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Unfallkasse Berlin

Trauma – What to Do?
To prevent you from feeling helpless anymore

Information for acutely affected people and their relatives

Englische Ausgabe der Broschüre (Kurzversion): Trauma – was tun? Damit Sie sich nicht mehr so hilflos fühlen müssen
Informationen für akut betroffene Menschen und deren Angehörige

Herausgeber: Unfallkasse Berlin
Umsetzung: GMF, Essen | Stand: 2026

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Dieses ist eine englische Übersetzung der Broschüre (Kurzversion) „Trauma – was tun? Damit Sie sich nicht mehr so hilflos fühlen müssen – Informationen für akut betroffene Menschen und deren Angehörige“

In our work we constantly receive requests for brief written information on how to behave after traumatic experiences. Affected people wanted to be able to read comprehensible information in peace and quiet and relatives were looking for material to make it easier for them to understand the affected people. Not a thick text book, but rather a brief summary of the essential information was requested. This brochure is intended to meet this request.

Please observe

This brochure can in no way replace any necessary personal specialist counselling, psychotherapy or medical out-patient or hospital treatment!

There is some evidence that traumatic experiences can cause similar or comparative symptoms and problems to a number of people. However, it is still important that you, as an affected person, pay attention to yourself to see what is putting a strain on you personally and make sure that you receive any necessary support that you specifically need.

As a relative, you can pay attention to what helps the affected person. Those affected usually give signals or can tell you what help is currently ideal. Focus your help for those affected always on the specific requirements of the individuals. Do not force your help onto the affected person if they do not want it. Offer your help and support without being intrusive. There are no universal remedies in this respect.

Even relatives can become afflicted themselves, for example by the changes in the behaviour of the person close to them. They too may under certain circumstances feel that nothing is like it was before the event and therefore feel helpless and powerless. For relatives it is hard to take that the “only” way to significantly help the persons concerned is to just be there and do “nothing”.

People react in different ways to experiences and offers to help. What may be helpful and a relief to some people may irritate and put an additional strain on other people. Unprocessed traumatic experiences affect daily life (partnership, work, spare time) and also the quality of life. Do not hesitate to seek professional help if you happen to be affected. Psychological traumas cannot only be the cause of helplessness and anxiety, they can sometimes even provoke bizarre and “crazy”

reactions, which can be an additional cause of anxiety. However, it is not the traumatised people themselves who are crazy, but rather what they experience.

All abnormalities and symptoms in the first weeks can be considered normal reactions to unnormal events. No matter how intense or unusual the emotional states may appear. There is no wrong way of experiencing the aftermath of such bad events. Of course, you may feel bad after such events, but (at times) you may also feel good. Sometimes this state also abruptly changes and becomes incomprehensible to the environment. But also these reactions are normal.

Many affected people initially try to cope with their psychological injuries on their own. These self-healing attempts are also normal reactions to the traumatic events experienced. The affected person tries to "patch up" the wound with his own personal ways of coping. Everyone has learned very differently how to deal with stressful experiences in their life. Everyone has developed their own strategies and methods for reacting to stressful situations. As an affected person, you will fall back on them. What has helped you in the past? What was helpful in similar situations? How do I get out of this situation? What do I expect to get help from? In this way, you try to come to terms with the traumatic experiences - everyone in their own way, with their own possibilities. And that is initially a good thing. Your psyche undertakes in this way the attempt to heal the psychological wound. In the same way as the skin tries to close a wound after an injury. With these self-healing attempts, we try to get a grip on the strain in order to cope with it. Everything that helps me personally should therefore be supported. And this may vary considerably. If you notice that you are not strong enough and want help, you should seek it and get it. Do not be afraid to ask for help and support. Especially, if you realise after some time that you are unable to cope on your own.

On the following pages you will find a great deal of information on what happens to you during a traumatic event. Typical reactions that may occur after such an event are also described.



