

Chapter 2

The Right to Feel Safe: Trauma and Recovery

... to come face to face with human vulnerability in the natural world and with the capacity for evil in human nature.

—Susan Sgroi

Of all the human rights of children perhaps the most important is the right to be safe. As we shall see in later chapters, this right is often a matter of physical safety—being spared mutilation, starvation, or murder, for example. But from the perspective of child development, some of the most important threats to the child's right to be safe come in the form of traumatic experiences, experiences that threaten the development of heart and mind.

The word “trauma” has entered into common usage in America. Teenagers speak of a traumatic exam at school. Parents talk about the trauma of a child starting school. Young adults bemoan the trauma of dating. But the real substance of trauma is greater and deeper than these casual references would allow: Trauma is overwhelming psychological threat.

Susan Sgroi, a clinical researcher who specializes in sexual abuse cases, uses these words, saying that to be traumatized is “to come face to face with human vulnerability in the natural world and with the capacity for evil in human nature.” Perhaps the most powerful simple characterization is an event from which you never fully recover. To use more conventionally psychological terms, trauma is the simultaneous experience of extremely powerful negative feelings (overwhelming arousal) coupled with thoughts that are beyond normal ideas of human reality (overwhelming cognitions).

However we define it, trauma is and always has been a powerful force in human development. That's a sad fact of our existence on this planet, and has been since human beings emerged 200,000 years ago. Tigers, wolves, and bears mauled us. Storms, earthquakes, and fires terrified us. Other humans attacked us. And we adapted as a species.

As psychiatrist Bruce Perry has concluded from his research into the evolutionary biology underlying normal development and maturation, dealing with trauma has affected our evolution as a species. Those who found a way to adapt to trauma survived; those who did not dropped out of the gene pool. Perry notes that this

process of adaptation meant different things for adults than it did for children (and to some degree for adult males versus adult females). For example, adults—particularly males—who fought or fled were likely to survive. Children (and to a lesser degree women, particularly lactating women caring for children) rarely had either option. If they fought they would be summarily killed by the stronger (male) enemy adults. If they fled, they would die alone without the necessary support of friendly adults.

Thus, children (and to some degree women) were more likely to survive attack if they froze and emotionally disconnected. In this state they were less likely to be killed by an attacking enemy and more likely to survive, either by being taken into the enemy's society and raised by them as one of their own, or by waiting until their own group could reclaim them. Thus, as Perry sees it, on evolutionary grounds today's children (and to some degree women) are less likely to experience a fight-or-flight response to traumatic situations, and more likely to experience "emotional dissociation and freezing" because they are "wired" that way.

How adult human beings experience trauma has a lot to do with the way we view the world and our place in it, and how we serve as role models for the next generation (generally and even specifically when we lead families as parents or classrooms as professional teachers). People experience the effects of trauma differently, and trauma produces more severe effects in some people than others. It seems clear that some people approach traumatic events with what has been called "hardiness." For example, research by psychologist George Bonanno finds that soldiers who are rated high on hardiness before they go off to war are less likely to suffer symptoms of trauma or serious depression when they go through combat.

Others resist the effects of traumatic experiences by developing unrealistically positive views of themselves, repressing memories of the events to avoid confronting them, and practicing positive emotions to displace sadness, grief, and anger. In moderation all of these may contribute to successful coping. But if all this is simply a short-term strategy to cover over unresolved disturbing thoughts and feelings it probably will not succeed in the long run. This is not hardiness so much as it is short-sighted denial. True hardiness seems to be the most promising avenue for dealing with the horrors of the world, because it is more than simply refusing to confront traumatic experiences through self-delusion or repression, it is a matter of coping with adversity through positive strength.

What are the elements of this true hardiness? One is commitment rather than alienation. Those who do not withdraw socially and philosophically show greater resistance to the effects of experiencing traumatic events. In the face of the traumatic events one teenager may say, "No matter what happens I still believe there is goodness in the world," whereas a second responds with, "I think all you can do is get as far away as you can and just forget about it."

