

CYBERTRAUMA



What does cybertrauma look like when it enters the therapy room?

Cath Knibbs offers practical examples and pointers to help us think about how cyberspace can be the unnamed source behind presentations of trauma, acute anxiety and developmental issues

I have been researching cybertrauma. This covers various aspects of trauma-based referrals that are connected to the use of, and interaction in, cyberspace. Cybertrauma is a large area encompassing extreme, violent and graphic material, sexual content, bullying, stalking, grooming and exploitation. I will describe only a small number of examples in this article due to space constraints, but hope to help us think more about what might be going on for our young clients. (All the vignettes are a mixture of clients both real and fictitious to protect confidentiality and identities.)

Cyberbullying

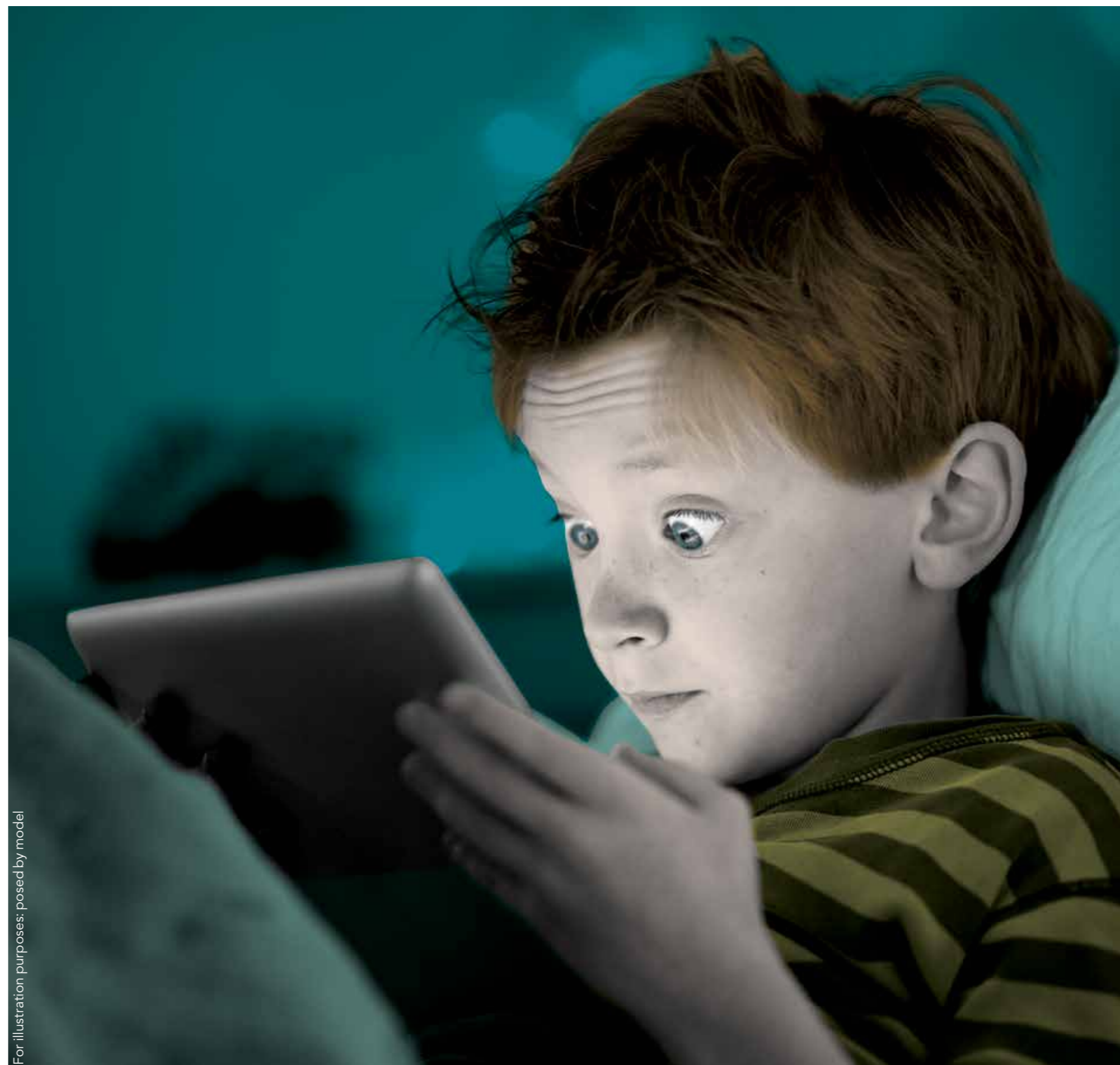
Chloe is in high school and 'knows for sure' that people are writing negative things about her on the internet, which means for her that 'everyone will see it!' She stresses the everyone – and she is correct to some extent, as technically anyone can see what has been written about her if they know how to use social media. This is cyberbullying. Cyberbullying is rife on the internet and via mobile phone, and most young people will experience it at some time.

