**Types & Definitions**

Trauma – a psychological, emotional response to an event or experience that is deeply distressing or disturbing.

**Indirect Trauma**

Secondary trauma – the emotional duress that results when an individual hears about the firsthand trauma experiences of another.

Vicarious trauma – a profound shift in world views that occurs as a result of repeated exposure to the traumas of others (i.e. losing trust in police officers after repeatedly witnessing videos of police brutality).

**Topic Overview**

Trauma is subjective; each individual defines what is traumatic to them. Everyone perceives everything different, therefore what is traumatic for one individual may not be for someone else. It is not necessarily the event that creates the trauma, rather the way the event is interpreted and experienced by an individual.

Trauma generally occurs in those who are present at a trauma inducing event, however it is possible to sustain trauma from seeing or hearing about a trauma-inducing event (i.e. 9/11). Studies have shown that not only individuals outside of New York, but also health professionals working with individuals who had witnessed the events of 9/11 exhibited signs and symptoms of trauma following the event (Otto et al., 2007; Tosone, McTighe, Baiwens, & Naturale, 2011).

As violent information on social media becomes ever more accessible, we are able to view graphic information (i.e. videos of police shootings, bombings, death) with a few taps of our screens. Media outlets often post reaction-inducing articles and videos to draw our attention. However, the presence of this type of media increases the likelihood for individuals to sustain trauma, especially in children and those who have a personal connection to the material (i.e. trauma survivors) (Aymer, 2016; Kay, Reilly, Connolly, & Cohen, 2010; Otto et al., 2007).

For people of color this issue is particularly relevant. Slavery has already left a biological imprint of the previous traumas we faced, viewing videos of police brutality and violence against people of color can trigger symptoms of trauma. Research has shown that while not everyone who experiences, or views, acts of racism and discrimination will develop the following symptoms, many do. Symptoms of racial trauma include: increased vigilance and suspicion, increased sensitivity to threats, increase psychological and physiological symptoms, increased alcohol and drug use, increase aggression, narrow sense of time (Smith, 2010).

**Descriptions of Symptoms**

**Increased vigilance and suspicion.** Suspicion of social institutions (schools, agencies, government), avoiding eye contact, only trusting persons within our social and family relationship networks

**Increased sensitivity to threat**. Defensive postures, avoiding new situations, heightened sensitivity to being disrespected and shamed, and avoid taking risks

**Increased psychological and physiological symptoms**. Unresolved traumas increase chronic stress and decrease immune system functioning, shift brains to limbic system dominance, increase risks for depression and anxiety disorders, and disrupt child development and quality of emotional attachment in family and social relationships

**Increased alcohol and drug usage**. Drugs and alcohol are initially useful (real and perceived) in managing the pain and danger of unresolved traumas but become their own disease processes when dependency occurs

**Increased aggression**. Street gangs, domestic violence, defiant behavior, and appearing tough and impenetrable are ways of coping with danger by attempting to control our physical and social environment

**Narrowing sense of time**. Persons living in a chronic state of danger do not develop a sense of future; do not have long-term goals, and frequently view dying as an expected outcome

**Examples of Trauma**

* Rape
* Domestic Violence
* Natural disasters
* Death of a loved one
* Car accidents

**Signs and Symptoms of Trauma**

* Anxiety/Panic attacks
* Night Terrors
* Insomnia
* Irritability
* Poor concentration
* Mood swings/Emotional outbursts
* Denial
* Anger
* Sadness
* Lethargy
* Fatigue
* Racing heartbeat

*This list is not exhaustive. Changes in individuals may be so small that they are unnoticeable to even close family and friends. Symptoms may not manifest immediately after the event, it may take days, months, or years.*

**Traumatic Loss**

 Traumatic loss has been defined as, “a death is considered traumatic if it occurs without warning; if it is untimely; if it involves violence; if there is damage to the loved one’s body; if it was caused by a perpetrator with the intent to harm; if the survivor regards the death as preventable; if the survivor believes that the loved one suffered; or if the survivor regards the death, or manner of death, as unfair and unjust” (Wortman & Latack, 2015). As mass violence becomes more present in our society, we are continuously exposed to one traumatic loss after another. Often, with little time to recover between events. These events impact us on all levels: physically, mentally, psychologically, socially, and spiritually. Whether we are directly connected to the event or not, these events may lead us to question the world around us. We may feel vulnerable and helpless. During this process we are often, unknowingly, moving through the stages of grief.

