Coping with Childhood Trauma:
Art as a Policy Strategy

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Executive Summary: Children who live far away in areas of war and conflict have been murdered, raped, starved, exposed to violence and brutality, abandoned or neglected and subject to utter lack of control and chaos (Machel, 2001). However, children abused at the hands of their parents or loved ones, right here at home in Canada, face the same atrocities. Both unleash a cascade of devastating developmental fallout triggered by the same cause – namely, trauma. This policy paper advocates that the arts be adopted as a policy strategy to address the deleterious effects of interpersonal childhood trauma - more specifically, on two types: one that is so rampant that all we need to do to see it is to turn to any news outlet – war. The other one is so commonplace it is hardly ‘news’ at all: child abuse. Social problems of such epic proportions require creative, innovative and ambitious solution-focused approaches that promote the most effective and culturally appropriate policies, but such solutions must also be based in evidence. Pioneering social policies that adopt art as their strategy, when rooted in science, simultaneously heal the personal and social ills of trauma as well as promoting individual and community resilience in the face of it.

Although definitions of ‘trauma’ can differ, trauma is defined in this policy paper broadly as deep human suffering caused by overwhelming life experience that persistently interferes with one’s quality of life or well-being. Trauma affects every ethnicity, every age group, every demographic whatsoever (Green et al., 2002), but none so severely as children. One category of traumatic experience is known to inflict the most damaging consequences to individuals, communities, and cultures: those that are human-caused (Green, 1993; Haden, Scarpa, Jones & Ollendick, 2007; Solomon & Heide, 2005). Interpersonal trauma (e.g. domestic violence, abuse, assault or war) is distinguished in the research from non-interpersonal trauma (life threatening illness, accidents, and natural disasters) (Rodenburg, Benjamin, de Roos, Meijer, & Stams, 2009). Research shows that intentional or interpersonal types, such as child abuse or war-related trauma, yield an increased risk of developing PTSD (De Bellis & Van Dillen, 2005; Kilpatrick et al., 2003; Pine, 2003) and are, in general, more debilitating (Green, 1993; Haden et al., 2007). These children often have significant behavioral and mental health difficulties, lower educational attainment, are twice as likely to attempt suicide, have lower-paying or menial employment, are more likely to misuse alcohol and other drugs, and, given trauma’s intergenerational pattern of transmission, there is an increased chance that survivors, themselves, will eventually perpetrate interpersonal violence (Gilbert et al., 2008) - usually against women or children.

Children and youth account for over half of today’s population, with over 90% residing in the developing world. The blow of trauma, when experienced during critical growth periods, can go beyond the damage of post-traumatic stress disorder and derail or distort the entire developing self (Herman, 1992, 2001; van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). Also, for those who experience marginalization and stigma, the impact of traumatic experience is usually much worse (Vogt, King, & King, 2007). Although the social costs of childhood trauma are incalculable, the economic costs have been tabulated with staggering results. The very best and most recent robust approaches in incidence-based costing methods estimate the lifetime cost of non-fatal child maltreatment in the United States to be $210,012 per victim – far surpassing such costly epidemics as diabetes and stroke (Fang, Brown, Florence, & Mercy 2012). However, expenditures to address abuse-related trauma pale in comparison to its astonishing social and economic price. Research has shown that the prevalence of child maltreatment and its related costs are indisputably “high enough for policy makers to justify allocating resources to effective prevention and mitigation strategies” (Fang et al., 2012, p. 162). The social cost and economic expense of caring for children in the context of war is astounding as well. Between 80 and 90% of those who die or are injured in conflicts are civilians – mostly children and their mothers (Barenbaum, Ruchkin, Schwab-Stone, 2004). Over the past decade, approximately two million children have been killed in war zones, with six million injured or disabled (Bellamy, 2002; UNICEF, 1996). In 2007, UNICEF, the United Nations’ lead children’s agency, launched more than 50 distinct funding appeals (totalling US $874 million) to support humanitarian interventions addressing the needs of vulnerable children and women (UNICEF, 2008). Childhood
trauma is now considered a major public health issue that demands innovative social policy attention. Adopting art as a policy strategy is a pioneering approach well-suited to address the deleterious effects of childhood trauma.

