



Resilience Is the Most Common Response

Understanding Recovery After Trauma



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Why This Matters

Disaster work often creates the fear that trauma leads to long-term psychological damage. Research shows this is not usually the case.

Understanding this helps responders:

- reduce fear of “breaking down”
- stay confident in themselves and others
- approach crisis work with balance and hope



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Key Insight

- Most people exposed to trauma do not develop chronic psychological disorders.
- Resilience is the most common human response to crisis.



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Four Common Recovery Paths

After traumatic events, people usually follow one of these paths:

- Resilience – stable functioning despite adversity
 - Recovery – initial distress, then adaptation
 - Delayed distress – symptoms appear later
 - Chronic distress – long-term difficulties
- Resilience is the most frequent outcome.



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What This Means for Responders

- Feeling stress does not mean permanent harm
 - Distress can coexist with resilience
 - You can trust your ability to cope and recover
- This reduces stigma and anticipatory anxiety.





How to Use This in Practice

- Do not assume collapse after exposure
- Recognize signs of resilience in yourself and others
- Support peers without labeling them as “damaged”
- Encourage help when needed—without fear or shame





Why This Strengthens Resilience

Believing in resilience:

- increases confidence
- supports emotional balance
- strengthens commitment to response roles

Hope grounded in evidence is protective.



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Key Reminder

- Resilience being common does not deny suffering.
- Support and professional help must always remain available.



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What You Gain as a Participant

Reduced fear of long-term damage

- More confidence in yourself and your team
 - A realistic, science-based view of recovery
- Resilient Responders build strength by understanding reality.



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Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28.



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