NOTES
Accompanying Rolf Carriere's Presentation on
The Now and Coming Traumas
How Do We Respond to this World Challenge?

The **World Health Organization** (WHO 1996) defines '**violence**' as: *the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in, or has high likelihood of resulting in, injury, death, psychological harm, maldevelopment or deprivation.*

Direct violence, according to WHO, consists or three components: (1) Interpersonal violence; (2) Self-directed violence; and (3) Collective violence

Interpersonal violence occurs between family members, intimate partners, and friends, acquaintances and strangers. It includes child maltreatment, youth violence (e.g., gangs), and violence against women (e.g., intimate partner violence and sexual violence).

Self-directed violence refers to violence that people inflict upon themselves, like suicidal behavior and self-mutilation.

Collective violence refers to instrumental violence inflicted by larger groups such as nation states, militia groups and terrorist organizations in order to achieve political, economic or social objectives.

In my presentation I include the WHO definition of direct violence but go beyond it. For the purpose of relating violence with trauma, I use the much broader violence definition and distinctions given by **Johan Galtung**, the father of peace research, as follows:

Violence is anything avoidable that impedes human self-realization

Direct violence: acts intended to harm human beings
Natural violence: is the violence of nature which, in contrast to direct violence, is both unintended and until recently unavoidable
Structural violence: violence that is baked into social and world structures that harm people and prevents them from meeting their most basic needs
Cultural violence: manifests itself in attitudes and beliefs about power and the presumed necessity or acceptability of violence

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In this presentation I use the term PTSD as a proxy for trauma and traumatic stress.

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How to overcome the critical lack of global statistics on PTSD?
Thought experiment #1.

World population 2014: 7 billion people
USA PTSD prevalence between 7 and 8%
Projecting onto world population: **500 million people** living with PTSD

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PTSD Prevalence by At-Risk Population
(Summary Studies/Meta-Analyses)

Range	At-risk Population	Authors	# of Studies
5 – 10%	General population	Kessler et al (2017)	#27
10 – 20%	Rescue workers	Burger et al (2012)	#28
30 – 40%	Disaster survivors	Neria et al (2008)	#271
30.6%	Mass conflict, displacement	Steel et al (2009)	#181
40%	Refugees, asylum seekers	Turini et al (2017)	#27
78%	Marawi siege survivors	Farrell et al (2018)	#1
81%	Yezidi survivors ISIS genocide	Womersley (2019)	#1

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Thought Experiment #2
World population 2020: 8 billion people
- 3 billion women (over 15)
- 3 billion men (over 15)
- 2 billion children (under 15)

Direct violence
- **Interpersonal violence**
  - One in three women is victim of physical or sexual intimate violence in her lifetime
  - Over one billion children are victims of violence
- **Self-directed violence**
  - One million people commit suicide each year; twenty attempt to do so
- **Collective, institutional violence**
  - 3.34 billion people affected by political violence (wars, armed conflicts, terrorism, violence extremism) over past 15 years
  - 71 million people are displaced (internally or as refugee)

Structural violence
- In 2015, 736 million people lived below international poverty line ($1.90)
- By 2030 half of all poor people will live in countries with high levels of direct violence

Natural violence

- On average 199 million people were affected *each* year by natural disasters over decade 2005-2014
- Corona virus crisis will victimize tens of millions of people, or more if crisis turns into worldwide economic depression and mental health emergency

**Converting Exposure to Traumatic Exposure/PTSD Cases**

At-risk group	What kind of violence?	PTSD rate	Potential PTSD cases
3.34 billion people	Direct (war)	30%	1 billion people
1 billion children	Direct (IPV)	7.5%	75 million children
1 billion women	Direct (IPV)	7.5%	75 million women
71 million refugees	Direct (displaced)	40%	30 million refugees
2 billion people	Natural (disasters)	30%	600 million people
736 million people	Structural (poverty)	7.5%	55 million people
? people	Cultural (racism)	?%	? people
? people	Natural (corona)	?%	? people
56 million people p/a	Natural (death)	?%	? people

