



## Trauma – out of the shadows

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Over the years our work at the IPT has often involved addressing issues that relate to trauma. Working in the fields of conflict resolution, mediation, crime and violence prevention, HIV/AIDS education, debriefing and even organisational change has repeatedly drawn our attention to the vast and critical impact of trauma on individual, groups and organisations. Increasingly, in contemporary South Africa, the impact of trauma is now being felt at a broader scale. The financial and emotional impact of trauma left unattended is becoming a priority issue for business, institutions of the state and communities to address if they are to return to a state of productivity and emotional health.

This issue of *insight* focuses on trauma, with us first addressing the definition. We will then consider its impact, and the value of trauma debriefing. In addition, we will also share examples of the contexts within which we have observed and responded to trauma.

## Trauma Debriefing – Responding to the Shadow Epidemic

### Looking into the shadow

South Africa provides a comfortable (and arguably, willing) home to a range of epidemics, both physical and social. Some of these include HIV/AIDS, tuberculosis, crime and violence.

#### **Son confesses to killing mom and dad**

A man has been arrested for the execution-style murder of his parents ...

No motive has yet been established...

They had been shot in the head...

Police found the bodies lying in pools of blood...

These are very much in the forefront of daily existence. Newspapers, radio, television and electronic media bombard us with facts related to these epidemics. Social conversation tends to repeatedly gravitate towards discussion of these issues. Statistics show that these conversations are grounded in reality. Over the period 1994-2000 (the latest statistics provided in the SA Survey 2001-2002) trauma generating crimes have generally increased, for example, assault with intent to inflict grievous bodily harms increased by 30.6%, common assault by 29.3%, and common robbery by 169.1%. Child abductions showed a 65% increase between 1996 and 2000 and indecent assault of children showed a 22.3% increase over the same period. Statistics on 'carjacking' are also high with the ratio per 100 000 of the total South African population being 34.1 and KwaZulu-Natal specifically being 31.4 (SA Survey, 2001-2002). With regards HIV/AIDS, the Development Bank of Southern Africa predict that by 2016, AIDS-related deaths will exceed births, and the predictions are that one in five workers would die of AIDS-related

illnesses by the end of the decade (SA Survey, 2001-2002).

Billboards, film productions, dramatic and musical productions and even humour all reflect the extent to which these epidemics have become embedded in our common psyche.

In the shadows of these epidemics lurks a growing and related epidemic, that of trauma and its impact on our society. This shadow epidemic has tended to take a 'back seat' among its fellow epidemics. In many ways the back seat analogy can be extended to not just taking the 'seat' but becoming the 'backseat driver' of much that happens in contemporary South African society.

While none of the following may be unique to South Africa, they certainly appear to be emerging in uniquely South African ways. Rage, road rage, customer rage, family 'suicides' (a misnomer in popular use given that one member generally commits suicide having murdered the others), security force staff suicides, child rape, sexual abuse, absenteeism, domestic and public violence, vigilantism and many more have created a new South African landscape of scars and damage.

#### **Building loves out of shattered dreams**

She was gang raped...The hard world of hijacking, and her killing a girl who stood in her way, has left Thuli facing a bleak future.

The Star, 31.3.2002

This often without a formal or comprehensive response – without possibly one of the most basic healing processes; trauma debriefing.

### Shining light into the shadow

At the outset it is critical to acknowledge that trauma debriefing is not a panacea to all of the above – it is just a simple first step that can have positive results.

### Recognising Trauma:

The United Nations (1998) provided information on some common responses to traumatic events. They can be divided into immediate and delayed reactions.

#### Immediate Reactions:

##### *Physical*

nausea, shaking, sweating, dizziness, chills, rapid heart rate, difficulty breathing, increased blood pressure.

##### *Emotional*

anxiety, anger, fear, irritability, guilt, grief, hopelessness.

##### *Cognitive*

confusion, inability to make decisions, memory loss.

