

## Confronting Child Trauma Doing the Doable NOW!

These pictures of children, and of former children, aka adults, have something very important in common. Can you identify that one feature they share?

It's not easy. Because trauma, psychological trauma, is mostly invisible. Unlike physical wounds, trauma is an inner wound that can't easily be seen by the eye.

In fact, most psychological traumas remain hidden: unsuspected, unrecognized, undiagnosed and therefore left untreated, especially in the Global South.

In the next 13 minutes I will present how big, widespread and important the trauma problem is, and thereafter briefly outline what can now be done about it, at scale, for the first time in history.

Trauma runs like a red thread through the lives of millions of people—adults **and** children. Everywhere, in rich and poor countries alike. For too many, trauma is a life sentence. Because it remains untreated.

There are literally hundreds of millions of events and circumstances that are all **potentially traumatizing**, occurring every day, everywhere.

Sometimes a distinction is made between **Big 'T' Trauma** and **small 't' trauma**.

We usually think of trauma as being caused by large-scale, extraordinary events. Those traumas are called big 'T' traumas.

- Think of wars, violence, bombings.

- Think of natural disasters, like tsunamis, earthquakes, floods.
- Think of extreme poverty.
- Think of refugees.
- Think of child soldiers.

These events all take place in the public sphere. Big ‘T’ Traumas all come from **loud** emergencies.

And then there are the smaller, everyday events, common everyday life adversities. They are called **small ‘t’ trauma**, like

- humiliation, or stress at school
- rejection or abandonment
- loss of a loved one
- sexual abuse
- exploitation
- domestic violence.

They are like ‘**silent** emergencies’. They occur mostly in the private sphere, inconspicuously, hidden from view. But these are no **less** damaging and **consequential** for their victims. Because small ‘t’ traumas, too, have huge potential to traumatize, especially for **younger** children.

PTSD, for post-traumatic stress disorders, is the specific disease entity that has by now become a familiar term. PTSD is a **very** serious mental disorder with far-reaching physical manifestations— and the earlier it gets treated, the better.

Before going on, I should emphasize the remarkable **resilience** that **most** children show in the face of the almost inevitable threats of big ‘T’ and small ‘t’ traumas. That’s the good news.

But the bad news is that, in absolute terms, probably never before in history have so many people been traumatized as today. The number could be as high as **500 million** people worldwide, of whom more than a quarter are children under 14. In a very real sense, the mental health condition of the world can be characterized 'TRAUMATIZED'.

But, unlike most of us here in this room, most of the world remains pretty much unaware. Trauma is not even mentioned in the UN SDGs for the next 15 years!

Typically, rich countries devote only 5% of their total health budgets to mental health, but poor countries only one-tenth of that, namely 0.5 percent. So 95 to 100 percent goes to physical health, all over the world! Next to nil remains for trauma—even though we all deem it so important.

In fact, most of us consider our inner, mental health to be at least as important as our physical health (and perhaps even more so!)

The question can be asked: what actually is trauma? What are the symptoms? And why is it so bad?

Trauma, or PTSD, is a severe form of stress caused by sudden, unexpected, often catastrophic events leading to shocking and emotionally overwhelming experiences that the brain cannot process. These events are often life threatening.

So traumas usually happen **suddenly**.

But traumas may also result from **chronic** maltreatment, such as sexual abuse and exploitation.

When children have traumatic experiences, they will often **suppress their trauma memories**, or they may not even be

aware of them altogether. This makes it harder to identify the hidden psychic wound, let alone heal it. And they may carry that wound for life.

Already in early childhood, children get exposed to traumatic events and circumstances. That's inherent in their **vulnerability**, especially during their early years when they need all the care and protection they can get—but often don't.

