Trauma-Informed Peacebuilding Practice
An Introduction

American Friends Service Committee

The aim of this report is to support AFSC's Just Peace and Just Migration work by examining the growing field of trauma and considering its importance within peacebuilding practice.

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Key points

- Trauma describes the impacts of experiences that have overwhelmed the body's natural capacity to manage distress.

- The impacts of trauma can be especially potent during childhood. Since brains are developing during this time, trauma can alter entire developmental pathways. As such, its consequences can be much more severe and long-lasting. Since adult resilience to stress is largely established during this period, childhood trauma also influences capacity to cope with adversity as an adult.

- There are innumerable ways that the body and mind can be affected by trauma. Alongside substantially increased health risks, people with trauma can be more sensitive, confrontational, aggressive, have reduced trust and empathy, have tendencies to perceive situations negatively or struggle to have a compassionate perspective.

- Trauma itself is not a mental illness, but it could contribute to mental illnesses if it is not addressed.

- Trauma is very important to consider in peacebuilding work because it affects people's capacity to engage with programs and might cause people to be re-triggered by programs.

- Trauma is especially important from a long-term conflict resolution perspective. Nurturing childhood environments with present and emotionally-well parents is essential to building emotional resilience in children. Trauma in conflict affects the parental capacity to produce these environments and invites a new type of trauma in children, not necessarily directly related to the initial traumatic events but to outcomes of parental trauma. The cycle continues.

- People aren't necessarily conscious or aware they have experienced trauma or how they are impacted by trauma.

- Due to the neuroplasticity of the brain, much can be recovered, and encouraging trauma awareness and using a trauma-informed lens in work is an important step in helping people and producing effective programs.

Trauma definitions

While there is no general consensus on the definition of trauma, some assumptions are:

- Trauma is the physiological and psychological manifestations of adverse experiences. It is not what has happened to us but what happens within us as a result of what has happened to us.[1]

- A traumatic experience overwhelms the natural capacities of the body that manage distress.[2] Whether or not an experience will overwhelm these capacities is dependent on the nature of the event, the resilience of the individual, and the support systems available.[3]

- Trauma itself is not a mental illness, but it is possible for trauma to contribute to mental illness symptoms over time.[4]

It is important to be cautious with the use of the word trauma and to not become distracted by the term itself. 'Trauma' and being 'traumatised' have become clichés and are arguably overused. Something that is 'traumatic' in this sense does not necessarily mean it was horrific and unthinkable. Traumatic describes an event which had some physiological or psychological influence on the body.

All manner of experiences, including, but not limited to, divorce, an absent/distracted/depressed parent, sexual abuse, violence, explosive anger in childhood households, bullying, conflict, racism, oppression or discrimination, have this potential.

Related to trauma are concepts of **social/cultural/collective trauma**, **intergenerational trauma**, and **secondary trauma**. Again, there is little consensus on their definitions. We will explore these presently, as they can each be understood within the context of individual trauma.

How does trauma impact a person, and why is this important when working on peacebuilding?

A traumatic experience can cause reduced empathy, trust and compassion; general apathy and lack of mobilisation; and a greater tendency for defensiveness, isolation, aggression, strong emotions, and rigid mindsets and biases, which distort and negate facts.[5][6][7][8] This occurs because of the plasticity of the human brain. Adversity can have a long-lasting influence on brain structures and cells, and these influences are particularly potent in the very early phases of brain development.[9]

Many people experience adversity, and the resulting trauma, even to the same events, can vary significantly from person to person. One way to understand this is through resilience. How well an individual is equipped to manage adversity is determined largely by their childhood environment. The highly malleable nature of the infantile human brain is critical here. Ninety per cent of wiring in the brain occurs post-birth and is determined by the sensory input the baby receives.[10]

The brain's networks develop in a use-dependent way: the more a system is 'activated', the more that system will develop connections, neurons and circuits.[11][12][13] This is to help a developing baby become adapted to the environment it is entering. If, for example, a newborn child was perfectly cared for but was kept in the dark for the first five years of life, its visual system would not develop, and it would be blind.[14]

Equally, if a child's brain learns that its environment is unsafe, volatile, and fearful, the brain is more inclined to develop such that it is quicker to aggression, has a lower threshold for stress response activation, and is less disposed to traits such as compassion which are evolutionarily 'less useful' for survival in these types of environments.

