



The Impact of Katrina on Children Special Comments for First Responders and Helping Professionals

Secondary Traumatic Stress *The Impact of Working with the Victims of Katrina*

Reported Impact of Secondary Trauma

- **Sadness**
- **Anger**
- **Fear**
- **Depression**
- **Grief**
- **Anxiety**
- **Nightmares**
- **Flashbacks**
- **Physical ailments**
- **Social withdrawal**

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Christine Dobson, Ph.D., LMSW
Bruce D. Perry, M.D., Ph.D.

This article is one in a series developed by the ChildTrauma Academy to assist those professionals working with the victims of Hurricane Katrina.

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On August 29 the lives of millions of people were forever changed as Hurricane Katrina slammed into New Orleans and the gulf coast. The impact in terms of loss of life, homes and whole communities is unimaginable. Parents and children have been separated, loved ones did not survive the storm or the following flood, entire homes and generations of memories have been washed away in a single event. The trauma and loss experienced by those hit by the storm has only begun to surface. Among those most affected by this disaster are the children. Children are far more vulnerable to traumatic events than adults and thus, are at a greater risk for emotional, social and mental health problems. As the weeks pass, families displaced by Katrina will struggle to cope with the many losses and try to make sense of what has happened.

In the midst of the chaos and destruction there were those who responded to help. Police, fire fighters, hospital staff, military and National Guard troops and countless others remained in the effected areas attempting to rescue and care for the living and recover the dead. Many put themselves in harms way to save those most at risk working days on end with little sleep or nourishment. As victims of Hurricane Katrina were moved out of the area numerous physicians, mental health professionals, nurses, police officers, military and National Guard troops, EMS staff and others have mobilized to provide much needed support and care for victims, whether in nearby towns or in make shift shelters like the Astrodome. Most of these professionals were unprepared for the horror of this disaster. Many, right now, are struggling to deal with their first hand witness of the event or from hearing the stories of extreme human suffering by those who lived through it. They are observing the wide-spread emotions of fear, horror and helplessness from survivors of this tragedy. As these helpers continue to bear witness to the trauma experienced by the survivors they will inevitably be affected themselves. Likely, without knowing it, these individuals are secondarily exposed to trauma and may themselves begin to feel the pain of this disaster.

Trauma is contagious

Judith Herman (1992)

Secondary Traumatic Stress

This secondary exposure, known as *secondary trauma* refers to the indirect exposure to trauma through a firsthand account or narrative of a traumatic event (Zimering, Munroe and Gulliver, 2003). Figley (1995) describes secondary traumatic stress as the “natural consequent behaviors and emotions” that often result from having close contact with a victim of a traumatic event or through the experience of helping a traumatized individual (p. 7). For many now working to provide relief following Katrina the concept of secondary trauma is not one for which they received training as they entered the field. Yet many may already be experiencing the effects of the trauma they have absorbed.

The purpose of this article is to present an overview of the topic of secondary trauma. The goal would be a better understanding of how to better serve the victims, the families and children, of Katrina by making sure we are at our best. The better we, as helping professionals, understand how working with traumatized adults and children affects us, both personally and professionally, the better able we will be to serve them. All professionals working with

traumatized victims of this disaster can learn approaches and strategies to protect themselves from being emotionally overwhelmed by this effort. Ultimately, the ability to help the victims of this disaster depends upon our ability to stay emotionally healthy and motivated in difficult and often very frustrating situations.

Stress Reactions, Post-Traumatic Stress Disorder and Secondary Trauma

In the first days and weeks following a disaster like Hurricane Katrina victims may experience symptoms of an Acute Stress Reaction. This is a predictable response. The key symptoms clusters of this response include: 1) re-experiencing the traumatic event, 2) attempts to avoid reminders of the original event and 3) physiological hyper-reactivity and arousal. These symptoms are all relatively predictable, and indeed, highly adaptive physiological and mental responses to a trauma. *Unfortunately, the more prolonged the trauma and the more pronounced the symptoms immediately following the event, the greater the likelihood that there will be long term chronic and potentially permanent changes in the emotional, behavioral, cognitive and physiological functioning of the child or adult.* It is this abnormal persistence of the originally adaptive responses that result in trauma-related neuropsychiatric disorders such as Post-Traumatic Stress Disorder (PTSD).