A recent study into ordinary 'everyday' Adverse Childhood Experiences (called ACE) reveals the potential severity and long-term consequences of trauma when children **fail** to get that protection, care and love, in other words, when they suffer small 't' traumas. By answering 10 questions about three types of adversity related to abuse, neglect and household dysfunction, you get your individual ACE score, which turns out to be a highly accurate predictor of risks for serious mental, physical and behavioral problems. The higher the score, the greater the risk. Those negative experiences in childhood become 'embodied', and later in life produce many seemingly unrelated health problems, ranging from heart disease to cancer and diabetes, and suicide attempts to drug use and alcoholism. Look at the economic cost to the US economy alone: \$124 billion a year.

When, on top of those 'everyday' confrontations with trauma, children grow up in extraordinary settings of violent conflict or natural disasters, they will find themselves in **double jeopardy**.

So, how do we recognize trauma?

**PTSD symptoms** include sleep disturbance, , anger, hatred and panic. But also nightmares and intrusive flashbacks. And also distrust, hopelessness, isolation, withdrawal and more. These rather technical terms do not really reveal the

depth and range of the suffering. Come to our booth and I will give you a much longer list of specific trauma symptoms to explain better what trauma actually may feel like.

PTSD has serious **consequences**. It interferes with children's short-term and long-term health, as we have just seen. PTSD interferes with their wellbeing and normal functioning. It interferes with their capacity to learn and to concentrate. And PTSD interferes with productivity.

But trauma also has enormous implications for the potential for peace. Why? Because unresolved trauma, often acquired in childhood or as a youth, can produce post-traumatic anger, phantasies of revenge, lingering resentments and impulsive aggression that, at any time, could erupt again, like an exploding time bomb, to produce violence and devastation, and new traumas in others. This is called intergenerational transmission of trauma, where violence begets violence, and trauma begets trauma. And it must be interrupted.

On this screen I have brought together the many trauma causes (shown as the roots of the trauma tree), the many trauma-based diseases and disorders (coming out of the tree branches), and the adverse consequences of trauma (sent into the environment). The consequences of PTSD are not confined to the individual sufferer. Families, the community and the society as a whole also get to carry part of the burden.

If not treated, trauma may last a lifetime. And for many it does. But trauma needs no longer be a life sentence, as it was throughout most of history.

Today we have a much better understanding of the biology of trauma, thanks to breakthrough research in neuroscience and psychology. We now have better measuring

instruments and effective treatments. The World Health Organization recognizes only two evidence-based, scientifically validated therapies: they are called EMDR (Eye Movement Desensitization and Reprocessing) and CBT (Cognitive Behavioral Therapy, with a trauma focus).

So **what** can we do now? I believe, many things.

- We can create greater awareness about trauma, for example by establishing a World Trauma Day.
- We can teach Psychological First Aid to children and youth.
- We can organize online courses for medical students and doctors, and for humanitarian aid workers, peace operations personnel and first responders, who often get traumatized 'second hand', vicariously, by *working* with traumatized people.
- And then we should scale up the WHO-approved treatments.

At present, the severe shortage of mental health professionals constrains the scaling up of trauma care services. Therefore, the biggest challenge we face is to create new capacity in the form of a new cadre of trained and supervised paraprofessionals at the intermediate level. They should use simplified protocols and work mainly with *groups* of trauma victims. In turn, they would be supported by massive numbers of volunteers, offering Psychological First Aid. This, I believe, is the great work ahead.

And this is also where short-term humanitarian and longer-term development action come together.

This primary health care model was used in the very successful Child Survival Revolution starting in the 1980s, and should now be replicated for the treatment of trauma.

A new organization, called the Global Initiative for Stress and Trauma Treatment, is promoting these ideas and seeking funding for them, as well as partnerships. An online course based on this Manual will be launched by UNITAR this summer.

I hope you take away three messages from this presentation:

1. Trauma is a problem of global proportions and far-reaching consequences. Its importance is not sufficiently appreciated by policy makers.
2. Unlike even 30 years ago, effective and affordable treatments are ready to be scaled up. The two recognized therapies are called EMDR and CBT.
3. We need new approaches to the diagnosis and treatment of trauma, making ample use of volunteers, and especially of paraprofessionals.

That takes a perspective of at least 30 years into the future. Let's get started, and do the doable, now!