



# After the Crisis: Trauma and Retraumatization Issue Brief

## Issue Overview

A distinction is often made between a traumatic event and psychological trauma,<sup>1</sup> the latter of which refers to the *impact* on the individual of experiencing a traumatic event. Frequently, the word 'trauma' is used as a short-hand for both events and their impact because the actual experience of violence or disaster and the assault that the experience poses to one's sense of self, safety, belonging, and connection are intertwined. Man-made and natural disasters can be traumatic for anyone but especially for individuals with histories of *prior* trauma, whether in the form of interpersonal abuse, accident, or disaster.

Living through traumatic events changes the ways the self and the world are experienced. The impact of trauma is **cumulative** – the more times a traumatic event is experienced the greater the impact; **additive** – exposure to *different* types of trauma is correlated with greater impact; and **summative** – the combination of event(s) plus impact is what individuals carry forward through time, inscribed in memory, the sense of self, and behavior.

The impact of experiencing traumatic events includes responses such as isolation, hypervigilance, substance abuse, dissociation, self-injury, eating disorders, depression, anxiety, hearing voices, risky sexual behavior, and other psychological reactions that begin as coping mechanisms and end up as compounding problems. Too often, coping responses to experiencing trauma are pathologized and designated by mental health diagnoses—including Post-Traumatic Stress Disorder (PTSD), depression, anxiety, panic disorders, personality disorders, obsessive compulsive disorders, psychotic disorders, and eating disorders—without a full understanding of their interrelation with trauma. Immediate, intermediate, and long-term support, including peer support,<sup>2</sup> for trauma survivors that fosters connection is essential to the healing process.

This paper addresses the nature and impact of trauma and the experience of retraumatization, and provides recommendations for “trauma-informed” and “retraumatization-informed” disaster preparedness and response.

## Key Concerns

- Traumatic events include interpersonal physical, sexual, and emotional violence, as well as accidents, disasters, and witnessing violence.
- Violence and trauma are far more prevalent than crime reports indicate—many traumatic events experienced in childhood, adolescence, and adulthood are criminal acts of interpersonal violence, but many, likely most, go unreported to the police.
- Some coping responses to trauma such as dissociation, substance use, and risky sexual behavior heighten vulnerability to experiencing other traumatic experiences and to being incarcerated.
- A substantial number of people in jails and prisons are survivors of interpersonal violence and trauma, and, as a result, many struggle with mental health and substance abuse issues.
- The impact of trauma can be disabling and may be misunderstood, unnoticed, or misdiagnosed if the traumatic experience is not acknowledged and addressed.
- Trauma is transferable—it can be indirectly or vicariously experienced when loved ones, caregivers, service providers, and first responders feel the impact of traumatic events experienced by others.
- An aspect of trauma's transferability is its intergenerational reach, with children adversely impacted by witnessing domestic violence and parents adversely impacted by traumatic events experienced by their children.

---

<sup>1</sup> Herman, J. L. (1992). *Trauma and Recovery*. New York, NY: BasicBooks.

<sup>2</sup> See Peer Support Issue Brief.

- In the aftermath of disaster, coping responses such as isolation, depression, anger, substance abuse, interpersonal violence (including child abuse and domestic violence), and suicide all increase.
- Retraumatization refers to experiencing two or more traumatic events and the impact of those experiences.
- Like trauma, retraumatization can be experienced indirectly or vicariously. It may be experienced by first responders, medical personnel, and counselors. It can also be experienced at a distance, as images of death and destruction are broadcast.

## Potential Solutions and Recommendations

- Conduct “trauma-informed” public health education to increase everyone’s knowledge and understanding of the prevalence of trauma, retraumatization, and coping adaptations (and their unhealthy consequences) by individuals who have experienced trauma.
- Establish a universal presumption of trauma, recognizing that it could be part of the life experience of anyone with whom we interact.
- Focus helping responses on the self as situated in social bonds of family, friendship, and community, rather than on a solitary, psychological self.
- Focus interventions on community and peer support, as well as on trauma-informed clinical treatment.
- Create trauma-informed disaster response protocols that consider short- and long-term needs, that are re-traumatization-informed, child- and family-focused, gender-specific, and community-conscious.

## Key Resources

- [Sidran Institute](#) (p: 410-825-8888) – Non-profit organization devoted to helping people who have experienced trauma through traumatic stress education and advocacy
- [Center on Women, Violence and Trauma](#)
- [National Trauma Consortium](#)
- [Global Facilitators Service Corps](#) – Non-profit international organization of volunteer facilitators to help communities build capacity to respond to disaster and trauma (resources available in English and Spanish)
- [Trauma Intervention Programs, Inc. \(TIP\)](#) – Non-profit organization of citizen volunteers providing support to emotionally traumatized citizens: [effective ways of coping](#); [local chapters in Arizona, Florida, Maine, Massachusetts, Nevada, Oregon, Utah, and Washington state](#)
- [National Center for Post-Traumatic Stress Disorder](#) (p: 802-296-6300) – US Department of Veterans Affairs center devoted to research, training, and resources on the consequences of traumatic stress: [Post-Traumatic Stress Disorder](#), [stress reactions](#); [disasters](#)
- [International Society for Traumatic Stress Studies](#)
- [Institute on Violence, Abuse and Trauma](#) – list of contact information for resources
- [National Sexual Assault Hotline](#) (p: 1-800-656-HOPE - free, confidential, 24/7)
- [Child Help USA – child abuse hotline](#) (p: 800-4A-CHILD)

We wish to thank Nina Kammerer and Ruta Mazelis, authors of *Trauma and Retraumatization*, on which this issue brief was based.

**The After the Crisis Initiative is Co-Sponsored by:** The National GAINS Center for Systemic Change for Justice-Involved Persons and the Center for Women, Violence and Trauma (CWVT) through the Center for Mental Health Services, SAMHSA.

**Acknowledgement & Disclaimer:** *The development of this publication was funded under Request for Proposal (RFP) No.280-04-0106, entitled: “Center for Evidence Based Programs for Persons in the Justice System” from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services (CMHS), awarded to Policy Research Associates, Inc. (PRA). The views and opinions expressed in this publication are those of the authors, and do not necessarily represent the official position or policies of PRA’s National GAINS Center or the Center for Mental Health Services (CMHS).*