It is a huge and traumatic issue for Chloe and not at all a grandiose view to take when you consider the scenario. I myself cannot comprehend fully what this is like for Chloe or anyone else. I'm sure Chloe is struggling too. Anyone that you care to think of is capable of seeing this information. How would that be for us to have some information about us in a space that is infinite by definition and a place we have no control over? Currently, in the UK, cyberbullying is a crime, but one that is not easily prosecuted. Police are often called into school to warn perpetrators – the best they can do. Chloe is lost for words about how to describe this. This space that we cannot see, touch or

hear, feels as big as the universe to Chloe and other young people. She is traumatised by what has happened.

Chloe works in the sand tray and shows me the space that surrounds her. The sand tray isn't big enough to accommodate all of the people who see this information. It's not big enough to contain her worry about what people think of her. People in the sand tray can shout to people outside of the sand tray about 'the things they've read about me'. She is upset, saddened, and despises this. She tells me she is not 'a drama queen' (one of the things written about her). She uses the word 'numb' to describe this large space that's both empty and full (of people) at the same time. This space follows her around and is in her head. It's large and heavy. She doesn't like herself and feels 'they must be right'. She is angry, ashamed and overwhelmed and feels as if she cannot express this to an adult: 'They don't understand what it's like. They say just ignore it, and it's like, you know, not as easy as that.'

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For illustration purposes: posed by model

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Whenever she is alone she thinks about what has been written. It intrudes into her brain. She feels numb again. She takes a blade (the most commonly used one is from a pencil sharpener, freely available in schools) and she cuts her skin. She knows where to cut and how deep to go because she's searched online and read up on aftercare. This is the very space that causes her anguish but is the space that provides a solution to it. However, now she feels something, and this is her way to express herself. When someone sees the visible scars in school, negative virtual comments and gossip start the cycle again.

Chloe is a victim of cyberbullying and is also part of recent statistics: 12 per cent of bullying is carried out online rather than face to face. Even though this is a fairly small percentage in terms of an actual figure, it is on average one in every 10 clients and this figure has increased since last year.¹ In other research, the figure is put at 21 per cent.²

The important thing here is that the vignette of Chloe is based on referrals for self-harm that were not initially linked to cyberbullying. Only after some time in the room, and an exploration of the client's reasons for self-harming behaviour, has it emerged that cyberbullying seems to be the cause. Are we, as therapists, missing this by not initially asking questions about cyberspace or cyberbullying? It strikes me as a form of bullying that has increased in occurrence over the last few years and is not yet fully understood by some of us working with children. The concept of the bullying being permanently in print, recyclable and accessible to any and all other bullies means that it is a longer-lasting form of intrusion, terror and hurt for these young people, and I feel that we need to provide a space that holds our clients and contains this. Metaphorically, our therapy walls need to be 'cyberproof'.