CIDA has been a leader in helping children and youth across the globe in a variety of ways – from emergency response to fostering resilience – undoubtedly reaching many of the world’s most vulnerable citizens. Admirably, a few of the programs that CIDA funds include arts components, such as two of the seven programs implemented through War Child (in Darfur and Sierra Leone). However, most of the current ‘arts’ features of CIDA-funded programs are provided as leisurely activities that ‘normalize’ the daily lives of children by allowing them to play and recreate. According to the CIDA website of funded initiatives and partner websites, these are typically referred to a ‘structured recreational and sports activities.’ At the NGO level, this is usually based on the blanket assumption that kids enjoy art. Perhaps true, but nonetheless this is a rather naïve and superficial gesture that does not contribute to ongoing development efforts and contributes very little to the accruing evidence-base in identifying the most effective methods of securing the future of children and youth. Although creating safe spaces where kids can be kids is an important part of almost all humanitarian efforts, these programs are a far cry from being based in the cognitive science behind the trauma-specific therapeutic benefits of the arts. Furthermore, these efforts fail to incorporate the components that have proven effective in addressing the fallout of childhood interpersonal trauma (i.e. evidence-based treatments). In short, CIDA is missing out on maximizing the return on their investment.

This paper advocates the ‘capabilities’ or ‘human development’ approach that was put forth by renowned economist, Amartya Sen, and prominent political philosopher, Martha Nussbaum. This approach understands poverty and suffering as capability-deprivation and strives to address fragile and vulnerable communities by improving the quality of life for individuals by affording opportunities that allow for choice and freedom. The ‘capabilities approach’ to development asks the question “What does a life worthy of human dignity require” (Nussbaum, 2011, p. 32)? The answer to this question requires policies that secure all citizens a minimum threshold level of ten ‘central capabilities,’ which include: life; bodily health; bodily integrity; senses, imagination, and thought; emotions; practical reason; affiliation; other species; play; and control over one’s environment – via participation and ownership (p. 33-34). Although an in-depth explanation of each capability is outside the parameters of this paper, using art as a strategy to help cope with trauma and strengthen fragile states that have arisen from war and poverty directly covers five of these ten components, with an additional four being covered indirectly.

The policy approach advanced in this paper is designed to secure the futures of children and youth, families, and communities through creative approaches to on-the-ground practices in several ways that enhance, if not outright improve, the notable contributions that Canada has already made in this direction. First, the approach and recommendations are deeply rooted in the most recent and robust scientific evidence. This includes integrating the core components of esteemed evidence-based trauma practices that have been proven to alleviate the negative impact of trauma on children and youths, as well as the recent advanced research on unique properties of the arts that lend themselves simultaneously to ‘treating’ trauma while building resilience – both individually and collectively. This draws on the most recent advances in cognitive neuroscience, indicating that the arts have a unique healing ability with relation to trauma. For example, art in trauma treatment addresses visual-spatial-cognitive connections that change how information is processed in the brain (Bremner, 2002; Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Solomon & Siegel, 2003) and activate the right brain’s nonverbal hemisphere – the place where traumatic memories are stored (Glaser, 2000; Klorer, 2008). Not only do they help individuals heal, but also catalyze learning and educational attainment, aid families, and support community development efforts. In short, they are now recognized forms of promoting mental, social and cultural capital.

Secondly, this policy approach addresses obstacles and deficits that have been identified in the field. For example, efforts to help traumatized children thus far have been criticized for not being culturally sensitive, for stigmatizing participants, and for promoting pathology over resilience. Also, there have been calls from the field to conduct further research that can identify which methods work to help
traumatized youth in fragile states and how they do so – not just simplified documentation that they help. Art-based strategies and the recommendations provided herein can overcome these deficits.

Thirdly, this policy approach and the recommended program that addresses all of its components directly incorporates the findings of CIDA’s own funded report Children's Participation in Humanitarian Action: Learning from Zones of Armed Conflict (Hart) as well as the similar report prepared for CIDA by the International Institute for Child Rights and Development, Children as Partners: Child Participation Promoting Social Change (Cook, Blanchet-Cohen & Hart, 2004). More specifically, adopting art as a policy strategy is, by its very nature and design, one that gives young people a chance to make their own valuable contribution that directly benefits themselves and their communities. The benefits of this approach relate to protection and peace building by addressing all areas that have been identified as key to successful development efforts: personal empowerment; relationship building; coping with abuse; access to services; communal identity; play and recreation; and psychosocial well-being (Hart).

Canada has an opportunity to invest in addressing childhood trauma with a return on their investment that alleviates the negative impact on Canada’s own abused children as well as on those children who live in fragile states overseas due to war and conflict. The evidence shows similar needs amongst both groups of children and highlights how trauma must be addressed both in terms of healing the pain and building resilience. It is also vital to target the universal features of trauma’s impact, but to do so in culturally appropriate and locally sustainable ways. This serves as the foundation for bridging what we know about trauma from the child welfare domain with what is so desperately needed in order to secure the futures of children and youth in the international development context. The central premise of this policy paper is that the arts concurrently ‘treat’ trauma and build resilience in harmony with each unique cultural context – both at the individual and communal levels – and is able to deliver benefits that are urgently needed at home and abroad.