Psychological traumas occur in situations that overwhelm the psychological coping system

Conflicts and disputes are everyday life experiences for which we have developed individual coping strategies in the course of our lives. Often a conflict (e.g. professional problem) is already apparent in advance and you can prepare for it.

A psychological trauma can basically affect anyone! An essential characteristic of traumatising situations is that they occur suddenly and unexpectedly: They cannot be planned, are suddenly just there and are a huge burden. In these moments it seems as if someone has stopped the time. All the familiar and proven means and ways that were previously sufficient to cope with difficult situations suddenly do not work. Anxiety, powerlessness and helplessness are accordingly the predominant feelings. Such emotional or psychological traumas are too much for the psychological coping system. And there are no strategies and reserves that the psyche can fall back on.

Traumatising events may vary considerably. For example, suffering or "only" observing a car accident may be a traumatising experience. Depending on the cause/causer, traumatic experiences can be classified as a consequence of:

- Accidents/disasters (plane crash, explosion, fire etc.)
- Natural disasters (tsunami, forest fire, flooding etc.)
- Behaviour or effect of people (maltreatment, abuse, war, torture etc.)

The processing of traumatic experiences follows certain laws

The work with people who have experienced a traumatic incident has shown that such incidents are usually processed according to a particular pattern. At first, the affected persons are in a kind of state of shock. The shock is a physical reaction that primarily serves to survive the traumatising situation in order to regain a sense of security. This is done, for example, by leaving the place of the experience or arranging the presence of loving people.

This phase is followed by an initial processing phase, in which you sometimes feel very bad and are constantly pre-occupied with the event in your thoughts, images and feelings. And then, at other times, you may have the impression that everything is over and done with. This back and forth between feeling bad and feeling well is part of the process and quite normal. Finally, in the second processing phase, the experienced and processed events are incorporated into everyday life. The trauma becomes part of your life and you can describe it without having to relive the stressful emotions. It becomes a story that could begin with the words: "A while ago ..., I experienced ...". We call this the *natural* process of processing a trauma.

Not every stressful situation is traumatising for everyone

People react very differently to stressful experiences. If, for example, three people experience the very same stressful situation, one of them may cope with the stress without any help. For another one, it may be sufficient to receive counselling in order to reactivate any existing self-healing powers. However, the third person, may need psychotherapy in order to develop their self-healing powers. These different reactions also take place, for example, in the event of a common cold: One person does not have any problems while everyone around them is coughing and sniffing, another one develops a fever and yet another needs medical or even hospital treatment due to severe pneumonia. Help, support and therapy for psychological traumas mean, among other things, activating, developing and enhancing the self-healing powers of the body.

Affected persons need empathetic fellow human beings

People who have experienced a traumatic event have found out the limits of their resilience. As a result, their perception of themselves changes considerably. In this context, the world is often experienced as unpredictable and unjust. The sense of having life more or less under control has been shaken. The old (pre-traumatic) understanding of the world cannot be simply restored at the push of a button. Self-healing must be trigged first in order to take effect. Until any initial success can be felt, those affected are very vulnerable. Sometimes their behaviour seems incomprehensible and strange. Its primary purpose is to prevent renewed traumatisation. Traumatised people need a lot of patience and empathy for their situation and their often changed behaviour. If they are accepted together with their incomprehensible feelings, thoughts and sensitivities, this allows them to re-join the world.

Those affected need empathy from their families as well as their work colleagues and superiors. An affected person may need some temporary space from the stress of everyday work, depending on the type and severity of the trauma. Another person, on the other hand, may have a better recovery if their daily routine remains as far as possible the same as before the event.

A psychological trauma influences the function of the brain in the sense of self-protection

Psychological traumas leave clear traces in the brain. They influence the functions of the brain extensively. These changes may only be temporary and then recede or, in the case of severe and repeated trauma, may persist for a while.

