



ASSISTING A PERSON FOLLOWING A POTENTIALLY TRAUMATIC EVENT

WHAT IS A POTENTIALLY TRAUMATIC EVENT?

A potentially traumatic event is a powerful and distressing experience that is life threatening or poses a significant threat to a person's physical or psychological well-being. Many events, past and present, have the potential to be traumatic, but not all events commonly perceived as traumatic will cause extreme distress for an individual. Some common examples of events that have the potential to cause trauma include interpersonal violence (including family violence, child abuse, elder abuse, physical or sexual assault, mugging or robbery), accidents (such as traffic or workplace accidents), and witnessing something terrible happen. Mass traumatic events include war, torture, terrorist attacks, mass shootings, and severe weather events (flood, earthquake, hurricane, tsunami, forest and bush fire). Sudden memories of previous events can also cause trauma.

Indirect exposure can also cause trauma, for example witnessing others experiencing a traumatic event, learning that a traumatic event occurred to someone else, or repeated or extreme exposure to details of traumatic events.

HOW MIGHT SOMEONE REACT TO A POTENTIALLY TRAUMATIC EVENT?

It is important to know the initial responses that are common following a potentially traumatic event. However, be aware that people can react very differently and you should not expect any particular reaction. You should know what signs and symptoms can indicate there is a problem after such an event, and also the range of symptoms that can occur long-term (see box below). You should also be aware that cultural differences may impact the way people respond, e.g. in some cultures, expressing vulnerability or grief around strangers is not considered appropriate.

It is common for people to feel greatly distressed immediately following a potentially traumatic event. People often experience emotional upset, increased anxiety, and disturbance to sleep or appetite. Other reactions might include sadness, guilt, fear or anger. Usually these reactions settle down within a month. Only some people go on to develop a mental illness.

ACUTE STRESS DISORDER AND POST-TRAUMATIC STRESS DISORDER¹

The symptoms of acute stress disorder and post-traumatic stress disorder are similar. A major symptom is re-experiencing the trauma. This may be in the form of recurrent



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dreams of the event, flashbacks, intrusive memories or distress in situations that bring back memories of the original trauma. There is avoidance behaviour, such as persistent avoidance of things (e.g. people, places, conversations, activities, objects, situations) associated with the event, which may continue for months or years. There are also persistent symptoms of increased emotional distress (constant watchfulness, jumpiness, being easily startled, irritability, aggression, insomnia). The person may also overly blame themselves or others, show reduced interest in others and the outside world, and may not be able to fully remember the event.

If a person has these symptoms in the days and weeks following a traumatic event, acute stress disorder might be diagnosed. When symptoms have persisted for a month or longer, post-traumatic stress disorder might be diagnosed. Acute stress disorder may be a transient stress response and only some people who experience acute stress disorder will go on to develop post-traumatic stress disorder. Post-traumatic stress disorder may develop months or years after a traumatic event.

¹*Adapted from: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)*

WHAT TO DO AT THE SITE OF A POTENTIALLY TRAUMATIC EVENT

First priorities

Determine whether it is safe to approach the person before taking any actions, including checking for possible dangers, e.g. from fire, weapons or debris. Contact medical or emergency help if required, e.g. ambulance, police, fire services.

Sometimes there will already be medical or emergency service professionals present at the site of a potentially traumatic event. If so, you should follow their directions. Do not try to take over the role of any professionals who may be better able to meet the person's needs. You should also not criticise their efforts in front of the person.

Before taking action, observe what help is being provided to the person and whether any additional help is needed. If someone else is already helping them, ask the helper if they need additional assistance or a break.

Before you provide assistance, consider whether you are in a suitable emotional state to do so. If you do not feel you are, you should prioritise self-care over support to others and try to find someone else who is emotionally able to support the person.



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How to assist

If you are helping someone you do not know, you should explain what your role is and why you are present. Do your best to appear calm and try not to appear rushed or impatient. If the person appears overwhelmed or indecisive, assist them to make necessary decisions, e.g. about safety. Try to create a safe environment for them, e.g. by moving away from traffic, fire or debris. Be aware of and responsive to their comfort and dignity, e.g. by offering them something to cover themselves with (such as a blanket) or asking bystanders or the media to go away.

