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A Plague on Both Our Houses

By Matthew Carley

Abstract: Matthew Carley describes similarities between the traumas often experienced by children who grow up in poverty and the traumas that we hear about with regard to war veterans. Using his own experiences growing up as an example, Carley describes the substance abuse, physical abuse, anger, and neglect that too often are experienced by children in impoverished households. In this essay, he argues for employing on behalf of poor, traumatized children the kinds of programs and interventions that we know to be effective for veterans with PTSD.

On a warm summer evening in 1993, I reached into the pen where my pet rabbits lived. I pulled out one of the older rabbits and held him as I closed the pen. He was calm, as he'd been held often. I had raised these rabbits for a project for my school's Future Farmers of America chapter. As I walked away from the barn with the rabbit in my arms, I felt afraid. My father had not been able to maintain a job and had a habit of drinking and smoking the grocery money. I knew what I was about to do was the only way that we would have anything more than just lettuce from the garden for supper. I pulled a small caliber pistol from its leather holster at my hip and placed the barrel between the rabbit's ears, pulled back the hammer, and shot. The rabbit began to spasm as he was instantly killed; his legs kicked and the blood seeped from the hole onto his soft white fur. When he had stopped moving, I skinned him and brought him inside where my stepmother would fry him for supper for the two of us. My father drank his supper at the tavern as usual. I was 13 years old that summer. We lived in constant poverty with the question of the day often being whether we would have electricity the whole day or whether the power company come to shut it off. Killing one's pet rabbits to eat them is not in itself traumatic. The drunken rage of a failed middle-aged man smelling of beer, cigarettes, and urine, however, does form several of my more traumatic memories. These memories are shared by many children of impoverished families that will suffer silently with no intervention from anyone. They put on

whatever facade that they can muster and head off to school, hoping that they can afford school lunch. I don't know for sure if free school lunches were available for me or not, but I know personally that I did not receive them. How many kids experience the humiliation of hunger and the trauma of starvation without saying a word? Violence and hunger are only two small pieces of a much larger and more troubling puzzle for families across America. Many children, even in our prosperous country, grow up in warzone-like conditions with no help in sight. The Hunger Games have real consequences when dealing with children and families living in poverty. There are proven methods for treating PTSD in wartime veterans that have proven instrumental, both for helping the many young people who grow up in violent, unstable home environments and for stemming the tide of violence in American neighborhoods where our poorest children are coming of age.

Often when speaking of poverty, we conjure movie-like images of homeless men huddled around a burning trash barrel for warmth. This image, while accurate in some cities in the wintertime, does not accurately describe the poverty that is widespread in our nation. Unfortunately, we do not have a fine-tuned system for even determining poverty levels across the nation. The Census.gov website states, in "How the Census Bureau Measures Poverty," that "The Census Bureau assigns each person or family one out of 48 possible poverty thresholds," but the site also indicates that "The same thresholds are used throughout the United States (they do not vary geographically)" (par.4). This means that a family in a wealthy area of California and a family in a low-cost rural area of Illinois are both assessed according to the same data even though a working family's dollar buys far less on the west coast than in Middle America. Parents often must work two or even three jobs to make ends meet. Such exertion takes a terrible physical and emotional toll, which, in turn, leads to high stress home environments. Working for

twelve to sixteen hours a day, it can be difficult to then come home to young children who need love and attention.

This stress is being borne by both parents and children. The burden of caring for another person requires patience and love that I could have never understood until I became a parent myself. Now complicate this further with a hungry child. The child is simply looking for their supper and after a workday with two jobs, the parent is unable to satisfy their child's most basic need for food. This life of emotional strain unfortunately too often results in parents lashing out at children, sometimes verbally, often physically; it also often leads to substance abuse. All these factors cause more stress that leads to a traumatic experience for the child. Children are complex and simple at the same time. They want love and need care. Sadly, when a parent is not able to provide care, they too often also fall short of love and the child suffers. As the child brings this trauma into adulthood, they are more likely to follow in the footsteps of their parents in more ways than one. They will likely struggle economically as their parents did and will likely raise their children mirroring their own experience being raised. This cycle of poverty and trauma is self-perpetuating.