A second component of true hardiness is feeling in control rather than feeling powerless. It is understandable that if kids feel totally out of control they are more likely to succumb to the psychological and philosophical effects of traumatic events. One child responds, "There are things I can do to stay safe," whereas another says, "I am completely at the mercy of those who are trying to hurt me; there's nothing

I can do about it.” A third element of hardiness is seeing the world in terms of challenge rather than threat. One kid says, “We can find ways to make things more peaceful and I can be a part of those efforts,” whereas another says, “All I feel is fear; fear that it will happen again and there is nothing I can do about it.”

Although hardiness is essential, we must be careful not to assume that kids who are coping well with trauma in their day-to-day activities (functional resilience) are necessarily at peace inside (existential resilience). I have known traumatized people who are very competent and successful on the outside but who are tormented on the inside.

Related to this point is the fact that it is not enough to look at the effects of trauma in the short run. Some people maintain functional resilience for long periods—even for decades—while falling prey to trauma-induced existential despair later. A study of Dutch resistance fighters who were involved in the struggle against the occupying Nazi forces during World War II revealed that eventually *all* of them showed some effects of their traumatic experiences, although in some cases it was not until decades later.

One of the forces at work in living with trauma is the fact that memories of the emotions of trauma do not decay; they remain fresh. My mother was a child during the bombing of London during World War II, more than half a century ago, and yet each time a new war starts she is forced to relive her childhood fear. I remember speaking with her on the phone at the start of the 1991 Gulf War, when the nighttime CNN coverage of the US-led attacks on Baghdad brought the sights and sounds of bombing home via the TV set. I held the phone and listened to her sobbing as she recalled her own fear and terror.

Once you have the feeling of danger, it takes very little new threat to sustain it. In fact, it only requires an occasional re-supply of threat to keep fear alive. Psychologists who study learning find that patterns of behavior and feeling last longest when they get “intermittent” reinforcement; that is, when the reinforcement only comes infrequently rather than being constant. This is why gambling is such an easy pattern to learn and a hard one to break. You rarely win, but when you do it is enough to keep you coming back over and over again; and it is why children’s fears are hard to stop once they take hold.

Trauma changes you forever. The discussion of the timing and form of trauma’s effects, immediate versus long-term, and through social behavior versus internal feelings and attitudes, alerts us to the complex challenges we face in understanding how to deal with traumatic events. The psychological boundaries children bring to trauma are less well developed; thus, they are more vulnerable and trauma can more readily impinge directly on day-to-day emotional well-being. Perhaps equally important, when our psychological and philosophical resources are less well developed, it is likely that what happens really happens—in the sense captured by the characterization of trauma as “an event from which you never fully recover.”

Whether or not being in a horrible situation actually registers is to some degree a matter of age (and thus stage of development). When I was in Kuwait for UNICEF at the end of the Gulf War in 1991, I witnessed an example of this first-hand. A Kuwaiti mother described how she had escaped from Kuwait one night early in the months of

the Iraqi occupation of her country. She told her two daughters that they were going to play “the escape game.” “In this game,” she told the girls, “you have to be very quiet and stay close to me in the darkness while we walk to our friend’s car.” Her 5-year-old daughter accepted this as a game and nothing more, and as a result was calm during the whole ordeal. Her 10-year-old daughter, on the other hand, realized that the “game” was really a dangerous escape act and knew that if they were caught the consequences would be terrible. She was terrified until they reached safety in Saudi Arabia, and even then had bad dreams about the experience for weeks following it.

This same theme was developed in the 1997 academy award-winning film “Life Is Beautiful,” in which an Italian Jewish father (Guido) shields his young son (Joshua) from the horrors of being interned in a concentration camp by persuading him it is all actually a game. It’s excruciating and inspiring to watch the lengths to which Guido goes to protect his son. So long as children can live within the cocoon of these protective adult-created worlds they can and do feel safe.