Belkys López describes trauma in South Sudan: "What happens when rage can erupt from the simplest exchange, the slightest bump, whether with a stranger or friend or family member? The effects of trauma can be experienced in communities in behaviour such as domestic abuse, where women, children and sometimes men are vulnerable. It may be seen in high rates of substance abuse and impulsive promiscuous behaviour resulting in the spread of sexually transmitted diseases or unwanted pregnancies. In this way, trauma is also shared, and it adds to the already high levels of insecurity in fragile regions. So, in this sense, these high levels of trauma are a matter of national security."

In this way, emotional experience during childhood determines how emotional circuitry will develop, influencing how future adults will manage emotional distress, as well as how they experience joy and love. Emotional stability, stress response system development, learning, motivation, pain regulation (mental and physical), and personality aspects such as empathy, trust, compassion, and aggressiveness described above are all affected by childhood experiences.[15] As such, most people carry trauma of some kind because the developing brain is so sensitive and can be impacted in ways well beyond parental love and understanding or effort to be good parents.

For evidence of the pathways that connect childhood experience to adult social & behavioural difficulties and health complications, see Appendix I.

Why is this important for peacebuilding?

In the context of intergroup conflict, populations are exposed to continuous traumatic stressors across a scale from micro-aggressions to severe stress from forced migration or violence.[16][17] This will not only influence a generation of children's development neurologically but can overwhelm adult physiological stress responses (even more so if their emotional processing systems were not developed under ideal conditions). This can disturb parental capacity for care, which is the most crucial variable for establishing the emotional well-being of the next generation of children: loving interactions and consistent attention from a primary, non-stressed caregiver[18] are absolutely essential to building emotional health and resilience in children. The evidence for this is extensive and has been expanding in recent years (see [19][20][21][22][23][24]).

As such, we can begin to see how the impact of war on a population can be carried down through generations, far further than the generations witnessing the conflict itself. Quality of parental care is disturbed under chronic stress,[25] no matter how much a parent loves a child. Hardship, lack of socio-emotional support, alongside parental history of childhood trauma are some of the best predictors of abusive and neglectful homes. [26][27] This is not a fault of the parent. Understanding how trauma impacts generations is not about blaming parents but about seeing the unbroken cord between a child who suffers in some way and that child becoming a parent, acting as best as they can, given the emotional tools made available to them during their childhood.

So begins the onset of **intergenerational trauma** and the continuation of cycles of violence. Without intervention to build social, individual and community resilience, many children growing up in conflict contexts with chronically stressed parents are likely to suffer neurobiologically. This places them at greater risk of psychiatric, addictive, and medical diseases (See [28] for Summary). This influences the next generation of childhood environments by affecting the quality of emotional parental interactions, which influences how that generation will engage with the next, and so on.

Bruce Alexander[29] helpfully outlines the way that the long-term oppression, marginalisation and violence experienced by Native American populations over many generations has led to groups suffering with very high addiction levels as well as generational child abuse, depression and suicide. Prior to colonialism, the incidence of mental health difficulties, abuse, or substance issues was extremely uncommon (see [30] for evidence). The children born into Native groups today are not subjected to abhorrent oppression on the same scale as previous generations, but the legacy of pain continues to transfer because it infiltrates capacity for loving nurturing during critical years of development in following generations. We can understand how this helps to explain the ways that populations might be affected long-term due to the legacies of slavery, colonialism, institutional racism, and of course, conflict.

