The effects of trauma can be very severe and have long lasting effects on both the individual, in their day to day functioning, and the family system. However, what constitutes a trauma and when it becomes a problem are very difficult questions to answer.

Many events can be considered as traumatic. However, we find that whilst anything that causes people to re-evaluate their expectations of themselves or the world can become problematic, post traumatic stress disorder (PTSD) usually occurs after an event which could be classified as outside the realm of normal experiences during which the individual experienced intense fear or a feeling of helplessness or horror. Events that have led to this condition include such examples as car crashes, physical assault, sexual assault, 'hold-ups', natural or man-made disasters, combat, seeing someone killed or attacked - basically any occurrence which threatened the person's physical or emotional integrity.

It has been found that PTSD can directly effect the smooth running of the family system on a number of levels. Firstly, one of the signs following a trauma can be what has been termed “affective numbing”. This is where the victim experiences an inability or difficulty feeling or expressing emotions (e.g. love, enthusiasm, etc). Obviously such a result can lead their partner, family members and friends to feel “pushed away” and can leave the victim feeling somewhat isolated. Furthermore, the victim can feel a sense of detachment or estrangement from other people generally, which can lead to a reduction in participation in significant activities that they used to enjoy before the trauma. Together with a tendency to avoid activities and situations that remind them of the trauma this can lead to a marked decrease in
mood and a severe disruption to the family home and functioning. Following trauma, the likelihood of separation / divorce is considerably increased as is the likelihood of suicidal thoughts.

On an individual basis, the effects of PTSD can be exceptionally distressing. The victim may have recurring and distressing memories of the event and “brood” over it frequently. In some circumstances, they may even have the feeling as if it were happening all over again and have a marked, and negative, reaction to things which remind them of the trauma.

Victims have also reported to have great sleep problems, with a very unrestful sleep and sometimes experience nightmares related to the trauma. They also frequently report to have problems concentrating, yet become very “jumpy” at unexpected sound or movement.

However, while not everyone experiences all of these reactions, the effects of just some of them can be strong enough to put a considerable strain on both the victim and their family and friends. In recognition of this, various treatment strategies have been validated by clinical psychologists and psychiatrists to help the victim come to terms with what has occurred, instigate a healthy coping style and help the person become socially and occupationally functional again. Until very recently there was little in the way of help, information or psychological and social support for the family members of those who with trauma reactions.

There are now a number of support groups (e.g. QHVSG, Vietnam veterans Counselling Service) which service both those directly affected by trauma and their extended network. Furthermore, research is beginning to look more at treatment options for the whole family
(particularly in the case of chronic PTSD). Furthermore, some states (e.g. Victoria, South Australia and New South Wales) provide those affected by crime (both primary and secondary victims) with therapy from private practitining psychologists. In Queensland various support groups (e.g. QHVSG) have some funds available to assist families with counselling costs.

Overall, though, more effective services are usually provided when both policy makers and the public are educated. Victims of crime and the provision of services are now being focussed upon to such a degree that Australia's (and possibly the world's) first Masters degree in Victim Services has been instituted at the University of Melbourne. It is proposed that as our knowledge in this specialised area increases so will the provision of services for all those affected - individuals, families and peers.

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