When the cocoon bursts, however, young children are especially vulnerable to trauma. This, I think, is evident in the results of a general review of the topic conducted by psychiatrist Kenneth Fletcher. He reports that 27% of teenagers, 33% of middle schoolers, and 39% of younger children exhibit serious psychological symptoms when they actually encounter traumatic events. Although lower than the rate for young children, the 27% figure for teenagers is still quite significant.

Psychologists Davidson and Smith found that when exposed to comparable potentially traumatic events, 56% of children 10 or younger experienced these same symptoms compared with 18% of those 11 and older. A study conducted on the effects of a flash flood that demolished an entire town in West Virginia in 1972 (the Buffalo Creek disaster), reported that the group most vulnerable were children between the ages of 6 and 11. This is just what you would expect in the real world in which parents try to protect children from trauma. In that world, younger children are more willing and able to be protected, teenagers are more able to protect themselves, and children between these two groups are in the most vulnerable position of all, aware but relatively defenseless.

When it is tied to politics, trauma is inextricably linked to terrorism. Indeed, terrorism is all about traumatizing the enemy. In the 1979 movie “Apocalypse Now,” a renegade American Special Forces officer fighting in the Vietnam War—Colonel Walter Kurtz (played by Marlon Brando)—speaks with gruesome admiration for his enemy’s understanding of this.

He describes an incident in which he and his troops entered a village to inoculate the children against childhood diseases as a way of winning over the minds and hearts of the people in an area being contested by the enemy (the Viet Cong), only to return a week later to discover that the enemy had cut off the arm of each child so inoculated as a way to terrorize the population. “Pure terror,” he calls it, the recognition that the enemy was willing to do anything to advance their cause, even to the point of cutting off the arms of children whose only crime was that they had been inoculated against measles and polio.

To witness such an action would be truly traumatic; it evokes overwhelming negative arousal and overwhelming negative cognitions. Even to know about it is

profoundly disturbing, because once you know about the dark side of human experience things never look the same to you. Trauma really is an event that changes you forever, because it lets you in on the dark side of the human universe.

I experienced this awareness of the dark side of human experience on a visit to Cambodia in 1988. My colleagues and I were taken to see an elementary school that had been used as a torture and execution center by the murderous Khmer Rouge regime. Preserved as a museum, it stands as a monument to trauma. Even more articulate, however, were the “killing fields.” In one location that we visited, some 20,000 people had been executed and dumped into mass graves. The site had been excavated—most of the remains had been removed—but as the rain fell that day it still exposed bones. In the center of the 2-acre site was a monument, a tower of skulls arranged by age—the skulls of infants and young children at the bottom, then adolescents, then adults. Off to the right a few feet was a tree—like an oak tree—that was used to kill babies: just hold them by their feet and swing their skulls against the trunk.

Having this information in your head is what “overwhelming cognitions” is all about. To have seen and heard and smelled it happening would have constituted the “overwhelming arousal.” To have both together would have been authentically traumatizing, and I agree with psychiatrist Lenore Terr, who says that authentic traumatization requires both.

What are the effects of such traumatization on children and youth? Beyond the immediate psychological effects of this kind of trauma are effects that I think of as philosophical. By philosophical, I mean the effects of trauma on the way kids understand the meaning of life. These effects include a loss of confidence in the future, a decline in seeing a purpose to living, and a reduction of belief in the institutions of the community and larger society. I have seen this often in kids living in violent situations without anticipation of solution and hope. They sometimes adopt a stance of “terminal thinking,” as when you ask a 15 year old what he expects to be when he is 30 and he answers, “dead.”

I have witnessed all these consequences of trauma in my work as an expert witness in murder trials: Most of the criminals I sit and talk with are best understood as untreated traumatized children inhabiting adolescent or adult bodies.

Trauma comes in many forms, but at its core are what I think of as Three Dark Secrets. The first secret is that despite the comforting belief that we are physically strong and durable, the fact of the matter is that the human body can easily be maimed or destroyed by acts of physical violence. Images of graphic violence demonstrate the reality of this proposition.

