

tizing relations within the family. For the entire period of stay in hospital (8–32 days), half of the wives never visited them. **Conclusions:** The data highlight the problems of therapy and healing of former war participants, which includes social and humanistic aspects of their lives.

**Keywords:** Armenia; employment; marriage; military; post-traumatic stress disorder; war  
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### Peri-Traumatic Experiences, Acute Stress Disorder, and Post-Traumatic Stress Disorder after Motor Vehicle Crashes

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**Introduction:** Motor vehicle crashes (MVCs) are a major cause of death in occidental countries. In Portugal, the number of victims is one of the highest in Europe. These victims frequently report symptoms of peri-traumatic dissociative experiences, acute stress disorder (ASD), and post-traumatic stress disorder (PTSD). In a previous longitudinal study of 42 participants, peri-traumatic dissociation at the time of MVC predicts PTSD four and 24 months later, a result that matches literature on trauma reactions.

**Objective and Methods:** The aim of this study was to evaluate the relationships between peri-traumatic experiences, ASD, and PTSD, and determine PTSD predictors four months after the accident in 65 MVA victims (51 males, 14 females; mean age = 33 years). Participants were evaluated five days after the accident (T1) and four months later (T2). Participants completed the Peri-Traumatic Dissociative Experiences Questionnaire (PDEQ) Stanford Acute Stress Reaction Questionnaire (SASQ), and a 17-item PTSD scale.

**Results:** Of the patients, 27.8% had ASD. Four months after the accident, 33% reported PTSD. Peri-traumatic dissociation was correlated with ASD and PTSD symptoms. Peri-traumatic dissociation predicts ASD. Together, dissociation and ASD accounted for 42.6% of PTSD symptoms variance.

**Conclusions:** Some authors have discussed the contribution of ASD and peri-traumatic experiences to PTSD development. More data would be useful to understand the impact of these relationships and symptoms on physical and psychological health, but also on secondary victims as families and healthcare professionals.

**Keywords:** acute stress disorder; motor vehicle accidents; peri-traumatic experiences; post-traumatic stress disorder; public health  
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### Canadian Prehospital Readiness for a Tactical Violence Event

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**Introduction:** Paramedics are the only medical personnel who routinely are at the scene of violent episodes and are more likely to be assaulted than other prehospital personnel.

In addition to individual acts of violence, emergency medical services (EMS) providers now need to cope with tactical violence, defined as the deployment of extreme violence in a non-random fashion to achieve tactical or strategic goals.

**Methods:** This survey was designed to review the readiness of EMS crews in Ontario and British Columbia to assess the risk of violence in their environment, deal with violence, gauge the impact of violence and on the EMS crew member, and evaluate the access and effectiveness of emotional support available to caregivers exposed to violent episodes.

**Results:** The results of the survey indicate a significant lack of preparedness for situations involving tactical violence: 89% of respondents either never had such training or had been trained more than a year ago; 36% of respondents never had engaged in a field exercise with other responding agencies; and 4.5% of respondents were not aware of who would be in charge in such an event. In addition, this study has shown that EMS crews are exposed to events that are significant in their emotional impact.

**Conclusions:** The involvement of children, multiple casualties, and the presence of malice all increased the impact of the event on the caregiver. In addition, the study revealed inadequate access to appropriate training and support required to deal with this emotional impact.

**Keywords:** emergency medical services; Canada; prehospital; readiness; tactical violence  
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### Psychosocial Issues in India among Victims of Natural Disasters and in Conflicts

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**Introduction:** Mental health is a low priority in resource-poor settings and among vulnerable populations fighting for survival after disasters. The psychosocial situation in the conflict setting is more complicated than for victims of natural disasters because their baseline mental health status is unknown.

**Methods:** Psychosocial evaluations from Indian disasters during the past 10 years were collated and analyzed for important mental health predictors. Social issues of food security, equity of safe water provision, and about distribution of disaster relief and aid also were evaluated.

**Results:** Children were the most vulnerable group in India. Post-traumatic stress disorder (PTSD) usually was a transient response to disasters, and lasted for an average of 90 days. Residual sadness was the only persisting PTSD symptom (84%). Underlying depression was the most important predictor for residual PTSD. Interventions facilitated through natural groups (language and ethnic groups) were easier to facilitate and yielded better results. While spiritual healing workshops had a definite role, relief being provided along religious lines was more controversial. Of 98% whose homes had been destroyed, 89% had their homes relocated/rebuilt within 24 months, and 51% had resumed their previous occupation. However, only 30% recovered economically after natural disasters. The healthcare providers, funders, and relief agencies were hesitant in their response in the setting of complex emergencies, as