



# Communication skills - when dealing with people rescued at sea



## Conditions

- Migrants you meet during SAR operation are probably hungry, thirsty, overtired, exhausted, cold/too hot, maybe sick or injured
- Their psychological condition maybe difficult (acute stress, fear, anxiety etc.)



## Individual risk factors

- Personal exposure
- Earlier functioning and personality
- Previous exposure to trauma
- Age
- Gender
- Culture
- Socioeconomic status



## Acute stress

- A serious anxiety that can appear when someone experiences or witnesses a threat to one's life and safety or others life and safety (war, natural disaster, rape, car crash)
- Somatic experience caused by anxiety: rapid heartbeat, sweating, problems with thinking, difficulty in gathering thoughts, hypersensitivity to stimuli, voltage in contact with other people or isolation
- Sudden, intense emotional disturbance, which is characterised by dizziness and confusion, incoherent behaviour, anxiety, irritability, tension etc.
- Impaired ability of logical thinking
- A psychologically traumatic incident can lead to the development of psychopathology, despite how well structured an individual's personality is



## Post Traumatic Stress Disorder

### PTSD symptoms:

- Intrusive memories (experiencing the trauma again)
- Some objects, situations can remain of traumatic event
- Avoidance (person avoids going somewhere, doing something because he/she is afraid that it would remained him/her about traumatic event)
- Negative thinking and mood (negative things and feelings about themselves or others)
- Not many positive feelings, lack of interest in things a person used to enjoy
- Over-alertness and tension
- Sleeping difficulties



**If it's been longer than a few months and you're still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time.**

## Working with people in acute stress/trauma - what can you expect?

- A person experiencing trauma may react with panic or emotional numbness, behave passively, apathetically or show chaotic, aimless activity
- After accumulation of an incident, the rescued persons often undertake self-rescue actions, assess losses, search for other survivors.

## Working with people in acute stress/trauma - what can you expect?

- Initially, they cooperate with rescuers, but then they can turn against them
- Survivors can show warlike actions, and even burden the rescuers with responsibility for what happened.
- Feeling of regret, anger, aggression can be caused by a lack of information, unpaid promises or feelings of injustice when distributing help.

**NOTE: Be aware of this and don't take it as a personal attack, but as a psychological consequence of trauma.**

## The most common direct reactions to life-threatening situations

Physical	Behavioural	Emotional	Cognitive
heart racing	crying	sadness	confusion/disorientation
shortness of breath or hyperventilation	not being able to care about oneself or one's children	grief	difficulty concentrating and making decisions
aches and pains (e.g. headaches)	not responding to others or not speaking at all	anxiety/fear	memory gaps
nausea (sickness)	aggression/violent behaviour	irritability/anger	flashbacks
shaking	excitement/agitation	helplessness	intrusive thoughts and memories (experiencing the trauma again)
dizziness	stupor/apathy	guilt	problems with logical thinking
hypersensitivity to stimuli/over-alertness	incoherent behaviour/chaotic, aimless activities	intense emotional disturbance	difficulty in gathering thoughts
	voltage in contact with other people or isolation/avoidance		



## The most common direct reactions to life-threatening situations

**NOTE:** Children and teenagers may present different reactions.

### Children:

- more physical reactions: cry, shivering, high temperature, urinary incontinence
- symptoms of regress in development
- need of physical contact with a caregiver

