

The Insurrection on Capitol Hill: Supporting Recovery from Life-Threatening Violence

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Details of the violence that occurred during the Insurrection of January 6, 2021 continue to be disclosed as we learn more about the motivations and actions of those groups and individuals who surged through the Capitol Building in Washington, D.C. Coming after months of struggling with the destructive effects of the COVID pandemic on all aspects of American life—including economic hardships, political upheaval, racial conflict, police violence and civil unrest—there are many issues to sort through, address and resolve. Understanding the interaction between individual responses to trauma and the organization(s) impacted by the traumatic event is foundational to creating a sustained recovery for all.

There is nothing more pressing than the issue of support for the government officials and staff—including law enforcement—who experienced the attack on their lives and safety first-hand. For every person locked down in the Capitol Building, there will be a distinct and individual reaction, but the reactions will fall within the experience of trauma and traumatic stress for those who were a witness to or have been a victim of mob violence.

Government leaders must not lose sight of the necessity to recognize that surviving an incident or series of incidents that threatened harm, injury, and death places individuals at high risk for acute post-traumatic stress and post-traumatic stress disorder. This traumatic impact can also be transmitted to children and adults who were not in the building, who later learned that a loved one or close friend was in danger of injury, harm, or death.

The incidents of violence and trauma have become so common in media coverage that the symptoms of traumatic stress are widely known. For example, an individual exposed to the death of others, threatened death, actual or threatened injury, may experience emotional and physical distress when exposed to people, places, sights, sounds, or activities that act as traumatic reminders of the attack. They may avoid talking or thinking about what has happened or deny that it has any effect on their daily lives. They may feel isolated and alone even in the presence of others, have overly negative thoughts about themselves and the world, feel guilt or shame, lose the ability to enjoy work and family life. They may become more irritable or aggressive in response to situations that would not have caused them stress in the past. They may have

difficulty concentrating during the day and difficulty sleeping at night. Heightened startle reactions to loud and unexpected noises are also commonly reported.

These reactions create distress and can interfere with work as well as personal relationships. Among children, the stress, anxiety, and fear caused by exposure to life-threatening violence can lead to school avoidance, inability to concentrate in class, aggressive acting-out behavior or withdrawn self-isolation.

As school mental health professionals, the attack at the Capitol brought reminders of the impact of hundreds of school shootings on students, faculty, administrators, and staff in K-12 schools. Locked down, in fear for their lives, and witnesses to the death and injury of peers and adults, students became prey for the perpetrators. Much like our work in schools during the aftermath of targeted violence, the trauma response and recovery efforts for those in the Capitol must begin with the immediate physical and emotional needs of victims, and must extend throughout the first year and possibly longer as individual symptoms wax and wane. They will be impacted by events yet to come, daily stresses, and personal histories of past adult and childhood traumatic events. Like students, the range of personal experiences of adults in the Capitol may include being highly reactive, manifest by immediate anger, distressed, tearful, fearful, and possibly suicidal behaviors. They may also include no outward reactions at all or delayed reactions which emerge months or even a year or years later.

What is important for healing and hope after the Insurrection is that there is a fixed point of responsibility held by one or more persons who can monitor the overall and individual reactions of every adult that was in the Capitol Building on that fateful day, to provide the support and range of services that may be needed now and over the coming year. Like schools, a trauma-responsive system within the Capitol and the government is a resilience-building system that places personal safety and support at a premium, re-establishes trust in the institution, and reduces the possibility of re-traumatizing the survivors with harsh political rhetoric, inhumane expectations, and damaging neglect of health and mental health needs.

Since 2001, the Secret Service and the US Department of Education have worked on joint studies on the prevention of targeted school violence through the Safe Schools Initiative (SSI). Clearly the red flags identified by the US Secret Service, the FBI, and other law-enforcement agencies engaged in Threat Assessment were ignored or overlooked by the agencies responsible for the safety of the members of the House and Senate and their staffs. The North American Center for Threat Assessment and Trauma Response (NACTATR) built on the foundation of those early studies by overlaying human systems dynamics, that in combination with principles of behavioral threat assessment, paint a clearer picture of the multiple variables that need to converge in order for serious violence to occur.