#### Delayed Reactions:

##### *Physical*

fatigue, startle response, substance abuse, sleep difficulties, nightmares, restlessness.

##### *Emotional*

feeling abandoned, resentment, alienation, withdrawal, depression.

##### *Cognitive*

decreased attention span, poor concentration, memory problems, flashbacks.

If the symptoms listed last more than a month, they may lead to **post-traumatic stress disorder (PTSD)**. This arises as a delayed and/or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature.

To be diagnosed, the following must be present:

- Trauma.
- A tendency to relive the trauma through memories, nightmares, flashbacks or intense emotional reactions to any event reminiscent of the trauma.

- A tendency to avoid any thought, emotion or activity which reminds one of the incident.
- A marked hyperactivity, accompanied by an exaggerated startle reaction, a quick temper and sleep disorders.

#### **Axe attack survivor comes out smiling.**

What was she like, this woman who, two months ago had been smashed over her head with an axe by her husband, whose children had been murdered and burnt by the man she had been married to for 14 years...

Cape Times, 21.3.2002

A traumatic event occurs when an individual experiences, witnesses or is confronted with an event that involves actual or threatened death or serious injury. The individual's response involves the emotions of fear, helplessness or horror (DSM IV:1994). Examples of traumatic events are natural disasters, hijackings, armed attacks or robberies, accidents resulting in casualties, rape etc.

The aims of trauma debriefing are:

1. To provide a gradual return from involvement in a traumatic incident to normal life.
2. To reduce levels of reactions.
3. To provide people with an opportunity to talk and ask questions.
4. To give information about possible future reactions.
5. To provide information about coping methods.

The above are operationalised in the debriefing session through the following:

- Enabling the person to talk through the event so that any unwanted psychological or other effects will be reduced.
- Allowing ventilation of impressions, reactions and feelings.

- Facilitating the cognitive restructuring of the event in their minds and to make better sense of their experiences.
- Utilising the strengths of the person to reduce tension.
- Mobilising resources; personal, family, organisational and external.
- “Normalising” the situation and people’s reactions, and to look to the future.

### Examples of Interventions

The IPT has been involved in a range of interventions that relate to trauma. Specifically, two will be discussed here, *viz*, The Prosecutors Debriefing Group and the Business Debriefing Programme.

### The Prosecutors Group

This intervention was a structured response to intense exposure to ongoing trauma experienced by Court staff in a specific court setting in KwaZulu-Natal. Prosecutors continually had to deal with ongoing exposure to violent crimes, including spouse abuse, child abuse, murder, and a range of similarly severe crimes.

In response to a need expressed by this group a programme was designed to address the stressors created by this ongoing exposure. These stressors included inter-personal tensions, breakdown in team identification, conflicts around management of caseloads, communication problems and inappropriate stress responses. Through a process of regular contact sessions with two counsellors, and culminating in a team building and trust ‘outdoor/wilderness’ experience lasting two days team members were able to explore the impact of their stressors on them as individuals and as a group and put in place support systems for dealing with future trauma. Responses were overwhelmingly positive. Peers, people in allied professions and external evaluators noted the positive impact of

the process on this group, who themselves acknowledge the power and assistance of such an experience.

### The Business Programme

Workplace robberies such as bank robberies have moved from headline news to seldom being mentioned in the news. Cash-in-Transit heists and robberies are usually aggressive and violent. The impact of these incidents are debilitating and result in branch ‘down time’ and at times, extended absenteeism from affected employees. These might be those involved in the incident or, equally, those who witnessed it.

The IPT has been engaged in debriefing services for a range of business who have experienced robberies and related traumatic events. The impact of the debriefings has been overwhelmingly positive. Companies have reported that absenteeism has been minimised, staff morale stabilized and a focus returned to work tasks quicker.

In addition, the IPT has trained work place representatives in basic trauma debriefing. Through this process companies develop ‘in-house’ centres that are able to offer rapid responses to traumatic events and the able to identify potential long-term needs and refer to professional practitioners should these long term issues arise.

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