims, the desire for revenge leads them from a victim cycle to an aggressor cycle where they use violence on others and put their own needs over others. Others may feel numb. Still others may find strength to look for ways out of the crisis. The diagram below and the illustration on the next page help to identify these different patterns.

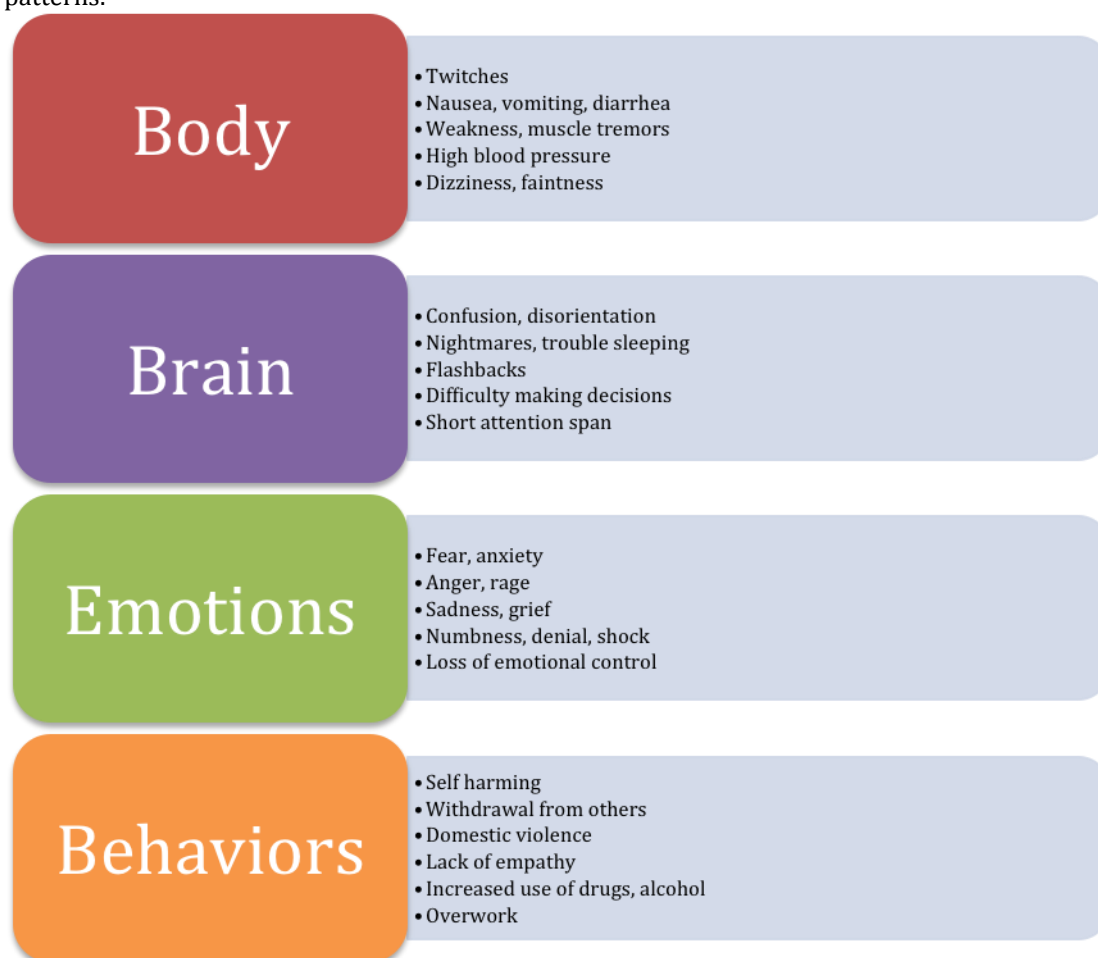


Figure 66: Effects of Stress and Trauma

## 8. Examples of social problems in deeply traumatised societies

Individual responses to trauma impact the broader society with patterns of social behaviour. Families may transmit trauma from one generation to another. When large number of individuals suffer trauma, broad social patterns can occur.

Societies can become deeply divided on social, political and economic issues. People may come to see conflict as “us” versus “them” or “good” vs. “evil” without a real understanding of the issues driving the conflict. Communication between groups is difficult, making negotiated political processes difficult, increasing the chance that individuals and groups will use violence to achieve their goals. Some may see death or suicide as a better option than shame, humiliation, or loss of their group identity.

