**被父母囚禁虐待的孩子能重获新生吗**

[**http://www.kekenet.com/read/201801/539577.shtml**](http://www.kekenet.com/read/201801/539577.shtml)

The California case in which 13 siblings were found imprisoned at home earlier this week is shocking, but not without precedent. Lurid cases have come to light over the years of children locked in closets and basements, held captive by parents who have crumbled under the weight of drugs, extreme religious conviction, personality disorders or their own abusive backgrounds.

本周早些时候加州发现13名兄弟姐妹被囚家中一案令人震惊，但并非没有先例。这些年一直有儿童被关在储藏室或地下室的骇人案件遭到曝光，孩子们被深受毒品、极端宗教信仰、人格障碍或自身虐待历史影响而心理崩溃的父母囚禁。

The good news, trauma experts say, is that recovery is indeed possible. Victims can reclaim their lives.

但好消息是，精神创伤专家称康复是十分可能的。受害者可以重拾自己的生活。

“The clinical data is encouraging,” said John A. Fairbank, co-director of the National Center for Child Traumatic Stress. “There are good treatments available for children seriously abused and traumatized.”

“临床数据是乐观的，”美国国家儿童创伤应激中心(National Center for Child Traumatic Stress)联席主任约翰·A·费尔班克(John A. Fairbank)说。“对受到了严重虐待和创伤的儿童有很好的治疗方法。”

In particular, said Dr. Fairbank, a professor of psychiatry and behavioral sciences at Duke, good results have been shown with a relatively short-term cognitive behavioral therapy tailored for trauma patients, an approach developed in the early 1990s but widely disseminated in the last 15 years.

作为杜克大学精神病学和行为学教授的费尔班克说，尤其是相对短期的针对精神创伤病人的认知行为疗法表现出了良好成效，该疗法研发于90年代早期，但在最近的15年才得到普及。

A significant hurdle to recovery for the California siblings and children in analogous situations, said psychologists, is that their captors were not stranger-kidnappers but their parents.

但心理学家表示，对于加州的这些兄弟姐妹以及有着类似情况的儿童来说，康复过程的一个巨大障碍是，囚禁他们的并非陌生绑架者，而是父母。

“In doing the healing work, you look at what the patient’s support systems are, “ said Priscilla Dass-Brailsford, a trauma psychologist and an adjunct professor in the department of psychiatry at Georgetown University. “The biggest supports are parents and family. These kids don’t have that. The parents were the aggressors.”

“在进行康复工作时，要找出病人的支持系统是什么，”乔治城大学(Georgetown University)精神病学系副教授、精神创伤心理学家普利西拉·达斯-布雷斯福德(Priscilla Dass-Brailsford)说。“父母和家庭是最重要的支持。但那些孩子们没有这些。他们的父母就是侵犯者。”

Experts interviewed for this article, who underscored that they had no direct knowledge of the California case, said that because the siblings’ primal assurance of unconditional love and safety had been ripped away, they would almost certainly struggle to trust and attach to future supportive figures.

在撰写本文时采访的专家强调，自己对加利福尼亚一案并非直接知情，并表示，由于这些兄弟姐妹被剥夺了无条件的爱和安全这一首要保障，他们在与未来的支持对象建立信任和亲密关系时基本上肯定会遇到困难。

“The notion that this was done by parents increases a child’s helplessness and hopelessness,” said Nora J. Baladerian, a Los Angeles psychologist who often treats traumatized individuals.

“知道这是父母的行为这一点增加了孩子的无助和绝望，”洛杉矶一名经常治疗精神创伤病人的心理学家诺拉·J·贝拉戴里安(Nora J. Baladerian)说道。

Dr. Dass-Brailsford compared the 13 siblings’ situation to that of prisoners of war, who have been deprived of food, freedom and sufficient nurturing.

达斯-布雷斯福德拿这13个孩子的情况与被剥夺了食物、自由和足够照料的战俘做了比较。

“One glimmer of hope is that they did not go through this alone,” she said. “Prisoners of war are isolated as part of their torture. These children at least had each other.”