### Teenagers tend to show the same symptoms as adults and:

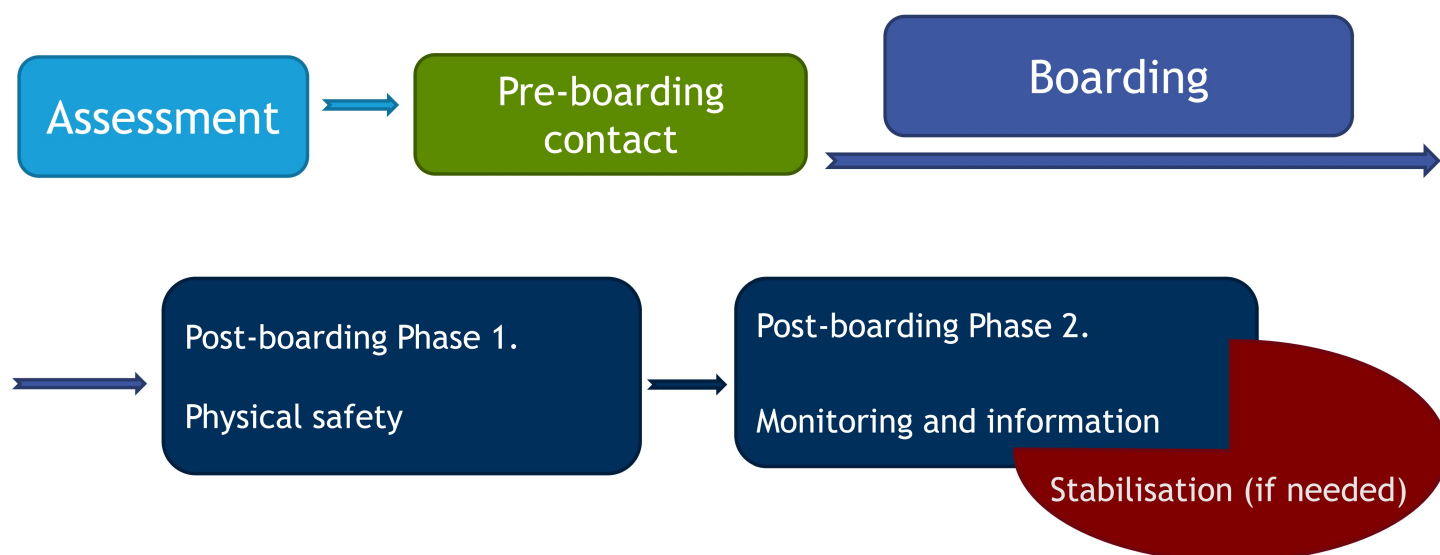
- aggression or protests (especially in the case of grief or uncertainty about their family members/friends)
- feeling guilty about not preventing deaths or injuries
- vengeful thoughts
- destructive, disruptive or disrespectful behavior.

## The most common direct reactions to life-threatening situations

### REMEMBER!

Sensory perception of a person in crisis may be very different from perception capabilities in daily life situations. Understanding and responses to your orders may take longer. Slow psychomotor response may look like disrespect or lack of cooperation.

## The sequence of steps towards rescued persons during maritime operations



## Assessment

	Indicators	Remarks/examples
	Number of people	
	Safety conditions on board	<ul style="list-style-type: none"> <li>➤ Overcrowded or sinking boat</li> <li>➤ Individuals with weapon</li> <li>➤ Do people wear life vests?</li> </ul>
	Vulnerable groups/individuals	<ul style="list-style-type: none"> <li>➤ Injured/disabled individuals</li> <li>➤ Children (unaccompanied or with caregivers)</li> <li>➤ Women</li> <li>➤ Elder individuals</li> </ul>
	Attitude towards one another (among rescued people)	Supportive v. competitive
	Attitude towards rescuers	Possibly cooperative or not
	Symptoms of mass panic or aggression	Constant monitoring required!

## Pre-boarding contact

Indicate in advance crew member(s) who will be responsible for communicating with the rescued people.

- Cultural mediator's assistance is recommended
- It is advisable for crew members to learn basic phrases in rescued persons' languages
- In case there is no cultural mediator on board of your vessel, identify English speaking individuals being in charge on board of migrants' boat and ask one of them to help

Explain your next steps

**NOTE!**  
Uncoordinated instructions may cause confusion, chaos and panic

**Keep constant monitoring of possible panic or aggression!**

## Boarding and post-boarding

### General remarks

Uncoordinated  
rescuers' behaviour is  
a risk factor and may  
cause additional  
trauma for rescued  
people.