Watch for signs that the person's physical or mental state is declining, and be prepared to seek emergency medical assistance for them. A person may suddenly become disoriented or an apparently uninjured person may have internal injuries that reveal themselves more slowly.

Try to keep the person updated about what is happening and what is likely to happen next. Give them accurate information and admit that you lack information if this is the case. Do not make promises you may not be able to keep, e.g. "I'll take you home soon".

If you think that someone is not acting in the person's best interests (e.g. trying to get a media interview or stopping them reporting to authorities), you should attempt to protect them from this until professionals can step in.

HOW SHOULD I TALK WITH SOMEONE WHO HAS EXPERIENCED A POTENTIALLY TRAUMATIC EVENT?

Try to remain calm when talking with the person, regardless of their emotional state. Communicate with the person as an equal, rather than as a superior or expert. Show them you are listening by being patient, even when they are not communicating well, e.g. repeating themselves, speaking slowly or unclearly.

It is important not to tell the person how they should be feeling. You should also avoid saying things that discourage them from expressing their feelings, e.g. "don't cry" or "calm down". Do not tell the person to "snap out of it", "move on" or "focus on the positive", because the impacts of traumatic events cannot be overcome by willpower alone.

Tell the person that everyone deals with such events at their own pace. Reassure them that their reactions are understandable under the circumstances.

Talking about the person's experiences

If the person wants to talk about what happened or their feelings, you should listen non-judgementally. If the person starts to cry, or seems to be trying not to cry, tell them that it is okay to cry or express any feelings they are experiencing. If they feel ashamed or guilty about



how they reacted during the event, reassure them that people do not consciously choose how to respond in these situations, as these reactions are often automatic and instinctive.

Be aware that the person may experience survivor guilt (the feeling that it is unfair that others died or were injured, while they were not). They may also not remember all the details of the event.

WHAT NOT TO DO

Do not force the person to talk about a potentially traumatic event or their feelings about it.

Do not probe for details of the event.

Do not interrupt them to share your own feelings and experiences.

Do not compare their experience of trauma with anyone else's.

Do not minimise their experience, e.g. "It could have been worse", "You'll be alright" or "You should be over that by now".

Do not offer religious solace by saying things like "God has reasons".

Do not say anything to imply that what has happened was the person's fault or that they should have reacted or done anything differently at the time of the event.

If you do not know what to say, you should not be afraid to admit it. If the person shuts you out, be patient and ask them if you can help in any way.

Responding to challenges during the conversation

Try to be caring, even if you find the person's behaviour challenging. Behaviour such as withdrawal, irritability and bad temper may be a response to the traumatic event, and you should try not to take such behaviour personally.

The person might be distressed during a conversation. If this seems to be the case, ask them if they need to take a short break. Instead of forcing them to talk about what is distressing them, ask them what they need at this moment. If the person seems to be 'spaced out', 'shuts down' or is struggling to communicate, do not assume that they do not want to talk.

Sometimes people who have experienced trauma have flashbacks (a sudden powerful re-experiencing of a past event). If the person experiences a flashback, remind them that they are safe and try to call attention to the here and now, e.g. drawing attention to the immediate surroundings. Avoid sudden movements or anything that may startle them. If you know the person experiences flashbacks, ask them how they wish to be supported when these occur.



If the person wants to talk about the event but this is too distressing for you, find someone else for the person to talk to.

WHAT SHOULD I DO IF THE PERSON DISCLOSES ABUSE?

If the person discloses current or past abuse, listen to them and do not feel that you have to provide solutions or advice. Thank them for telling you and do not express any feelings of disbelief. Be aware that someone who has experienced abuse may not trust easily and may be reluctant to seek support from others.

You should be aware of any local mandatory reporting laws. If there was any criminal activity associated with the abuse, you should encourage the person to seek help from a specialist support service, e.g. sexual assault or family violence support services.

You might notice the person has physical signs of abuse, e.g. repeated bruising. If you see such signs, discuss your concerns with the person. They may be dismissive, but this does not necessarily mean that your concerns are misplaced. If they become angry, explain that you only asked out of concern and will continue to be there if they need someone to talk to. If you see signs of possible abuse in the future, raise your concerns with them again.