In extremely stressful, life-threatening situations, the brain ensures that primarily all those physical functions work well that are initially necessary for physical survival. The brain switches to survival mode. These reactions are reminiscent of the instinctive behaviour of animals. Either we run away quickly from the danger zone, we fight or we play dead like a rabbit in front of a snake. To make this possible, a chain of logical reactions is triggered in the brain to ensure that stress hormones are increasingly released into the bloodstream. This raises the blood pressure, the heart beats faster and breathing becomes shallow and fast. The body is ready to escape, fight or freeze. In such situations the predominant feelings are those of anxiety, fear of death and a feeling of being threatened. The overview of the situation is lost (so-called tunnel vision). If, in order to save your own life, you have to run away very quickly from a threatening and dangerous situation, the most important thing is to be able to run quickly. The prevailing fear prevents you from staying, for example to look at shop windows or the flowers on the side of the road.

Forgetting as means of protection

The brain then works in a kind of emergency mode. The attention is focussed on survival. In such threatening situations, people perceive themselves and their environment in a different way. It is often difficult to grasp the situation, look closely or listen, smell or feel what is there. Nevertheless, some people can remember individual things very precisely when the danger is over, but not exactly what and how something happened. For example, people who have survived a serious accident report: "I can still see the car coming towards me and then I can't remember anything anymore."

Someone may not initially remember anything at all and is surprised about where and who they are. Total oblivion is called amnesia. One of the purposes of amnesia is to protect the affected person from remembering a terrible event. Amnesia can last for different lengths of time. Even the length of the period of time that is totally forgotten may vary. The amnesia usually recedes when the living environment is safe again.

Avoidance as means of protection

Another means of protection is to avoid anything that could remind of the stressful and threatening situation or that could lead to the trauma reoccurring. For example, if someone has had a serious car accident, they may avoid getting back in the car or driving on the road on which the accident occurred. People who have survived a bank robbery may no longer dare to work in the bank. Avoidance does by no means at all mean that the person concerned is making a fuss or is a "quitter" or "wimp". The shock is still prevalent and the brain is still switched to "survival" mode. Avoidance is definitely a suitable way of trying to control the fear and protect oneself. It is helpful for those affected if this can be appreciated and accepted as such. They should therefore not be put under pressure by relatives or other people.

Constant alertness as means of protection

Another way to protect yourself is to constantly be on guard, always extremely alert. The reason for this is often sub-consciously the hope of preventing a trauma from reoccurring by being constantly alert. However, putting to much effort into being alert and on guard can lead to sleeping disorders. It may be difficult to fall asleep as well as sleep through the night without waking up in between. When falling asleep or even at night, parts of the event often reappear as dream images in nightmares, causing those affected to start up from sleep without really waking up. This often involves becoming wet from sweat. Or the dream is so terrible that you lie awake for hours and cannot fall back asleep. Sometimes the persons affected may speak or scream in their sleep. After such a night, they will be unrested and short-tempered in the morning.



Difficulties in concentration show up in everyday life

Being constantly alert can have other consequences besides sleeping problems. Someone who has been attacked and wants to protect themself from being attacked again and is therefore constantly on guard will find it difficult to concentrate in everyday life – such as working and bringing up children. It seems that nothing really succeeds anymore, mistakes can creep in, you becomes forgetful and you can apparently not remember the simplest things. At the same time, it may be the case that you remember details that seem unimportant at first glance. In connection with the event, however, they may indeed make sense to the person affected. For example, someone who has lost their home in a fire may be able to distinguish the sirens from those of the police, fire department and ambulance, but forget what they wanted to buy or why they just entered a room.