I call this Snowden’s Secret, after a character in Joseph Heller’s 1961 novel, *Catch-22*, who is grievously wounded during a World War II mission on an American military aircraft. Hit by antiaircraft fire, airman Snowden appears have suffered only a minor injury when first approached by fellow crewman Yossarian. But when Snowden complains of feeling cold, Yossarian opens the young man’s flak jacket, at which point Snowden’s insides spill out onto the floor. This reveals Snowden’s secret, that the human body, which appears so strong and durable, is actually just a fragile bag filled with gooey stuff and lumps, suspended on a brittle

skeleton that is no match for steel. Otherwise sheltered individuals can learn this secret from their visual exposure to terrorist attacks, and it is one of the principal sources of trauma for most of us.

I remember vividly watching TV in the first hours of the attack on 9/11 and watching a young man in suit and tie recall to the interviewer that he had watched someone jump from the 100th floor of the World Trade Center tower and fall to his death, actually seeing this victim hit the pavement. With a stunned look and a pathetic voice the witness said, "I will never be the same after this." He's right.

The second secret is that the social fabric is as vulnerable as the physical body; that despite all their power and authority, our parents and leaders cannot necessarily keep us safe when an enemy wishes us harm. This is most evident with respect to children and their relationships with parents, teachers, and other adults, but it has currency for adults as well.

I call this Dantrell's Secret, in commemoration of a little boy in Chicago who, in 1992, was walked to school by his mother. When they arrived, teachers stood on the steps of the school and a police car was positioned at the street corner. Nonetheless, as 7-year-old Dantrell Davis walked the 75 feet from his mother to his teacher he was shot in the head and killed by a sniper in a gang-related shooting. Learning this secret can turn otherwise good citizens away from the structures of ordinary community authority to fend for themselves out of a sense of self-defensive adaptation, knowing now that your leaders cannot protect you, that the social fabric of community power and authority is as fragile as the human body.

It is a message that many American children learned with particular poignancy on September 11, 2001, as they watched the planes crash into the World Trade Center towers, over and over again, and again as they saw adults watch helplessly as the buildings collapsed minutes later. It is a secret that millions of children the world over have learned from being exposed to political violence in all its forms.

The third is Milgram's Secret, the knowledge that anything is possible when it comes to violence; there are no limits to human savagery. Stanley Milgram was a Yale University psychologist who conducted what was certainly among the most controversial experiments ever performed by an American social scientist. He organized a study in which volunteers for an experiment on "memory" were positioned in front of a control board designed to allow them as "teacher" to administer electric shocks to an unseen "learner." The question underlying the study was: Would the "teachers" administer what they knew were painful electric shocks to the "learners" if they were told it was their duty to do so?

Before conducting the experiment Milgram surveyed people as to what they thought would happen in his experiment. Most people said that they thought "normal" people would refuse to inflict such torture and that only a few "crazy" sadists would do so. The results of the study were that, although many participants were uncomfortable doing so, 65% of the "teachers" administered the torture—sometimes cursing the "learners" as they did so. This is Milgram's Secret, that comforting assumptions about what is and is not possible all disintegrate in the face of the human capacity to commit violence "for a good purpose."

Milgram's Secret is coming to grips with the fact that any form of violence that can be imagined can be committed so long as the perpetrator believes he is justified in doing so. How many ways are there to kill and maim a human being? The news confronts children with the varieties of death and dying. Is there any form of mutilation that is out of bounds and beyond human possibility? Survivors of Nazi death camps, the Pol Pot Khmer Rouge terror in Cambodia, and abusive families know that the answer is no. Children and youth who watch TV know it too. Anything is possible. It will take a long time to help children recover from all the traumatic images that flood over them.

