

Community Violence Strikes Again.

By Dr Bill Webster

The horrendous events at Virginia Tech raised many disturbing issues regarding the world in which we live. We hardly even understand the questions, far less have answers.

I am not sure if there are more tragedies in our world, or if we are just being made more aware of them. More than ever, people are at risk for being the victim of, witnessing, hearing about or seeing extreme violence. The age of mass media has meant that the average citizen is exposed through television to many national and personal tragedies. We were horrified spectators of the London bombings, and the terrorist attacks of September 11th as they happened, we have witnessed shootings, bombings, and endless national and personal tragedies from our arm chairs, with the ongoing repercussions of such events through incessant follow up reporting and analysis.

Now it has happened again, as we witnessed the aftermath of a rampage that took the lives of 33 people, and changed the lives of countless others. Bad enough, but then to be exposed to tapes made by the perpetrator and the incessant replaying of events on national television. The networks said they had shown the tapes “after careful consideration.” Consideration of WHAT? Consideration of their ratings, perhaps, but certainly not the feelings of the victims and their families.

Community violence is the term that has been used to refer to a wide range of events including shootings, sniper attacks, riots, gang wars, workplace assaults, terrorist attacks, torture, bombings, war, and widespread sexual, physical, and emotional abuse. One definition of community violence that has been used to encompass all of these types of violence is "frequent and continual exposure to the use of guns, knives, drugs, and random violence."

But, did you notice, as the week following the shootings unfolded, some sense of sanity returned as (get this!) **the families and friends of the victim's themselves** (not the thousands of “experts that descended on the scene) appealed that the focus NOT be on the perpetrator, or on the “blame game” that so often follows such events, but where it SHOULD be, namely on the people who had died, their lives and their legacies.

While the world is shocked by such events, imagine how much more unbelievable it must be when such things happen to YOU ... the people who are actually there and involved, as well as the families of those who died, were injured ... yes and even those who survived. One comment repeated in almost every situation is “We didn’t think something like this could happen here.” While we are all painfully aware that tragedies occur, we insulate ourselves by assuming that they happen “in the United States”; to “other people”, or “somewhere else”.

So when tragedy does strike home, such as in Tabor, Alberta, there is often a sense of disbelief. Many of the assumptions that we held about “things like this won’t happen to me” can be shattered, causing a sense of insecurity and anxiety that may surprise us.

There are many specific grief issues that arise out of such events. Several aspects of community violence make it different from other types of trauma. Community violence usually happens unexpectedly and comes as a sudden and terrifying shock. Because of this, communities that encounter violence often experience increased fear and a vulnerable feeling that their world is unsafe, and therefore that harm could come at any time. Although some types of trauma are accidental, community violence is intentional, which can lead survivors to feel an extreme sense of betrayal and distrust toward other people.

What are the effects of witnessing or experiencing community violence? As is the case with other traumas, individuals often experience Posttraumatic Stress Disorder (PTSD) as a result of community violence. In the “Diagnostic and Statistical Manual of Mental Disorders” (DSM IV), the official handbook of psychiatric problems, the diagnosis of PTSD depends on meeting the following criteria:

- A: You have been exposed to a traumatic event involving actual or threatened death or injury, during which you responded with panic, horror, and feelings of helplessness.
- B: You re-experience the trauma in the form of dreams, flashbacks intrusive memories, or unrest at being in situations that remind you of the original trauma.
- C: You show evidence of avoidance behavior, such as a numbing of the emotions, and reduced interest in others and the outside world.
- D: You experience physiological arousal, as evidenced by insomnia, agitation, irritability, or outbursts of anger.
- E: The symptoms in B, C, and D persist for at least one month.
- F: The symptoms have significantly affected your social or vocational abilities or other important areas of your life.

PTSD can either be acute or delayed-onset. Acute PTSD occurs within 6 months of the traumatic event. Delayed-onset PTSD usually means the symptoms occur more than 6 months after the traumatic event, and can even be many years after the actual incident.

Post traumatic stress is an entirely normal reaction to an abnormal amount of pressure. It can affect people of all ages. Although some think that young children are not psychologically affected by exposure to community violence because they are “too young to understand or remember the violence”, studies have found posttraumatic symptoms

and disorders among infants and toddlers. However, symptoms expressed by children tend to look different from those expressed by adults. Children with PTSD display disorganized or agitated behavior and have nightmares that may include monsters. They may become withdrawn, fearful, or aggressive, and they may have difficulty paying attention. They may regress to earlier behaviors such as sucking their thumbs and bed-wetting, or develop separation anxiety. They may also engage in play that compulsively reenacts the violence.

Adolescents with PTSD also experience nightmares and intrusive thoughts about the trauma. They may be easily startled and avoid reminders of the trauma. They can become depressed, angry, distrustful, fearful, and alienated, and they may feel betrayed. Many begin to feel they do not have a future or that they will not reach adulthood. Other trauma-related reactions can include impaired self-esteem and body image, learning difficulties, and acting out or risk taking behaviors such as running away, drug or alcohol use, suicide attempts, and inappropriate sexual activities.

However, a child's or adolescent's exposure to community violence also affects his or her family. Extreme anxiety concerning the child's health and well-being is a common parental reaction. Resources and community helps for parents may be limited, which may lead to frustration and anger. Many parents blame themselves for not protecting their child adequately. They may become overprotective or even use punitive discipline in response to their child's trauma-related acting out behavior. Parents find themselves having to face the task of reassuring their child while trying to cope with their own fears, especially if there is a chronic risk for future community violence exposure.

Adults can also experience PTSD following exposure to community violence. In addition to symptoms of PTSD, survivors of community violence often struggle with:

1. how to build trust again (which includes looking at issues of power, empowerment, and victimization);
2. how to find meaning in life apart from the desire for revenge;
3. how to find realistic ways to protect themselves, their loved ones, and their homes and community from danger; and
4. how to deal with feelings of guilt, shame, powerlessness, and doubt.

In today's uncertain world, we need to be **prepared** for any eventuality whether a school, workplace, corporation or community. What is available in YOUR community, schools or places of employment that could come into play in the event of community violence or crisis?

The following goes without saying:

The worst time to prepare for a crisis is when one occurs.

When any crisis occurs, we often hear that “grief counsellors have been brought in”. Although I am a qualified and accredited grief counsellor, I am not convinced this is the best method. **People in crisis want to talk to someone they KNOW.** I believe school children would rather speak to a teacher, or a school secretary, than some highly qualified stranger who has been parachuted in.

We need to have good educational programmes available for people to learn what to do and how to respond when the unbelievable becomes a reality. Rapid, timely, and sensitive care for the community and affected individuals and families is essential in the wake of violence. Community leaders need to recognize the growing potential for such events in **THEIR** communities, for, yes, it **CAN** happen here.

Would your community be ready to spring into action with relief centers and shelters? Could they can provide direct psychological services near the scene of violence. These services may include debriefings, a 24-hour crisis hotline, identifying survivors or bereaved family members who are at high risk for developing PTSD, and getting individuals connected with appropriate continuing treatment. Finally, is there anything available to assist teachers at our children's schools to provide education, debriefing, and referrals for affected children after such events, whether on a national or local level? And what of the ongoing support that people so desperately need long after the TV cameras have packed up and moved to the next focus of urgency. **For often it is MONTHS after the actual trauma that support is most needed and most effective.**

So many questions, so few answers.

In a world where we know that community violence and tragedy occurs, organizations should have policies, procedures and personnel in place to deal with what we should do when “This couldn’t happen here” ... **DOES** happen.