The NACTATR approach is referred to as the Violence Threat Risk Assessment (VTRA™) model. The standard is that serious violence is an evolutionary process, no one just snaps. Suicide is also an evolutionary process, no one just snaps. As the VTRA model is also the only trauma-informed threat assessment model that focuses on the circular dynamic between trauma and violence, it

has clear relevance to understanding the diverse pathways to both violent acting out and the pathways to recovery. Referred to as the “Trauma-Violence Continuum,” this interactional process—identified in the VTRA model—is based on the recognition that while serious violence can beget trauma, trauma can also beget serious violence. Depression and suicidality are also potential outcomes as trauma can beget suicide as well. In the aftermath of tragedy, the human organism needs to experience physical and emotional safety in order to have the opportunity to process their exposure to life-threatening traumatic stimuli. However, that can only occur if the system impacted by the trauma is supportive of the range of natural human responses that should occur.

The pre-trauma functioning of individuals and the systems they work in are the best predictors of how aftermath recovery unfolds. Yet even the mentally-healthiest individuals can still experience complicated recovery if their workplace is dysfunctional. The most functional workplaces are “naturally open systems,” where leadership is emotionally in tune with all those they are responsible for. However, the pre-trauma functioning of many workplaces descends in functionality from “naturally closed systems” to the most dangerous human system of all, referred to as “traumatically closed systems”. These are workplaces where the current tragedy is overlaying a system already traumatized. In these systems, leadership consistently requires staff to deny, ignore, or distort the impact of all human responses to trauma, and failure to do so places their standing in jeopardy.

The “Trauma Response Continuum” denotes that some individuals inside Capitol Hill will have no adverse response because they did not feel threatened, or felt the “March on the Hill” was justified. Others will experience acute, intermittent, or protracted traumatic reactions because they experienced it as the “Insurrection on Capitol Hill”. Although the perpetrators felt justified in their actions, and some elected officials and their staff may have concurred, many in the mob that stormed the Capitol could not have possibly known for certain who was from which political party. Therefore, some staff and less-well-known politicians from all sides were subjected to the same terror. What will make recovery complex is those who feel they cannot be truthful about their aftermath struggles because the system they work in is denying the impact of the trauma of January 6th.

All formal governments and their affiliate groups (sub-systems) on Capitol Hill should initially be supported by mental health services that will work within their in-group to provide optimal emotional safety for their recovery, rather than attempting to provide general support for all parties at the same time. Every step in the crisis response process is meant to lower the anxiety of individuals and the systems they work in. Because the pre-trauma functioning on Capitol Hill was so emotionally intense and divisive in the years leading up to January 6th, the only way to provide timely support is for each political leader connected to the operational structures at Capitol Hill to care for their teams as members of their home “State Families” rather than from a national political party perspective.

The para-family intervention perspective noted above is essential, as the impeachment process will only further intensify the trauma response for some in Congress who will re-experience, on

a regular basis, aspects of the attack they were personally exposed to and aspects of the attack they could have been exposed to. The telling and retelling of the events of that day combined with the growing insight as to how dangerous the situation really was will create a protracted response for some that will complicate recovery. Of equal importance is supporting those who will unconsciously delay their response to the trauma until the Impeachment process is concluded. Time does not heal all wounds, and leaders must be mindful that sometimes the body takes over when the conscious brain refuses to acknowledge “I’m not OK”: as such, symptom development may manifest when least expected.

The good news! All of this can be avoided with caring and open leadership willing to allow the necessary trauma-informed care to enter the workplaces they are responsible for. Many educational systems and other workplaces have already learned, through their own violent tragedies, that appropriate mental health supports are essential to regain trust in the world and faith in the human family that inhabits it.

In closing, an article from the Harvard Business Review provided a stark reality to our times...“The simple question, ‘How are you?’ has turned into an emotional minefield...Workplaces are saturated with trauma...” To paraphrase the author of that article, “Events like the attack on the Capitol are psychological earthquakes that shatter our assumptions that the world is safe and just. They lay bare how vulnerable we are—and how little we control. PTSD is the most well-known outcome of trauma, and often presents as long-term, debilitating difficulty recovering a sense of safety and stability...” (Jamil Zaki, September 14, 2020).

Studies have shown that the majority of the survivors of mass violence such as the Insurrection will achieve a return to a “range of normal” with the support of colleagues, friends, and concerned professionals that for some will even include post-traumatic growth. Keys to recovery include:

- 1) affirming and asserting beliefs and values that healing will occur
- 2) listening to the survivors’ experiences and needs
- 3) making extra efforts to protect physical and emotional safety
- 4) reaching out to connect with survivors to express our care and concern
- 5) creating immediate and long-term supports and services to meet the changing needs over time

Democracies rely on the freedom of speech, the freedom of assembly, and the right to live unmolested. Protecting and caring for “all” those who serve is vital to the aims of a democratic republic.