Aubrey and others[31] from International Alert outline some of the traumas exhibited by Syrian children as a result of the conflict. Many have lost their family and community structures. Child marriages, child labour, and increasing recruitment into armed groups make young Syrians vulnerable to radicalisation and extreme violence, with many subjected to torture, rape, and both physical and mental abuse. This scale of **collective/social trauma** has serious implications for the success of peacebuilding schemes, conflict resolution, cycles of violence, the resilience of the country's social fabric, and people's health.[32] At an even wider scale, mass persecution, conflict, and human rights violations, among others, have left 108.4 million people forcibly displaced at the end of 2022.[33] It is not surprising that in countries emerging from conflict over the past 25 years, we see an 80% return to violence in the years following a peace process.[34]

In fact, there are theories, such as the Phaeton complex, depicting a psychological condition which suggests that the source for the power ambition and need for adulation in senior politicians is a result of a traumatising childhood[61]. The reported emotionally distressing childhoods of both Boris Johnson[62] and Donald Trump[63] are interesting to consider here.

A trauma-informed lens understands that violence causes trauma and that trauma causes violence. Trauma symptoms predispose sufferers to reasoning which justifies violence and often limits perceptions that they have a choice not to choose violence.[35] Gabor Mate[36] explains the ambiguity of choice, will and responsibility in the real world. People act in a context, and to a large degree, that context is determined by how their brain functions. This function is determined by development in conditions that the individual, as a young child, had no choice in.

It is not just victims with symptoms of PTSD who are traumatised. It is violent armed actors, it is authoritarian leaders, and those responsible for crimes against humanity, murder, and genocide.

In trauma awareness, we must understand the continuity between children who will become adults and adults who were once hurt children.[37]

How can we tell if people are traumatised?

The reason trauma awareness is so important to integrate into practices of peacebuilding is that it is widespread. Many people have some form of trauma, from developed and conflict-free spaces to war zones. Fundamentally, the ability to communicate, to be flexible and tolerant, is highly affected among those with unresolved traumas, and these will manifest in a vast number of ways.

One telling symptom of trauma is its manifestation in mental health difficulties: indeed, there is a high burden (about one-fifth) of mental disorders in conflict-affected populations.[38] However, this can be problematic. Many people in the trauma field have noted the issues with diagnostics and labels, which can often obscure the need for understanding the root of the symptoms.[39] Gabor Mate exemplified this: 'How do we know an individual is depressed? Because they're exhibiting low moods. Why is an individual exhibiting low mood? Because they have depression.[40] We tend to conceptualise mental illness as a malfunction of a 'norm' to be labelled and medically treated. One trauma-informed practitioner in South Africa summarises, "[m]ental healing is stigmatised because it is about being ill– sick – but trauma awareness is about helping people know they were normal."[41]

As such, this lens is less about designating who is traumatised and who isn't but about approaching practice with an understanding of why people behave, act and feel the way they do. At the same time, an informed practice can intercept those struggling with their mental health to mediate its implications on familial and community structures to ensure future generations, including leaders, government officials, and policymakers, are emotionally healthy.

Peacebuilders themselves, too, are not immune and will carry traumas from their own childhoods and adult lives. Given trauma's influence over personality attributes, it can make particular elements of program implementation especially hard or frustrating without explicable reason or seeming rationality. Programmes may cause peacebuilders to be retriggered when encountering traumatic stories, called secondary trauma.[42] [43] Since the brain functions as an associative network, past experiences can be triggered by factors we may not be consciously aware of and can thus affect thoughts and behaviours in the present moment, even though conscious connections have not been made between the present triggering moment and the past experience.[44] Studies on trauma therapists find that it is common for therapists to experience psychological difficulties, but therapists with a "personal history of trauma showed more negative effects from the work than those without" a personal history.[45]

General recommendations

Few researchers have explored how "conflict resolution interventions need to be modified when working with traumatised populations,"[46] and certainly, there are no fixed blueprints to apply.[47] To effectively use trauma-informed tools, 'trauma' does not need to be a valid and reliable diagnosis or measurement; principles of engagement are implemented for all service users, regardless of whether they have survived trauma.[48] Trauma-informed approaches require an integration of trauma awareness into work.

