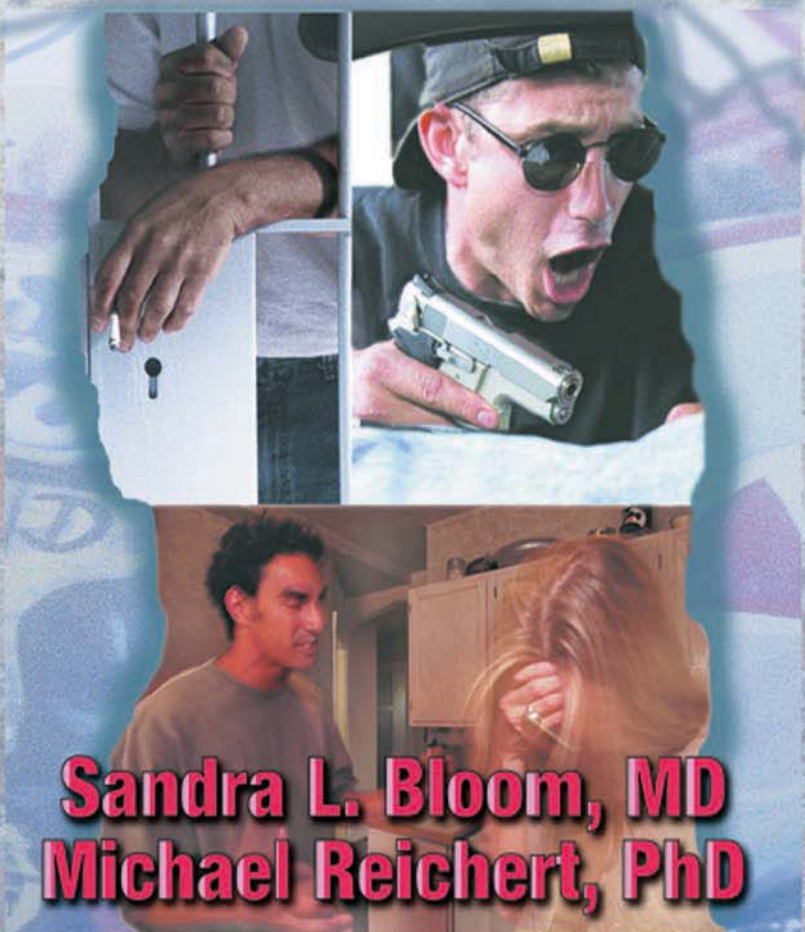
Bearing Witness

Violence and Collective Responsibility



Sandra L. Bloom, MD
Michael Reichert, PhD

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Bearing Witness
Violence and Collective Responsibility

Pre-publication
REVIEWS,
COMMENTARIES,
EVALUATIONS . . .

"This is a magnificent book that analyzes the damaging consequences of violence. . . . I have never read such a well-documented contribution to a complex problem. Although based on American conditions, it is relevant and convincing to the European reader also. . . . From now on there is no excuse for being just a bystander—here is a tool for action for professionals and laymen in medicine, social work, law, mass media, and legislation."

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"This is a book of immense importance, in which with wisdom, the secrets of the consulting room and the scientific knowledge base are integrated and applied as a way of understanding our responsibilities to one another and to ourselves."

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The Traumatic Stress Clinic,
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"Filled with an important blend of scientifically based information, practice, and advocacy, this is a very useful manual. Its trauma-based principles for intervention can be applied internationally in different cultures and in different regions of the world."

Sahika Yuksel, MD
Medical Director,
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Bearing Witness
Violence and Collective Responsibility

Sandra L. Bloom, MD
Michael Reichert, PhD

For Philadelphia Physicians
for Social Responsibility

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The childhood shows the man
As morning shows the day

John Milton, *Paradise Regained*

ABOUT THE AUTHORS

Sandra L. Bloom, MD, is Founder and Executive Director of "The Sanctuary," a specialized inpatient hospital program for the treatment of adults traumatized as children, which is located at Friends Hospital in Philadelphia, Pennsylvania, the oldest private psychiatric hospital in the United States. She is also founder and President of the Alliance for Creative Development, a multidisciplinary private practice and psychiatric management company with offices in three counties in Pennsylvania and fourteen years of inpatient management experience. A Board-Certified psychiatrist and fellow of the College of Physicians of Pennsylvania, Dr. Bloom served as the 1997-1998 President of the International Society for Traumatic Stress Studies. She is currently the President of the Philadelphia chapter of Physicians for Social Responsibility and is Clinical Assistant Professor in the Department of Psychiatry at Temple University. Dr. Bloom chairs the statewide Task Force on Family Violence for Mike Fisher, Attorney General of Pennsylvania. She has lectured nationally and internationally on various topics related to post-traumatic stress, has published in various books and journals, and is the author of *Creating Sanctuary: Toward the Evolution of Sane Communities.*

Michael C. Reichert, PhD, is founder and partner of Bala Psychological Resources, a multidisciplinary outpatient group, and Director of the "On Behalf of Boys" Project of The Haverford School, a center for research and discussion on boys' lives. A child and family psychologist, he has worked in clinical and community settings for the past twenty years. Dr. Reichert is a board member of the Philadelphia chapter of Physicians for Social Responsibility, co-chaired its Psychosocial Taskforce, and currently serves as Clinical Supervisor for its Peaceful Posse project, an antiviolence project serving early adolescent boys. He has lectured widely on many topics related to children and families, most recently specializing on the subject of caring for boys.