True believers will fly planes into buildings at the cost of their own and thousands of other lives. True believers will strap explosives on their bodies, walk into a school full of children, and detonate the explosives. True believers will spread lethal chemical, biological, and radioactive toxins in the food and water of a community. Whatever can be imagined can be done. Learning this secret can drive anyone, but particularly those who are psychologically or philosophically vulnerable, to emotional shut down or hedonistic self-destruction.

How do human beings learn these three dark secrets? In my experience, some learn them the old-fashioned way, by experiencing them first-hand as the result of abuse, natural disaster, suffering a horrible accident, witnessing a violent crime, or living in a war zone. I've met all these people. A child in Omaha said of his abusive mother, "She could kill me," and he's right. A girl in Nicaragua lived through an earthquake and said, "The ground started to move and the buildings fell down and I watched my mother die." A New York teenager grew sad and quiet and talked of dropping out of school after he recklessly drove the family car into a telephone pole and caused the death of his three passengers, parts of whose bodies ended up on his clothing because they were not wearing seat belts and so were dismembered upon impact.

A young girl in Chicago played dead and watched as her mother was raped and killed by an intruder, and she did not speak for 4 weeks. A little boy in Croatia told the story of how enemy soldiers came to his village and took his brother and father, and then, when asked to draw a picture of "life now" drew the body of a boy floating face down in the ocean. Two brothers in Kuwait told of how they found an unexploded grenade after the Iraqi soldiers retreated in 1991, and they began to toss it around like a ball with their 10-year-old cousin until it exploded and killed him and cost one of the boys the sight in his left eye.

The commonly used term for the package of psychological symptoms that occur after traumatic experiences is posttraumatic stress disorder (PTSD). This term arose from the demands of Vietnam War veterans for official psychiatric recognition of what they were experiencing. The vets wanted the diagnosis to be called catastrophic stress disorder, but for a variety of technical reasons, psychiatrists preferred posttraumatic stress disorder. Professionals working with other groups that had experienced horrific events (rape victims, sexual abuse victims, natural disaster victims) saw the utility of this term, and the label has stuck in both professional circles and the public mind.

Recently, there has been criticism of both the intellectual and practical value of the diagnosis, however. For example, psychotherapist Bonnie Burstow argues

that PTSD is not a valid or useful concept, and that the criteria for the diagnosis are at best confused and at worst destructive. For one thing, the “symptoms” included in the diagnosis may actually be adaptive efforts to cope with horror. As Burstow writes, “What is not pleasant becomes a symptom and, as such, is pathologized” (p. 432). For example, recurrent dreams may be a way of working through the meaning of experiences. The same goes for avoiding situations that remind you of the trauma: This can be adaptive (at least at first, and from time to time) to prevent being overwhelmed.

A second problem with the PTSD diagnosis is that it strips away the potential meaning that an individual may derive from encounters with horror. As Burstow puts it:

People who are not traumatized maintain the illusion of safety moment to moment by editing out such facets as the pervasiveness of war, the subjugation of women and children, everyday racist violence, religious intolerance, the frequency and unpredictability of natural disasters, the ever-present threat of sickness and death and so on. People who have been badly traumatized are less likely to edit out these very real dimensions of reality. Once traumatized, they are not longer shielded from reality by a cloak of invulnerability. (p. 435)

What’s more, the PTSD diagnosis seems to fly in the face of accumulating evidence from psychological research on what is more and more coming to be called “positive psychology.” Traumatic events can be the impetus for growth and development, not just psychopathology. Beyond resilience—bouncing back to normal after experiencing a traumatic event—lies what some psychologists have called “adversarial growth.” It’s a happy event that research is demonstrating the reality of growth in response to trauma. I say “happy” for two reasons. First, the lives of many children are filled with trauma, and thus any good news about this inevitability is encouraging and sustaining. Second, it provides systematic validation for a great deal of folk wisdom—“that which does not kill me strengthens me,” and “kites rise against, not with, the wind.” Although not inviting trauma proactively, these responses do offer some hope of making good developmental use of trauma if it cannot be avoided.