Recommendations could be:

- **Training staff in the core aspects of trauma**: to understand how conflict and adverse experiences, especially in childhood, can severely impact neurobiology. As such, understanding how and why some individuals are more perceptive to programs and why some aren't, loosening the divide between victims and perpetrators: perpetrators can still be held accountable while fundamentally acknowledging the influence of trauma on their attitudes, behaviours and choices.[49] Equally, this can help practitioners understand common scenarios (such as a young person quick to aggression or socially isolated) with a new perspective,[50]

- **Help staff with their own trauma**: to provide better trauma-centred approaches but also mitigate secondary traumas or retriggering of their own trauma. A Practitioner in South Africa quoted Gabor Mate: 'You can only take people as far as you've taken yourself.'[51]

- **A focus on building childhood resilience**: more resilient youth "do not succumb to negative psychological outcomes and function well, despite suffering adversity."[52] Dr Bruce Perry outlines the importance of understanding that childhood foundations act as a buffer for adversity. Adversity in the presence of safe and stable relationships results in far improved long-term mental and physical health. Impoverished relationships put individuals at high risk even from minimal adversity.[53] The instability of conflict-affected contexts "fundamentally undermines young people's familial and social systems", which are critical components of resilience and well-being.[54] As a result, it is essential that we think intentionally and deliberately about intercepting this important window of childhood to create resilience. Hester[55] stipulates that "the critical need is to promote the capabilities of youth" to cope with the stress of traumatic events. This allows them to be better leaders and intercept the consequences of intergenerational trauma to bridge divides and build lasting, sustainable peace.

> **Fritz et al., 2018**: carried out a systematic review of amenable *resilience factors* which intercept "the relationship between childhood adversity and mental health difficulties" in young people:
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> At the individual level, evidence suggests "that cognitive reappraisal, high rumination, high distress tolerance, low suppression of emotion, low expression of aggression, and a secure attachment can be resilience factors" for a child who has been abused.
>
> At the social level, "extended family support, family cohesion, parental involvement, positive parenting practices, and household income" could also affect resilience.
>
> At the community level, high social support will change psychosocial and behavioural outcomes.

- **Beyond the 'safe space' approach**: Providing a space of emotional safety in which sharing and understanding is encouraged can certainly help participants to express and process their feelings and feel supported when others share similar experiences to them. However, some peacebuilding trauma researchers, such as Hester[56] suggest that this approach alone may be insufficient when viewed through a trauma lens. It relies on assumptions that people know of their traumas, are willing to discuss them, and that this will facilitate recovery. Simply talking about traumas does not necessarily lead to healing. Equally, a lot of trauma manifests outside of cognitive access[57] and discussing/hearing about experiences has the potential for re-traumatising individuals without resolution. Also, cultural context can influence how trauma manifests. An ethnographic study of Ugandan children ages 9-16 found strong cultural norms encouraged suppression of emotional distress and found that, in turn, psychological suffering was manifesting in physical symptoms such as aches and pains.[58] Trauma is so complex that relying on people to identify and express how their personal traumas have manifested can be fruitless and unproductive.

  While this approach should not be disregarded for conflict resolution and peacebuilding, we should simply practice caution when using it to tackle trauma specifically. Perhaps definitive guidance on what a safe space is and what the intended outcome of the discussions is, possibly in tandem with other approaches that specifically address trauma. For example Hester suggests that practitioners ask participants about "underlying psychosocial issues before programs launch, including social functioning and family dynamics". Measuring multi-dimensional information about how individuals are functioning in their social spaces and the kinds of emotional and behavioural issues they are facing is one way to improve early identification of trauma-related dynamics.[59]

- **Context-based with diversity and inclusion perspectives**: the complexity of this field of study requires careful consideration. Different layers of identity amongst staff and participants, including gender, culture, ethnicity, and age, add richness and intricacies to the pathways to discussing and addressing trauma. Men may have different barriers to tackling trauma than women, for example, and this might vary between cultures and spaces. A flexible menu of approaches along with greater awareness, sensitivity and adaptability are required to recognise and acknowledge trauma in different spaces.

At a wider scale, calls have been made for building a community of practitioners involving a multidisciplinary network of psychologists, conflict practitioners and political scientists to encourage a competent facilitation of public discussion and analysis of trauma and the development of approaches[60].

Key elements of a trauma-informed lens

For specifics on building programs with a trauma-informed lens, it is highly advisable to read Yoder-Maina's dissertation. Designed over ten years, utilising elements from the mental health and psychosocial support (MHPSS) approach but providing reinforcement where these strategies fall short: when addressing chronic violence and protracted conflict.