Studies confirm this cycle of unhealthy behaviors. Gregory M. Zimmerman and Chad Posick, in their study "Risk Factors for and Behavioral Consequences of Direct Versus Indirect Exposure to Violence," explain their findings that a child who is merely exposed to violence is more likely to act aggressively. Further, they find that a child who is the victim of violence will likely suffer the effects of trauma (2). This correlation gives us another reason to begin to explore ways in which we can begin to help break the cycle of violence in these impoverished communities. Zimmerman and Posick describe the disturbing realities of being shoved, punched,

kicked, shot, shot at, or chased (3)—disturbing realities for too many adults, let alone the number of children that struggle with these conditions.

The trauma suffered in violent, impoverished upbringings here in the U.S. is similar to the PTSD suffered by many returning veterans. I spoke about this with a friend who had spent time serving in a combat capacity in Iraq. We discussed his having to cope with the emotions brought about by discharging his weapon in the line of duty. More emotionally charged for him was when he recalled to me his experience leaving the violence of the warzone and returning home only to find that many felt that the efforts in Iraq were pointless. Once home, he heard every noise as an incoming attack, every barking dog signaling an IED. He discussed how simply passing through an underpass without scanning the top for insurgents is something that took the longest to shake off. He explained that the insurgents would hide atop the underpass and drop grenades onto their vehicles and that he had to work through that trauma.

Children who grow up in violent homes and communities share similar experiences. Some hear fireworks and will hit the ground fearing a drive-by shooting. They hear yelling and instantly enter a fight or flight state as they seek to avoid a confrontation that they know could cause them harm. These experiences often lead to PTSD in both soldiers and children who endure similar exposures to violence—in the case of the poor children, often unreported. Symptomatically, trauma from the experience of violent situations is the same. There is no trauma Olympics, and no one can judge the traumatic experience of others. A soldier in a casualty-heavy situation and a child being beaten by a drunken parent out of frustration are both situations that would cause almost anyone to have a serious trauma response.

Trauma shows itself to be a long-term multi-generational problem. This is illustrated through a study by W. Patrick Sullivan and Vincent R. Starnino titled “Staring Into the Abyss.”

They pose in their study that those affected by trauma will suffer both spiritually and morally, fighting through loss of trust accompanied by shame and guilt (1). Sullivan and Starnino also make a great point saying that other more outwardly negative symptoms like anger and withdrawal will get in the way of finding ways to forgive themselves and others as they try to heal and move through life (1). These symptoms are measured in wartime veterans, yet these same symptoms have been measured among PTSD sufferers in general. Yann Auxéméry notes in his study on posttraumatic stress and genetics that there is a genetic component as to why some people are more likely to develop PTSD than others. Auxéméry asserts that “A posttraumatic stress disorder is never just a coincidence. The different stages of the evolution and the establishment of a PTSD are the expression of an interaction between the outside and the inner self.” This reinforces the cycle that is linked between poverty and trauma, as not only behaviors, but genes are passed on, so both nature and nurture contribute to the intergenerational pattern of violence and trauma.

Identifying symptoms is of course easier than alleviating them. Programs exist that are focused on treating wartime veterans to help them recover from experiences they had during fighting in foreign wars. The horrors that are experienced daily in those situations are sadly not unlike the headlines about inner-cities from a big city newspaper. Knowing that the experiences are similar for these children and our soldiers, the programs used to help soldiers could fundamentally change these children’s lives as well.

Programs for veterans absolutely change lives. They reduce violence, substance abuse, and suicide in a very vulnerable and often ignored community. Some are as simple as support groups seeking to create relationships between veterans that share similar experiences in hopes that this new bond will help them begin to unload the burden their PTSD symptoms have placed

on them. Other programs, like the one carried out by Taylor Hooker et al, involve therapeutic adventures, like taking veterans out for a river rafting trip (1). They were able to separate the veterans from their environments at home and get them to focus more on their immediate surroundings and improve their depressive symptoms and even improve their outlook concerning the meaning in their lives (2). These programs could be easily adapted in a camplike situation for children. Imagine being a child who fears their walk to school being able to wake up with no fear and walk outside and see the natural world. What a foreign concept that must be to not be able to see evidence of civilization after living in an inner-city neighborhood--taking a child who has never been on a vacation out of their troubled home environment and showing them the world beyond the boundaries of their town or municipality. I have heard it said that beside every locked door is a pane of glass, meaning that the locks are there for those who are following society's rules not to break the glass. We need to give these children the tools to break the glass in their lives that is holding them in these artificial prisons of violence and show them there is life outside of their constructed parochialism. These programs exist, as does the need. With some effort and interest, there is no reason that the established programs cannot be modified to go beyond their intended boundaries of VA assistance.