People may lose trust in public order, domestic violence, rape, kidnapping, youth gangs, organised crime, and human destruction of the natural environment. Trauma can influence a society’s ability to address current problems and conflicts.

Some groups may see death as better than losing their group identity or being shamed by others. Supporting human security in traumatised societies requires helping people to identify harms, assert their needs, and move out of the cycle of violence.

## 9. Cycles of Violence

Responses to trauma frequently lead to a cycle of violence toward self and others illustrated in Figure 66 below. Some responses to stress and trauma are self-destructive. Experts call these “acting in” responses part of the “victim cycle.” Other responses to stress and trauma harm others. Experts call these “acting out” responses, or part of the “aggressor cycle.”

## REVIEW

This lesson identified different types and sources of trauma and the effects of trauma and stress on individuals and groups. Trauma and stress impact the body, brain, beliefs and behaviour of individuals and communities. The lack of attention to stress and trauma can contribute to cycles of victimhood and violence in families, organisations, communities and nations.

## Citations

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<sup>147</sup> This lesson is adapted from the Trauma Awareness and Resilience Training Manual (available only through taking the STAR training course found here: <http://www.emu.edu/cjp/star/toolkit/>) For a published form of some content in this lesson, please see Carolyn Yoder, *The Little Book of Trauma Healing* (Intercourse, PA: Good Books, 2005).

<sup>148</sup> Definition by Rachael M. MacNair, in *Perpetration-Induced Traumatic Stress: The Psychological Consequences of Killing*, (New York: Praeger, 2005). STAR uses the word “Participation” rather than MacNair’s term “Perpetration” to convey the same phenomenon.

<sup>149</sup> Drawn by Lee Eshleman for Carolyn Yoder, *The Little Book of Trauma Healing*. Intercourse, PA: Good Books, 2005.