POST-TRAUMATIC STRESS DISORDER

A. RECURRING INTRUSIVE RECOLLECTIONS OF THE TRAUMA: Intrusive thoughts, dreams, flashbacks, 'dissociative' events, intense emotional and physiological distress when re-exposed to trauma associated stimuli

B. AVOIDANCE OF TRAUMA-ASSOCIATED STIMULI OR 'NUMBING': Sense of detachment, restricted range of affect, dysphoria, loss of recently acquired developmental skill, sense of a foreshortened future

C. PERSISTENT PHYSIOLOGICAL HYPERAROUSAL: Sleep difficulties, hypervigilance, difficulty concentrating, increased startle response, lability, impulsivity, irritability, physiological hyper-reactivity

The signs and symptoms of secondary trauma are nearly identical to those of post-traumatic stress disorder. The only difference is that with Secondary Trauma, the traumatizing event experienced by one person actually *becomes* a traumatizing event for the second person.

Secondary Trauma: Individual Indicators of Distress

Those on the frontline working with survivors of this disaster should be aware of the indicators that reveal an increased risk for developing secondary trauma. These indicators fall into four basic categories that include: 1) emotional indicators such as anger, sadness, rage, depression or anxiety, although the list of emotional reactions is almost endless, 2) physical indicators or complaints such as headaches, stomach aches, nightmares and lethargy, 3) personal indicators such as self-isolation, cynicism, mood swings and irritability and 4) workplace indicators including missed appointments, tardiness and lack of motivation.

Why is the Katrina Disaster likely to cause trauma-related problem?

Simply stated, for many of the residents of New Orleans and the Gulf Coast, the evacuees and the front-line first responders, Katrina has caused a series of stressful, distressing and, ultimately, traumatic experiences. We know that the likely-hood of trauma-related problems is related to the intensity and duration of the adaptive stress responses that each individual uses during and immediately after the distressing or traumatic experience. There are significant individual differences in how we respond to stress and threat; even with those differences, however, with events that are of sufficient intensity and duration, even the most resilient among are at risk for problems.

In the case of Katrina there was the pre-Katrina anticipation, then the long destructive landfall, the post-hurricane flooding, destruction, death and confusion, and, sadly, for thousands, continuing confusion, displacement and fear. This has, for many families, lasted for days and days. One of the most overwhelming aspects of this disaster is the way in which it destroyed community cohesion, social fabric and even family integrity. Evolving research is showing the critical nature of relational health in buffering distress and trauma; Katrina, in brief, is not “a” traumatic event, for many it is a series of distressing traumatic experiences compounded by the compromise of two main post-traumatic stabilizing factors for children; family and community.

The table below summarizes some of what is known about factors which either increase or decrease risk for trauma-related problems. The red-highlighted sections indicate characteristics of the Katrina disaster.