**Policy Goal:** To provide the evidence base for adopting art as a policy strategy by highlighting the significance of art in trauma, health promotion, research, education, and social action to inform policy on caring for traumatized children and youth in Canada and overseas.

**Canada’s Interest in the Issue:**

The Canadian International Development Agency is committed to helping people in fragile states and conflict/post-conflict settings. The way to secure the futures of children and youth with the farthest reach and deepest impact is to pledge resources and efforts dedicated to addressing the deleterious effects of childhood trauma.

All of CIDA’s programs heroically aim to help the suffering of children and youth in fragile societies the world over. However, there is very little evidence that currently funded programs are capitalizing on the very best that the trauma field has to offer:

- Current CIDA supported programs are not taking advantage of or integrating the most recent and scientifically robust research on evidence-based practices – proven techniques for alleviating the negative impact of interpersonal childhood trauma.
- Current efforts do not appear to be taking advantage of trauma experts in order to sensitize organizations to the particular needs of traumatized youth. In this regard, there is little movement toward creating trauma-informed systems of care – an evidence-based organizational approach to helping traumatized youth.
- Although CIDA draws from Canadian organizations and individuals as partners in meeting their development goals, the flow of resources and efforts is typically unidirectional – targeting children and youth in international contexts. The policy approach herein seeks to concomitantly benefit youth who suffer in fragile societies racked by conflict abroad, as well as youth in fragile psycho-emotional states due to abuse right here at home.
- Canadian initiatives have begun, rightfully, to target the mental health needs of youth in Canada, as evidenced by The Health of Canada’s Young People: a mental health focus - the national report on Canadian findings from the 2009/10 cycle of the Health Behaviour in School-aged Children study (HBSC). However, efforts to date have not addressed the mental
health needs of the most vulnerable Canadian youths – those involved in child protection due to abuse and neglect.

The initiatives and program recommended herein engages in bilateral policy development in Canada and internationally – CIDA’s mandate verbatim - by focusing both on domestic and international childhood trauma. In this regard, it outlines major advances in meeting the mandate of both the Division of Childhood and Adolescence of the Public Health Agency of Canada and the Canadian International Development Agency.

Social Significance & Economic Cost:

- Everyone is likely to experience at least one traumatic experience in their lifetime and, in its aftermath, many will develop a mental disorder as a result.
- Intentional or interpersonal types of trauma, such as child abuse or war-related trauma, are the most debilitating to individuals and communities.
- Trauma experienced during the early developmental processes, childhood trauma, exceeds the damage associated with post-traumatic stress (PTSD), and can derail child development and deform the developing self.
- For those who experience marginalization and stigma, the impact of traumatic experience is thought to be much worse.
- Economic costs of child abuse are staggering, with the most recent estimate topping $124 billion – far surpassing such costly epidemics as diabetes and stroke. However, expenditures to address abuse-related trauma pale in comparison to its astonishing social and economic price.

Recommendations:
1. Fund ‘The HEART Part: Healing & Education through the Arts, Research on Trauma & Training Partnership’
2. Provide or increase funding to implement and evaluate the use of art in the promotion of health and resilience in development work – especially for programs targeted toward helping children overcome trauma, poverty, or stigma. One way to do this would be to place a special ‘call for proposals’ that specifically utilize and integrate the arts with evidence-based practices to both address trauma and promote resilience.
3. Require that all programs designed to secure the futures of children and youth have an identified ‘child-participation’ component. Children’s participation has been identified as essential to effective and sustainable development efforts by CIDA’s own previously funded reports.
4. Recognize the arts as an ethical and culturally sensitive way of overcoming the controversy of implementing Western developed trauma interventions in distant, culturally diverse locales.
5. Prioritize financial support for University – NGO – Arts partnerships. This is the best way to guarantee the production of rigorous research, transparency, accountability, knowledge translation and innovation. The combination of these knowledge brokers is the best way to deliver evidence-based approaches in ways that maintain cultural sensitivity while strengthening communities.
6. Promote arts-based community development efforts. This would include supporting programs that seek to develop and expand local community arts resources in ways that can simultaneously contribute to CIDA’s development goals. The HeartPart program (detailed at the end of this paper) is designed to do this.
7. There is a great deal to be gained by sharing what is known about childhood trauma in Canada with those dedicated to alleviating the traumatic suffering of children and youth in fragile states abroad. The research hub of the HeartPart (detailed at the end of this paper) establishes a mutually beneficial knowledge network bridging these two research and practice arenas.
8. Support the advancement of trauma-informed systems of care – in the context of child protection at home and abroad. This can best be accomplished by initiating a collaborative working-group or task-force that bridges the Canadian International Development Agency with the Division of Childhood and Adolescence of the Public Health Agency of Canada with the sole aim of focusing bilaterally on domestic and international policies that can address childhood trauma and protection. Part of this would be to collaborate on creating trauma-informed systems of care in international development, education and child welfare contexts.