# Cycles of Violence

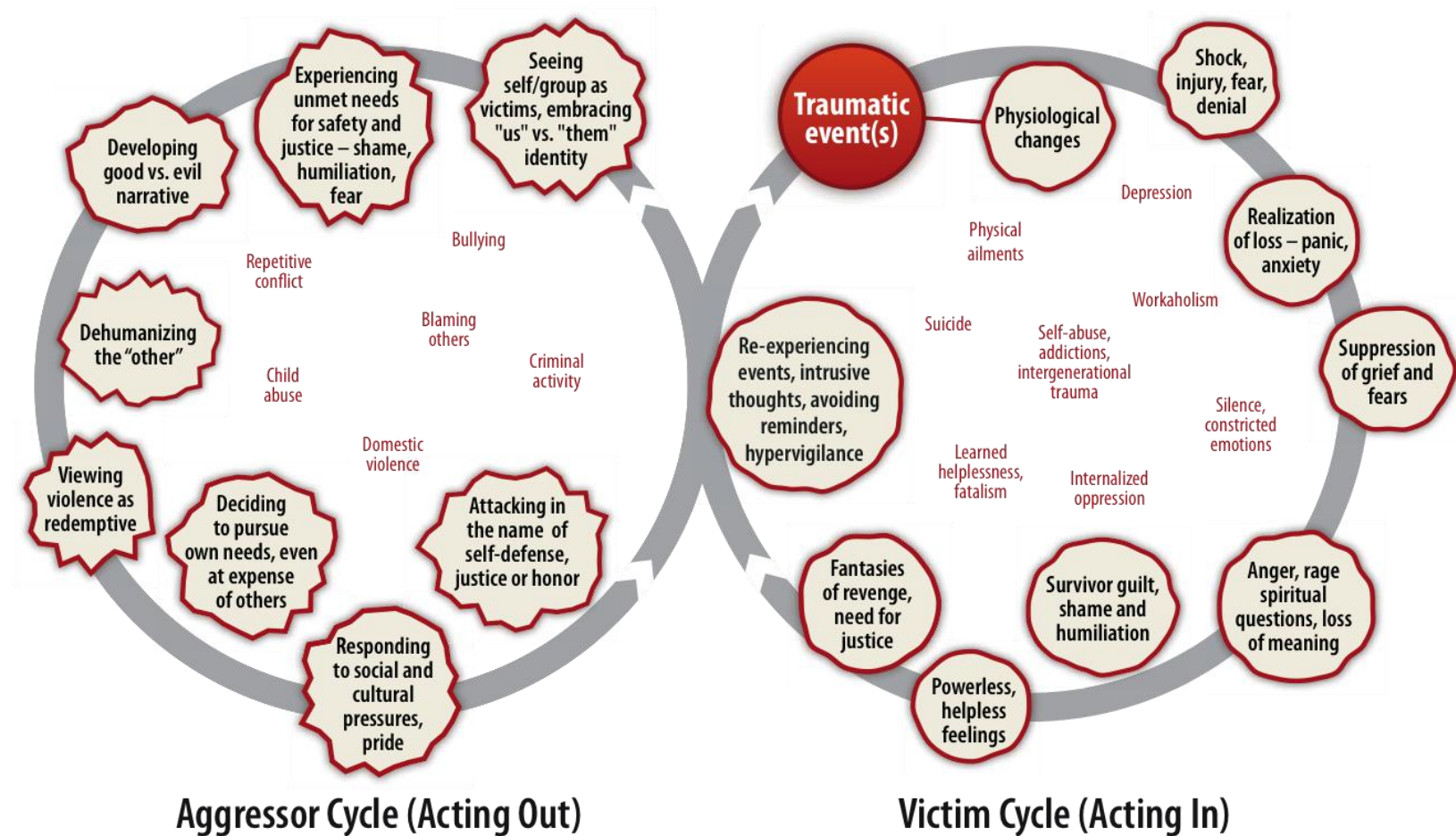


Figure 67: Cycles of Violence

© Carolyn Yoder and the STAR Team at Eastern Mennonite University.  
Based in part on the writings of Olga Botcharova, Peter Levine, Vamik Volkan and Walter Wink.



## Lesson 29

## Learning Exercises

### Anchor

*10 minutes*

To begin the lesson, anchor the content in this lesson with an open question for self-reflection in small groups of two or three people:

- How do stress and trauma affect your work in complex environments?

### Add

**20 minutes**

Present the PowerPoint slides or ask participants to discuss the lesson readings in a small group.

### Apply

*25 minutes*

The goal of this exercise is to identify the impact of stress and trauma. In the scenario stakeholder teams, discuss the likely symptoms of stress or trauma you may see in the following:

- Your organisation or unit within the scenario
- The local community where you work in the scenario
- The broader society where you work in the scenario

Debrief in a large group with these questions:

- How does stress and trauma affect each of the stakeholders in the scenario?
- What is the likely impact of stress and trauma on the society at large?

### Away

*5 minutes*

To end the lesson, the trainer can ask the large group to identify in their notebooks or in pairs their answer to these questions:

- If I could go back in time, what would I do differently in a past work experience given what this lesson taught about stress and trauma?
- What will I do differently in the future given what we have learned in this lesson?





## Lesson 30

### Resilience, Self-Care & Managing Stress

#### Learning Objectives:

At the end of the lesson, participants will be able to:

- Identify five factors that prevent people from managing stress or trauma
- Identify five strategies for managing stress, self-care and resilience to prevent personal and professional burnout or compassion fatigue

This lesson informs civilian, military and police working in complex environments about how individuals, organisations and communities can foster resilience and self-care to manage stress and respond to trauma. It provides ideas for “emotional first aid” for people working in complex environments who experience trauma and stress themselves and in the people with whom they work.

*The material in this lesson draws from Eastern Mennonite University's STAR programme – Strategies for Trauma Awareness and Resilience.<sup>150</sup>*

#### 1. Definitions of resilience, self-care and stress management?

Stress management and self-care refer to specific strategies people use to enable them to function in stressful and traumatic situations. Stress management and self-care help people, communities and societies to be “resilient.”

Resilience refers to the capacity to respond to, adapt to, absorb or survive a crisis or severe change. Individuals, families and communities are resilient when they have an ability to anticipate and prepare for crises so that they have a plan for how they will cope. In the environment, for example, some plants

are more “resilient” to drought or storms than others, allowing them to survive great hardships. Institutions are resilient when they prepare for how their institution will continue their social functions in the midst of a crisis. Social systems are most resilient when they combine strong, interdependent elements that help communities provide for each other with flexible elements that allow people to improvise or create new ways of responding in the midst of a crisis.