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Preface

> Alienation as our present destiny is achieved only by outrageous violence perpetrated by human beings on human beings. No man can begin to think, feel, or act now except from the starting point of his or her own alienation.
>
> R. D. Laing,
> *The Politics of Experience*

In every crisis there is an opportunity. From the perspective of mental health practitioners, the social crisis engendered by escalating levels of violence provides an opportunity for a new level of public awareness. We are forced to make the startling realization that conventional wisdom does not help us to understand why people treat each other so badly. This realization provides the impetus to broaden our search for answers.

The Philadelphia chapter of Physicians for Social Responsibility has embarked on a campaign to make a substantial contribution to the effort to stem all forms of violence. Working with existing neighborhood and government groups, creating coalitions, developing grant projects in new areas, PSR has thrown its expertise, resources, and energy into the fight.

The Task Force on Psychosocial Causes of Violence was created to provide a theoretical framework to these efforts, to ensure that all of the various projects embodied our most sophisticated understanding of human behavior. Through the development of this manual, the Task Force has distilled a great mass of information into a readable form that will be used to introduce all PSR projects to this point of view.

The Task Force consists of a diverse group of clinicians who share the experience of working with perpetrators and victims of violence. From juvenile justice settings, psychiatric hospitals, clinical training programs, outpatient services of many kinds, women's programs, men's groups, and independent practices we have developed a point of view about the causes of violence. Our specialties cover a broad range; underlying the different populations and problems, however, is the central theme of trauma and its effects on human behavior.

Among our group are therapists and consultants who have provided assistance to people in the most affluent areas of the Delaware Valley as well as in

the poorest sections of Philadelphia. The group includes clinical professionals who have been seasoned through extensive contact with a great diversity of cultures, races, and classes. Individually, most of us have worked with community groups, agencies, and schools to lend a psychological perspective to efforts to address social problems. Clinicians are not usually on the scene at times of violence. Our involvement comes after the fact, in offices with individuals, families, or groups. Our tool is an in-depth understanding of the therapeutic process of what happens when people are heard, understood, and can feel emotionally safe. From our work with clients we have learned how to access, explore, and restore people's sense of identity, confidence, and self-esteem.

In addition to our clinical experiences, the members of the Task Force have a common concern about society. Many of us have a history of social activism; all of us feel alarmed by the impact of violence in our patients' lives. Because we have dedicated ourselves to careers as healers, we take seriously all factors that affect the well-being of our clients. We have come to recognize that no one escapes completely the impact of violence in the culture. As a child, a spouse, an innocent pedestrian, or community resident, violence seeps into most all relationships, creating an invidious presence that influences behavior, development, and progress. Where individuals, families, and whole communities organize to cope with problems of safety and violence, there is a stress level that pervades all relationships.

The work we do in our offices and clinics, therefore, is not separate from these stresses and social forces. As healers, we are affected in our ability to accomplish our work; we are also affected as witnesses. All who minister to victims of violence are likely to experience secondary trauma, or "vicarious traumatization" (Figley, 1995; McCann and Pearlman, 1990; Stamm, 1995). We believe that a necessary response to this exposure to trauma is social activism. We must bring our concern, care, and commitment to our society's battle with violence, as much for our own sakes as for our patients'. To be passive in the face of hurt is to hurt oneself. The alternative is to be a helpless bystander, watching the parade of violent perpetration, unable or unwilling to do anything to prevent it.

Health care professionals are simultaneously practitioners and educators; healers, teachers, and role models. An extensive body of research-based knowledge is now available to everyone that explains how violence affects people at all levels of function: the biological, the psychological, the social, and the moral. Physicians for Social Responsibility is committed to providing as much public education as possible on the short-term and long-term, individual and social results of trauma for children and their families. In service of this goal, the following material is presented as a framework for under-

standing the various psychosocial components of violence using post-traumatic stress theory as the theoretical basis. In the following pages we will start by focusing attention on the various aspects of the problem of violence in the vital arenas of our social and political life. We will then look at normal human development in the context of attachment theory, and then what occurs as a result of disrupted attachment bonds. Nest, we will delve into the various aspects of trauma—what trauma does to the body, the mind, the emotions, and relationships before beginning to formulate proposals for initiating processes that will lead to problem solving.

Throughout this book we hope we have conveyed one essential message: that it is a fundamental and absolute moral responsibility that we each find a way to *bear witness* to the pain and suffering that is all around us, and that starting from the position of this testimony we must join together to liberate the human body, mind, and soul from the rack of traumatic reenactment that is stretching our social body to the limit of endurance.