**Stages of Grief**

**Denial**. This first stage of grieving helps us to survive the loss. In this stage, the world becomes meaningless and overwhelming. Life makes no sense. We are in a state of shock and denial. We go numb. We wonder how we can go on, if we can go on, why we should go on. We try to find a way to simply get through each day. Denial and shock help us to cope and make survival possible. Denial helps us to pace our feelings of grief. There is a grace in denial. It is nature’s way of letting in only as much as we can handle. As you accept the reality of the loss and start to ask yourself questions, you are unknowingly beginning the healing process. You are becoming stronger, and the denial is beginning to fade. But as you proceed, all the feelings you were denying begin to surface.

**Anger**. Anger is a necessary stage of the healing process. Be willing to feel your anger, even though it may seem endless. The more you truly feel it, the more it will begin to dissipate and the more you will heal. There are many other emotions under the anger and you will get to them in time, but anger is the emotion we are most used to managing. The truth is that anger has no limits. It can extend not only to your friends, the doctors, your family, yourself and your loved one who died, but also to God. You may ask, “Where is God in this? Underneath anger is pain, your pain. It is natural to feel deserted and abandoned, but we live in a society that fears anger. Anger is strength and it can be an anchor, giving temporary structure to the nothingness of loss. At first grief feels like being lost at sea: no connection to anything. Then you get angry at someone, maybe a person who didn’t attend the funeral, maybe a person who isn’t around, maybe a person who is different now that your loved one has died. Suddenly you have a structure – - your anger toward them. The anger becomes a bridge over the open sea, a connection from you to them. It is something to hold onto; and a connection made from the strength of anger feels better than nothing. We usually know more about suppressing anger than feeling it. The anger is just another indication of the intensity of your love.

**Bargaining**. After a loss, bargaining may take the form of a temporary truce. “What if I devote the rest of my life to helping others. Then can I wake up and realize this has all been a bad dream?” We become lost in a maze of “If only…” or “What if…” statements. We want life returned to what is was; we want our loved one restored. We want to go back in time: find the tumor sooner, recognize the illness more quickly, stop the accident from happening…if only, if only, if only. Guilt is often bargaining’s companion. The “if onlys” cause us to find fault in ourselves and what we “think” we could have done differently. We may even bargain with the pain. We will do anything not to feel the pain of this loss. We remain in the past, trying to negotiate our way out of the hurt. People often think of the stages as lasting weeks or months. They forget that the stages are responses to feelings that can last for minutes or hours as we flip in and out of one and then another. We do not enter and leave each individual stage in a linear fashion. We may feel one, then another and back again to the first one.

**Depression**. After bargaining, our attention moves squarely into the present. Empty feelings present themselves, and grief enters our lives on a deeper level, deeper than we ever imagined. This depressive stage feels as though it will last forever. It’s important to understand that this depression is not a sign of mental illness. It is the appropriate response to a great loss. We withdraw from life, left in a fog of intense sadness, wondering, perhaps, if there is any point in going on alone? Why go on at all? Depression after a loss is too often seen as unnatural: a state to be fixed, something to snap out of. The first question to ask yourself is whether or not the situation you’re in is actually depressing. The loss of a loved one is a very depressing situation, and depression is a normal and appropriate response. To not experience depression after a loved one dies would be unusual. When a loss fully settles in your soul, the realization that your loved one didn’t get better this time and is not coming back is understandably depressing. If grief is a process of healing, then depression is one of the many necessary steps along the way.

**Acceptance**. Acceptance is often confused with the notion of being “all right” or “OK” with what has happened. This is not the case. Most people don’t ever feel OK or all right about the loss of a loved one. This stage is about accepting the reality that our loved one is physically gone and recognizing that this new reality is the permanent reality. We will never like this reality or make it OK, but eventually we accept it. We learn to live with it. It is the new norm with which we must learn to live. We must try to live now in a world where our loved one is missing. In resisting this new norm, at first many people want to maintain life as it was before a loved one died. In time, through bits and pieces of acceptance, however, we see that we cannot maintain the past intact. It has been forever changed and we must readjust. We must learn to reorganize roles, re-assign them to others or take them on ourselves. Finding acceptance may be just having more good days than bad ones. As we begin to live again and enjoy our life, we often feel that in doing so, we are betraying our loved one. We can never replace what has been lost, but we can make new connections, new meaningful relationships, new inter-dependencies. Instead of denying our feelings, we listen to our needs; we move, we change, we grow, we evolve. We may start to reach out to others and become involved in their lives. We invest in our friendships and in our relationship with ourselves. We begin to live again, but we cannot do so until we have given grief its time.