Protecting children from trauma is one of the principal human rights challenges we face. It has always been so. But now in the twenty-first century we face this challenge in a new technological context, in which vicarious traumatization becomes possible as media images are crafted and communicated with historically unprecedented power. The experience of terrorism for children of the “age of mass media” illustrates this issue.

Case Study: 9/11 and the Problem of Vicarious Trauma

Fortunately, relatively few American kids have been subjected to the kinds of traumatic lessons that afflict children growing up in war zones, refugee camp, and violent neighborhoods, but the events of 9/11 served this nasty purpose for large numbers of the current generation of children and youth. Here’s Laura’s moving

account of how she learned the three dark secrets of trauma. Now a 21-year-old college student, on September 11, 2001, she was a high school student in New York City, and offers a vivid account of what “overwhelming arousal” and “overwhelming cognition” mean to a sensitive soul. Every detail of her account is worth hearing because it captures the essence of trauma and resilience:

My high school (Stuyvesant) was a couple of blocks from the World Trade Center. I was in math class when we heard the crash of the first plane into the building. It sounded like a missile, and we looked outside and saw the billowing smoke. Our principal told us it was an accident, but we put the TV on in our classroom and saw another plane hit the other tower—an even weirder experience because we heard it outside our windows simultaneously. It felt so surreal; I felt like I couldn’t breathe. I knew my mom had gone shopping there that morning. Other kids were on their cell phones, crying, trying to reach parents that worked there. We were still told to go to our next class and I was then on the 10th floor when the first tower collapsed. Our whole building shook and the lights flickered and students were crying, under desks hiding, screaming. We thought we’d been hit, but then my teacher told us a tower had collapsed and I somehow felt relieved. I was crying then, as we were told to go to homeroom. I looked outside and there was smoke everywhere. One side of my school was covered in a sheet of dust. Papers were flying everywhere and below, on the West Side Highway, was a mass exodus of people in work clothes, crying, covered in soot, stiletto high-heeled shoes lying on the side of the road, moving uptown. We were told to do the same—evacuate. I found my best friend and as we walked outside. I was hysterical—all those people dead for no good reason. The second tower had collapsed and as we walked uptown to my dad’s office I turned back and just saw two huge columns of smoke where the towers had once stood. It was like a movie, all these people walking, nothing but dust behind us, so surreal. I knew things would never be the same. I couldn’t sleep for many nights. I would close my eyes and remember the people jumping out the windows in the Trade Center—at the time I had noticed them, but I didn’t think those “colors” were people that were standing on the ledges. Our school was closed for almost a month and used as a rest center for the fireman. For a couple of weeks we attended half-day sessions at another high school. No one questioned it; there was this new understanding and tightness among my classmates. When we returned to lower Manhattan it was a war zone. I remember the smell, the lights at night, the Army tanks, the emptiness and sadness, the construction and sheer desolation. I don’t know how we all got back on track, how we applied for college, but we did. Things slowly got better, and today when I go down there it’s a tourist attraction. It’s almost like nothing happened. Businesses are booming once more, but I remember 9/11 and what came after, my senior year when I took the subway and was warned of bio-terrorism and anthrax and new attacks. I’m not scared anymore, but I won’t forget when I was.

Laura had a lot going for her in confronting the horror and its aftermath. She has many elements of resilience and robustness. She is smart. She has strong family support and access to social, economic, and educational assets and resources. Being so close to the site of the attacks, her school was enrolled in a mental health program aimed at providing psychological first aid to the students and faculty. She is emotionally healthy. She did not lose a family member or close friend in the disaster. She was an adolescent when the trauma came upon her. And, very importantly, her life before and after 9/11 was free of horror. But she and other kids like her face some unprecedented issues related to trauma (as well as benefiting from historically new mental health interventions designed to deal with its effects).