Clearly, there are multiple exposures, double counting and definitional overlaps. To correct for them, I have assumed that the total of 180 million traumatized children, women and displaced people already fall under the overall 1 billion statistic of direct violence. Furthermore, to be on the conservative side, I have assumed that the 600 million people traumatized by disasters and the 55 million people are also already counted in the 1 billion statistic of direct. The total number of people living with PTSD would then be **1 billion.** Note that we have not included traumas associated with cultural violence, natural death and bereavement, or the corona virus pandemic. Nor the traumas associated with the coming climate chaos!
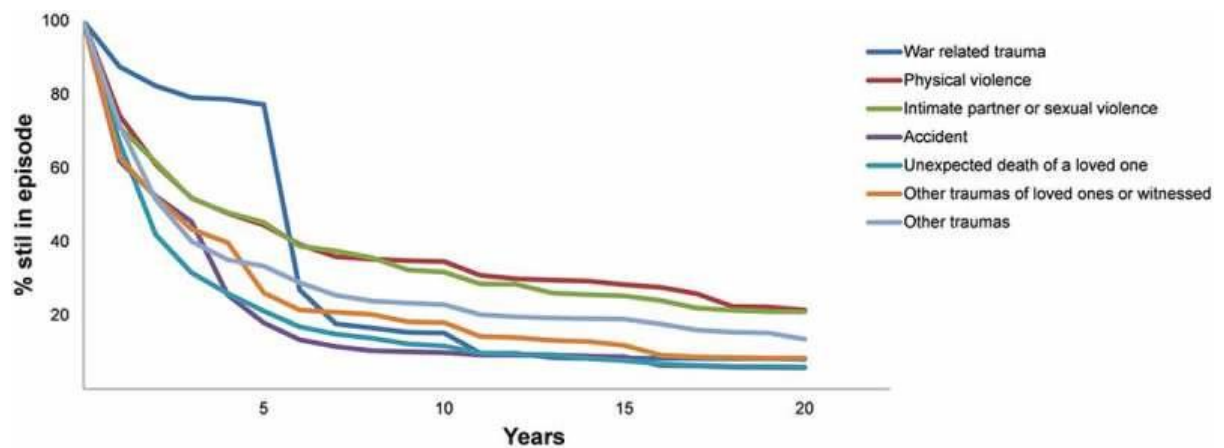
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The following two graphs are from **R.C. Kessler et al, *Trauma and PTSD in the WHO World Mental Health Surveys***, Eur J Psychotraumatology. 2017; 8(sup5). It is a review of 24 country surveys that shows the age-of-onset distribution of exposure by trauma category as well as the speed of recovery by trauma category (or the time it takes for all symptoms to remit). They appear too briefly in the presentation; hence reproduced here now for deeper consideration.

Figure 1.
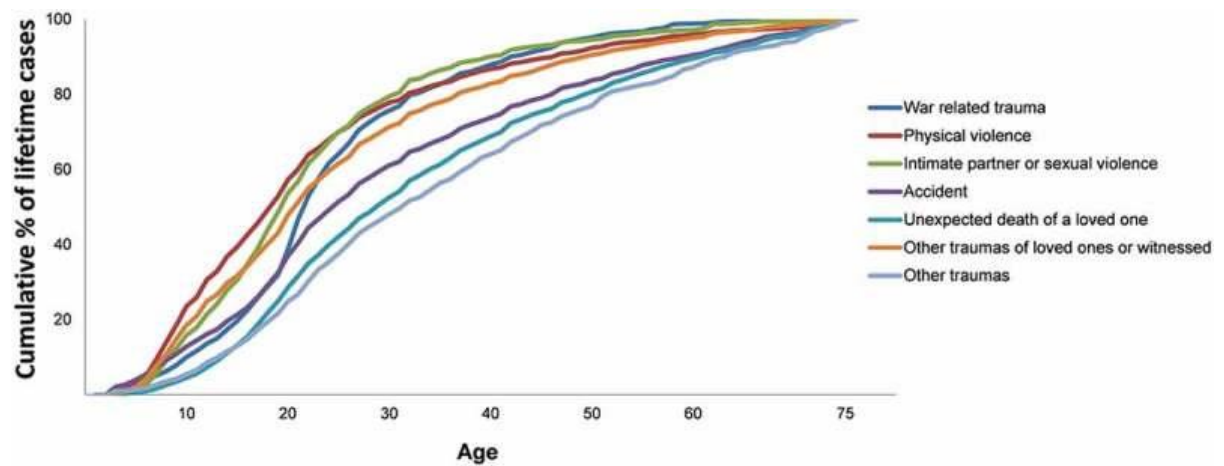
Age-of-onset distributions of trauma exposure in the WMH Surveys.