Gaming, cognitive development and night terrors

Eddie is five years old. He presents with bereavement issues and seems very sad. He makes a town in the sand. There are zombies – 'loads of zombies get cut in half and then they get you', 'the zombies are baddies that you shoot', 'sometimes these zombies are in my dreams and they are scary'. Eddie introduces a few toy cars to the story and explains: 'These are stolen off a mister that I just shot.' He tells me this car is one he designed at home on his Xbox. He tells me it's a Bugatti and that when he stole it, he drove over some people to get away. Eddie has used his sand tray story to tell me about two games that I instantly recognise – a parallel with the storyline of *Call Of Duty: Nazi Zombies* and *Grand Theft Auto*. These games are rated PEGI 18. In our next session, Eddie draws a picture. It is orange and green, and words like 'scream' and 'scary' and 'die zombie' are scribbled on it. He tells me this is what his dreams are like. He doesn't like the zombies and they make scary noises.

Sam, nine, has a different story to tell. He is really good at drawing. He presents with family issues and as we work together, he draws me his favourite cartoon character. This character is a 'Digimon' (similar to a Pokémon) and it's called 'slice and dice'. It holds a hammer and knife in its hand. Sam explains that this is to protect him from the animal that has a forked tongue coming out of its mouth and makes a sound like this... (he makes the most horrific and terrifying noise). I am genuinely shocked, and yet I know that I have heard this somewhere before; I just can't place it as we work together. I say that I think the noise is scary and that I feel scared like he does. As we explore the noise and what this 'animal' might be doing, Sam says, 'It looks like this,' and draws the animal so accurately for me that I instantly recognise

where I heard the noise – 10 years ago on a PlayStation game. Sam says that he's watched his dad play this game and he doesn't like it, although he only saw glimpses of the animal on the screen. He tells me that when he goes to bed he can hear his dad playing the game and he can hear the noise the animal makes. Sam cannot and does not understand that this animal is fictional. Moreover, as we spend more time in the room, Sam draws other fictional game and horror movie characters. All from 18-rated material.

Useful pointers to identifying where background cybertrauma may be an issue

- 1 Ask parents/clients about the client's use of cyberspace at assessment, whatever the presenting issues, but especially where trauma with a small or big T seems present in order to learn about a client's relationship with cyberspace. Is it daily? Is it into the night? Which applications does the client use and how (eg Xbox, Facebook etc on a computer/phone/tablet)? This is important because Facebook on a phone will automatically play videos in the newsfeed unless settings are changed.
- 2 Ask parents how many 'friends' the client has on social media and if they know which sites/apps the friends use. Friends are about popularity, but ignore safety. This can be very important for client safeguarding because children add unknown people to increase their so-called popularity.
- 3 Ask the parents/carers about whether the privacy filters/settings on the house computer/tablets are set to block adult content – again, for safeguarding reasons and access to underage material.
- 4 In general conversations about cyberspace, ask clients about the kinds of thing they see or the games they play. It can create rapport between you and the client, but also provides knowledge about what they do in this space.
- 5 Research these games yourself so that you are able to chat intelligently with the client about the content.
- 6 Research 'text speak' and trends in order to better understand the client's world and what they might be referring to. Some acronyms and words are common at certain ages and nuances of their external world. Words like 'sick' do not mean ill in the 9+ world, and acronyms change regularly (try www.netlingo.com/acronyms.php).
- 7 Use social media and/or the apps for yourself so that you can learn what they are like and do. Learn about their privacy settings too.
- 8 Do not get a child to show you how to use these in a therapy setting – for ethical and safeguarding reasons.

Sam and Eddie are both traumatised and terrified to go to sleep at night, and their worries and anxieties are linked to material they have seen in inappropriate and age-restricted games. This does not come as a surprise to me. In both of these cases, I am left with ethical questions about the use and viewing of these games and the clients' ages. However, society seems to have made this an acceptable situation, with many parents claiming that this is normal and keeps their children quiet. Or perhaps the truth is that pester power has overcome their common sense or they wish only to silence the nagging. Furthermore, it seems these games and consoles are used as rewards for good behaviour or doing chores. This means that I have to go against the grain of society's seemingly entrenched belief that it's just a game, they know it's not real, what harm can it do? I have had to speak with the parents about the use of this material in the home and offer some education around the possibly traumatic impact this is having on their children – these games are not suitable for the children, nor is it OK for them to be bystanders or distant listeners. These clients are cognitively and developmentally unable to tell what is real or fantasy, and, due to the increasing technical skills of the gaming industry and enhanced computer-generated images (CGI), I will also suggest that this is going to be visually harder for even adults to distinguish from reality in future.