Dissertation - Angi Yoder-Maina

A very simplified version of Yoder-Maina's framework:

- **Inclusion**
  1) A multi- disciplinary and multi-sectorial lens
  2) A role for lived experiences
  3) Local and traditional healers

- **Customisation and contextualisation**
  1) Community-informed and culturally adapted
  2) Storytelling and rituals create meaning
  3) Uses a decolonising approach
  4) Utilises community resources sustainably

Source: Unpublished original research for "A Healing-Centered Peacebuilding Approach: A Grounded Theory using a Trauma-Informed Lens" by A. Yoder-Maina. 2020, Siem Reap, Cambodia: Centre for Peace and Conflict Studies. Copyright 2020 by A. Yoder-Maina.

- **Breaking cycles of violence**
  1) Engaging both victims and perpetrators
  2) Supporting the development of agency

- **Systems thinking**
  1) Resilience-informed
  2) Social healing is a foundation for development, justice, and governance interventions
  3) Includes collective healing approaches
  4) Promotes ecological healing

- **Trauma-informed tools**
  1) Relationship holds space and transforms space for others
  2) Neuroscience concepts ground practice
  3) Embodied practices regulate the nervous system
  4) Arts-based interventions open creativity and innovation

Yoder-Maina notes that in places across the world where trauma-informed approaches are being utilised, these practices strengthen individual, community, institutional and social resilience. She argues that this approach requires a fundamental change in how systems are designed, organisations function, and practitioners engage with people.

Points to think about on a personal level:

· If something causes an explosive reaction within you (occurring internally or externally), there is likely a past experience of pain that has been triggered and is causing you to feel this way.

· Allowing the feeling to occur, acknowledging it and feeling it within your body rather than suppressing it or lashing out is a much better way to address strong feelings. Strong feelings are part of the human experience. Learning how to manage them healthily is something many of us should have learnt in childhood but haven't. Experiencing them can help them to transform and evolve.

· Gabor Mate explains how we can learn from children. They have not yet developed emotional regulation, and tantrums are often ways of expelling strong emotions from the body that are not understood. Many societies encourage us to hold emotions and reactions inside. This does not allow the feeling to be felt and is stored within the body. He discusses at length the physiological health implications of suppressing feelings and emotions.

· A common response to feeling an uncomfortable feeling (be it sadness, loneliness, vulnerability, fear) that many of us don't even consciously register we're doing, is to immediately distract ourselves with any of the readily available and highly engaging technologies around us. Try to sit in the uncomfortable feeling. Feel where it is in the body and what it feels like. It will help it to be processed healthily.

· Trying to unpack why you have had such a strong reaction and discussing it with those close to you in a safe environment is so important to ensure you do not feel isolated in negative feelings.

· Think about how your perspective influences the information you perceive: the unconscious human brain consumes billions of pieces of information per day. It must filter out the pieces of information it deems to be important for the conscious brain. As such, if you believe (and especially if your childhood has indicated to you) for example, that you are socially 'unsafe', i.e. you are not liked, that people are out to get you, that you are not supported; your brain learns that for your safely, you need to be made aware of any pieces of information which might pertain to this so you can protect yourself. This can cause you to perceive things people say, do, their language, intentions, anything in a biased way. Different people's perceptions of the same situation or interaction can vary hugely.

· Approaching every situation with compassion is difficult, but the more we understand that every individual is making choices, behaving and acting within the realms of their emotional capacity, we can start to understand why we differ and why different perspectives form. It is most often the people who act most terribly and outrageously who are hurting the most, and who have suffered the most as children.