Sandra Bloom, MD, Task Force Co-Chair
Michael Reichert, PhD, Task Force Co-Chair

Task Force Members:
Margaret Baker, PhD
Ellen Berman, MD
Joel Chinitz, MD
Sandra H. Dempsey, MSS, MLSP
Carol Dolinskas, MD
Robert Garfield, MD
Elizabeth Kuh, MD
Diane Perlman, PhD
Marlene Watson, PhD

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Introduction

STATEMENT OF PROBLEM: VIOLENCE AND COMMUNITY

From every corner of the United States comes a growing concern with the problem of violence. In urban areas, in our homes, in relationships between men and women, parents and children, the elderly and their caregivers, the problem has reached a level of awareness that some call epidemic. Crime is one of the top issues in political debates. According to the FBI, one violent crime occurs every eighteen seconds (Federal Bureau of Investigation, 1996). Five out of six people will be victims of violent crimes at least once in their lifetimes (National Victim Center, 1993). In 1995, U.S. residents age twelve or older experienced approximately 38.4 million crimes (U.S. Department of Justice, 1995). The cost of crime to victims is an estimated $450 billion a year when the cost of pain, suffering, and the reduced quality of life is taken into consideration (Miller, Cohen, and Weirsema, 1996). More pervasive even than the actual effects of crime is the fear it generates. Sixty percent of all Americans limit the places they go by themselves, where they go shopping, and where they work due to fear of crime. This fear particularly limits the behavior of women (National Victim Center, 1993). Despite the fact that incarceration for crime has been increasing without notably positive results, our approach continues to be skewed toward punishment; we have a record number of jails and prison inmates—to the detriment of understanding and prevention. Nationally, only 19 percent of the population has a "great deal" or "quite a lot" of confidence in the criminal justice system (Gallup Organization, 1996). Sixty-two percent of Americans say that they would pay higher taxes to improve the criminal justice system (National Victim Center, 1993). However, a tax consensus is unlikely to be reached about such things as banning corporal punishment, early neonatal home visitation, or job training programs.

These days, just reading the morning newspaper or switching on the evening news can be an overwhelming experience. Violence, lies, and betrayals are such a daily occurrence that it feels as if we are riding a train without an engineer, careening out of control down a steep hill, destined

for a painful end. Everybody tries to produce some explanation for the violence that at least provides an illusory sense of control. For some the problem is a lack of something—discipline, religion, mothers at home, involved fathers, poverty, fair play, rights of all sorts. Others believe the causes of our social disintegration are to be found in excesses of something—welfare, permissiveness, attention, material goods, rights of all sorts. But whatever the finger points to as THE cause, almost everyone will admit to feeling powerless and helpless to bring about any substantial or meaningful change. It seems that we have reached the limits of our present knowledge. The old ways of thinking and acting do not seem to be working—our problems just get bigger, more life threatening, more extreme.

New problems require a new way of understanding, new problem-solving methods, new solutions. But to formulate new solutions we need a comprehensive model of the way the world works that explains things better than the old model and that aids us in our quest for answers. Too often, learned people cloak their own ignorance or confusion behind inexplicable concepts that lie far afield from most people's everyday experience. Fortunately, the material we are going to present is really relatively simple to understand and should stand up to the test of "common sense" as long as common sense is informed by compassion.

Understanding the causes of violence is not actually all that difficult, and is, to a large extent, knowledge we have had since childhood. As one of the world's great simplifiers, Robert Fulgham, has pointed out, "Everything we ever really have needed to know we learned in kindergarten." This includes rules such as share everything, play fair, don't hit people, and say you're sorry when you hurt somebody (Fulgham, 1989). A rapidly accumulating body of scientific knowledge now supports the reality of a self-perpetuating cycle of violence that originates in the hurts—great and small—that we inflict on each other from childhood, through adolescence, and into adult life.

We are beginning to understand, in fact, that virtually all of our human systems are organized around trauma and the prolonged, transgenerational, and often permanent, effects of traumatic experience. This is not surprising. Our evolutionary history has been a difficult one. We are an extremely intelligent, extraordinarily sensitive species with very long and far-reaching memories. But, in evolutionary terms, we have also been quite vulnerable to all kinds of environmental threats that have cost us dearly in terms of damaging and disrupting our attachment bonds to each other and to the ecology surrounding us. People do not necessarily heal spontaneously from trauma. Healing requires certain situations that are only too rare in our present circumstances: safety, the ability to form

compassionate attachments with other people, the ability to communicate feelings, and the opportunity to turn the nonverbal experience of trauma into verbal expression that can be integrated internally and can be shared with others.

Instead, there are many forces in our society that help us avoid dealing with old hurts. These attitudes can be best expressed through such folk aphorisms as "What you don't know won't hurt you," "Out of sight, out of mind," "Children forget," "The past is the past, just let it be," "Children should be seen but not heard," "Big boys don't cry," "Spare the rod, spoil the child," and other kinds of social indoctrination characteristic of what Alice Miller has termed "poisonous pedagogy" (Miller, 1983). As each generation teaches the next to act out their emotional conflicts rather than work them through via language and relationship, the society—or at least the most damaged portion of it—becomes increasingly skewed toward violence and anarchy, its members cut off from any ability to relate to other human beings. We become socially dead—"robopaths" (Yablonsky, 1992).