What is really interesting about these two boys is how a normal element of child development for both ages, ie becoming scared of, and resolving, scary thoughts and feelings at night, has seemingly evolved into a new level of terror that includes disturbed sleep patterns and anxiety about the games' content – it is obviously horrifying for a five year old to see and hear a zombie being shot in half and still crawling towards the camera. Our job as therapists is somewhat terrifying too, helping to sort out a type of trauma and damage that never used to occur from picture book reading.

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I now wonder if the fear and stress response may have changed for these children who are witnessing these images in today's virtual reality – and how this compares to what older people witnessed before the development of the games console. What is it like to be a four, five or six year old seeing these images? What is it like for a slightly older child, cognitively more aware, with a well-developed imagination and possibly a greater understanding of death, to watch or play these games? And worse, in many of these games, death itself is not the end, as there is the ability to 'respawn' (come back to life elsewhere in the game) or 'glitch' (cheat death in some way). Many of my clients have said that their understanding of life and death is that 'you respawn' or 'find a glitch to help'.

Child sexual exploitation (CSE)

The rise of social media use by young people, especially synchronous applications that offer instant responses such as Snapchat, Kik (17+) and Omegle (18+), has meant that the level to which they are exposed to sexual material can be very high, unless restrictions are put in place. Many adults – parents, teachers and other professionals – are not as aware or as tech-savvy as young people, and many do not know how to do this. Young people use these apps and behave as they normally would among friends. They take risks, and react very quickly instead of waiting and then responding. This is quite normal behaviour for adolescents, but in a world that is not inhabited solely by other adolescents, the worrying aspect about these apps is that the technology can be misused by hebephiles and paedophiles to exploit young people sexually. In turn, this is leading to a rise in clients who are being referred to us for the

aftermath of sexual exploitation. Clients can be reluctant to disclose about this, due to the shame, blackmail and safeguarding issues that are attached to it. Recent media coverage of Operation Yewtree and the Rotherham scandal highlights the 'taboo and distanced' approach of professionals to this subject matter. CSE via cyberspace is a new area of investigation and as such there is limited information that we as therapists can share at this stage.

Jane and John are both primary school children and have been exploited in and via cyberspace. Their work in the therapy room mirrors that of the process of grooming: they expect that soon they will have to 'do something' for an adult – perhaps there will be blackmail and a threat to those they love. They expect that their story will be shared, and I suppose I am indeed doing that very thing as I write this article, except that they are disguised and unrecognisable composite clients. Sexual abuse that occurs via a webcam, phone camera or any other method, eg explicit videos and images being shared, is abusive and intrusive in a different way to that of the physically abusive touch. This makes it difficult for a child or parent to comprehend what has actually happened. Some professionals involved have appeared to take an attitude of 'Well, what was actually *done* to this child?' In the therapy room, I wonder how this feels for the child. The act of child sexual abuse is one that brings about its own transference in the therapy room and I ask myself at what level this changes when it's happened via a space that can be considered real, virtual (generated by a computer or hypothetical) and not real all at the same time. But nonetheless, when CSE enters the therapy room, even hidden behind another presenting issue, we need to remember that it is equally traumatic for the child.

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References

- 1 Livingstone S, Haddon L, Vincent J et al. Net children go mobile: the UK report. London: London School of Economics and Political Science; 2014.
- 2 www.ditchthelabel.org/downloads/Annual-Bullying-Survey-2013b.pdf



For illustration purposes: posed by model

How do I look?

Nick Luxmoore explores the importance of a counsellor's physical appearance. Can the erotic transference become idealised or demonised and thus unavailable for discussion?