*These stages are not linear, and people may often jump around through stages or experience more than one stage at a time. The same way each person experiences trauma differently, they also heal differently.*

**Resources**

**National**

**Trauma Center at Justice Resource Institution**. Through integrative engagement in clinical service, research, and training, the Trauma Center at Justice Resource Institution’s mission is to ensure that everyone impacted by complex trauma has the chance to thrive. Their address is: 1269 Beacon Street, Brookline, MA 02446. Their phone number is (617) 232-1303. Their website is <http://www.traumacenter.org/index.php>.

**The National Child Traumatic Stress Network.** The mission of the National Child Traumatic Stress Network is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the Untied States. Their local address is 1121 West Chapel Hill Street Suite 201, Durham, NC 27701. Their phone number is (919) 682-1552. Their website is <https://www.nctsn.org/>.

**Trauma Intervention Programs, Inc.** Trauma Intervention Programs Inc. (TIP) is a national non-profit organization founded in 1985. TIP has 14 affiliates serving over 250 cities across the nation. Each affiliate uses specially trained citizen volunteers to respond to traumatic incidents to support victims and their families in the first few hours following a tragedy. Their address is: 1420 Phillips Street, Vista, CA 92083. They can be reached by filling out the contact form on their website, <http://www.tipnational.org/>.

**Substance Abuse and Mental Health Services Administration**. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Their address is: 5600 Fishers Ln, Rockville, MD 20857. Their phone number is (1-877)-726-4727). Their website is <https://www.samhsa.gov/>.

**Local**

 **Cone Health.** Located in Greensboro, Cone Health provides quality care in both inpatient and outpatient settings for individuals dealing with mental health issues. They serve children, adolescents, and adults. Cone Health has several clinics in North Carolina, their local address is 510 N Elam Ave, Suite 301, Greensboro, NC 27403. Their contact number for this location is (336)-832-9800. Their website is <https://www.conehealthmedicalgroup.com/chmg/>.

 **Hospice and Palliative Care of Greensboro.** The counseling and education center at Hospice and Palliative Care of Greensboro (HPCG) offers one-on-one grief counseling, support groups, workshops and other educational programs for the community. This support is available for anyone in Guilford County and surrounding areas who is grieving the loss of a loved one. Your loved one did not have to be served by HPCG. Their office is located at 2500 Summit Avenue, Greensboro, North Carolina, 27405. Their contact number is (336)-621-2500. The web address is <https://www.hospicegso.org/>.

 **Mental Health Greensboro.** Mental Health Greensboro (MHG) is a registered 501(c)(3) charitable organization and has been a partner and neighbor in Greensboro and Guilford County for over 70 years. MHG provides services and programs that promote mental health and support recovery from mental illnesses. Their address is 700 Walter Reed Dr., Greensboro, NC 27403. Their phone number is (336) 373-1402. Their web address is <https://www.mhag.org/>.

References

Aymer, S. R. (2016). “I can’t breathe”: A case study – helping Black men cope with race-related trauma stemming from police killing and brutality. *Journal of Human Behavior in the Social Environment, 3*, 367-376.

Kay, L., Reilly, R. C., Connolly, K., & Cohen, S. (2010). Help or harm?: Symbolic violence, secondary trauma and the impact of press coverage on a community. *Journalism Practice, 4*, 421-438.

Otto, M. W., Henin, A., Hirshfeld-Becker, D. R., Pollack, M. H., Biederman, J., & Rosenbaum, J. F. (2007). Posttraumatic stress disorder symptoms following media exposure to tragic events: Impact of 9/11 on children at risk for anxiety disorders. *Journal of Anxiety Disorders, 21*, 888-902.

Smith, W. H. (2010). *The impact of racial trauma on African Americans: African American men and boys advisory board*. Retrieved from <http://www.heinz.org/userfiles/impactofracialtraumaonafricanamericans.pdf>

Tosone, C., McTighe, J. P., Bauwens, J., & Naturale, A. (2011). Shared traumatic stress and the long-term impact of 9/11 on Manhattan clinicians. *Journal of Traumatic Stress, 24*, 546-552.