“还有一线希望，那就是他们并不是独自经受这一切的，”她说。“作为惩罚，战俘是被隔离的。而这些孩子们至少还有彼此。”

Before formal therapy can begin, the siblings must be placed in a safe, nurturing environment where kind treatment will be a positive constant they can rely upon, experts said. They added that keeping as many siblings together as possible would be important, to sustain their bonds.

专家表示，在正式治疗开始之前，一定要先将这些孩子安置在一个安全并被悉心呵护的环境中，让温和的治疗成为一个他们可以依靠的正面常态。并补充说，让尽可能多的兄弟姐妹们待在一起对维系他们之间的纽带是很重要的。

Daniel L. Davis, a forensic psychologist in Columbus, Ohio who has treated victims and perpetrators and evaluates children for juvenile court, said that there is not one behavioral model that adequately describes a typical parent perpetrator.

一位在俄亥俄州哥伦布市少年法庭治疗受害者和施害者的司法心理学家丹尼尔·L·戴维斯(Daniel L. Davis)表示，没有哪一种行为模型可以完全概括出典型的父母施害者。

“There are risk factors, certainly,” he said. A list might include a prior history of abuse, domestic violence, and a cluster of personality disorders such as antisocial personality disorder, borderline personality disorder and narcissistic personality disorder. Such people, he said, might be overly emotional, unpredictable, manipulative and exploitative.

“当然，是有风险因素的，”他说。其中可能包括虐待或家庭暴力前科，还有比如反社会型人格、边缘型人格、自恋型人格等一系列的人格障碍历史。他说，这些人可能会过度情绪化、难以预测、控制欲或是剥削欲过强。

But like other trauma experts, Dr. Davis emphasized that children can be remarkably resilient. He treated an elementary school-age boy whose parents had kept him locked away for such a long period that the child showed significant developmental delays. “But with intensive treatment and real effort by a support team, his growth was impressive,” said Dr. Davis. “His parents were sent to prison.”

但和其他精神创伤专家一样，戴维斯强调儿童有着惊人的适应力。他曾治疗过一个被父母锁了很长时间以至于表现出严重的发育迟缓的学龄男孩。“但经过支持团队集中治疗并作了十足努力后，他的成长十分出色，”戴维斯说。“他的父母被送进了监狱。”

Other examples of children locked away from society by parents do occasionally emerge. A documentary “The Wolfpack” tells the story of seven siblings isolated in a Lower East Side apartment by their father. In 2015, three siblings were found locked by their parents in a urine-and-feces infested room in Spotsylvania County, Virginia. That same year, a teenage girl in Murfreesboro, Tenn., was also discovered having been locked in her bedroom for months by her parents, who had allowed her three siblings to travel at will.

偶尔也出现过其他一些孩子被父母隔离在社会之外的案例。纪录片《狼群》(The Wolfpack)讲述了七个兄弟姐妹被父亲隔离在下东区一个公寓里的故事。2015年，在维吉尼亚州斯波特西瓦尼亚县发现了三个兄弟姐妹被父母锁在一间充满屎尿的房间里。同一年，在田纳西州默弗里斯博罗市发现了一个十多岁的女孩被父母锁在卧室里数月，她的父母允许她的三个兄弟姐妹随意出行。

Dr. Davis said that while poverty is an element in many cases, it is certainly not a signature characteristic; indeed in the California case, the family lived in a middle-class neighborhood and the father, David Allen Turpin, had reportedly once been employed as an engineer. But poverty-afflicted situations may come to light more often, Dr. Davis noted, “because the perpetrators don’t have the resources to keep shielding from public scrutiny.”

戴维斯博士表示，虽然贫穷是很多案例中的一个因素，但它肯定不是标志性特征。事实上，在加州的这个案例中，这家人住在一个中产阶级社区，据说父亲戴维·艾伦·特平(David Allen Turpin)曾做过工程师。但是，戴维斯博士指出，贫困导致的情况可能更容易被发现，“因为犯罪者没有足够的资源来避免公众监督”。

Formal treatment begins after children are placed in a secure home and assessed for trauma-related symptoms, including post-traumatic stress disorder. They may be unwilling or unable to describe their experience. Nightmares may roil them. The slightest trigger — the rattle of keys, for example — might send them into a hysterical tantrum. They may seem hyper-aroused or vigilant, ever alert and cringing, braced to flee or fight. Younger children may act out the trauma as they play; for others, the emotional pain may be so overwhelming that they seem numb.