The violence in our culture now can only be perceived as a "cry for help," the old-fashioned but still relevant explanation for many psychiatric symptoms. Before the individual patient actually reaches out for help, he or she often has to reach some bottom or depth, manifesting symptoms that have become life threatening. Our entire culture is doing the same thing—manifesting such extremes of pathology that we no longer can deny that something is pervasively wrong. We manifest this cry for help in our rate of firearm deaths, crimes of violence, and in the recent epidemic of child-on-child assaults. But we also demonstrate a need for help in our preoccupation with sex divorced from love and intertwined with violence, our escalating abandonment of the underprivileged, our continued sexism and racism, and our profound unwillingness to protect our future through protecting our children.

The root cause, the lowest common denominator for violence, is that perpetrated against children. And this includes all forms of violence—allowing children to go hungry in the midst of plenty, permitting homelessness, lack of medical care, lack of other sustaining adults to support overwhelmed families, and oppressive policies that make good parenting virtually impossible. Nothing will change for the better until we take seriously our supposed and stated concern for the well-being of our children. The U.S. Advisory Board on Child Abuse and Neglect stated in their 1992 Board Report:

> Adult violence against children leads to childhood terror, childhood terror leads to teenage anger, and teenage anger too often leads to adult rage, both destructive toward others and self-destructive. Terror,

> anger, rage—these are not the ingredients of safe streets, strong families, and caring communities. (U.S. Advisory Board, 1992)

In this book we intend to address this cycle of violence by discussing some of the biological, psychological, social, and even moral issues that determine whether a person will become a victim, perpetrator, or bystander to violent events and what happens to an individual when he or she is in one or all three of these roles.

In the following pages we will examine a number of these intersecting factors which we believe play an interdependent role in creating a culture that promotes, supports, and even encourages violence. First, we will survey forces that we think of as "traumatogenic"—backdrops against which the chances of exposure to violent perpetration and violence as a problem solver are increased. These factors include some long-standing child-rearing practices, such as corporal punishment, which send a message to the developing child that violence is acceptable. Our cultural standard of disavowing our normal emotional experience sets the stage for repeated and regular empathic failure. Sexism produces an unhealthy imbalance of power between the genders, which is maintained by violence or the threat of violence and is strongly reinforced by male conditioning to violence. Economic inequality breeds extremes of poverty and racism that serve to justify the scapegoating of people of color, situations that are breeding grounds for violence. In addition, the rapid changes in modern society and the breakdown of the traditional family structure all contribute to a level of social stress that promotes violence. The combined effect of all of these factors is to create a sense of existential confusion, a profound questioning of purpose and meaning that so characterizes the social environment of the late twentieth century.

In the next section we explore the most important places within which violence occurs in order to further illustrate the magnitude of the problem and the lack of safety that permeates the entire culture. This includes violence in the family, in the workplace, and in the schools—all the places in society to which people turn for security. We will also look at the structural violence that is a part of our religious heritage as well, since that has so influenced all of our other cultural institutions in ways that may no longer be visible as religious, but that continue to influence our thinking.

Next, we will examine the ways in which the culture actively provides support for various forms of violence by promoting and encouraging violence. This support is often denied by those who economically benefit from it or who are concerned with the preservation of individual rights. This section points out the critical need for some value decisions on the part of society, and raises many important questions. How do we balance

the right to bear arms and the right of free speech against the need to create safe environments? When, by their behavior, a people indicate their lack of social responsibility, do rights need to be curbed, at least temporarily? How can we create safety without losing hard-earned freedoms? The main topics of discussion in this section are firearms, substance abuse, pornography, and media violence.

We next focus our attention on our social responses to violence, the ways in which our responses decrease or increase the likelihood of further violence. In this section we discuss whether punishment really works as an effective method of stopping further violence. Then we will look at the "bystander effect"—is anyone really an innocent bystander? What is the role of other people in diminishing or increasing the likelihood of violence? We will also view more subtle factors that permeate the entire social climate, factors considered here under the concept of "robopathology." But, not everyone who is traumatized suffers the long-term effects of trauma, so in this section some of the protective factors that are involved in resilient types of responses to violence are explored.

After looking at many of the social forces that influence violence in our culture, we will turn to an exploration of the fundamental nature of human beings. This section examines the ways in which trauma affects our minds, bodies, and souls, thus altering the way we think, remember, feel, relate to others, and make sense of the world. Our bodies respond in certain predictable, biologically evolved ways when we are very frightened or upset. Our physical, emotional, and social responses have a great deal to do with how we respond to subsequent events in our lives and basically explain why we have become so trapped in a cycle of repetitive violence that is psychologically and socially destabilizing. This knowledge base, called "trauma theory" is relatively new, originating largely with the study of veterans of the Vietnam War, and in the two decades drawing upon research with other survivor groups. The impact of traumatic experience on issues of spirituality and meaning is discussed and we touch upon the age-old question about the nature of evil. We will make the case that our society has become organized around unresolved traumatic events and discuss how recognition of this formerly hidden constellation of thoughts, feelings, and behaviors contaminates our social milieu. Finally, since thought ideally precedes action, we explain how our thinking has to change if we are to create a better world.

