Minnesota Psychiatric Society

Improving Minnesota's mental health care through education, advocacy, and sound psychiatric practice, and achieving health equity.

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The scenes emerging from Minneapolis are not contained by geography or time. They are collective experiences that settle into communities, families, and nervous systems—especially those of children—whether we consciously recognize it or not.

Community-wide traumatic events do not impact individuals in isolation. They cascade outward, overwhelming those directly exposed, reactivating earlier trauma in vulnerable populations, and embedding themselves into the developmental environments of children who lack the cognitive or emotional tools to understand what they are witnessing. For children, exposure to violence—whether in the streets, through media, or through the distress of caregivers—can fundamentally alter their sense of safety, trust, and predictability in the world.

As psychiatrists, we are witnessing this trauma unfold in real time. We are present for the immediate psychological injuries, but we will also be present for the quieter, longer battles that follow—those without headlines or public attention. These future struggles will be fought in exam rooms, classrooms, and homes, as children attempt to make meaning of fear, loss, and instability that they never chose. Our aim is to reduce the lasting casualties of this collective trauma.

Renee Good's violent death was witnessed directly by dozens and indirectly by millions. Thousands have been exposed to aggressive enforcement tactics across Minneapolis and the surrounding region, creating a population of witnesses that includes children, families, healthcare workers, educators, and community members simply living their daily lives. Children in these environments absorb not only the violence itself, but the fear in adult voices, the disruption of routines, and the sudden realization that authority figures and public spaces may not be safe.

We know the psychological consequences of bearing witness to violence. Anxiety, depression, sleep disturbances, hypervigilance, and hopelessness increase across populations. For children, these symptoms may appear as regression, behavioral changes, difficulty concentrating, emotional numbing, or increased aggression. Early exposure to chronic stress and fear has the potential to alter brain development, stress regulation, and long-term mental health trajectories.

Many of our patients believed they had escaped indiscriminate violence, only to confront it again. For children in these families, the message received is devastatingly simple: nowhere is safe. That realization can shape the developing brain, affecting how children relate to others, regulate emotions, and imagine their futures.

Beyond those directly impacted, a secondary trauma is unfolding as Americans across the country are repeatedly exposed to violence through media and politicized narratives. Children are not immune to this exposure. They overhear conversations, sense division, and internalize fear even when adults believe they are shielded. When communities fracture into mistrust and opposing narratives, children often experience confusion, moral injury, and a fractured sense of belonging.

This erosion of trust—between neighbors, institutions, and generations—has the potential to persist for decades. Long after physical remnants of unrest are removed, the psychological imprint will remain, especially for children whose formative years are shaped by fear and instability. These are the battles that clinicians, educators, and families will continue to fight long after public attention has faded.

As psychiatrists, we want communities to understand that proximity is not required for harm. Exposure alone is enough. The mental health of adults and children alike is vulnerable in moments like this, and the effects may not be immediately visible. Even the children of tomorrow—those too young to remember the images—may carry the consequences in ways we do not yet fully understand.

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