孩子们先要被安置到一个安全的家中，评估与创伤相关的症状，包括创伤后应激障碍(PTSD)，之后才开始正式治疗。他们可能不愿意或无法描述自己的经历。噩梦可能会困扰他们。最轻微的触动——例如，钥匙的响声——可能会让他们爆发歇斯底里症状。他们可能会极度亢奋或警觉，始终警惕而畏缩，随时准备逃跑或对抗。年幼的孩子可能在玩耍时都会表现出创伤；另一些孩子可能遭受了巨大的情感创伤，显得有些麻木。

“But the majority of these children can bounce back, “ said Anthony P. Mannarino, director of the Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital in Pittsburgh. “I’m not saying they’ll forget it but they can find a way to go forward.”

“不过，大多数孩子都能恢复过来，”匹兹堡阿勒格尼医院(Allegheny General Hospital)儿童和青少年心理创伤中心(Center for Traumatic Stress in Children and Adolescents)的主任安东尼·P·曼纳里诺(Anthony P. Mannarino)说，“我不是说他们会忘记，但他们能找到前进的道路。”

Dr. Mannarino is a co-developer of trauma-focused cognitive behavioral therapy (TF-CBT). The typical treatment, he said, is 12 to 16 sessions.

曼纳里诺博士是创伤性认知行为疗法(TF-CBT)的联合开发者。他说，治疗一般需要12至16个疗程。

First, a therapist works with a child to manage terrifying thoughts and feelings about the experience. Next a therapist helps the child gradually discuss the trauma.

首先，治疗师帮孩子控制关于那段经历的可怕想法和感受。接下来，治疗师引导孩子慢慢讨论创伤。

“Those memories are really scary,” Dr. Mannarino said. ”Maybe the parents said, ‘You deserve what you’re getting, it’s your fault,’ and the child may have internalized shame. Helping them talk and processing that distortion gives them a chance to understand that they are not to blame.”

“那些记忆真的很可怕，”曼纳里诺博士说。“也许他们的父母说，‘这是你应受的惩罚，这是你的错’，羞耻感可能已经在孩子的心里扎根了。帮助他们谈论和处理这种扭曲的想法能让他们有机会明白，那不是他们的错。”

Finally, TF-CBT involves the child’s new caregivers. “We work with them to understand that the child’s behavior expresses what happened to the child, as opposed to who they really are,” said Dr. Mannarino.

TF-CBT的最后一步需要孩子新看护人的参与。“我们帮看护人们明白，孩子的行为是他们遭遇的表现，不是他们的真实性情，”曼纳里诺博士说。



Of numerous therapies developed to address traumatized patients, TF-CBT is one of the most studied. In a 2004 randomized, multisite study published in the Journal of the American Academy of Child and Adolescent Psychiatry, 203 children between eight and 14 who had symptoms of PTSD related to sex abuse, and their caretakers, were randomly assigned to TF-CBT or “child-centered” therapy — a talk therapy model often use in rape-crisis or sex-abuse treatment centers. TF-CBT patients showed significantly more improvement in markers such as PTSD, depression and behavior.

在治疗创伤患者的诸多疗法中，TF-CBT是最受关注的一种。在《美国儿童和青少年精神病学会期刊》(Journal of the American Academy of Child and Adolescent Psychiatry)2004年发表的一项多地点随机研究中，203名8至14岁具有性虐待创伤后应激障碍症状的孩子和他们的看护人被随机分配采用TF-CBT疗法或“以儿童为中心”的疗法——后者是强奸危机中心或性虐待治疗中心经常使用的一种谈话疗法。采用TF-CBT疗法的患者在创伤后应激障碍、抑郁和行为等指标上的改善更为明显。

Dr. Baladerian hoped that not only would the California family receive sufficient services, but that “the attention will also help other victims whose cases might not have been attended to with such alacrity.”

巴拉德里安博士不仅希望那个加州家庭能得到足够的服务，而且希望“人们的关注也能帮助那些没有得到如此密切关注的案例的受害者”。