

CANADIAN
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SOCIÉTÉ
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DE PSYCHOLOGIE

VIOLENCE, STRESS AND COPING

Ottawa, January 10, 2010 – The shooting that took place in Arizona this past weekend resulting in 6 dead and 13 wounded, challenges all of our communities to cope¹. The following information is intended to be of help and support in coping with tragedies of this type.

Risk factors for violent behaviour: Violence is generally a learned behaviour – taught by experiences with families, schools, communities, and the media. Some factors, present over a period of time, are not always associated with violence but are common to people who act violently. These include social isolation, having been a victim of bullying, feeling rejected by others, a history of violence and trouble controlling anger, conflict with authority, and pre-occupation with weapons. A violent act might be signaled when these factors are also associated with frequent loss of temper, an increased use of drugs or alcohol, increased risk-taking, and planning and talking about harming others.

The factor which most strongly predicts whether someone will act violently is whether he or she has a history of violent behaviour. Unless a person is under the influence of drugs or in the midst of an active psychosis, the risk that someone with a mental illness will act violently is no greater than the risk for anyone else in the general population. The majority of people who behave violently do not have a mental illness and those with mental illness are more likely to be victims of violence than to be violent themselves.

Reducing risk: Risk for violence can be reduced when families, schools and communities teach children how to solve problems, manage stress and control anger and generally provide an environment in which respect and communication are modeled and encouraged and in which any distress or problems youth might present are recognized and responded to.

Coping with a violent event: Not everyone copes the same way when they witness, or are a victim of, a violent event. Some reactions to a violent event can be immediate and others can be delayed. Reactions can vary from person to person and be both psychological (e.g. fear, anger, irritability, trouble concentrating, sleep disturbance) and physical (e.g. headaches, vomiting, dizziness). Reactions are normal responses to an abnormal event and do not necessarily develop into a diagnosable psychological disorder.

There are several things that can help people cope with a traumatic event. These include seeking the support of family and friends; talking about the event; maintaining a healthy eating, sleeping and exercise schedule; avoiding increased use of alcohol or other substances; and taking advantage of

¹ <http://www.theglobeandmail.com/news/world/arizona-shooting/arizona-shooting-details-and-graphics/article1864359/>

professional support or counseling. If you are concerned that you, or someone you know, may become violent, get help by speaking to a family member, guidance counselor or teacher, school psychologist or some trusted person in authority.

This fact sheet was prepared in consultation with the following resources on violence and traumatic stress:

<http://www.apa.org/ppo/issues/pbviolence.html>,

<http://www.apahelpcenter.org/articles/article.php?id=22>

http://www.cmha.ca/bins/content_page.asp?cid=3-108

<http://www.cpa.ca/publications/yourhealthpsychologyworksheets/posttraumaticstressdisorderpts/d/>

http://www.phac-aspc.gc.ca/mh-sm/pubs/mental_illness/acknowl-eng.php

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