Once this knowledge base has been established, certain inevitable conclusions can be drawn about our present situation and implications for future change. The final section of this book will suggest the beginnings of an outline for reorganizing society with the aim of establishing a commu-

nity that is responsive to the basic human need for safety and peace. We have taken a public health approach to the problem of trauma in our society because we believe it will take a total approach to contain and ultimately eliminate the disease we call "violence." This section is certainly not intended to be the final word on social change. But we think it can serve as a preliminary blueprint, a starter for any community seeking to face the problem head on. We have touched on all of the major social institutions and provided some ideas that we believe are necessary for system change as well as some examples of ideas and programs that are working.

Let's start by reading a portion of a story of one famous criminal's troubled life, because in some ways it raises questions we have yet to honestly answer about our own lives and the society we live in.

A Criminal Tale

> You have to learn to be hard. You have to learn to take things and feel nothing about them: no pain, no anger, nothing. And you have to realize, if anybody wants to beat you up, even if they want to hold you down and kick you, you have to let them. You can't fight back. You shouldn't fight back. Just lie down in front of them and let them beat you, let them kick you. Lie there and let them do it. It is the only way you will survive. If you don't give in to them, they will kill you. (Gilmore, 1991, p. 17)

The man who spoke these teenage words of advice to his little brother was Gary Gilmore, a man who was executed in 1977 for the cold-blooded murder of two innocent men. The man who recounts these words is Gary's youngest brother, Mikal, an accomplished writer.

In July 1976, Gary Gilmore was thirty-five years old. He had already spent most of his adolescent and adult life in jail for various criminal and violent offenses. In jail he had been repeatedly brutalized, had witnessed violence perpetrated upon others, and had inflicted violence himself. On news reports he appeared cold-blooded, arrogant, and mean. It was easy to call this man an aberration, an anomaly, a monster, deserving whatever he got.

Easy, that is, until you hear the whole story. How do we correlate this image of a sociopathic killer with the other images his younger brother described: a man who as a child had nightmares of being beheaded; a gifted artist who drew paintings of children, ballet dancers, and boxers; a man who slashed his wrists in his cell when the prison authorities denied him the right to attend his abusive father's funeral; a man who insisted on

his right to die with the words, "I've lost my freedom. I lost it a long time ago. I don't want you to think I'm some 'sensitive' artist because I drew pictures or wrote poems. I killed—in cold blood" (Gilmore, 1991, p. 37); a man capable of holding a sobbing cellmate in his arms to comfort him; a condemned man who wrote a reply to an eight-year-old boy's malicious letter, "You're too young to have malice in your heart. I had it in mine at a young age and look what it did for me" (Gilmore, 1991, pp. 40-41).

Look further and the story becomes more eerie. We learn about a mother apparently obsessed by at least one childhood traumatic experience of her own—being forced by her brutal and abusive father to witness the execution by hanging of a condemned murderer at a public execution, an occasion of warning for all the children of the community. We learn of a father, raised among spiritualists, vaudevillians, and circus performers, who grew up to be both handsome, charming, and an alcoholic, who beat his wife when she refused to abort the fetus that was to become Gary, and hated his son from that moment on. We learn of a family in which violence, cruelty, and brutality was as much a part of the home as the family television set, but in which a young son could still witness a scene in which "My father was crying, and my mother was petting his hand" (Gilmore, 1991, p. 24).

We also learn that the murderer killed two innocent men that night in July, to keep himself from killing two other innocent people: the woman that he loved, and his youngest brother, who was the only real recipient of their father's love.

There are a few things about this story that are clear. Gary Gilmore was clearly responsible for his crimes and he suffered the highest penalty. The men who were murdered and the families that survived them were helplessly victimized by Gilmore's criminal behavior. There are none left in the Gilmore family except Mikal who raises his author's voice and clearly asks "Why?" Why did this happen? Bearing the mark of Cain from his familial associations, Mikal wants his readers to recognize that blaming the victims—even the perpetrating victim—gives only a partial answer to a very complex question. Mikal says:

> Murder has worked its way into our consciousness and our culture in the same way that murder exists in our literature and film: we consume each killing until there is another, more immediate or gripping one to take its place. . . . Each murder will be solved, but murder itself will never be solved. You cannot solve murder without solving the human heart or the history that has rendered that heart so dark and desolate. (Gilmore, 1991, p. 50)

In the pages that follow we are going to explore the human heart—and the human brain—and the history that has been so devastating to our families and our people. Gary Gilmore knew he was a killer—he wanted to die for it and he did. What we hope for is that there can come a time when those whose hearts are darkened with pain and trauma can be understood and helped and that the culture that spawns their hurt can play a useful role in supporting their recovery.

PART I: A TRAUMA-ORGANIZED SOCIETY?