<p><u>Increase Risk</u> (Prolong the intensity or duration of the acute stress response)</p>	<ul style="list-style-type: none"> • Multiple or repeated event (e.g., domestic violence or physical abuse) • Physical injury to child • Involves physical injury or death to loved one, particularly mother • Dismembered, dead or disfigured bodies seen • Destroys home, school or community • Disrupts community infrastructure (e.g., hurricane) • Perpetrator is family member • Long duration (e.g., flood) 	<ul style="list-style-type: none"> • Female • Age (Younger = more vulnerable) • Subjective perception of physical harm • History of previous exposure to trauma • No cultural or religious anchors • No shared experience with peers (experiential isolation) • Low IQ • Pre-existing neuropsychiatric disorder (especially anxiety related) 	<ul style="list-style-type: none"> • Trauma directly impacts caregivers • Anxiety in primary caregivers • Continuing threat and disruption to family • Chaotic, overwhelmed family • Physical isolation • Distant caregiving • Absent caregivers
	<p><i>Characteristics of the EVENT</i></p>	<p><i>Characteristics of the INDIVIDUAL</i></p>	<p><i>Characteristics of the FAMILY and COMMUNITY</i></p>
<p><u>Decrease Risk</u> (Decrease intensity or duration of the acute stress response)</p>	<ul style="list-style-type: none"> • Single event • Perpetrator is stranger • No disruption of family or community structure • Short duration (e.g., tornado) 	<ul style="list-style-type: none"> • Cognitively capable of understanding abstract concepts • Healthy coping skills • Educated about normative post-traumatic responses • Immediate post-traumatic interventions • Strong cultural or religious belief systems 	<ul style="list-style-type: none"> • Intact, nurturing family supports • Non-traumatized caregivers • Caregivers educated about normative post-traumatic responses • Strong family beliefs • Mature and attuned parenting skills

Secondary Trauma: Who is at risk?

From the perspective of the disaster at hand, the people at most risk for developing secondary trauma are those who have the responsibility of providing direct care to the individuals, families and children impacted by the hurricane. Historically the belief was that during such events persons at greatest risk were those in the emergency services professions: police officers, fire fighters, emergency medical technicians, crisis medical/hospital staff and clergy. However, in the case of this event the list may also include a wide range of professionals who work with those in crisis, including mental health professionals, physicians, teachers, child protective services workers, social workers as well as non-professionals who are volunteering to provide care and non-clinical support to the victims of this disaster.

There are several factors that place those working with trauma victims at increased risk of developing secondary trauma. These include empathy, insufficient recovery time, unresolved personal trauma, working with hurting children and lack of systemic resources.

1) **Empathy** is a valuable tool used by mental health workers, educators, clergy, childcare providers and other professionals working with trauma victims. Those impacted by Katrina will benefit most not by what helpers say to them or at them, but through the emotional support and presence of those caring and working with them. However, by empathizing with these survivors of Katrina the professional or “helper” becomes vulnerable to internalize some of their trauma-related pain.

2) **Insufficient Recovery Time** is a given in situations such as Katrina. Thousands upon thousands of people are hurt and traumatized with limited numbers of professionals and volunteers to meet all of the need. Those working with these individuals, children and families are often required to listen to story after story of the hurricane and its aftermath of death and loss. These horrific descriptions relayed over and over again to helping professionals with little time to recover or regroup often leave them secondary traumatized.

3) **Unresolved Personal Trauma:** Many of those working with the survivors of Hurricane Katrina may have a personal loss or traumatic experience in their past (e.g., loss of a family member, death of a close friend). To some extent, the pain of experiences can be “re-activated”. Not surprising, the experience of working with victims of this disaster who have suffered similar trauma may trigger painful reminders of their own traumatic past.

4) **Children are the Most Vulnerable Members of Our Society** because they are completely dependent on adults for their emotional and physical needs. Working with children who are in pain or hurting emotionally often evokes strong feelings in adults who are working to help them.

5) **Lack of Systemic Resources** in a catastrophic disaster such as Katrina only exacerbates the problems listed above. With relief agencies stretched to the limit and the slow flow of federal funds for disaster victims many front line professionals and volunteers are forced to deal not only with people who are emotionally fragile but who are also angry with the bureaucracy of governmental agencies charged with aiding them.

Self-Care Strategies for Combating Secondary Trauma

Understanding what secondary trauma is and how you may be vulnerable to it are the first steps to combating it. Working with those traumatized by Hurricane Katrina is immensely rewarding in many respects. However, it is also often painful to hear stories of the terror and loss and frustrating when more cannot be done. To avoid feeling overwhelmed by the emotions of sadness and frustration it is important to engage in activities that are fun or playful. Set aside time to rest, emotionally and physically. Engage in activities that allow you to relax your heart and your mind.