If you think that the person may be at risk of harm, work with them to identify what steps to take next to keep them safe. Assist them to identify other people who can provide support, encourage them to call an appropriate helpline (e.g. family violence helpline) or offer options to keep them safe (e.g. helping them find alternative accommodation). Do not do anything that places yourself at risk.

If you think you need to share any of the information the person has told you in order to keep them safe, be sure to consider the possible repercussions for the person, e.g. their safety or relationships. Tell them before sharing the information they have shared with you.

If the person begins to relate details of the abuse that you find distressing, ask them if they would like assistance finding someone else they can talk to and if they would like to be linked to support services.

HOW CAN I SUPPORT THE PERSON OVER THE NEXT FEW WEEKS OR MONTHS?

Be aware that in the weeks or months following a traumatic event the person might have good days and bad days and that there is no timeline for what can be expected. They may be more sensitive to events or stress that can seem minor to others.

Tell the person that it is possible to recover from a traumatic event. Assist the person by telling them about any resources available for survivors, e.g. information sessions, fact



sheets and helplines. Encourage them to use supports that are specific to their type of traumatic event, e.g. services for veterans or victims of crime.

There are many things that can remind the person of the trauma and cause distress. In particular, anniversaries of past traumatic events and media reports of similar experiences can be a reminder and the person may need extra support around these times. Another time additional support may be needed is if the person suddenly or unexpectedly remembers details of the event.

WHEN SHOULD THE PERSON SEEK PROFESSIONAL HELP?

Be aware of the sorts of professional help that are available locally for people who have experienced trauma. After four weeks, some return to normal functioning is expected. You should encourage the person to seek professional help if, for four weeks or more after the traumatic event:

- They still feel very upset or fearful.
- They are unable to escape intense ongoing distressing feelings.
- They are acting very differently.
- They feel jumpy or are having nightmares because of or about the trauma.
- They can't stop thinking about the trauma.
- They are unable to enjoy life at all as a result of the trauma.
- Their important relationships are suffering as a result of the trauma, e.g. they withdraw from their family or friends, or
- Their post-trauma symptoms are interfering with their usual activities.

If the person becomes suicidal, you should seek professional help. (See the companion guidelines entitled [Suicidal Thoughts and Behaviours: Mental Health First Aid Guidelines](#).) Also, if the person misuses alcohol or other drugs to deal with the trauma, you should encourage them to seek professional help. (See the companion guidelines entitled [Drug Use Problems: Mental Health First Aid Guidelines](#) and [Alcohol Use Problems: Mental Health First Aid Guidelines](#).)



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WHAT ADDITIONAL SUPPORTS DO ADOLESCENTS NEED?

Adolescents may need additional supports. If the adolescent does not want to talk about what has occurred, let them know that you are ready to talk if they want to. Ask them if there is someone else they would prefer to talk to.

If you do not have an ongoing role in the adolescent's life, you should ask them if they have a trusted adult who can support them. If they do not have a trusted and appropriate adult to talk to, connect them with an appropriate service, e.g. a community program, health centre or helpline.



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PURPOSE OF THESE GUIDELINES

These guidelines are designed to help the public to provide mental health first aid to someone who is experiencing distress after a potentially traumatic event. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

DEVELOPMENT OF THESE GUIDELINES

These guidelines are based on the expert opinions of people with lived experience of trauma (consumers and carers) and mental health professionals (clinicians, researchers and educators) who are from Australia, Canada, Germany, Ireland, The Netherlands, New Zealand, Sweden, Switzerland, United Kingdom and the United States of America.

Details of the methodology can be found in: Chalmers, K. J., Jorm, A. F., Kelly, C. M., Reavley, N. J., Bond, K. S., Cottrill, F. A., & Wright, J. (2020). Offering mental health first aid to a person after a potentially traumatic event: a Delphi study to redevelop the 2008 guidelines. *BMC Psychology*, 8(1), 105. <https://doi.org/10.1186/s40359-020-00473-7>

HOW TO USE THESE GUIDELINES

It is important to tailor your support to the needs of the person you are helping. These guidelines are a general set of recommendations only, and most suitable for providing mental health first aid in high-income countries with developed health systems.

These guidelines have been developed as part of a suite of guidelines about how to best assist a person with mental health problems. These other guidelines can be downloaded from:

<https://mhfainternational.org/guidelines/>

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