In Part I of this book we are going to make the case that we live in a society that is "organized" around unresolved traumatic experience. By making this claim, we intend to show that the effects of multigenerational trauma lie like an iceberg in our social awareness. All we see is the tip of the iceberg that is above the surface—crime, community deterioration, family disintegration, ecological degradation. What lies below the surface of our social consciousness is the basis of the problem—the ways in which unhealed trauma and loss have infiltrated and helped determine every one of our social institutions. As statistics show, the majority of the population will be exposed to an event considered traumatic and this exposure places them at risk for many other physical, emotional, and social problems. This rate of exposure is dramatically increased for those members of the community who are raised in "traumatogenic environments." A traumatogenic environment is one in which human beings are at increased risk for experiencing traumatic events. There are many traumatogenic forces in our society, including child-rearing practices that encourage the use of violence directed at children or that impair the ability of parents to adequately provide for their children, poverty, sexism, racism, male conditioning to use violence as a means of control, and many other kinds of social stresses, all of which are embedded within a religious and philosophical belief system that permits, and even encourages, the use of violence. Today, violence is all around us and we will examine how we provide both passive and active support for that violence. We will also explore how we currently are responding to violence and how effective those responses are. Finally, we briefly survey the important research on resilience to see if we can gather some hints about how to make even dangerous environments safer.

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Chapter 1

Looking at the Numbers

More than twenty years ago, Murray Straus and Suzanne Steinmetz called the family the "cradle of violence" (Steinmetz and Straus, 1973). Recent surveys of U.S. households support that observation. Hitting children is virtually universal; a quarter of infants one to six months are hit and this rises to half of all infants by six months to a year (Straus, 1994). Sibling violence occurs in 800 per 1,000 children (Finkelhor and Dziuba-Leatherman, 1993). Moving from "normative" violence to the more extreme end of the continuum, the government-sponsored Third National Incidence Study of Child Abuse has presented alarming data. The number of abused and neglected children grew from 1.4 million in 1986 to over 2.8 million in 1993. During that same period, the number of seriously injured children *quadrupled* and these increases cannot be attributed to increased sensitivity on the part of reporters (U.S. Department of Health and Human Services, 1996). The number of sexually abused children rose by 83 percent in that period. Every incident of child sexual abuse costs the victim and society $99,000 (Miller, Cohen, and Wiersema, 1996).

Of the children who met the strictest criteria, the Harm Standard, child protective services only investigated 28 percent of the reports—a significant decrease from the 44 percent investigated in 1986 when the Second National Incidence Study of Child Abuse was performed (U.S. Department of Health and Human Services, 1996). A 1995 Gallup Poll of parents estimated that as many as 49 children per 1,000 in the population suffered physical abuse and 19 per 1,000 suffered sexual abuse (Gallup Organization, Inc., 1995). Nearly 1,000 children were known by child protective services to have died as a result of abuse or neglect (U.S. Department of Health and Human Services, 1997).

More than six out of ten of all rape cases (61 percent) occur before victims reach age eighteen; 29 percent of all forcible rape occurs before the age of eleven. (National Victim Center, 1993). Overall, in terms of the effects of all forms of violence on boys, a Massachusetts study estimated that one in forty-two teenage boys receive hospital treatment for some

form of assault (Guyer et al., 1989). Of the adolescents ages twelve to seventeen in the United States, an estimated 8 percent have been victims of serious sexual assault; 17 percent have been victims of serious physical assault; and 40 percent have witnessed serious violence (Kilpatrick and Saunders, 1997).

And then there is violence to the woman of the house. In 1994, 62 percent or 2,981,479 of the victimizations of females were by persons whom they knew, while 63 percent or 3,949,285 of the victimizations of males were by strangers (Craven, 1997). Gelles and Straus (1988) have estimated, based on probability sampling, that from two to three million women are assaulted by male partners each year in the United States and that from 21 to 34 percent of all women will be assaulted by an intimate male during adulthood. More than 50 percent of all women will experience some form of violence from their spouses during marriage; more than one-third are battered repeatedly every year; 15 to 25 percent of pregnant women are battered (National Victim Center, 1993). According to a nationwide survey released by the Family Violence Prevention Fund, more than one in three Americans have witnessed an incident of domestic violence (1993). In homes where spousal abuse occurs, children are abused at a rate 1,500 percent higher than the national average (National Victim Center, 1993).

Every year, domestic violence results in almost 100,000 days of hospitalizations, almost 30,000 emergency room visits, and almost 40,000 visits to physicians (National Victim Center, 1993). In a New York study of fifty battered women, 75 percent said that their batterer had harassed them while they were at work, 54 percent reported missing an average of three days per month because of the beatings, and 44 percent of the women had lost at least one job for reasons directly related to the abuse (Friedman and Cooper, 1987). Domestic violence already costs companies nationwide $3 to $5 billion annually in absenteeism, reduced productivity, and increased health care costs (Anfuso, 1994).

According to a 1996 National Institute of Justice study, domestic crime against adults accounts for almost 15 percent of the total crime costs—over $67 billion a year (National Institute of Justice, 1996).

