

Mitigating Re-Victimization through Trauma-Informed Crisis, Risk, and Emergency Communication

Jamie L. Russell, Graduate Student

Millersville University of Pennsylvania

Abstract

Protecting individuals and communities from the psychological effects of disaster events is a significant element of preparedness, response, and recovery. Since the events of 9/11, the United States has struggled to adjust to an environment of heightened anxiety and fear. It has become increasingly important to find ways to minimize psychological injuries caused by terrorism and active shooter events to promote long-term psychological resilience. The author's research bridges the gap between current media interviewing strategies and research on trauma. The author offers a foundational rationale for considering the traumatizing nature of crisis events and suggests attention to specialized communication strategies that may contribute to improved psychological outcomes. The poster explores how the brain processes traumatic events, the psychological impact of media exposure, and how trauma-informed communication strategies may increase psychological resilience for individuals and communities.

Contact

Jamie L. Russell

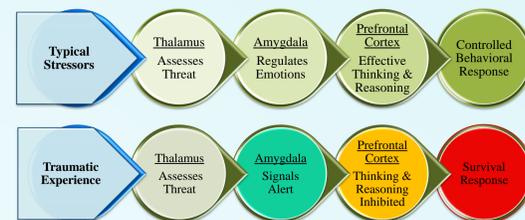
jlRussel@millersville.edu



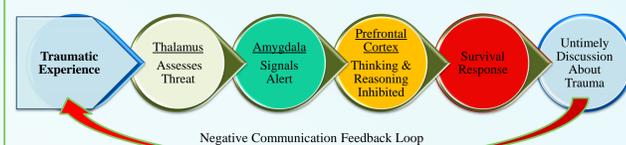
Master of Social Work & Master of Science in Emergency Management

The Neurobiology of Trauma

- The brain processes information differently when traumatic events occur ^{4, 10, 11, 14}.

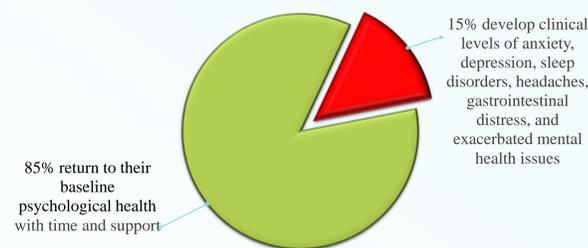


- The timing, intensity, and quantity of information may negatively influence behavioral responses to crises when information produces the perception of threat ^{1, 7, 14}.



Resilience Factors

- The following factors influence how individuals adapt to and cope with stressful events: ^{10, 14}
 - Genetics
 - Developmental experiences
 - Capabilities attained during early childhood
 - Education level



- Victims with fewer resiliencies experience negative outcomes ^{2, 5, 10}.
 - Re-experience painful memories
 - Exacerbation of existing mental illness
 - May present maladaptive behaviors as they talk about their experience with others.

Media's Impact on Psychological Recovery

Public Interaction with Media

- Victims' perceptions of forceful media communication can be processed much like being chased by a mob, increasing negative emotions and confusion ^{9, 13, 14}.
- Many survivors agree to participate in interviews out of feelings of obligation for the support they have received, or because media pressure overwhelms their ability to regain a sense of normalcy ⁹.
- It is not enough for media outlets to build quick rapport and interview with compassion to obtain a timely narrative. Interviewers also need trauma-informed skills, attitudes, and knowledge of psychological impacts and therapeutic techniques in order to minimize opportunities for re-victimization ¹⁴.

Children and Media Exposure

- Children commonly have an increased sense of powerlessness and confusion about the details and timing of significant stressful experiences ^{2, 6, 10}.
- Psychological recovery in a social setting, rather than in a private setting, is influenced by public reaction. Negative outcomes can include prolonged legal processes, feelings of loss of control, and a shift in perception of parental authority ^{2, 6, 10}.

Mitigating Re-Victimization through Disaster Crisis Phases

Pre-Crisis Communication Planning

- Understand where people turn for help, what information is most likely to mitigate adverse mental health effects, and strengthen those resources *before* crisis occurs ¹².
 - Engage clergy, hospital public relations staff, primary care physicians, social workers, and other mental health professionals to develop trauma-informed messages that effectively communicate risk and mitigate psychological harm.

Initial Crisis Phase

- At the onset of a crisis, the goal of information sharing should be to increase self-efficacy through actions that foster psychological resilience ^{7, 8, 11}.
 - Develop strong alert systems that communicate quickly, accurately, and sensitively.
 - Review and reverse organizational policies and procedures that limit access to warnings; develop policies that provide a means of two-way communication for people within the vicinity of the threat.
 - Develop protocols for on-scene psychological first aid including trauma-informed strategies that prepare victims for potential media exposure.

Maintenance Crisis Phase

- Collaborate with local residents and include them in the public health agenda.
 - Connect with the community emotionally without avoiding or minimizing traumatic experiences.
 - Spokespersons should acknowledge the public's apprehension and clearly define steps that citizens can take to promote psychological well-being, including self-care strategies for minor emotional distress ¹¹.
 - Request media to utilize victim-centered, rather than media-centered, interview approaches.

Resolution Phase

- Check in with individuals and the community, post-disaster, to support resiliency and provide opportunities to address delayed symptomology ^{9, 13}.
 - Consider utilizing social media, radio, TV commercials, or televised updates as a reminder of available resources, to relay future safety plans, or improvements made to existing plans ^{3, 8}.

Evaluation Phase

- Include survivors in future planning of the psychological aspects of disaster communication. Maintaining an ongoing connection may make it easier to track individual and community resiliency, identify areas of support that are missing, and give the community a sense of ownership of and familiarity with plans.

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