Historically, the origins of trauma have generally been limited to first-hand encounters with horror, such as what Laura experienced on 9/11; but things have

changed. The media technologies that emerged in the twentieth century added a new, unprecedented dimension to the psychology of terror by opening us all to trauma induced by the vicarious experience of horror in full-spectrum imagery and sounds. This makes the experience of kids in “real” war zones all the more important to understand, since their reality may more and more become our reality.

One of the important elements of living in the current age of terror is the growing recognition that modern mass media permit the conveying of traumatic experiences beyond those who are in-person witnesses, to the mass audience who are exposed to vivid visual and auditory representations of horror via videotaped records.

This was observed in post-occupation Kuwait in the early 1990s, when videotapes of Iraqi atrocities were sufficient to elicit traumatic responses in children (who identified with the victims as their countrymen, as do American children who are exposed to atrocities committed against other Americans). The same was true of video reports of the space shuttle disaster in 1986. Children who saw it were traumatized by it. Children were traumatized on an even greater scale by their media-centered experience of 9/11. They must have at the back of their minds, the question, “Will things ever be back to normal?”

The possibility—indeed the probability—of terrorist attacks has become part of the new normal. Indeed, the very “normal” to which kids refer is itself part of the problem faced by us all today. Televised images of threat and violence play a central role in modern TV and movies. In her study of children, psychologist Joanne Cantor’s research demonstrates that the imagery of the movies “Jaws” and “Halloween” elicited long-lasting traumatic responses: 25% reported a fright reaction that lasted at least a year, and more than 20% reported “subsequent mental preoccupation with the frightening aspects of the stimulus.”

Studies among adults report that the more TV we watch, the more suspicious and fearful we become about the social environment around us. This is an important element of the socially toxic environment in which children grow up today, in the United States and many other places in the world. Why? Because psychological connection to the immediate victims of terrorist horror is capable of transmitting trauma second-hand, and the sensory power of the mass media can make the connection for kids on a scale and with an intensity not previously available.

The stories told by kids I have listened to resonate with a study reporting that personal acquaintance with disaster victims is the most potent influence on whether or not we will exhibit stress reactions in response to a catastrophe (in the case of that study, a terrible bus accident). Thus, even though many of us know that we were geographically distanced from the World Trade Center and the Pentagon in 2001, we felt psychologically connected as Americans. One study found effects of 9/11 on the heart functioning of kids living hundreds of miles away from New York City.

Trauma is the experience of horror. Second-hand victimization via exposure to visual and auditory images of people with whom one has a psychological connection provides a mechanism for explaining indirect trauma. If movies about sharks and costumed mass murderers could resonate with traumatic impact on the youth who saw them, imagine the long-term effects of the movie “two planes hit the World Trade Center” and “bombs explode in subway” that have already premiered

in the news world of the mass media. And contemplate the effects of the likely sequels, “atomic device detonated in Los Angeles,” “biological toxin released in Detroit’s water system,” and “chemical agent poisons air in Atlanta.” Understanding the meaning and means of trauma is the first step.

The second step in understanding how trauma reverberates through the culture of kids in extreme situations comes when we recognize the difference between single (acute) incidents of trauma and repeated (chronic) patterns of trauma. A single incident of trauma such as the attack of 9/11 or the experience of Hurricane Katrina is a big psychological challenge for children and teenagers. In the short run it can stimulate a range of psychological symptoms, including emotional numbing, hypervigilance, an exaggerated startle response and other problems with arousal responses, anxiety, detachment from others, disrupted play, nightmares and other sleep disturbances, and depression. All this can result from one bad day—whether witnessing a shooting, surviving a tornado, or being sexually assaulted. One study of youth living near the site of the World Trade Centers in New York City reported that 70% showed these symptoms in the immediate aftermath of the 9/11 attack. But chronic immersion of kids in traumatic imagery is increasingly common, and it is a measure of social toxicity, the topic of the next chapter.

Children and the Dark Side of Human Experience
Confronting Global Realities and Rethinking Child
Development

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2008, VIII, 158 p., Softcover

ISBN: 978-0-387-75625-7