- Your safety is priority!
- Keep order and physical safety on board during transportation to the port of disembarkation
- Constantly monitor possible panic attacks or aggression
- Control your emotions to control their emotions
- Avoid unnecessary and excessive power demonstrations
- Show good and efficient work organization during the rescue action and self-control - it calms the rescued people
- Ensure survivors there are enough life jackets (if needed)

## Post-boarding Phase 1 Physical safety

- Immediate medical concerns - utmost priority
- If possible, find a separate space for vulnerable individuals and families
- Provide rescued people with basic needs: water/food/blankets/calm and dry space
- Try to identify smugglers or facilitators to separate them from other rescued people

Reconnect families as quickly as possible; it is particularly important for children and their caregivers

## Post-boarding Phase 2 Monitoring and information

Protect rescued people from further harm or additional traumatic experiences	
Monitor their mental condition and tensions appearing among them	
Pay special attention on those whose family members or friends have been missing or died and on unattended children	When speaking to children - be at their eye level if possible When speaking to teenagers - talk “adult-to-adult” way
Inform rescued people on: - length of the trip to the place of disembarkation - a place they will spend the first night after disembarkation	
Reassure them that they are and will be safe and you are here to help them	
Reassure them that they will stay reconnected with their families	
In case of questions - provide rescued people with truthful information if you have it	Focus on strict facts Don't give false promises



## Stabilisation (if needed)

During post-boarding phase, after accumulation of an incident rescued people may display the following behaviours: first reactions of optimism and gratitude, cooperation with rescuers

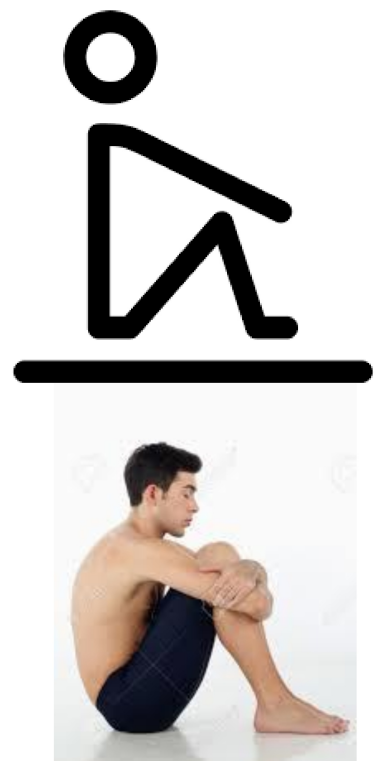
then: chaotic search for other survivors, family members, relatives etc., losing control, feeling of regret or anger.

Intense emotions may come and go in waves. Be aware of this and don't take it as a personal attack, but as a psychological consequence of trauma.

To stabilise a very agitated individual - place him/her in comfortable position and ask to breathe in and out slowly and deeply. Then, ask him/her to notice some non-distressing things in the environment, like what they see, hear or feel. Repeat the exercise for few times.

## Stabilisation (if needed)

If someone seems to be disconnected, ask him/her to place his/her feet on the floor and tap his/her hands on his/her legs. Ask him/her questions about his/her name, place where you are now and basic needs as water or a blanket.



## Suicide attempt

A person who wants to commit suicide or threatens another person requires a special attention and caution!

## Basic rules for communication (valid at every stage of intervention)

### DO:

- treat people with respect according to their age, gender and culture
- present assertiveness not aggression
- inform a person what you are doing in calm and respectful way
- your body language and facial expression matters - be aware of your non-verbal communication skills
- when you talk through cultural mediator look at the survivor not at the mediator
- be patient
- be an active listener - try to recognize their emotional condition and needs
- use less words rather than more, speak clearly and not too fast

## Basic rules for communication (valid at every stage of intervention)

### DO:

- give information in a way the person can understand - keep it simple
- use close questions (with YES/No answer) rather than open questions (who, how, why, when, which etc.): “Do you need water?” rather than “What do you need?”
- stay near the person but keep an appropriate distance depending on their age, gender and culture
- if possible - organize the survivors' activities: games, music, etc. when they are on board for a longer time, especially important for children
- a person who sends signals of possible suicide attempt or threatens another person requires a special attention and caution.

## Basic rules for communication (valid at every stage of intervention)

### DON'T:

- assume that everybody is traumatised
- analyse what happened to them
- pressure someone to tell their stories
- ask details about their feelings
- touch the person if you're not sure it is appropriate to do so
- be catastrophic but also avoid fortune telling,
- judge people and don't comment their behavior
- talk down or patronise
- use too technical terms
- talk about people in negative terms

**Monitor your own stress level and emotions!**