Editorial

Witness as Victim: Clinical Encounters with Children Who Observed Violence

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In the spring months of 2022, Human Rights Watch, the international humanitarian group, released stunning details of the carnage in the regions around Chernihiv and Kyiv that Russia left behind. In a report released from May 2022, Human Rights Watch stated that it was currently investigating 22 potential summary executions, nine other unlawful killings, six possible kidnappings, seven cases of torture and 21 reported incidents of other forms of "unlawful confinement in inhuman and degrading conditions" carried out by Russian forces against civilians. But even this report doesn't take into account traumatic impact on witnesses. Having witnessed the crime once, the witness continues to see the world through the prism of the observed violence.

The National Child Traumatic Stress Network defines traumatic stress as the stress response to a traumatic event of which one is a victim or witness. Based on this definition, we can establish that the witness is considered traumatized as well, and the victim's trauma is not less impactful on his/her mental health and psychological well-being. Watching the untoward, unimaginable acts when a human life or health are endangered creates psychological damage of extreme magnitude. During the Iraq war, the results of the psychiatric assessment of supporting military who were not involved in active combat demonstrated that their PTSD symptoms are roughly equal to / not less prominent than those of their fighting fellows. Watching other people's suffering is toxic. When the witness is a child, it complicates the assessment, as child witnesses may be discounted as "not understanding" or "not impacted". Adults tend to think that children "quickly forget" and even report "better functionality" and "exemplary behavior" under stress. Yet, empirical and theoretical findings show that traumatic experience takes years to process. This is especially pertinent for young children as their sense of safety depends on the perceived safety of their attachment figures (NCTSN). Amplified emotional reactivity and a lack of control of events leave young children susceptible to stress symptomatology (Sossin & Birklein,2006).

Little witnesses which, with the beginning of the Russian expansion, started pouring into clinical practices in Ukraine and around the world saw a lot, most impactfully, deaths of parents, siblings, neighbors and friends, rape and torture. A different kind of witnessing is presented by indirect exposure (via adult conversations or social media involving violence toward people personally known to the viewer). In some situations, children had to make critical decisions about own survival (for example, hiding under dead bodies) or about obtaining help for the victims.

Sossin (2006) refers to tension flow between a parent and a child and non-verbal aspects of stress transmission. Children expressed internalizing the emotional pain and experiencing physical aches as they were witnessing parents in pain, recalled thinking that "this was the end of me", or, just the

opposite, felt numb and separated from/ floating above their own body.

Once the direct exposure is over, images that are consolidated into memories and overall experience of trauma can turn into legacy that shapes all future experiences. Triggers can appear at different junctures, reflecting on every aspect of the memory. Smells, sounds, touch, color, lights, specific movement pattern or constricted range of motion – any sensory stimulus can become a triggering event. Physical reactions such as increased heartbeat, sweating or bowel movements can also serve as reminders. Places, people, objects and situations reminding of the aggressor (as well as the victim) can initiate the associative process. For instance, a four-year-old who survived two episodes of shelling demonstrated a startled response when presented with a ball that was colored in rainbow splashes, as they reminded him of explosions; another preschooler said that the pen looks like a barrel of a tank. "According to embodied cognition, our body, in all its aspects (sensory, motor, and body–environment interaction), shapes and organizes our mind, including high-level features (like memory, concepts, and categories) and abstract tasks (like reasoning and judgment)" (Morasso et. al., 2015). Traumatic response can be initiated at any point, whether by the memory or a bodily sensation, and then escalate to a full-blown flashback.

Identifying triggers and resulting behaviors can become an important instrument for understanding children's emotions and functioning in the long term. When we look at the families who fled the horrifying scene of atrocity together, they may present with shared triggers and, consequently, shared maladaptive behaviors. For instance, a mother of a child who survived shelling reported that she had to fight her own urge to hide while trying to convince her son to look at the July 4th fireworks.

No matter the modality, such reactions need to be brought up in clinical encounters. It's important not to be afraid to open up the box with terrifying or shameful event, even as a metaphor in the course of the play session. It is the reprocessing of trauma that allows to advance towards the acceptance of the past trauma and reintegration of the individual who survived it. Victor Frankl noted about his Auschwitz experience, "The only thing that we could control was the attitude towards what was happening" (). Such "attitude adjustment", therefore, is the important aspect of the therapeutic work. Another crucial aspect is building trusting relationship with the child witness. The child can be angry at the significant adult(s) or generalize this anger to all and any adults for failing to protect him/her. The child can later depreciate the role of adults, as part of identifying with the aggressor.

Psychosocial effects of witnessing violence can be divided into three categories:

- Externalizing (aggression/ identification with the aggressor, tantrums);
- Internalizing (withdrawal, anxiousness, depression); and
- Feigning social incompetence (antisocial, avoidant behavior or amotivation).

Pervasive sense of gloom and hopelessness, anxiety, overall depression, grief, anger, fear, distorted sense of the reality and lowered self-esteem – this is just a partial list of reactions to witnessing the atrocity. One more, easily predictable, effect is the loss of control that can be manifested in different contexts, right after the exposure and as a delayed onset. Because of the activation of the mechanisms of the autonomic nervous system, displacement takes place quite frequently. Interaction can start with the minor disagreement on a playground and escalate to the full-blown flashback and the symbolic reenactment of the episode where the child felt helpless in the face of the mortal danger. Child witnesses can also behave in the aggressive manner with other kids. If not addressed, this defense mechanism of identification with the aggressor can lead to later distortions and overall normalize violence in their lives.