Figure 2.

Speed of recovery of DSM-IV/CIDI PTSD by trauma category in the WMH Surveys.[1]

[1]'Recovery' was defined as length of time until all symptoms remitted.

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Policy Change Factors

Policy change happens when …

NEW RESEARCH/DATA

- A new ground-breaking piece of research is completed which defines a problem and clarifies appropriate courses of action to remedy it.
- A development problem is analyzed in a scientific, technical way, producing tangible data which offer something concrete to act on.
- The publication of research work happens at a time when a policy making organization is interested in the issue being researched.

NETWORKING

- There are good links between and within agencies whereby lessons learned from practical experience can be shared and acted upon.
- There are good connections between interested parties such as aid organizations, the research community, and government, (making a 'network') through which ideas are exchanged and thoughts clarified about possible policy directions.
- There is dominant epistemic community, a particularly influential group that has close links with policy makers, and forces an issue on to the agenda and shapes policy making.

AUTHORITY/INFLUENCE

- A person in authority has a particular interest in a certain issue and as a result those around him/her are influenced to work on it and develop policy in that area.
- Events are timed in such a way that a person who is particularly interested in pushing forward an agenda is working at a time when a powerful political authority has reason to be interested in the same agenda.
- Policy making and implementing bodies have sufficient authority to push a new policy through even if it is not widely supported.

SIMPLIFICATION

- A development problem is turned into a 'story' which simplifies it and sets out an agenda for action.
- A dominant discourse or way of thinking becomes established which makes clear certain priorities, thereby simplifying a situation and providing guidance towards certain policy directions.
- A situation develops which is represented in widely accepted scenario or narrative as a 'crisis', requiring rapid and dramatic action to avoid catastrophe.
- There is a code of conduct or best practice regarding a particular issue, creating guidelines as to how to act.

ORGANIZATIONAL OPPORTUNITIES/CHANGE

- There is a general consensus within an organization or wider network (which may include the general public) that change is needed, a new policy direction is required, and that old strategies are not working as well as they could.
- An organization and the individuals within it are open-minded and consider it important to adapt to new ideas from the external world, rather than seeing these as a threat.
- An organization fosters innovation. People are encouraged to develop new ways of doing things and are confident their ideas will be considered with an open mind by others.

- There is an individual or a group of people who have an idea for a new policy direction. This 'change agents' carry the idea forward, explaining it to others and building a consensus towards the new position.
- There is a network of people around the 'change agents' who will respond to them and help them carry the process forward.
- An organization has a sufficiently flexible organizational structure to enable the development of new groups or units, which will be effective in seeing a policy change through.
- Resources within an organization exist, or can be gathered together, to respond to a new way of working.
- There is the required motivation and energy to use and mobilize these resources to achieve the goals of a policy innovation.

Source: The Policy Process, R. Sutton (1999)

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"Filled with dedication to the healing of all sentient beings in this world needing the poultice of loving-kindness, she took the bodhisattva vow: 'For as long as space endures, and for as long as living beings remain, until then, may I, too, abide to dispel the misery of the world.'"

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