Thursday, September 3, 2020

Community Violence and Individual Anguish

By David Prescott, LISCW

The news across cities in the US has once again been horrifying. We, professionals, have found ourselves at our wits' end trying to figure out what we might do. Watching the news is a harrowing experience. Ignoring it is irresponsible. While some details of each incident may be debatable, the overall trends couldn't possibly be clearer. People of color have died under circumstances that are questionable at best (and this is an attempt to express it diplomatically). All of this comes against a backdrop since the start of the summer of documented, nationwide increases in anxiety, depression, substance use, and suicidal ideation. Why mention this topic in a blog that typically focuses on issues relevant to sexual violence prevention?

First, most of this blog's readers have in one way or another made life as well as a living in trying to help build healthy lives and safer communities. For the most part, we all have skin in this game. Yet for all of our specialized efforts anxiety, depression, illness of all sorts, and overt violence – including overt racialized violence – are on the rise. We still don't have a clear picture of what has been happening with family violence behind closed doors. Where will we want to focus our next efforts? With what resources?

I was recently on a call with colleagues discussing work with at-risk children and adolescents. The question arose about whether any kids in the current era are not at risk, given their exposure to so many horrific events. While, on average, kids from minority backgrounds and marginalized communities are at much higher risk for every kind of bad outcome, it is an interesting question. The challenge of how best to form connections with kids who have been abused was once front and center in our minds, but it may be more realistic now to ask whether we can possibly understand their current realities and emerging world view. How should we change our assessments and treatment in response to the gruesome realities of daily life in 2020?

It's sad, but not unsurprising, that here at the end of the summer social media for professionals has been quiet on these issues. An earlier draft of this blog post shared with listservs for clinicians of various

Kieran McCartan, PhD
Chief Blogger

David Prescott, LICSW
Associate Blogger

Kasia Uzieblo, Ph.D.
Assistant Blogger

backgrounds prompted almost no response in some quarters, despite it specifically asking what readers were doing in response to these events. Certainly, there are questions about the boundaries of listserv discussions when the pandemic and our current community violence is so intertwined with politics, economics, and other topics that have been historically off-limits, often for good reason. On one listserv for solution-focused practitioners around the world, there was no response at all. On a US-based listserv for over 2,000 psychotherapists, there was only one response -- a reminder to vote in November.

Nonetheless, there is no way that this same silence goes unnoticed when those of us providing treatment don't acknowledge the deep, life-altering anguish surrounding us in discussions with clients and co-workers. In just one example, a colleague related how an academic dean sent around an email in sympathy for those affected by Hurricane Laura and the wildfires but never mentioned the numerous instances of civil unrest or their tragic causes. Some professionals feel that it's important to get the conditions just right before having discussions about race. Meanwhile, professionals of color observe that they have been waiting for centuries for those conditions to become "right." Some professionals have correctly noted that participating in social media can present a high risk of being misunderstood. On the other hand, practitioners frequently participate in uncomfortable discussions about everything from the sensitive details of victimization to the nuances of sexuality; perhaps it's time to work on our communication skills?

Further, it seems that all too often our discussions of trauma-informed care are easier when the trauma is clearly of someone else's doing rather than our own. It's easier to look at overt violence at an individual level than to look at cultural trauma boiling over -- a trauma that we may well have contributed to, whether actively or passively. Every now and then we discuss clinical approaches to clarification, reconciliation, and reunification for individuals on this list, and yet we've been absent from any discussions about how we might apply these ideas to ourselves in a larger social context.

What can we do?

Perhaps the most effective response we've heard in recent weeks was from programs in the Southeastern US, where the director asked for data to be reviewed. This involved data about the length of treatment, number of sessions, treatment outcomes, etc. To quote the director, "Across the board, we found that we were not practicing in an equitable way. Our clients of color were less successful, (had) longer lengths of treatment, (had) more disruptions in treatment . . . It initiated a process that we are in the middle of to make changes, with consultation from some folks that are much more astute about equitable systems, in creating a more equitable and culturally responsive practice." In a subsequent private email exchange, this person emphasized that it was the staff members who had done the heavy lifting to make these changes possible.

In another case, the editorial board of a journal outside of our field engaged in a lengthy self-assessment process in order to completely revamp their procedures. Yet another set of circumstances prompted a lawyer involved in the field of therapeutic jurisprudence to describe how so much of her work had focused on justice with individual cases that she had to re-think how she views community responses to violence. Still, another described, with some grief, how she had changed her legal practice because she could no longer justify her practice in family law to herself.

At the front lines of our work, however, direct questions remain. For example, a young black man is arrested after a brief chase. In his assessment interview, he states that he does not trust people in authority. When asked for clarification, he says, "Just look at the news!" Where are the bounds of our judgment in describing his

attitudes and/or behavior as "antisocial?" Where do objectivity and subjectivity begin and end under these circumstances? To what extent do we say that circumstances are "different in the current era" when the primary difference is the ease of access to a video recording? After all, the statistics and concerns have not actually changed much over the years, although the possibility of documenting violence has.

Clearly, addressing issues around race; the backdrop of violence, anxiety, fear; and in some cases suicidal ideation will require efforts at the individual and community levels (and by the community, we mean the full range that the word implies, from professional organizations such as ATSA to our society beyond). This will have to include deep soul-searching and difficult conversations as well as educational approaches, policy reviews, and the like.

As Martin Luther King, Jr., famously asked: "**Where do we go from here? Chaos or community**"?

Note: The individual communications noted in this blog are shared with the permission of those who communicated them.