Another widespread aftereffect is the survivor's guilt of significant intensity. We're not to forget that preschoolers look at the world from the egocentric, and therefore omnipotent, point of view. Not unlike the feeling of own helplessness, he or she can irrationally blame themselves, "I was bad, and mother was tortured," or, "I didn't listen to the grandmother and now she's dead." They later replay the heroic or aggressive scenes, alternately blaming and redeeming themselves. This play scenarios, if co-created and interpreted by a trauma-informed therapist, are pivotal for the process of psychological recovery and healing.

One more aspect of surviving the atrocity as a witness is learned helplessness. The child who has witnessed violence or atrocity can display regression of ADLs, loss of developmental milestones and flat affect, overall loss of emotional functionality, numbness, freezing or outbursts of aggression at the time of decision making.

Witnessing sexual violence: treatment approaches

Mass reports of rapes and other types of sexual assault from the regions around Kyiv rarely mention children who weren't physically harmed but became incidental or, in many described cases, intentional witness to crime. In one report from the paramedic, children in Bucha were forced to watch their parents' rape, torture and death. In addition to the obvious psychological damage, watching rape or sexual assault leads to the distorted body

schema. Since yearly in human development, we all have the internal image of what we look like. The process of developing the inner representation of one's own body ends as late as 8 years of age. Therefore, if we are to discuss preschooler or younger witnesses, they are subject to cognitive distortions in the way they perceive their own bodies. This may have top-down, as well as bottom-up consequences.

For instance, the distorted body image can reshape their motor planning skills and control over their own body in space, feeding and elimination behaviors, specifically, constipation. Psychodynamically speaking, defecation is symbolic of a loss of a body part. Therefore, many children witnesses may regress, "unlearn" toilet training or hold the feces. One of the useful techniques in addressing voluntary withholding feces is to let the child sit on the potty in front of a mirror or otherwise involve mirror images, letting him/her observe their own body and identify feces as substance that is totally different in color and consistency from the rest of the body.

Techniques to restore the inner representation of the body include games that involve identifying body parts, restoring or developing better body awareness via labeling motions and naming body parts, mirror games, spatial awareness, weight bearing activities. Pillow fight, for example, can be a productive technique to increase proprioceptive input and overall body awareness, provided that the child allows and tolerates touch. Obtaining permission for touch allows the child to reclaim full control over his/her own body. If the child is looking for the proprioceptive input but is adamant about not being touched, there are other means of forging physical contact such as building a tent, using a weighted blanket, setting up a play area near the wall or in the corner, therefore creating opportunity for sensing the parameters of his/her own body without feeling triggered.

To reiterate, safety continues to be the overarching goal. Physical safety in the therapeutic setting and at home, creating safe space and negotiating comfortable distance between the child and others will accelerate processes of psychological adaptation and healing. From the physical safety of good locks and reliable windows to creating trusting environment where verbalizations or memories are elicited only with the child's consent at a comfortable pace, - everything needs to be aimed at the creation of a ***safe*** space in every meaning of this word.

It makes sense to discuss the issue of control in greater detail. One of the pivotal conditions to regain control would be a symbolic repair of the child's world. Dis-membering of dolls and puppets and re-membering, in a sense of reassembly and building new connections, fixing what's broken and severed in the course of the symbolic play are aimed at recreating the whole from the parts, symbolic repair a.k.a. rebirth, restoring subjective sense of control and omnicentrism. These goals can be reached by the means of puppet, figurines, and doll play, and using toys like Mr. Potato Head that allows to pull apart and then reassemble a human-like figure. Any theme chosen by the child will provide ample opportunities to act out this ritual of reassembly and symbolic rebirth. Keeping in mind the abovementioned possibility of aggressive behavior, it is important to remember not to shy away from aggressive play or disturbing scenarios generated by the playing child. It's crucial to stay with the theme offered and not to disrupt the game or "make everything alright" if the therapist him/herself is uncomfortable with the aggression. However, it is as crucial to repair everything that's been pulled apart or broken by the end of each session. Repair as many toys as possible, simultaneously involving the child into the symbolic restoration. Therefore, the therapeutic task of reassembling the safe world will be achieved.

Another important task is to create new rituals and routines, specifically, rituals and routines associated with the victim of violence, whether alive or deceased. As an example, a child who left his building at the time of the air raid and never came back nor ever saw his grandmother who'd stayed behind, gradually engaged in the memory game. We tried to identify what his grandmother looked like, what clothes she wore, what dishes cooked etc. We started to draw grandmother's portraits, restoring from memory different moments of the prewar life. Forgetting makes one feel guilty; rebuilding (and even reinventing) memories, on the other hand, is empowering.

As we work on these tasks, we do not rewrite the past but rather rebuild disrupted neural connections, reprocessing memories and modulating pain and post-traumatic reactions. Any trauma informed therapy, from EMDR to tapping techniques, can be useful now as long as the trusting therapeutic relationship continues to unfold. Additionally, the fact of mere presence of the permanent, non-threatening, safe respectful adult carries the healing properties.

The Ukraine Recovery Conference that took place in Lugano in July of 2022 introduced the term "children in early stages of vulnerability." While the proposed definition is, while understating, also too broad, it undeniably includes children who witnessed horrendous violence during the war unleashed by Russia. This paper merely scratches the surface when it comes to the tasks of clinical formulation and treatment of child witnesses, but it's important as ever to emphasize the multidisciplinary, multisystem approach. It will help the processes of comprehending specific therapeutic challenges and of successful

restoration of the sense of agency, trust, and safety for the young victims.

Conflict of interest

The author declares that she has no conflict of interest.

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