



The Impact of the Australian Bush Fires on Children: Special Comments for First Responders and Other Helping Professionals

Secondary Traumatic Stress and the Impact of Working with Victims of Natural Disasters



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This article is one in a series by the ChildTrauma Academy modified to assist those professionals working with the victims of the Australian Bush Fires.

The Impact of Natural Disasters on Children:

Special Comments for First Responders and Helping Professionals

Over the course of a weekend in early February 2009 the lives of whole communities of people were forever changed as bush fires raced across Victoria. The impact of this disaster, being described as the worst in Australian history, in terms of loss of life, homes and whole communities is unimaginable. Families have been torn apart, whole families were lost when their homes were consumed, while others died trying to escape the fast moving flames. Entire communities and generations of memories have been reduced to ashes in a single event. The trauma and loss experienced by those who escaped the fires 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 these fires 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 military 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 these fires moved out of the affected areas numerous physicians, mental health professionals, nurses, police officers, military, emergency staff and others have mobilized to provide much needed support and care for victims. 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 widespread 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)

This secondary exposure, known as *secondary trauma* refers to the indirect exposure to trauma through a firsthand account or narrative of a traumatic event (Zimring, 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 the Victoria bush fires 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 this disaster 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.

Post-Traumatic Stress Disorder and Secondary Trauma

In the first days and weeks following a disaster like these devastating fires victims may experience symptoms of Post-Traumatic Stress Disorder, including: 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: 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 bush fires. 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, 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 the Victoria fires 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 these fires 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 this. Thousands of people have been impacted, either directly or indirectly, 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 fires and their 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 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. Many of those working to help those impacted by this event may have also lost family, friends or homes in the disaster.

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 these fires only exacerbates the problems listed above. With relief agencies stretched to the limit and the slow flow of funds for disaster victims many front line professionals and volunteers are forced to deal not only with people who are emotionally fragile but who may also become frustrated if aid does not come quickly.

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.

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 these bush fires 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.

Additional Resources

There are several organizations around 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 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

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