Estimates for sexual assault also support the proposition that most violence directed against women is perpetrated by intimates: 14 percent of ever-married women in one study reported being raped by husband or ex-husband (twice the rate for stranger assault). One out of every eight adult women, or at least 12.1 million American women, will be victims of forcible rape sometime in their lifetimes (Kilpatrick, Edmunds, and Seymour, 1992). In 1990, 683,000 American women were forcibly raped and of these,

only 16 percent were reported to the police (Kilpatrick, Edmunds, and Seymour, 1992). In 1991, 28 percent of all female murder victims were slain by their husbands or boyfriends and in fact, family violence kills as many women every five years as the total number of Americans who died in the Vietnam War (National Victim Center, 1993).

Given the dangers of marriage, divorce might seem to be a solution. Not so. A recent survey of divorced Philadelphia-area women found that 70 percent were abused by their spouses. Nineteen percent cited the violence as their primary reason for leaving the marriage. Fifty-four percent had suffered several incidents of violence and sustained injury from their ex-husbands. Even after separation, nearly one-half of the women experienced violence from their estranged husbands. Not surprisingly, 30 percent feared further violence during child support negotiations, and, of this subset, 66 percent did not receive regular child support payments (Kurz, 1996).

While men are the chief perpetrators of violent acts, they are also the chief victims. Men are twice as likely as women to be victims of violent crime (Farrell, 1993). In addition to hurting each other, men hurt themselves at a rate much higher than women. Teenage boys commit suicide at a rate four times greater than females; that difference grows through young adulthood, until at age 85, the rate is 1,350 percent greater (Farrell, 1993). There is evidence that these differences reflect pressures that may be even greater in poorer neighborhoods. Self-inflicted injury affecting males aged ten to forty-four grew by 76 percent over the four years of a study of a Philadelphia African-American neighborhood (Schwarz et al., 1994). Matching the deterioration of their communities, suicide rates for black males in Philadelphia grew steadily during the decades since the 1950s.

Community life in urban neighborhoods reflects a significant deterioration over the past several decades. A four-year study of Philadelphia neighborhoods completed in 1990 found that gun-related violence increased 179 percent over the time of the study period. The same study reported that during the four years of the study 94 percent of men in the age group twenty to twenty-nine had to go to an emergency room at least once with an injury, caused 41 percent of the time by violent encounters (Schwarz et al., 1994). The 1960s upsurge of violence primarily involved males, but the introduction of wholesale drug trafficking has made violent death more common for people who are not involved with gangs or drugs: young women, middle-aged women, children (Nightingale, 1993). Factors other than poverty account for these increases because when comparisons are made among groups of similar socioeconomic status there is considerable variation in the homicide rates.

Violence as a cause of community deterioration or violence as a reflection of community disintegration are the oversimplified attributions made in the face of these data. Like the effort of the culture to assimilate the perspective of trauma theory with respect to children, so too we can see a parallel struggle to recognize the interplay between broad social forces such as poverty, racism, culture, and violence. The statistical picture painted by male children who face a lifetime of deprivation, humiliation, harsh treatment by society's caregivers, exacerbated by mean streets and unforgiving institutions, bears powerful witness to the relevance of a psychology of perpetration. What we can make out in these data since 1960 is a spiral, in which a variety of factors reinforce each other to produce the sense of a system out of control.

In fact, though, such a spiral argues powerfully for a new set of premises guiding our policy interventions. People have not changed in any fundamental way; it must be that our understanding of what is affecting behavior and how to improve conditions to prevent such distortions are off target. As we mentioned, to date the overriding response of society to this spiral has been to punish the perpetrator and hope to deter others. According to the Justice Department, from 1980 to 1992 the state and federal prison population in America soared nearly 150 percent, from 139 to 344 jailed for every 100,000 of total population—the Western world's highest ratio (Starer, 1995). By 1992, 1.3 million persons were in state and federal prisons and the number keeps rising. More people are behind bars in America than in any other country in the world (Forer, 1994). Juveniles held in public or private facilities increased 30 percent since 1975. In 1992 there were more than 100,000 children in correctional institutions (Forer, 1994). Of women in prison, 75 percent are mothers, and 88 percent of their children are under the age of eighteen. It is estimated that at the end of 1992, 167,000 children had mothers in prison (Forer, 1994).

While insights from clinical work with perpetrators argue for a strong system of accountability and limits to acting-out behaviors, it is also clear from this work that punishment and deterrence alone will do little to resolve the compulsive quality of perpetration. Our efforts to gain a foothold on the problem of the spiral of violence and community deterioration must begin with a more sophisticated appreciation for what makes some people hurt other people. Understanding that, we can take the next steps as a society to eliminating the conditions that produce these problems.

