



# TRAUMA, EXPLAINED

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A QUICK GUIDE FOR SURVIVORS, LOVED ONES, FRIENDS,  
AND THOSE LOOKING TO LEARN MORE

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Kristi Landry  
Registered Psychologist

[WWW.LANDRYPSYCHOLOGY.COM](http://WWW.LANDRYPSYCHOLOGY.COM)

# Introduction

Kristi Landry is a Registered Psychologist with the College of Alberta Psychologists. She has been practicing since 2015, and specializes in the area of trauma.

## Overview:

1. Defining Trauma
2. Symptoms of trauma
3. Trauma responses
4. PTSD
5. Statistics
6. How to support survivors
7. Healing from trauma



## Disclaimer:

*The contents of this document are not a substitute or replacement for competent, evidence-based mental health support. The topic of trauma can be distressing, particularly for those who have survived or are currently living in conditions of trauma. If the information ahead becomes distressing or overwhelming, please discontinue reading and seek support.*

## Resources in Alberta:

### Phone numbers:

- CMHA 24-hour distress line: 780-482-HELP (4357)
- 211: for information and referrals to social, health and government services
- 911: for emergencies
- Access 24/7: 780-424-2424
  - A single point of access to adult addiction and mental health community based programs, for both urgent and non-urgent situations.
- Children and Mental Health Crisis/Mobile Response Team: 780-407-1000

### Websites:

- AHS resources for help in tough times: <https://www.albertahealthservices.ca/amh/page16759.aspx>
- AHS trauma services: <https://www.albertahealthservices.ca/info/page13243.aspx>

# What is Trauma?

Trauma occurs when a distressing or disturbing event overwhelms our ability to cope. We experience an emotional, psychological, and very physical response that is stored within us unless we are able to process the event and how it has impacted us.

*Trauma is about the **impact** an experience leaves on us, not the experience itself.*

*People respond differently to the same event.*

## Common Examples:

- Violence (witnessed or experienced)
- Natural disasters
- Abuse
- Neglect
- Accidents
- Death and loss
- Terrorism
- Systemic oppression
- Medical trauma
- Religious trauma
- Bullying
- Divorce/separation
- Identity-based trauma ( related to experiences of prejudice, stigmatization, or exclusion based on one's race, ethnicity, sexual orientation, gender identity, or disability)
- Financial hardship
- Discrimination and microaggressions

# Symptoms

- Intrusive thoughts/memories (flashbacks, nightmares, vivid memories)
- Avoidance (of people, places and activities that remind of the trauma)
- Emotional numbness
- Detachment from others
- Loss of interest in things that used to be enjoyable
- Hyperarousal (feeling on edge, an extreme startle response)
- Irritability
- Angry outbursts
- Difficulty concentrating
- Negative changes in thoughts (believing the world is not safe, blaming self)
- Persistent feelings of fear, horror, guilt, shame, or sadness.
- Difficulty sleeping
- Physical symptoms such as headaches, stomachaches, or chronic pain without a clear medical cause.
- Emotional swings or emotional numbing
- Memory problems, including details of the traumatic event(s)
- Dissociation (feeling disconnected from self or surroundings)
- Relationship changes (avoiding social situations, withdrawing from relationships, difficulty trusting others). Relationship strain may be due to changes in behaviour or mood





# Trauma Responses



Our bodies have an automatic survival system for responding to danger before our minds even realize what is happening. The amygdala, a small structure in the brain that behaves like a “danger” switch alerts the rest of the body to behave in one of the following ways:

- Fight** When the body detects a threat that it feels capable of conquering, we may respond in “fight” mode. This may involve increased heart rate, heightened senses, muscle tension, less sensitivity to pain, sweating, dilated pupils, and faster breathing. We may appear angry or defensive, and behaviour may include yelling, a clenched jaw, or confrontational body language.
- Flight** When the body deems it safer to avoid or escape the threat. This may also involve an increased heart rate, faster breathing and sweating in addition to slowed digestion. We may appear fearful, shaky, and highly alert, while behaviour may include avoiding the threat or running away. For some, substance abuse, working excessively, or a jam-packed calendar can be a way of avoiding threats, such as being alone with our bodies and minds. Flight is also highly associated with anxiety.
- Freeze** When the body determines that the best way to survive a threat is to remain undetected. We may experience muscle tension, a decreased heart rate, and heightened senses. Visually, we may appear frozen, and/or on high alert. In situations of extreme stress or trauma we may also dissociate, which is when we become detached from reality, our body, mind, and emotions.
- Fawn** The fawn response occurs when our body attempts to “befriend” the threat in order to survive. Internally, we likely experience muscle tension, the release of stress hormones, an increased heart rate and hypervigilance, as well as a heightened awareness of the behaviour and moods of others. Fawning tends to look like people-pleasing and submission.