Unexpected images appear in the memory

As mentioned before, our brain switches to a kind of survival mode in traumatising situations. This mode ensures that we survive psychologically in the situation and endure it at all. Unfortunately, however, another consequence is that we are unable to process the impressions we receive via all our sensory organs properly in these situations. This means that memories of the event may reappear in fragments, suddenly and unexpectedly: an image, a smell, a sound or maybe a bang, or the feeling of being trapped or followed etc. (These involuntary memories are called intrusions.) For those affected, it is as if they are reliving the event in that very moment, even if nothing of the sort is happening. This causes emotions of fear and panic, as they thought they had already overcome everything. Nevertheless, those affected "know" in some way that the images do not really correspond to the current reality. However, they can hardly influence these images. This often triggers a fear of being crazy, because they can see, hear, feel, taste … something that they know is not there. Even if this may be commonly considered crazy, these phenomena have nothing to do with mental illness. They are consequences of the survival mechanisms, which disappear as soon as the event is processed. In this "crazy situation" some people behave in an unusual way and are ashamed, desperate or even aggressive.

These memory images very often appear in the evening before falling asleep or in the form of nightmares at night. In order to control these frightening images and the corresponding feelings, those affected consciously or sub-consciously try to stay awake, although they are actually tired and exhausted and were looking forward to a night's rest.

Processing a traumatic experience takes time

In order to process a traumatising experience, people need time to find their way back into their familiar everyday life and feel comfortable. If you are affected, allow yourself the time to process what you have experienced. Even if your family and colleagues think that you need to function again because "it wasn't that bad after all" or "it's been over for a while now". Ask your environment to give you the time you need.

The following periods of time can be taken as rough reference points for processing:

- In the first 10 to 14 days, those affected are often in a kind of state of shock. The body needs this time to switch from survival mode back to everyday life. During this time everything seems to be mixed up and nothing is the way it was before. Now a safe living environment and contact with familiar people is important. During this time, a crisis intervention at a counselling centre may be supportive and helpful *also for the partners or the family*, because everyone is affected to a certain degree.
- The following phase may last up to half a year or even longer. In individual cases, the severity and nature of the traumatic experience will play a role here. If the symptoms do not subside and strong reactions are observed within the first six months, it may then be advisable to seek professional help.
- After half a year, you can usually clearly tell from the diminishing symptoms whether someone is processing a traumatic experience well and coping with everyday life again. If this is not the case, it may make sense to seek professional support from a therapist who is familiar with the treatment of trauma sequelae. Any physical symptoms should be clarified by a medical examination, since a trauma may also have physical consequences in the sense of psychosomatic illnesses.
- There are what are referred to as risk factors, which make it difficult to process a psychological trauma. These include the loss of a close person, especially the loss of a child, own physical injuries, a previous traumatisation, an ongoing traumatisation such as war or continuing contact with the perpetrator. In such cases it is often relieving to receive support already at an early stage.

Some frequent symptoms are described in the following. These symptoms can occur partially or more or less completely, and they can also change from one day to another or even disappear completely.

Please observe

Many of these symptoms and abnormalities may also occur in connection with other diseases. Whenever you are unsure, you should consult a specialist or therapist and have any physical symptoms clarified by a doctor!

As mentioned before, experience has shown that traumatising experiences can have different symptoms. Many adults affected suffer from very similar symptoms, regardless of their culture or gender. However, the way in which the symptoms are dealt with may vary considerably from person to person.

The most common symptoms are divided into four groups in the following list:

- 1. Re-experiencing, remembering (intrusions)
- 2. Avoidance behaviour
- 3. Forgetting (dissociations)
- 4. Hyperexcitement

1. Re-experiencing, remembering (intrusions)

Intrusions are a certain way of remembering. These intrusions appear suddenly, virtually imposing themselves on you and overwhelming you without being able to be controlled. Those affected experience this recollection or parts of it as if they were directly reliving the traumatising event. It is as if the event had taken a time journey from the past to the present. Although those affected "know" somehow that what they are experiencing is not happening at the moment, they still have a feeling that it is happening now. Because they are overwhelmed by the related feeling, they react to this feeling by switching to survival mode again. Although this does not match what can be perceived here and now, it is decisive for the experience and behaviour/action of the person affected. Imagine you are in a restaurant with your partner, enjoying a meal. Another visitor walks past your table, wearing the same type of shoes as the bank robber, and all you can do is feel the urge to leave the restaurant very quickly and nothing can stop you. Although this impulse makes sense in terms of a survival mechanism, it is difficult for the person accompanying you and other people to comprehend, as there is currently no life-threatening situation.