Part of the problem we face is identifying the effects of trauma. Victims of trauma often do not understand the cause of the symptoms that they are experiencing. They will misattribute the depression and anxiety to different factors in their lives, often shrugging it off as a bad day and hoping it will pass. Sadly, PTSD does not just pass, in most cases, unless a person takes active steps to make changes and address the underlying causes. The reality is that even when confronted with PTSD, most people do not understand what it is or where it may come from. A study from Juliette M Harik et al concluded, "People with PTSD symptoms lack knowledge

about the disorder, especially regarding effective treatments” (par.4). The study cites that most people could identify a traumatic event at a mean rate of 72.2% respondents. The real issue is not identifying what trauma is; it is the fact that only a mean of 62.3% of people identified symptoms of PTSD correctly and a paltry mean of 37.9% of people knew of effective treatments. These disturbing statistics show that even when people are suffering, more than half of them have no idea where to start looking for care. This makes active treatment programs much more important. Outreach can find and inform people who needed services and were previously oblivious as to where to turn, helping them in their battles with actively symptomatic post-traumatic stress disorder. With so many opportunities to get help in our society, the obvious shortfall is connecting the resources with those who need help.

Veterans’ groups and different veteran support organizations have done an amazing job at making sure our military veterans have the resources they need in an easy-to-understand format. Groups like Wounded Warrior Project, Project Odyssey, Help for Heroes, and Red, White, and Blue are just the tip of the iceberg of resources. Some of the resources are made available through public funding and some operate solely off private donations. These are all separate from the programs offered by the Department of Veterans Affairs.

We have, similarly, ample services for traumatized children, but not as much outreach or as much awareness of what children to reach out to. In Champaign IL, twenty listed mental health practices will see children, but only three of them accept Medicaid insurance. Our future leaders, soldiers, and innovators are currently children. If as a society, we shift from crisis management to proactive interventions meeting children where they are, communities begin to benefit. Lower crime rates will cut costs for law enforcement and jails and prisons. Mentally healthier families mean more productive employees, resulting in more money in tax revenue

through consumer spending and business success. These are only a few upsides of looking at the model of outreach for veterans' programs and reimagining those effective systems to help our future look brighter.

Powerful solutions for powerful problems are what these programs offer. Purely based on my own experience, these children need help. At seven years old, I was sexually abused by a boy who was both known and trusted by my family. I carried the pain and hurt of that experience and moved through life embarrassed about who I was. This was compounded by my experiences with the few years I lived with my biological father. These problems did not disappear in the breeze; they did not just go away. The pain I felt was real and I had no way to truly experience that pain in a way that led me to deal with the trauma. I was fortunate enough to have someone in my life who loved me through the pain until I found out what it was. In 2018 my symptoms became crippling and prevented me from functioning on almost every level. I was put into inpatient care three times in a respite center for group therapy and treatment. When my symptoms reached their apex, I was a father and primary provider for my three children and my loving wife. In this process, I decided to take my own life, as it seemed like the only way to stop the pain I felt constantly. From the age of seven years old until I was thirty-eight years old is a long time to carry the weight of abuse, humiliation, and self-blame. It was then that my wife took me to get acute treatment. I was hospitalized for three days in an inpatient psychiatric unit at a local hospital. The steps I have taken have not been easy and the path is far from straight. We have made hundreds of phone calls and spent countless hours researching where to find help. Once again, there were a lot of places to call, and no one would accept me as a patient because I had Medicaid as my insurance. My story is not unique.

With so many options potentially available, the starting point can be anywhere. As a society we simply need to begin to making investments in our communities. The current pathways for the care of PTSD are complicated and full of roadblocks even when a person living in poverty is eventually able to find the resources they need. This can lead to frustration and fatigue for the person who is already exhausted by searching for help with an already difficult disorder. With so much at stake, I would like to think that any person, when confronted with the wellbeing of a child and their family, would act to help. Our veterans are heroes and, undeniably, a national treasure. Raising awareness that veterans are not the only ones who deal with PTSD could help a child in need be more willing to accept some help. Most kids like to pretend to be soldiers at some point in their playtime; the men and women of our armed forces can also serve as some potentially amazing role models, including as role models for confronting PTSD. As with the Capulets and Montagues, if we fail to see or understand the struggles that are unfolding right under our noses—possibly among those we go to school with or work with—there can be real life or death consequences.

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