# What about PTSD?

**Post-Traumatic Stress Disorder** (PTSD) occurs when symptoms and trauma responses linger long after the danger has passed, and seriously interfere with daily functioning.

PTSD is diagnosed by a mental health professional such as a psychiatrist, psychologist, or some family doctors and includes symptoms such as:

- **Intrusion Symptoms:** Unwanted, distressing memories, flashbacks, or nightmares about the traumatic event
- **Avoidance:** Efforts to avoid thoughts, feelings, people, places, or activities associated with the trauma.
- **Negative Changes in Thinking and Mood:** Persistent negative emotions, distorted blame of self or others, feeling detached from others, and a loss of interest in activities.
- **Arousal and Reactivity:** Irritability, angry outbursts, being easily startled, hypervigilance, difficulty concentrating, and trouble sleeping.

A diagnosis requires the presence of a minimum number of symptoms from specific categories, and impairment of daily functioning for more than a month after the traumatic event.

## Why would someone seek a diagnosis?

If you have experienced trauma, are suffering with symptoms and trauma responses, or are curious if you may have PTSD, it is up to you if you want to seek a diagnosis. Some reasons an individual may choose to be assessed include:

- To gain a better understanding of their symptoms and experience
- To guide decisions or gain access to treatment (including therapy and medication)
- To learn coping skills and improve quality of life
- To access accommodations for work or educational settings
- For insurance purposes (some policies may require a diagnosis to cover treatment)
- For legal purposes

# Statistics

## **According to Statistics Canada (2023):**

- 63% of adults living in Canada reported having a traumatic experience at some point in their lives
- Of those adults who experienced a trauma, 8% reported moderate to severe symptoms of PTSD
- Of those experiencing moderate to severe symptoms of PTSD, 38% reported drinking heavily on at least one occasion and 15% reported using cannabis daily
- Of the types of traumas reported in this survey, transportation accidents accounted for 31%

## **Victimization of First Nations people, Métis and Inuit in Canada, 2022:**

- One-third of Indigenous people experienced discrimination in the five years preceding the survey
- 14.9% of the same individuals were also the victims of violent crime
- 62% of Indigenous people have experienced at least one sexual or physical assault since the age of 15

## **World Health Organization (2024)**

- An estimated 3.9% of the world population has had post-traumatic stress disorder (PTSD) at some stage in their lives
- Most people exposed to potentially traumatic events do not develop PTSD
- Feeling supported by family, friends or other people following the potentially traumatic event can reduce the risk of developing PTSD
- More women are affected by PTSD than men
- There are effective treatments for PTSD

## **Other statistics**

- Roughly 50% of individuals with PTSD will also suffer from depression (Rytwinski, Scur, Feeny, & Youngstrom, 2013)
- Indigenous people have nearly four times the risk of experiencing severe trauma than the non-Indigenous population (Haskell & Randall, 2009).
- Most people with PTSD—about 80%—have one or more additional mental health diagnoses (National Center for PTSD)

# Supporting Trauma Survivors

Trauma tends to impact relationships, as the survivor may no longer feel safe in the world and is living in a survival state, rather than a relaxed and connected state. The best way to support a trauma survivor is to *get their direct feedback*, when possible, about how they feel most supported.