Remembering can affect all our senses (hearing, seeing, smelling/tasting, feeling) or only individual sensory perceptions.

This means, you may:

- Hear something in the present (e.g. a bang, scream, siren, gun shot etc.) that happened in the past.
- See something in the present (perpetrator, fire, accident etc.) that happened in the past.
- Smell or taste something in the present (smell of burning, perfume/sweat of the perpetrator, sea water etc.) that you actually smelt or tasted in the past.
- Feel something in the present (touch, pressure, pain etc.) that you felt in the past.

Generally speaking, what was experienced in the past does not want to become the past and therefore always thrusts itself back into the present. You may also not be able to escape from certain thoughts concerning the traumatising situation. Sometimes memory images appear at night in the form of nightmares, preventing you from having a good night's sleep.

You may actually also hear, see, smell/taste or feel something in the present that initially has nothing to do with the event until the memory images appear.

This may be, for example, that:

- You hear the song on the radio that was playing when the accident occurred.
- You see the brake lights of the car in front of you when driving to a dear visitor, just like shortly before the accident.
- Someone sits down next to you on a bus whose deodorant smells exactly like that of the perpetrator.
- In a cramped situation in the lift to the office, you are accidentally touched by someone's arm when you get out of the lift, just like when you were attacked.

If you are aware of the situations that trigger memory images, you can temporarily avoid such situations to prevent spinning in a memory loop and activating survival mode.

2. Avoidance behaviour

Someone who has survived a psychological trauma is anxious not to get into such a traumatising situation again, both in real life and in the form of memory images. Often the very idea of going back to the bank, for example, is so frightening that the person affected will not do so for a while to avoid having to experience the robbery again. Depending on the circumstances, the fear may no longer be limited to the bank. In the worst case you may avoid going outside at all. States of anxiety may develop and the sense of mistrust in people in general becomes stronger. Some people withdraw more and more from life and hardly talk anymore, while others do not stop talking at all as an attempt to control their fear.

All attempts to control the feelings of anxiety may seem incomprehensible at first glance, especially to acquaintances and relatives, but, for those affected, these efforts are attempts to help themselves. They are by all means helpful attempts by the person affected to not be overwhelmed by the stressful memory images. In this way, the person affected tries to control the intrusions to prevent being helplessly exposed to them. For this reason, many people affected avoid talking about traumatic events in order to prevent themselves from being overwhelmed. This means of protection must be respected by the environment. Relatives should therefore not force those affected to talk about their traumatic experiences even though they do not want to. As soon as the brain's survival mode weakens, they will realise that some attempts to solve the problem may of course involve major restrictions. In such cases, it may then be possible to look for better solutions with the help of a counsellor or therapist.

3. Forgetting (dissociations)

Forgetting is another avoidance strategy for traumatic experiences, which means avoiding remembering the event in whole or in part. It is another way of protecting yourself so as not to be overwhelmed by your emotions in the situation concerned. And it is not the beginning of a serious physical illness or indisposition or "lack of desire". In this part of survival mode, the brain prevents the person affected from recalling what they have experienced from their memory. Because you cannot be worried about what you cannot remember.

Some people affected suffer less from a loss of memory, but feel a great sense of emptiness or alienation. Another way of forgetting experiences is to store the memories in the body. They are then still present, but, for example, in the form of a headache or other painful conditions that do not necessarily have a physical cause. Sometime the sense of feeling in the body or parts of the body is lost to a certain degree.