There is no better way to combat secondary traumatic stress than to take good care of your physical health and well-being. During this time of intense stress it is especially important to eat healthy and regularly, get enough sleep and exercise. Caring for your psychological well-being is also vitally important. Psychological self-care should include taking the time to self-reflect on your experiences, write in a journal. Find activities that you enjoy or that are new such as going to an art museum or attending a sports event. Taking care of yourself emotionally is paramount during this time. As you are immersed in the world of hurting people it is important that you allow yourself to spend time with friends, family and other important people in your life, allow yourself to cry and watch a good comedy to find a reason to laugh.

Throughout your experience remember the good you doing and the lives you have touched. Taking care of yourself will allow you to continue the good work.

About The ChildTrauma Academy

The ChildTrauma Academy, a not-for-profit organization based in Houston, TX, is a unique collaborative of individuals and organizations working to improve the lives of high-risk children through direct service, research and education.

For more information on helping the children of Katrina visit The ChildTrauma Academy's Katrina Support page: <http://www.childtrauma.org/CTAMATERIALS/katrina.asp>

Web Resources:

www.ChildTrauma.org

www.ChildTraumaAcademy.com

Additional Resources on Secondary Trauma

There are several organizations around the country that have taken the lead in developing materials and information for persons suffering from Secondary Traumatic Stress. Several of these organizations are listed below.

The National Child Traumatic Stress Network is a federally-funded network of providers working to promote trauma-informed practice and services. This is an excellent resource for materials and clinical information.

National Center for Child Traumatic Stress

NCCTS - University of California, Los Angeles
11150 W. Olympic Blvd., Suite 650
Los Angeles, CA 90064
Phone: (310) 235-2633
Fax: (310) 235-2612

NCCTS - Duke University
905 W. Main St; Suite 24-E, Box 50
Durham, NC 27701
Phone: (919) 682-1552
Fax: (919) 667-2350

National Resource Center for Child Traumatic Stress - Duke University
905 W. Main St.
Suite 23-D
Durham, NC 27701
Phone: (919) 682-1552
Fax: (919) 667-9578

http://www.nctsnet.org/nccts/nav.do?pid=hom_main

The Traumatology Institute is the home of psychologist, Dr. Charles Figley, a pioneer in the field of compassion fatigue or secondary trauma. Dr. Figley is the founding editor of the Journal of Traumatic Stress and has written many articles and books on compassion fatigue or secondary traumatic stress.

The Traumatology Institute, School of Social Work
Florida State University
C2500 University Center
Tallahassee, Florida 32306-2570
(850) 644-4751

<http://www.cpd.fsu.edu/pet/Trauma-5.htm>

International Society for Traumatic Stress Studies (ISTSS), founded in 1985, provides a forum for the sharing of research, clinical strategies, public policy concerns and theoretical formulations on trauma in the U.S. and around the world. ISTSS is dedicated to the discovery and dissemination

of knowledge and to the stimulation of policy, program and service initiatives that seek to reduce traumatic stressors and their immediate and long-term consequences.

International Society for Traumatic Stress Studies
60 Revere Drive, Suite 500
Northbrook, Illinois 60062
(847) 480-9028
<http://www.istss.org>

References

Figley, C. R. (1995). Compassion Fatigue as Secondary Traumatic Stress Disorder: an Overview. In Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized (pp. 1-20). Levittown, PA: Brunner/Mazel.

Herman, J. L. (1992). Trauma and Recover: The Aftermath of Violence from Domestic Abuse to Political Terror. New York: Basic Books.

Zimering, R., Munroe, J. and Gulliver, S. B. (2003). Secondary Traumatization in Mental Care Providers. Psychiatric Times, Vol. 20(4): 1-6.