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POLICY PAPER: Coping With Childhood Trauma – Art As a Policy Strategy

Both designing evidence-based policies and intervening on behalf of traumatized children are complex processes that must simultaneously consider and ultimately negotiate multiple factors. This requires that the implicit assumption of a linear relation between evidence and policy be exchanged for a more interactive and dynamic model (Black, 2001). Scholars of childhood mental health outcomes have recommended that evidence-based policies adopt a broad approach – one that “highlights evidence as central but recognises that there are other critical variables important for decision-making” (McLennan, Wathen, MacMillan & Lavis, 2006, p. 658, as cited in Williams & Fulford, 2007). Therefore, the narrow scope of trauma interventions that have been able to be measured by the strict requirements of the randomized controlled trial and, therefore deemed “evidence-based practices,” should not be the ultimate arbiter of policy. Although evidence is essential in policy making, evidence in support of more innovative methods may be required in order to address other vital factors. When it comes to helping traumatized children across contexts, these include adopting methods that are culturally sensitive and socially inclusive, finding enticing and un-stigmatizing ways to engage individuals in services, strengthening families and rebuilding community supports, advocating approaches that build on natural support structures, and identifying original modes of cost-containment and sustainability. Just as evidence-based policies must blend evidence with values and other variables, trauma interventions must integrate two interrelated approaches to healthcare: practices relating to relieving suffering and reducing risk for identified individuals and communities as well as those that aim at promoting their health (Williams & Kerfoot, 2005). In short, policies must focus on healing the ills of trauma as well as promoting resilience in the face of it.

Art as a policy strategy is capable of remedying the considerable challenges involved in formulating policies and programs to help traumatized children and youth in a global context. In order to ensure the widest scope and farthest reach, policies must draw from evidence but be culturally adaptable, sensitive to values and ethics, and able to address various needs across multiple levels. In trauma work, this means that policies must simultaneously promote individual healing, encourage family support, and advance community building, but in ways that endorse local resources and traditions. There is growing evidence that art is particularly well-suited to address the fallout of trauma. Whether methods are visual, musical, drama or dance based, all art forms share the common features of being emotionally expressive, non-verbal modes of communication, drawing from an individual’s unique mental and perceptual imagery, and are composed of cultural symbols and shared meanings. They are valued as therapeutic processes for those who engage in them, and informative products for those who view or consume them. Although each medium may provide special benefits based on their unique characteristics, art as a policy strategy recognizes the mutual benefits of the arts, broadly defined. Although this paper emphasizes the visual arts, their strategic value in the policy domain is based on their common therapeutic value and, most notably, they serve as a natural, ethno-culturally sensitive way to adapt interventions across contexts, with the power to nullify the stigma that is often attached to receiving trauma treatment. The arts also simultaneously target the individual, family and community in a way that concurrently ‘treats’ the negative effects of trauma while also promoting health by fostering resilience. Recent advances in cognitive neuroscience, art and trauma demonstrate that knowledge on how best to address trauma has outpaced innovative policy approaches. In order to offset this imbalance, I propose that art be recognized as a policy strategy for helping traumatized youth across contexts, and provide the evidence upon which to build such an innovative policy approach.
TRAUMA: Definitions, Debates & Complicating Factors

Trauma debilitates individuals and devastates societies. Child abuse trauma often appears ghostly and invisible and war related trauma is revealed across ravaged communities - both robbing children of safety and security. The gaping wounds of trauma are hidden deep within a child’s psyche and deprived spirit, with its detrimental effects most evident in arrested child development, immobilizing fear, and volatile or withdrawn behaviour. The economic costs of trauma are staggering – only to be surpassed by their social impact which, in turn, extends the price to be paid over the lifespan of individuals and deep into the future of whole societies.