Literature review

Reports from peacebuilding organisations

Peace Direct
- Healing Together: The Kasuwan Magani Women – Peace Direct (2023)
- Peace of Mind – Peace Direct (2022)
- Teaching Syria's "lost generation" – Peace Direct (2022)

Conciliation Resources
- Gender, mental health and reconciliation in the Central African Republic: implications for policy and practice | Conciliation Resources (2023)
- The road ahead: perspectives on disarming Hamas | Conciliation Resources. (2005)
- Acknowledging societal trauma in Nagorny Karabakh | Conciliation Resources (2022)

International Alert
- Hidden burdens of conflict: Issues of mental health and access to services among internally displaced persons in Ukraine – International Alert (2017)
- Teaching peace, building resilience: Assessing the impact of peace education for young Syrians – International Alert (2016)
- Exploring resilience, violent extremist thinking and the impact of peace education on Syrian youth in Shatila – International Alert (2018)
- Peace of Mind: Integrating mental health and psychosocial support in reconciliation and violence prevention programmes in Rwanda and Tajikistan – International Alert (2023)

Saferworld
- "Mental health is as important as physical health": setting up support groups in Kyrgyzstan – News and resources – Saferworld (2023)
- World Refugee Week 2022: it's time to prioritise mental health support in peacebuilding responses in Uganda – News and resources – Saferworld (2022)
- Improving citizen-state relationships through community action in Somalia – News and resources – Saferworld (2021)
- A generation that does not know peace: children and youth living on the Armenian-Azerbaijani frontline – News and resources – Saferworld (2015)

Search for Common Ground
- Shrewprasad, S.Trauma & Healing in Conflict Settings (video seminar)Healing & Hurting Together: April 8, 2021

AFSC
- Trauma Healing and Psychosocial Support: A Training Manual for Development Practitioners and Case Care Workers (2022)

Understanding the impact of trauma on peacebuilding

- König, U., Reimann, C. (2018) Closing a gap in conflict transformation: Understanding collective and transgenerational trauma.
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General texts on trauma

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Analysis of trauma awareness in the peacebuilding field, based on the reports available
(The majority of literature within peacebuilding organisations)

Peace Direct:
Important trauma-related themes found in literature, for example, Healing Together discusses peacebuilding by bridging divides and understanding opposing perspectives. Similarly other publications: Peace of Mind and Teaching Syria's "lost generation" discuss the importance of intercepting childhood adversity with education.

Conciliation Resources:
Gender, mental health and reconciliation in the Central African Republic discusses the importance of mental health and psychosocial support (MHPSS) to intercept the gendered causes and legacies of conflict to prevent their eventual resurfacing, and provides recommendations for policy and practice. Discussions on difficulty of disarmament when groups have suffered conflict and trauma seen in: Perspectives on disarming Hamas. CR partnered with Indie Peace in Acknowledging societal trauma in Nagorny Karabakh to incorporate a psycho-socio-political perspective on people's emotions post conflict.

Saferworld:
Trauma is a term used frequently in publications but is never the central theme or the lens through which the study is discussed. Many reports however have relevant themes, for example encouraging support groups for mental health: Setting up support groups in Kyrgyzstan, Prioritising mental health support in peacebuilding responses in Uganda; or the consequences of a generation raised in violence: A generation that does not know peace.

International Alert:
New publication released in October 2023 on integrating mental health and psychosocial support for violence prevention Peace of Mind, the report notes that they found improved mental health outcomes; enhanced trust and social support, increased open dialogue; and improved attitudes towards resolution among others. This follows a report on displaced persons in Ukraine from 2017 evaluating mental health and psychosocial support needs: Hidden burdens of conflict. IA also has two publications discussing 'Peace Education', which has some related themes, intercepting children at young ages and trying to implement strategies for building empathy and understanding in a safe place: Teaching peace, building resilience; and Exploring resilience, violent extremist thinking and the impact of peace education on Syrian youth.

Search for Common Ground:
Few publications with direct trauma themes but one seminar on Trauma and Healing in Conflict settings, Healing & Hurting Together: April 8, 2021, discussing barriers to trauma related healing and avenues for the future.

AFSC:
Developed in February 2022 by AFSC in Zimbabwe, Trauma Healing and Psychosocial Support: A Training Manual for Development Practitioners and Case Care Workers, has been used by 22 Civil Society Organisations and 33 Community based volunteers from Zimbabwe and South Africa in Trauma Healing. It has been widely recommended as a comprehensive and valuable resource.

