

Taking care of yourselves after witnessing something traumatic



This leaflet is aimed at helping you understand what you might be experiencing if you have witnessed something traumatic or shocking but also how to take steps to look after yourself and where you can find further support.

Please note this advice is not for those impacted directly by the death of someone they know. For support relating to a bereavement please contact the GM Bereavement Service in the first instance; **0161 983 0902** or **salccg.gm.bs@nhs.net**

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Normal reactions to seeing something traumatic

The first thing is to reassure you that everything you are feeling right now is likely to be completely normal and understandable. Seeing something unexpected, which is traumatic or horrifying, could naturally create strong and aversive reactions that are involuntary. While you may not like what you are experiencing, it is important to remember that this will change quite quickly in the first few days, as you automatically process what you have seen.

It is also important to remember that people will all react differently even if they have seen the same thing, so do not be surprised if you are with others that react in a different way. People's reactions are personal and depend on previous life experiences.

Typically, people will experience the most changes in their physiological reactions, thoughts, feelings and behaviours over the first few days but after a few weeks most people will feel back to their normal selves. Some typical reactions are outlined below.

Feelings: what you feel will depend on what you have seen but it would not be unexpected to feel any of the following;

- Numb
- Shaken and shocked
- Disgusted
- Overwhelmed
- Confused
- Anxious
- Disbelief
- Sad

You may also find that you can't tell how you are feeling from one moment to the next as there are so many different feelings that come and go – this can be really confusing and tiring – but is again normal, even if it's really hard.

Physiological changes: when the brain detects something shocking or horrifying the body gets ready to react in case the danger is still present. Many of you will recognise this as the “fight-flight-freeze” response; which is an automatic response, fuelled by adrenaline and other stress hormones. It increases your heart rate and gets your blood pressure up and can lead to any of the following common reactions;

- Rapid, shallow breathing
- Feeling dizzy
- Trembling or tingling in extremities
- Tunnel vision
- Dry mouth
- Lump in throat
- Tight chest
- Feeling hot
- Hypervigilance; feeling jumpy, on edge & looking out for danger

All these changes are about survival; getting you ready to react and keep you safe, in case danger is still around.

It is also important to acknowledge that a small number of people are predisposed to have a strong physical reaction to the sight of blood, which can cause a drop in people's blood pressure; making them feel dizzy, light headed or nauseous and sometimes people will faint.

These are automatic reactions and very much depend on what you have seen and what your previous life experiences have been.

Thought processes: when people see something shocking and unexpected, it is normal that they will question what they have seen and different thoughts may circulate in the hours and days afterwards. This is an important way that humans try to make sense and process what they have seen. Usually these thoughts will become less frequent as time passes.

Memories and images; it would be expected that images or pictures of what you have seen will come into your mind. Sometimes these will come up when you intentionally recall what you have seen, for example, if you talk to someone about it. But it is also common that pictures and images will pop in to your mind when you are not expecting it. These are sometimes called intrusions, as they intrude into your mind, and can trick the body into thinking you are seeing the trauma all over again. Unfortunately, this can mean you experience the same adrenaline rush that you did at the time of seeing the trauma, which can feel distressing and confusing, especially if you are sitting at home minding your own business. It is, however, entirely normal and will pass as the image or memory fades.

Behaviours: there are a range of things that people will notice they do or that happen to them when they have seen something traumatic. Some of this is based on personality and experience, some of it is involuntary. Below are some examples of common behaviours and reactions that might happen over the initial hours and days;

- Wanting to talk about everything
- Shutting down and not wanting to talk
- Feeling restless or fidgety and struggling to settle
- Having disturbed sleep and nightmares
- Change in eating and appetite
- Struggling to concentrate
- Playing things over in your mind
- Noticing memories of other life events being triggered
- Avoiding going near the place you witnessed the event
- Not really noticing much impact and carrying on as normal

The range of reactions given on the previous pages are just some examples; you may notice other reactions or behaviours which are normal and to be expected given what you have been through.

The important thing about all of the reactions mentioned above is they are a normal part of being human, and reacting to something shocking or disturbing. They are also part of processing and making sense of what you have seen and how it made you feel and ultimately this will all help you in your recovery.

You will likely notice that a lot of what you experience settles down and reduces in intensity over the first few days. Some reactions can persist a bit longer but again a lot of recovery will happen spontaneously, especially with some good self-care (please see pages 7-9).

The next page will help you understand why some reactions might persist and what you can do about this.

Reactions that persist

It is important to know that our past experience can influence how we react to seeing something traumatic. In particular, if you have had previous experiences of trauma or witnessing shocking scenes then you may find memories, images, thoughts and feelings from these previous experiences are re-triggered. This might make your reactions more distressing, more intense and they might last longer. This doesn't mean things won't settle down again but it's important to notice your reactions and to have realistic expectations of yourself over the following days and weeks. It will also mean you are more aware of when you might need some extra support with some of this.

Associations and avoidance: often when the body and mind is in a state of shock or fear, and strong uncomfortable emotions are present, our brain makes unconscious associations with environmental and sensory information present at the time of the trauma. This is a naturally occurring mechanism to keep us safe. So, if you saw a traumatic event in a particular location on your way to work you may find that the next time you approach this location you have the same physiological and emotional reaction as when you saw the trauma – because your body is remembering the threat you saw and pre-empting that it might be there. The same can happen if a particular song was playing when you saw the trauma; the song becomes associated with what you saw and can trigger the same reaction.