Most people will experience a major trauma in their lifetime, and conservative estimates are that 25% will develop psycho-emotional symptoms so severe that they would qualify for a psychiatric diagnosis (Fletcher, 1996). Although definitions of ‘trauma’ can differ, trauma is defined in this policy paper broadly as deep human suffering caused by overwhelming life experience that persistently interferes with one’s quality of life or well-being. Trauma affects every ethnicity, every age group, every demographic whatsoever (Green et al., 2002), but none so severely as children. One category of traumatic experience is known to inflict the most damaging consequences to individuals, and cultures: those that are human-caused (Green, 1993; Haden, Scarpa, Jones & Ollendick, 2007; Solomon & Heide, 2005). Interpersonal trauma (e.g. domestic violence, abuse, assault or war) is distinguished in the research from non-interpersonal trauma (life threatening illness, accidents, and natural disasters) (Rodenburg, Benjamin, de Roos, Meijer, & Stams, 2009). Research shows that intentional or interpersonal types, such as child abuse or war-related trauma, yield an increased risk of developing PTSD (De Bellis & Van Dillen, 2005; Kilpatrick et al., 2003; Pine, 2003) and are, in general, more debilitating (Green, 1993; Haden et al., 2007). I focus within this category, on two types: one that is so rampant all we need to do to see it is to turn to any news outlet – war. The other one is so commonplace it is hardly ‘news’ at all: child abuse. Children and youth account for over half of today’s population, with over 90% residing in the developing world. The blow of trauma, when experienced during critical growth periods, can go beyond the damage of posttraumatic stress disorder and derail or distort the entire developing self (Herman, 1992; 2001; van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). Also, for those who experience marginalization and stigma, the impact of traumatic experience is usually much worse (Vogt, King, & King, 2007).

Although the social costs of childhood trauma are incalculable – especially when the trauma is inflicted at the hands of adults – the economic costs have been tabulated with astonishing results. The very best and most recent robust approaches in incidence-based costing methods estimate the lifetime cost of non-fatal child maltreatment in the United States to be $210,012 per victim (Fang, Brown, Florence, & Mercy 2012). Given the annual number of new non-fatal and fatal child abuse cases, the overall cost tops $124 billion – far surpassing such costly epidemics as diabetes and stroke. However, expenditures to address abuse-related trauma pale in comparison to its astounding social and economic price. The prevalence of child maltreatment and its related costs are indisputably “high enough for policy makers to justify allocating resources to effective prevention and mitigation strategies” (Fang et al., 2012, p. 162). The expense of caring for children in the context of war is astounding as well, demonstrating a demand for policies that promote the most effective and culturally appropriate strategies. In 2007, UNICEF, the United Nations’ lead children’s agency, launched more than 50 distinct funding appeals (totalling US $874 million) to support humanitarian interventions addressing the needs of vulnerable children and women (UNICEF, 2008). Social problems of such epic proportions require creative, innovative and ambitious solution-focused strategies.

The most common concept used to describe the aftermath of a terrifying life experience is post-traumatic disorder or PTSD – a diagnostic category that originated with war veterans, but
is now applied to child soldiers (Derluyn, Broekaert, Schuyten, & DeTemmerman, 2004) and rape survivors (Jaycox, Zoellner, & Foa, 2002), victims of natural disaster (Steinglass & Gerrity, 2006) and abused children (Briere, 1992, 2002; J. Cohen, Deblinger, Mannarino, & Steer, 2004; Deblinger, McLeer, Atkins, Ralphe, & Foa, 1989). However, any broad scale discussion of trauma, devoid of context specificity, runs the extreme risk of reifying or essentializing trauma – a process that undermines the very intimate and unique significance of such horrific circumstances. For this reason, it is vital, here, to elaborate briefly on some distinctive variables that may greatly shape, and hence differentiate, one type of trauma from the next.

**Contextualizing Trauma:** Although everyone is likely to experience a major traumatic event in their lifetime, we are not equally susceptible to suffering its ill effects. In short, social location matters. The greater the number of chronic adversities one faces, the greater the likelihood of negative outcomes (Simons et al., 2002; Turner, Finkelhor, & Ormrod, 2006). For example, those individuals and groups who experience marginalization and stigma (e.g. the poor; persons of ethno-racial minority, incarcerated or homeless individuals, victims of political oppression, genocide, ethnic cleansing, torture, or displacement, developmentally, intellectually or psychiatrically challenged individuals, front line staff who are repeatedly exposed to traumatic suffering) the impact of traumatic experience is thought to be much worse (Vogt, King & King, 2007). In the case of child abuse, gender is an important factor, with girls being understood as more susceptible and vulnerable. In addition, the family structure and conflict due to various stressors increases the risk that the child will experience multiple traumas, often referred to as poly-victimization (Turner, Finkelhor, & Ormrod, 2007). Children who are abused have significant behavioral and mental health difficulties, lower educational attainment, are twice as likely to attempt suicide, have lower paying or menial employment, are more likely to misuse alcohol and other drugs, and there is an increased chance that they will abuse their own children (Gilbert et al., 2008).