## 2. Factors that contribute to managing stress and resilience

Individuals, groups, organisations and societies can learn how to manage stress and become more resilient to trauma. Civilians, military and police can learn to recognise the options for responding to stress and trauma and make choices for themselves as individuals and organisations. Each of these options requires an effort.

- Build social connections with others who recognise and support the need for stress management
- Improve self-esteem and confidence to improvise and respond to new challenges
- Develop insight into the impact of stress and trauma on oneself and others
- Foster a spiritual or philosophical outlook to understand tragedy as an opportunity for growth
- Recognise signs of stress in one’s body and know techniques for physically calming down
- Use a sense of humour to laugh at one’s own self and situation
- Consider the cost of anger and consider forgiving others as a way to care for oneself
- Advocate for justice and make an effort to repair harm
- Work to create an environment where basic needs are met
- Respond creatively to adversity and change and improvise in new and changing situations

## 3. Factors that prevent stress management and resilience

Insecurity: Fear of repeated traumatic events

Blaming: Either blaming oneself or blaming others

Identity: Being either a victim or an aggressor may be providing a source of identity, therefore healing or peace that would change the status quo is seen as threatening

Unhealthy memorialising: Telling the story in ways that keep individuals/groups in the victim or offender cycle

Fatalism: Passive attitudes and patterns of learned helplessness and hopelessness

Authoritarianism and corruption: Leadership that further inflames the conflict/ trauma; personal interests of leaders override the public interest

Impunity: People who commit crime or harm others are not held accountable

Simplistic analysis of the situation: Believing that “we are all good and they are all bad” or “either we retaliate or they re-victimise us” instead of seeing the ambiguity or range of other options

Social withdrawal: Social support is not adequate

Apathy: Inaction or inability to take steps to respond

Overwhelming emotions: Pain and anger overwhelm the rational brain and people respond instinctually

## 4. An Individual Path

Each individual or community will develop resilience and manage stress in their own way. People do not all react the same to traumatic and stressful life events. An approach to building resilience that works for one person might not work for another. People use varying strategies. A person's culture might have an impact on how he or she communicates feelings and deals with adversity -- for example, whether and how a person connects with significant others, including extended family members and community resources. The good news about resilience is that it can be built using approaches that make sense within each culture. Some or many of the ways to build resilience that follow may be appropriate to consider in developing your personal strategy.

## 5. Places To Look For Help

Getting help when you need it is crucial in building your resilience. Beyond caring family members and friends, people often find it helpful to turn to:

- Self-help and support groups: Support groups share information, ideas, and emotions, group participants can assist one another and find comfort in knowing that they are not alone in experiencing difficulty.
- Books and Online resources
- A licensed mental health professional such as a psychologist can assist people in developing an appropriate strategy for moving forward. It is important to get professional help if you feel like you are unable to function or perform basic activities of daily living as a result of the natural disaster or other traumatic or stressful life experience.



## 6. Strategies for Stress Management, Self-Care and Resilience

The same areas in which you experience the effects of trauma are also areas to focus efforts to help yourself cope. The following are some ideas others have found useful. Add to this list additional strategies that you have found helpful.



Figure 68: Strategies for Stress Management

## 7. Compassionate Listening

There are ways of listening to the stories of trauma victims that nudge them toward healing. Effective listening can also be a powerful tool for reducing tensions and resolving conflicts, building bridges between people and deepening our understanding of others. Hearing each other's stories allows for mutual compassion and understanding. People can learn to listen in ways that heal and connect people is called *compassionate listening*, *active or reflective listening*, or *empathic listening*.

## 8. What are underlying principles of listening that heal and connect people?

- Be present for the person who is sharing their story. As much as possible, leave your own concerns behind. Try not to act hurried, distracted or restless.
- Listen empathically. Try to see the world through the eyes of the other person.
- Follow the basic "ground rules" of good listening. Don't interrupt, interrogate or give advice unless asked.
- When listening to another, don't tell your own story or share personal problems except in rare occasions.
- Communicate through words and nonverbal behaviours "I am interested in what you are saying," "I am trying to understand your emotions and feelings," "I am not judging you."
- Be a sounding board; allow the speaker to explore a variety of options and ideas while you remain non-judgmental.
- Be a mirror; reflect back to the person what you think they are saying and feeling.
- Be careful not to ask a lot of questions. Questions about "What happened to you..." can be re-traumatising. If you do need to ask questions, ask open-ended questions (questions that can't be answered with a mere "yes" or "no") to clarify and encourage the person to share in greater depth.
  - ✓ "What is helping you get through this now?"
  - ✓ "What helped you survive this?"