Since physical symptoms may also be caused by other diseases, this should always be clarified by a physician. If the symptoms were already there before the traumatic event, they may have been caused by another disease or by the memory traces of previous traumatising experiences that have been re-intensified by the new trauma.

People who suffer from trauma-induced pain are neither whining nor making a fuss. These symptoms are also an attempt to cope with the terrible event.

4. Hyperexcitability

A final important aspect is what is referred to as hyperexcitability. It manifests itself in an inner restlessness, in a state of "hyper-alertness", in difficulties in falling and staying asleep, and you are frightened more quickly and find it more difficult to concentrate. Those affected are irritated more easily and to a greater extent than before the event and they also have more frequent outbursts of rage without much provocation.

These symptoms can occur sporadically, alternately, permanently or temporarily. They are a burden equally to the persons affected and their close relatives, because they cannot be simply be turned off even with a lot of will power.

Those affected have the feeling they cannot take it anymore. They are ashamed of their behaviour and do not understand what is wrong with them. Other affected people become afraid that they might have gone "crazy". There is also a fear that all these unbearable feelings might not disappear, that no one else can understand how you feel and that no one can help.

In such situations, relatives may also become anxious, sometimes with the same fears as those affected. They too may fear that their partner will remain in this state. They feel helpless and do not know what to do, how to help and what could be "wrong".

Sometimes relatives or friends mean well and ask relentlessly about everything that has something to do with the event. They may think that once you have got something off your chest, it will be gone and everything will be like it was beforehand. However, often the only thing that is achieved is that the memories including all the emotions are aroused and their processing is disturbed. It is usually helpful to listen to the person affected if they want to talk of their own accord.

If possible, they will communicate what is helpful or comfortable to them. This is more a matter of a simple communication, for example about informing the employer of the person concerned if someone is temporarily unable to work or about visiting the accident site together etc.

Children also become concerned about what is going on with their parent or parents. They may be irritated if, for example, their father, whom they know to be strong, suddenly cries or shows feelings of anxiety. Children also feel helpless in these cases, but may, for example, make fun of the situation in order to cover up their own helplessness. It may be important for family members to attend counselling sessions in order to ask questions and express their fear.

As crazy and bizarre as the consequences of emotional traumatisation may be, with the right support it is possible to re-join everyday life.

The role of the accident insurance fund after traumatic experiences in working life and after assistance

The accident insurance fund controls and finances the specific follow-up care

In particular the police and rescue services are in demand in the acute phase following a traumatic event.

The psychological strain on those affected is great. Colleagues, the family or professional counselling services can provide support and help when coming to terms with a traumatic experience. The accident insurance fund (UK) is one of the key players in the second phase, which concerns the specific and controlled networking and coordination of existing assistance systems and the provision of additional care services.

The UK is the statutory accident insurance for, among others, employees in the Federal State of Berlin. If you have been exposed to a traumatic event during your professional activity and realise that you would like to seek professional medical or therapeutic help, the UK guarantees local, professional and interdisciplinary mid-term and long-term psychological follow-up care for all of its members. The same applies to any first-aiders who help someone in distress.

The main objective of crisis intervention is to prevent long-term psychological, including chronic, impairments. And the accident insurance fund uses all suitable means of medical, professional and social rehabilitation to prevent them. An important factor for the success of the interdisciplinary medical care is to establish contact as soon as possible between the UK and the persons affected who require professional medical follow-up care. Close cooperation with the company insured with the UK is therefore essential.

The accident insurance fund provides compensation for any permanent damage to health

Even with good follow-up care, follow-up treatment may be necessary over long periods of time. If permanent physical or mental damage to health is sustained as a result of the event, the accident insurance fund will pay compensation in the form of a pension under certain conditions. The phase of medical, occupational and social rehabilitation is supported by financial allowances.

Please observe

First-aiders are people who provide assistance in the event of an accident, general danger or distress or who rescue or attempt to rescue other people from a situation of acute danger to their health.

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