Green String Network:
The dissertation of Angi Yoder-Maina (Yoder-Maina, 2020) provides an illuminating and

comprehensive outline of a trauma informed peacebuilding approach, using a grounded theory methodology with an action research framework to approach healing. Yoder-Maina (2020) explains that while progress is being made to combine peacebuilding with mental health and psychosocial support (MHPSS) programs, mainstream approaches have clearly not been fully integrated into the fields effectively (Tankink & Bubenzer, 2017; Wessells M. G., 2007). The impact of decades of violence on a population's mental wellbeing is rarely considered a threat to stability. Trauma is an obstacle to peace yet is largely ignored by policymakers, donors and governments (Yoder-Maina, 2020).

Other useful publications within the field:
Liza Hester's examination of peacebuilding through a trauma lens Study - Liza Hester offers practical steps forward to enhance trauma sensitive peacebuilding practice, and further provides useful explanations of the ways that specifically young people are vulnerable to psychological trauma but also how this influences their capacity to engage with programs.

Appendix I

Further examination of the pathways that connect childhood experience to adult health complications and social & behavioural difficulties.

We can understand this further if we break down some human emotional circuitry: this includes the opioid and dopamine systems (which handle endorphins, motivation, pleasure, learning, pain regulation, stress and joy); the stress response; and self-regulation led by the prefrontal cortex (to maintain emotional stability) (Berke 2018,Mate 2018).

The child's emotional environment, established by loving interactions and consistent attention from a primary, non-stressed caregiver (Mate, 2018) is absolutely essential to establishing the groundwork for circuitry which will deal with stressors in the future. There is a growing body of evidence which supports this: see Sheridan and McLaughlin, 2014; Maté, 2018; Perry, 2014, Zarse et al., 2019; Teicher, 2005; Anda & Feletti, 2006.

In terms of the stress response itself, research further indicates that chronic stress in childhood can lead to a hyper or blunted cortisol response that is associated with social and behavioural difficulties (Bowes & Jaffee 2013, Miller et al 2007). Considerable exposure of stress hormones has also been found to destroy neurons in the hippocampus (responsible for emotional processing and memory), and several studies cite a shrinking of the left-hippocampus in survivors of extreme abuse (Teicher, 2002; Bremner et al., 1997).

In general, it has been shown by increasing animal and human studies that very high or sustained levels of psychological stress, a deprivation of primary attachments and/or maltreatment in childhood has a severe influence over adult behaviour (See Zarse et al (2019). The well cited ACE (adverse childhood experiences) study by Felitti and others (1998) brought to light the understanding that these exposures concierge dose-dependently to significantly increase the risk for many related mental illnesses, addictions, and multi-organ medical diseases.

The Stress Response:

The stress response is mounted by an organism when it is confronted with a real or perceived threat that requires excessive demands on its coping mechanisms (whether biological or psychological) (6).

The system is designed to maintain homeostasis - an internal chemical and biological stability. To do so, it orchestrates the release of hormones like adrenaline and cortisol, which affect the function of almost every organ in the body: heart, lungs, bones, immune system, gut, muscles, emotional centres in the brain. This response is essential for the body to be equipped to manage the threat(7).

Sustained stress, however, has negative impacts on the brain, particularly affecting the hippocampus, which results in cognitive and mood disturbances(8). It also disrupts other functions, such as the central nervous system, metabolic processes, the cardiovascular system, the immune system and the ageing process of cells. This links stress to the development of issues such as diabetes II, lower life expectancy (9), obesity, high blood pressure, and other risk factors for coronary heart disease (10).

The very real influence of adverse developmental environments is exemplified by the fact that one's risk of having a heart attack is greater if you suffered over 3 adverse childhood experiences, than if you smoke two packets of cigarettes every day (Perry, 2014).

Studies show that high early adversity in the absence of resilience factors can damage capacity for future parental attachment, as well as nurturing and protective behaviours, thus eliciting transgenerational cycles of trauma related illnesses (Zarse et al, 2019). Sheridan & McLaughlin (2014) provide a useful summary of animal and human studies noting that early threat exposure or deprivation is consistently associated with reduced hippocampal volume, poor learning and memory function, elevated reactivity to threatening stimuli, higher function of the amygdala (which handles threats), attention biases that facilitate the identification of threats.

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