Some other ideas that may be helpful, depending on the individual:

**(Important: do not attempt this entire list! Start with just one or two items).**

- Remember that new behaviours are likely not intended to hurt or push others away, and may be due to trauma symptoms and responses
- Understand that things that were once easy for a survivor may now feel impossible. For example, some survivors may have difficulty leaving their homes, attending social events, attending work or school, engaging in conversations, being in loud or overstimulating environments, or even getting out of bed and maintaining hygiene. Seek ways to stay connected and supportive within their tolerance zone.
- If a survivor is open to discussing their difficulties, try asking “do you need me to just hear you, or do you need me to help you problem solve?”
- Know that some survivors may not feel safe discussing their trauma, even with those closest to them
- Seeking help is a huge step, and needs to happen *when the survivor is ready*. You can act as a supportive role, but pushing someone to seek help can sometimes make them feel worse.
- If you are seriously worried about someone’s safety, or that they may be a danger to others, *do not hesitate to call for help*.
- Check in on the individual. Depending on your relationship with them, you may ask them how they are doing, try to share a laugh, talk about everyday events, or find a tangible way to help.
- Tangible ways to help:
  - bring food or deliver groceries, meal delivery gift cards, or grocery gift cards
  - drop off a care basket
  - offer to provide or hire a service (house cleaning, meal delivery, dog walkers, babysitting, etc) *if the individual consents*
  - offer to help research articles, therapy, books, support groups, workshops, etc, *if the individual has asked for this help*
- Avoid sharing stories of your own that attempt to illustrate you know how they feel.

# Supporting Survivors, Continued

- Avoid telling them “it isn’t a big deal,” or “these things happen all the time.” Instead, try validating phrases such as:
  - I’m so sorry this is happening.
  - I know this is awful. I’m here with you. You aren’t alone.
  - We’re going to get through this.
- Living with trauma can be a profoundly lonely experience. Consider continuing to attempt connection with the individual as you normally would, while respecting boundaries (including not hearing back from them).
- Understand that anniversaries can be particularly difficult, including days leading up to and afterward. The individual may have a particularly difficult time, whether they realize it is an anniversary or not.
- Trauma “triggers” can exist in many forms- smells, music, places, people, sounds, dates, behaviour, etc. These triggers can elicit trauma symptoms and responses without the individual even connecting them to their trauma. If you witness this, it is likely most helpful to be calm, patient, understanding and supportive, and offer to stay with the person in the moment, or help remove them from the situation to somewhere that feels safer.
- **Ongoing trauma:** though it can be confusing to loved ones, some individuals continue living in traumatic environments. Understand:
  - it may not be safe for that person to leave their environment
  - systemic factors may be at play (finances, access to their children, housing, not feeling safe or protected by systems, etc)
  - in situations of abuse, there is often a pattern that involves apologies and improved behaviour for a time, which allows the survivor to feel safe and hopeful again
  - some individuals do not understand they are experiencing trauma, and may blame themselves for any harm occurring to them.

In these circumstances, you might offer support by:

- giving the individual opportunities to step outside their circumstances and remember other parts of themselves/relationships/life
- offering tangible help, such as a place to stay if needed, or to assist them in exiting their situation should they choose to
- validating their sense that something isn’t right when they share with you
- giving the individual the autonomy to choose if and when they are ready to make a change
- calling for help if you believe the individual is in imminent danger



# Healing from Trauma

There is good news! We do know how to heal from trauma. While we can't change the fact that a trauma occurred, the current best practices minimize symptoms by helping the nervous system process the event and recognize when you are safe.

As of today, the most successful, evidence-based treatments include:

- EMDR** Eye-Movement Desensitization and Reprocessing involves briefly recalling a traumatic event while simultaneously experiencing bilateral stimulation (typically eye movements).
- CBT** Cognitive Behavioural Therapy aims to understand and change thought patterns and behaviours that are contributing to distress. It involves learning about trauma, thoughts, feelings, and behaviour, challenging and re-framing what is unhelpful, and learning new coping skills.
- DBT** Dialectical Behaviour Therapy is a combination of individual and group therapy what teaches mindfulness, distress tolerance, emotion regulation, and interpersonal skills.
- SE** Somatic Experiencing and similar somatic therapies help understand, process, and release trauma stored in the body.
- NET** Narrative Exposure Therapy involves detailed storytelling of both the lifespan and traumatic experience(s), taking into consideration broader social influences. Traumatic memories are reprocessed and the individual is empowered to feel a greater sense of control over their narrative..
- Mindfulness** Mindfulness-based therapies help teach how to stay in the present moment and manage symptoms of trauma.
- Medication** For some individuals, medication may be recommended as part of treatment- even as a temporary measure as trauma is processed in therapy.