**PTSD:** Psychological trauma found the limelight in the wake of the devastating Vietnam war. There was a fundamental shift away from the Freudian tradition (Leys, 2006) that seemed to imply blame on those who suffered, in favor of an objective disease model that sought to validate how traumatic events “would evoke significant symptoms in almost anyone” (American Psychiatric Association, 1980, p. 238). Recognizing that symptoms could develop in almost anyone allowed returning soldiers to be honorably recognized as wounded warriors as opposed to weaklings unable to cope with the burdens of war. The diagnostic criteria for these ‘war wounds’ were formally recognized as PTSD with the publishing of the third edition of the Diagnostic and Statistical Manual of Mental disorders in 1980. Trauma expert Bessel van der Kolk states “in important ways, an experience does not really exist until it can be named and placed into larger categories” (van der Kolk, McFarlane & Weisaeth, 1996, p. 4). In giving the name post-traumatic stress disorder to the exceptional suffering that manifests in some people following a traumatic event, “western civilization has simultaneously created three important entities: a disease, a diagnosis and a powerful organizing framework for understanding how people’s biology, conceptions of the world, and personalities are inextricably intertwined and shaped by experience” (van der Kolk, et al., 1996, p. 4). The overwhelming majority of research is centered on a Western notion of trauma, namely post-traumatic stress disorder or PTSD. This diagnosis, according to the Diagnostic & Statistical Manual of Mental Disorders (DSM), is based on six major criteria, two of which provide a definition: “(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; (2) the person’s response involved intense fear, helplessness or horror” (American Psychiatric Association, 1994, p. 428). PTSD commonly co-occurs with other affective disorders (Ackerman, Newton, McPherson, Lones, & Dykman, 1998) such as acute
stress disorder (ASD), generalized anxiety disorder, childhood traumatic grief, specific phobias, and/or separation anxiety (Stallard, 2006).

**Trauma as Culturally Situated**: The diagnosis of PTSD, solely conceived within individually oriented Western culture, has been viewed as a social construction of the West and has generated fervent debate, leading some to accuse the West of exporting mental illness to areas in the world where such a diagnostic, pathological understanding of human misery is foreign and rejected (Summerfield, 1999, 2001; Watters, 2010). With rapid globalization, this argument not only applies to the label of PTSD, but also to evidence-based interventions (Summerfield, 2001; Bracken, Giller, & Summerfield, 1995; Bracken & Thomas, 2005). This dispute is rooted in psychology and culture being thought of as two independent entities in the West (Bracken, 2001). However, culture pervasively mediates the expression of emotion, so what is relevant to one locale may not be appropriate for another (Bracken, 2001, p. 737). Soros (2003) has described this as the ‘fertile fallacy’ – taking a valid, useful idea (i.e. PTSD, evidence-based practices) and extending it to areas where it no longer applies.

**Trauma-as-Universal-Disorder**: Instead of seeing trauma as culturally relative, this perspective views trauma as biologically-based and universal, with common symptoms that are rooted in the physio-neurological impact of overwhelming life-threatening experiences. This approach recognizes cultures’ influence, but maintains the universality of symptoms. One of the benefits of this viewpoint is that the diagnosis of PTSD seems to have been received by some victims “as a legitimization and validation of their psychic distress. Having a recognizable psychiatric disorder can help people make sense of what they are going through, instead of feeling ‘crazy’ and forsaken” (van der Kolk et al. 1996, p.5). Most practitioners recognize this universal approach to trauma, including renowned trauma expert Judith Lewis Herman, the DSM, and the ICD, which is produced by the World Health Organization (Bracken, 2001). Over the past ten to twenty years, the wealth of research on childhood trauma has documented what has long been suspected by leading trauma scholars – that the universal PTSD diagnostic has failed to capture the full constellation of symptoms that are reported by large numbers trauma survivors (Foa, Stein, & McFarlane, 2006), especially those who experience trauma during their youth. The following, much more severe, type does.

**Complex Trauma**: The nature and timing of trauma, if intimate and early, may not result in specific signs or symptoms, but in profound complex manifestations that affect a person’s biopsychosocial systems long after the traumatic event itself (Newman, Orsillo, Herman, Niles, & Litz, 1995; Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997). This more compounded version is known as Complex Trauma - the disorder thought to develop in those who have endured repetitive or prolonged trauma, occurring at an early age during crucial developmental periods (Ford & Courtois, 2009; Herman, 1992; Pearlman & Courtois, 2005; Pelcovitz et al., 1997; van der Kolk et al., 2005). Also known and promoted as Developmental Trauma Disorder (DTD) and officially proposed to be included as a new diagnostic category in the next edition of the DSM (van der Kolk et al., 2009), complex trauma causes changes in the body, mind, emotions and relationships of a person with some core indicators: affect dysregulation, dissociation, impaired sense of self and disorganized attachment patterns (Ford & Courtois, 2009, p. 13). Sadly, today, researchers are increasingly realizing that most trauma, in particular abuse related trauma in children, is complex (Creamer, Phillips, & Sheehan, 2007; Finkelhor, Ormrod, & Turner, 2007). Here, the likelihood that both child abuse and the atrocities of war are ongoing, chronic, and occur during critical developmental junctures underscores the gravity of their impact.

