but military personnel believe that the mission would most benefit by keeping the soldier with his or her unit. Trauma during wartime is common, and what would happen if all soldiers experiencing trauma were allowed to go home? On the other hand, a central social work value is that of self-determination. Should the individual be allowed to decide when the trauma is severe enough that he or she should be allowed to leave the unit? Similarly, the value of the preservation of life can cause a struggle. A primary function of a military social worker is to help service members be healthy enough to stay with their unit and be in harm's way. This can go against the value of preserving life. But on the other side, the military mission's primary goal may be the preservation of many lives. Confidentiality poses another ethical consideration for military social workers. A social worker must weigh the importance of keeping a soldier's concerns private with a commander's need for the information. An individual's mental health status can directly relate to his or her ability to perform during battle, and can thus be important to unit safety (Simmons & Rycraft, 2010).

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Terrorism and other types of human-made and natural disasters can impact social workers' lives in much the same way they affect other people. Social workers are at risk of being victims of terrorism or of natural disasters to the same degree that other people are at risk. Social workers experience fear and anger, as others do. When a disaster hits an area, how do social workers respond as professionals rather than as members of the community who are being affected by what is going on around them? If a social worker's home is destroyed in a flood, how does he or she put the trauma aside, at least for a while, to be fully present to address the needs of clients?

Living in the post-9/11 world challenges social workers to examine their personal values and ethics and how social work values and ethics fit into this changing world (Ellis, 2006). Social work has taken a leading role in helping victims of the terrorist attacks and other human-made disasters, but what about the perpetrators? This issue comes up in a number of social work practice areas, but it may be particularly acute when addressing something as large and devastating as the 9/11 attacks.

Since 9/11, there has been a good deal of discussion about profiling and whether it is discrimination. Profiling involves giving added scrutiny to certain populations on the basis of a group characteristic that they share. All of the assailants on 9/11 were Muslim men from Middle Eastern countries. Faces similar to theirs have become the faces of terrorism that many Americans fear. Many law enforcement efforts, from airport screenings to general surveillance, are now focused on members of this population. The NASW Code of Ethics notes the value that social workers should place on safety and the preservation of human life. Going from this, one could argue that profiling is good, as it may have the effect of stopping another terrorist attack, thus increasing safety and preserving human life. The Code of Ethics also talks about social justice, equality, and nondiscrimination. Although the 9/11 assailants were all Middle

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Eastern Muslim men, clearly the vast majority of Middle Eastern Muslim men are not terrorists and pose no threat. Is it acceptable to target people just because some people like them are involved in terrorist activities? Is that just and fair, or is it discriminatory and racist?

Little research has been conducted on how social workers have responded to the 9/11 attacks and the threat of future terrorism. While waiting for more formal research, some anecdotal information has emerged. A social worker in New York who has long been involved in trauma services reported seeing changes in attitudes, including her own. She admitted having a different attitude toward Arab-looking men post-9/11 and struggling with her biases (Ellis, 2006). Are there circumstances where social workers should remove themselves from a case if they are not able to control their fear or prejudice? Can social workers treat each person with respect and dignity if they are experiencing the fear that is shared by other Americans in the post-9/11 United States?

Conclusion

With societies' propensity for conflict and war, stressful living conditions, and periodic natural disasters, the need for prevention and intervention in the areas of crisis, disasters, and trauma will be ongoing. Social workers will face situations and clients with needs related to immediate crises or with the lingering effects of earlier traumatic events. The incidence of such needs cuts across all areas of social work. Awareness of the signs of PTSD and secondary traumatic stress, as well as understanding the sense of loss and powerlessness that survivors feel, are necessary for all of today's social workers.

Key Terms

cognitive behavioral therapies (CBTs) (p. 458)
crime prevention (p. 462)
crisis (p. 441)
disaster (p. 441)
eye movement desensitization and reprocessing (EMDR) (p. 459)
hazard prevention (p. 462)
mindfulness (p. 458)
preventive medicine (p. 462)
risk prevention (p. 462)
secondary traumatic stress (STS) (p. 454)
stress (p. 441)
trauma (p. 441)
trauma-informed practice (p. 440)
truth and reconciliation (p. 445)

Questions for Discussion

1. Looking at natural and human-caused disasters around the world, it is clear that the magnitude of destruction of property and loss of life is much greater in developing nations than it is in the United States. Why do you think that is the case?
2. In this chapter, when discussing the war in Sudan, the word *genocide* is used. There is debate as to whether what happened in Sudan is actually genocide. Given the situation that was described, what do you think? Why?