- ✓ "How has this affected you?"
- ✓ "What signs of courage and kindness did you see?"
- ✓ "What other difficulties have you survived in the past and how did you do that?"
- ✓ "How can I help?"
- Listen for indications of strength, survivorship and resilience and gently reframe repetitive stories of powerlessness and victimisation to help the person focus on possibilities for healing and growth and their own sense of inner strength and direction.
- Focus on the one person or the group of people telling you their story. Don't be paralysed by the enormity of the world's problems and needs.

## 9. What Victims Want to Say to Clergy<sup>151</sup> or People who Care

Don't explain and don't take away my reality. I don't want you to try to give me answers. What has happened is absurd. It is surely not as life was intended to be. It doesn't make sense. The pain is a sign to me of how much I have loved and how much I have lost.

Stay close and remember me... for a long time. Understand my need to grieve, my need to withdraw, my need to agonise, but remind me that you're there to lean on when I want to share my pain. This loss will always be a part of me. I'll need to talk about it for years to come. Most people will be tired of hearing about it after a period of time. Be the person who will invite me to share my feelings about this after others have moved on to other concerns. If my loved one has died, mention his or her name from time to time and let us remember together.

Don't be frightened of my anger and be patient. Anger isn't nice to be around. The one to worry about is the one who has experienced violence but hasn't become angry. My progress will not be steady. I'll slip back just when everyone thinks I'm doing so well. Be one to whom, on occasion, I can reveal my regression.

Remind me this isn't all there is to life. My pain and my questions consume me. I can think and feel nothing else. Remind me there is more to life than my understanding and my feelings.

## 10. When to refer for mental health services

Referrals to mental health and other health care professionals are made as workers encounter survivors with severe disaster reactions or complicating conditions. The following reactions, behaviours, and symptoms signal a need for further assistance.

- Disorientation- dazed, memory loss, inability to recall events in the last 24 hours
- Depression- pervasive feelings of hopelessness and despair, unshakable feelings of worthlessness and inadequacy, withdrawal from others, inability to engage
- Anxiety- feeling on edge, restless, agitated, inability to sleep, frequent frightening nightmares, flashbacks and intrusive thoughts, obsessive fears of another disaster
- Mental health challenges- hearing voices, seeing visions, delusional thinking, talking rapidly
- Inability to care for self - not eating, bathing or changing clothes, or daily activities
- Suicidal or homicidal thoughts or plans
- Problematic use of alcohol or drugs

## REVIEW

This lesson defined the relevance of the ideas of resilience and self-care to military, police, and civilians working in complex environments. The lesson described the factors and strategies useful for managing stress and trauma. These strategies can help prevent personal and professional burnout or compassion fatigue.

## Citations

<sup>150</sup> This lesson is adapted from the Trauma Awareness and Resilience Training Manual (available only through taking the STAR training course found here: <http://www.emu.edu/cjp/star/toolkit/>) For a published form of some content in this lesson, please see Carolyn Yoder, *The Little Book of Trauma Healing* (Intercourse, PA: Good Books, 2005).

<sup>151</sup> Richard P. Lord "What Victims Want to Say to Clergy: A Collection of Feelings Expressed by Victims." See <https://www.emu.edu/cjp/star/toolkit/survivors-clergy.pdf> accessed January 2016.



## Lesson 30

## Learning Exercises

### Anchor

10 minutes

To begin the lesson, anchor the content in this lesson with an open question for self-reflection:

- What do you do to help you cope with stress or trauma?

### Add

20 minutes

Present the PowerPoint slides or ask participants to discuss the lesson readings in a small group.

### Apply

25 minutes

1. Ask each participant to draw this larger version of this diagram on a sheet of paper.
2. Ask participants to place a dot on each line to illustrate how much time and emphasis they put on each of the six parts of life identified here. Place the dot closer to the centre if you are less satisfied and nearer the outer edge if you are more satisfied.
3. Then, connect all the dots. How does the shape of your wheel impact how you manage stress or trauma? Where are things off balance? How might you make changes that will bring your life's wheel into better balance?



### Away

5 minutes

To end the lesson, the trainer can ask participants to divide into groups of 2 or 3 people. Participants can share with each other their reflections on this lesson.