‘Trauma’ Defined: ‘Trauma’ is defined broadly in this policy paper. It is intended to recognize PTSD and complex trauma, but understands that, regardless of diagnostic, trauma
equates to deep human suffering caused by overwhelming life experience that persistently interferes with one’s quality of life or well-being. In this sense, the policy recommendations are designed to inform and target the widest range of those affected by trauma in ways that acknowledge universal features, but respect cultural nuance.

Although the focus of this paper is to provide the evidence for promoting the arts as a policy strategy, it is also important to acknowledge the established scientific evidence-base on how best to treat trauma in children, regardless of whether the cause is abuse or war. It is from combining the evidence across individual and collective approaches that art will be highlighted as an innovative policy strategy. Therefore, the following sections summarize the established “evidence-based treatments”, or those that have met the strictest standards of research rigor, on how best to help children who suffer in the wake of trauma.

_Trauma and Abused Children: The Evidence_

Hands down, cognitive behavioural therapy (CBT) has received the most empirical support for the treatment of PTSD in children, youths, and adult survivors (J. Cohen, Berliner, & March, 2000; J. Cohen, Mannarino, Berliner, & Deblinger, 2000; J. Cohen, Mannarino, & Knudsen, 2005; King et al., 2000; Pine & J. Cohen, 2002). Amongst all protocols, trauma-focused cognitive behavioural therapy, or TF-CBT (Deblinger, Lippmann, & Steer, 1996), has shown to be the most efficacious for children (3-17 years old) with many different types of trauma, such as sexual abuse, traumatic grief, interpersonal violence, terrorism, natural disasters, and multiple traumatic events (Berliner, 2006; J. Cohen & Mannarino, 2008; Hoagwood et al., 2006), and is being adapted and tested for use internationally. Four components of CBT for use with traumatized children have received the most empirical support: stress inoculation, psychoeducation, cognitive restructuring, and exposure (Ford & Courtois, 2009).

Another image-focused and evidence-based treatment, proven effective with adults but successfully adapted for children, is eye movement desensitization and reprocessing (EMDR) (Jaberghaderi, Greenwald, Rubin, Dolatabadim, & Zand, 2004) – an information-processing psychotherapeutic approach. A recent randomized clinical trial of 40 adolescents in Canadian youth protection with abuse-related trauma symptoms demonstrated that those who underwent an enhanced version of EMDR showed significant improvements in their trauma symptoms and behavioural problems, with effects maintained at a 3-month follow-up (Farkas, Cyr, Lebeau, & Lemay, 2010). The unique therapeutic mechanism of EMDR is thought to be ‘dual attention stimulation’, which originally involved bilateral (i.e. back-and-fourth) eye movements across a focal plane (Shapiro, 2001). Although the precise functional machinery of this ‘dual attention’ is still not fully known, Shapiro (2001) posited that old memory networks are activated while attention is focused on the present with external visual, auditory, or tactile cues, with the aim of building associations between the stressful memory networks and other more positive ones through a process that enables an individual to maintain attention on the negative past and more positive present.

Although not yet evidence-based, Blaustein and Kinniburgh (2010) have developed a flexible framework that is considered a promising practice that addresses complex trauma regardless of whether the intervention is designed for individuals, families, communities, or organizations – making it particularly useful within the policy domain. The ‘Attachment, Self-regulation & Competence’, or ARC, framework is unique in that it targets complex trauma – the deeper more fundamental fallout associated with childhood trauma – and it helps caregivers manage their own trauma in order to help children with theirs. The ARC treatment model targets domains that are understood as the basic building blocks of a self: attachment, or the relation between self and other; self-regulation, or the basic ability to have control over one’s own faculties; and competency, aptitude and skills embedded in one’s self (Blaustein &
Kinniburgh, 2010). The evidence for this flexible, component-based framework is mounting, with increasing empirical support in treating complex trauma in ethnically and racially diverse children, including the very young. In a recent naturalistic program evaluation, children involved in child protection showed improvements, and those that completed treatment had higher success rates in obtaining permanent home placements (Arvidson et al., 2011). Particularly relevant to this policy paper, this study incorporated the expressive arts and was delivered to pre-school aged children with rich ethno-cultural diversity (American Indian, Alaskan Native, Caucasian, and African American). These favorable outcomes contribute to the evidence in support of the ARC model in treatment of complex trauma in school-aged children and adolescents (Blaustein & Kinniburgh, 2010).

The scientifically rigorous evidence that has accrued on this type of interpersonal trauma suggests that the negative effects need to be address and ‘treated.’ The proven techniques detailed above are easily delivered via the arts and often utilize the same treatment mechanisms – both to help children and the larger systems that care for them.