To do this, we may have to look at the possibility that our entire culture has become "trauma-organized" (Bentovim, 1992), meaning trauma and its immediate and long-term effects have become a central organizing principle for our entire social structure. A number of studies in recent years have

shown that up to three-quarters of the general population in the United States have been exposed to some event in their lifetime that can be defined as traumatic (Green, 1994; Norris, 1992; Resnick et al., 1993, Sutker, Allain, and Winstead, 1993). This exposure to overwhelming stress has long-term as well as immediate consequences for the survivors and for their families, friends, colleagues, employers, and fellow citizens. In one study of young adults in the Midwest, life threat, seeing others killed or badly injured, and physical assault all produced a lifetime rate of post-traumatic stress disorder (PTSD) of around 25 percent (Breslau et al., 1991). In another recent study 39 percent of women who had experienced aggravated assault developed post-traumatic stress disorder, as did 35 percent of those who were raped (Kilpatrick and Resnick, 1993). In a study by Kubany and colleagues, 33 to 83 percent of battered women met criteria for PTSD (1996). The severity of symptoms tends to be directly proportional to the amount and intensity of exposure to trauma (March, 1993). The effects of trauma are not short-lived. In one follow-up of a disaster, one-quarter of the survivors studied showed continuing and significant psychopathology (Green et al., 1990). As Dr. Bonnie Green notes, "There is clear evidence that PTSD is a long-lasting disorder in many individuals. Up to half of those who develop the disorder may continue to have it decades later without treatment" (Green, 1994).

Worse yet, post-traumatic stress disorder rarely occurs alone; it most commonly coexists with major depression and substance abuse, and with other psychiatric, physical, and social problems as well (Green, 1994). There have been reports connecting PTSD with fibromyalgia (Amir et al., 1997), chronic pain (Benedikt and Kolb, 1986; Geisser et al., 1996; Walling et al., 1994), irritable bowel syndrome (Irwin et al., 1996; Walker et al., 1996), asthma (Davidson et al., 1991); peptic ulcer (Davidson et al., 1991); other gastrointestinal illness (Drossman, 1995), chronic pelvic pain (Badura et al., 1997; Drossman, 1995; Walker et al., 1996; Walling et al., 1994), panic disorder and social phobia (Orsillo et al., 1996), borderline personality disorder (Ellason et al., 1996; Herman, Perry and Van der Kolk, 1989; Perry et al., 1990), somatoform disorders (Rogers et al., 1996; Saxe et al., 1994), obsessive-compulsive disorder (Bleich et al., 1994; Pitman, 1993), panic disorder (Orsillo et al., 1996; Vasile et al., 1997) and anxiety disorders (Fierman, 1993).

In addition to the proximal exposure to trauma and its effect in this generation, a burgeoning amount of literature indicates the very real dangers of intergenerational transmission of the effects of trauma. This has been studied most thoroughly in children of Holocaust survivors (Danielli, 1985) and is succinctly summed up in one sentence, "The children of survivors show symptoms which would be expected if they actually lived through

the Holocaust" (Barocas and Barocas as quoted in Herzog, 1982). Transgenerational transmission has also been well-documented among populations who have been abused and neglected in childhood (Egeland and Susman-Stillman, 1996; Main and Hess, 1990; Oliver, 1993; Zeanah and Zeanah, 1989).

If our society is, in fact, organized around trauma, what are the forces in the society that permit or promote the occurrences of overwhelming stress, forces that may be controllable if we can properly identify them? If we only look at the crimes themselves, we decontextualize a complex situation and in doing so are less likely to be able to change the most important factors in determining violent behavior. This is the approach best characterized by the criminal justice system. Solutions to the problems of crime that completely rely on punitive measures such as more police or incarceration, though sometimes necessary, are not sufficient. They are like closing the barn door after the horse is gone. Violent perpetration is the final outcome of a multitude of intersecting factors that determine the life course of a person beginning in childhood, factors that we believe are "traumatogenic," providing the breeding ground for the twisting of a mind, a body, and a soul.

Chapter 2

Traumatogenic Forces in Society

Although we may experience traumatic episodes as isolated events, unpredictable and shockingly distinct from those considered "normal," statistical aggregates of these separate acts point to clear patterns. Significantly higher rates of sexual abuse for females suggest that gender is relevant in understanding this form of violence. The high proportion of teenage boys in urban neighborhoods whose violence-caused injuries force an emergency room visit tells us something about life in urban neighborhoods. The higher proportion of child abuse cases found in impoverished families implicates the stressor of economic deprivation in the etiology of child battering.

What we can say about psychological trauma, in fact, is that there is an intimate connection between traumatizing behaviors and the social conditions that support them. As the culture wrestles with definitions of date and acquaintance rape, for example, awareness of these acts of violence grows and the society's tolerance for them diminishes; women may expect a day when they have less to worry about from an intimate. Parental behavior that used to be accepted or at least tolerated is now considered abuse. The growing awareness of the incidence of child abuse should lead to a growing intolerance of such behavior and a greater willingness to actively protect children. Through an organized education campaign, law enforcement agencies have become more sensitized to the issue of domestic violence and more willing to actively offer protection for the battered woman rather than turning away from the "family squabble."

But social conditions can also foster the occurrence of trauma. The social ideology that has defined children as their parent's property plays a key role in the freedom adults still have to batter and abuse children. Our refusal to understand the importance of providing emotional support for each other establishes a climate of cruel disregard for other's feelings. Gender images of women as inferior, less capable, submissive, emotional, and stupid and men as superior, more competent, dominant, rational, and intelligent have supported deeply sexist assumptions and practices that are extremely detrimental and even dangerous to healthy human functioning.