These associations with the trauma can, quite understandably, lead us to try and avoid them. So we might stop listening to 'that song' or we may start driving a different way to work. However, behavioural change that helps us avoid reminders in this way means we do not continue to process what we have seen and this can quickly lead to more associations and more avoidance, which can get in the way of recovery. Over time, using avoidance as a strategy to cope with the unpleasantness of what you have seen can begin to impact on your longer term wellbeing and mood.

There are some ideas on the next page about what you can do to take care of yourself during the days and, week ahead.

Taking care of yourself after seeing something traumatic

The first thing to remember is you will likely feel a mixture of different things over the following days but this will naturally settle over time. But now is a good time to invest in your own resilience:

Be kind to yourself

- Have realistic expectations
- Reduce demands on yourself
- Remember your resources; what has helped you get through other tough times?

Take care of your basic needs

- Drink and eat well
- Get some rest
- Maintain some normal routine
- Take time to stop, reflect and notice how you are feeling and what impact this is having
- Maintain meaningful connections with important people in your life
- Be aware of unhelpful strategies, like alcohol or drug use, these will not help in the longer term

Monitor your media consumption

Staying informed can feel important, however, it's important to recognise what works for you and make sure this does not keep you feeling distressed. If this starts to happen;

- turn off notifications
- take a break from the news/social media for a few days
- reduce how much news/social media you consume in one day
- limit your time on social media

Come back to the moment to regulate your emotions

If you find you're getting caught up with thoughts and images about what you've seen, practice coming back to 'now' and give yourself a break with some very simple short exercises;

- Stop and take 3 slow breaths
- Change your posture – if you are sitting, stand up, if you are standing still then walk about
- Keep your hands active with:
 - A Stress ball
 - A smooth stone
 - A fidget spinner
 - Cold water
 - Rubik cube
 - Tapping alternate index fingers
- Step outside or look out of the window; notice what you can see & hear?
- Play a short game on your phone
- Do an activity with your full attention, notice what you are doing, what you can feel, see, smell, taste, hear
- If you have a pet spend some time interacting with it
- Sing or listen to a song that can help change your mood, bring you back to now, or take you to more pleasant memory

The above list is not exhaustive, you may already have helpful strategies to ground you and help you regulate how you are feeling. The important thing is try out different strategies and see what helps. Many of these ideas might take some practice before they work and you might need to combine some of the exercise above with some of the strategies on the next page, if trying to manage intrusive images or thoughts.

Dealing with intrusive thoughts and images

Thoughts and images about what you've seen can feel real but it's important to remind yourself of a couple of things;

- they are just a memory and can't harm you even if they make you feel bad
- they need some attention; do not ignore them or try to shut them out or they will come back stronger and can feel even more distressing
- if they are coming then they need processing; so let them come, notice them, let them sit there while you keep your distance and they will naturally fade

Try some of the strategies in the emotion regulation box above to keep you grounded while the thoughts and images pass-by.

It might take some time for you to feel more like yourself again, with or without the use of some of the above strategies. We also know that people may feel ok to begin with and then experience difficulties further down the line if there are times of increased stress. Please be assured, there are people out there that can help.

When to seek professional help?

- If you are experiencing high levels of distress
- If you notice changes in your mood that are not improving
- If you haven't been able to focus at work, home, or are unable to perform daily activities
- If you have significantly increased your use of alcohol and/or substances
- If those around you are very worried about you
- If you are worried about your ability to keep yourself safe

Psychological support: If you are over 16 then your local IAPT service (psychological talking therapies) will be able to help. You can self-refer to some services or ask your GP to refer you. Counselling is often helpful for relationship difficulties and ongoing stressors. Cognitive Behavioural Therapy (CBT) may be more helpful for anxiety and low mood. Trauma-focused CBT or Eye Movement Desensitisation Reprocessing (EMDR) are the evidence-based therapies for trauma.

Urgent/crisis support: If you feel that you cannot keep yourself safe or have concerns for the safety of someone else, reach out to someone. Your GP can support you or help you to access mental health services. In an emergency, attend your Accident and Emergency Department or call emergency services on 999.

Further support and resources

Greater Manchester Bereavement Service:

If you have been bereaved or affected by a death and would like to speak to someone.

Tel: [0161 983 0902](tel:01619830902)

Email: salccg.gm.bs@nhs.net

www.greater-manchester-bereavement-service.org.uk

Mental health services in Greater Manchester

www.hub.gmhsc.org.uk/mental-health/in-your-area

Papyrus:

Provide support for those under 35 years of age and those concerned for them:

Tel: [0800 068 4141](tel:08000684141)

Email: pat@papyrus-uk.org

Text: [07860 039967](tel:07860039967)

Samaritans:

A 24/7 listening service.

Call [116 123](tel:116123) or email jo@samaritans.org

Website: www.samaritans.org

SANEline:

Tel: [0300 304 7000](tel:03003047000) - Helpline available 4.30pm to 10.30pm, 7 days a week.

www.sane.org.uk

If you are experiencing a mental health crisis please go to:

www.nhs.uk/Conditions/Suicide/Pages/Getting-help.aspx

If you are employed by health, social care, education or emergency services you can also access: www.mentalhealthatwork.org.uk/ourfrontline

If you have been bereaved by suicide or have experienced suicidal thoughts or are concerned that someone you know has, you can find support and information at:

www.shiningalightonsuicide.org.uk