**Trauma and Children in Conflict Zones: The Evidence**

Like abused children, children who live in conflict zones may also suffer the psycho-emotional consequences of trauma such as PTSD or complex trauma. However, the evidence suggests a ‘resiliency building approach’ over a ‘treatment’ approach. In the context of war, the impact of trauma ripples throughout all levels of the social environment. Comfort and safety are not only threatened on physical and psychological levels, but the nurturing capacities of their caregivers and the supportive institutional pillars of community life may be rendered incapable of providing the essential developmental support that children need (Ager, Stark, Akesson & Boothby, 2010; World Health Organization, 2004). Daily disruptions may seriously impair a child’s developmental processes, stripping them of environments that stimulate cognition, encourage critical thinking, or allow for self-expression (Green et al., 2002; Masten & Obradovic, 2008).

What stands out from the research on children affected by the trauma of war, as compared to abuse-related trauma, is that the primary focus of need is not on direct service provision. Rather, policies need to utilize and rebuild community capacities, strengthen family and social support networks, reinforce schools, preserve religious affiliations, and promote local healing traditions (Ager et al., 2010; Barenbaum, Ruchkin, Schwab-Stone, 2004). In short, the best way to help individuals who may be suffering from the ill effects of war trauma is to promote resilience. In this regard, facilitating active participation of children and youth within the wider community in a socially inclusive and un-stigmatizing way is crucial (Ager et al., 2010; Green et al., 2002).

As noted above, the evidence-base shows similar needs amongst both groups of children and highlights how trauma must be addressed both in terms of healing the pain and building resilience. It is also vital to target the universal features of trauma’s impact, but to do so in culturally appropriate and locally sustainable ways. This serves as the foundation for bridging what we know about trauma from the child welfare domain with what is so desperately needed in order to secure the futures of children and youths in the international development context. The following section serves to illustrate just how the arts concurrently ‘treat’ trauma and build resilience in harmony with each unique cultural context – both at the individual and communal levels – with benefits that are urgently needed at home and abroad.
MULTIDIMENSIONAL BENEFITS OF THE ARTS: Recovery & Resilience

The following overview of the arts is based on a recovery-resilience model. That is, as much as the arts are a means to treat the negative psychological impact of trauma, they are also a method of building resilience. The latest understanding from the best research shows that resilience is not a static state inherent inside an individual, but it is the interactions between an individual and their environment that help people heal and overcome adversities (Liebenberg, Ungar, & Van de Vijver, 2012) such as those associated with war or abuse related trauma. Far more complex than originally thought, resilience is associated with individual aptitudes (such as the capacity to form attachments, self-regulate, cognitive skills, and personality or temperament), relationships (with family, friends, peers, and the ability to interact in socially appropriate ways within community), and the availability of community resources and opportunities (including education, health and recreation) (Luthar, 2006; Masten, 1999; Ungar, 2011). The following sections will provide an overview of how the multidimensional nature of the arts are particularly well-matched to serve the needs of traumatized children whether here, in Canada, or far away in areas of conflict and war. This includes how they are particularly healing to traumatized individuals, how they provide supplemental support to families coping with trauma, and how they are recognized as agents of community development.

INDIVIDUAL LEVEL:

The therapeutic value of the arts is widely recognized - direct evidence being the long established and worldwide profession known collectively as creative arts therapy. Although the arts are used to address a host of issues and conditions, they are particularly noted for their effect in the treatment of trauma. For example, dance/movement therapy has been implemented in Sierra Leone with a particular focus on reintegrating traumatized child soldiers back into society, with such non-verbal methods appraised as particularly beneficial in countries where verbal expressions of distress run counter to cultural norms and values (Harris, 2009). Drama techniques have been used to address splitting and identification with the aggressor in teens that have experienced the trauma of interpersonal violence (Haen & Weber, 2009). A recent study used art to treat a severely traumatized woman and rooted these procedures in recent advancements in psychodynamic theory and neurology’s emerging understanding of the role of the mirror neuron system (Buk, 2009). With results that range from slight to significant, much of the work to address trauma via the arts is supported by current research from neighboring fields (e.g. neurobiology, human development, cognitive science). The most recent research has been particularly strengthened by evidence that there is an organic, neurological connection that links trauma with the arts – adding scientific weight to the widely held belief that the arts are particularly useful in communicating about things for which there are often no words (Malchiodi, 2003).

The numerous benefits of the arts can be understood from the standpoint of the art-making process as well as the value of the art product – providing value whether one actively engages in or passively appreciates the arts. However, the most important feature with regard to trauma is that participating in the process of artmaking restores a sense of safety and control in the child’s life and allows for the expression of the inexpressible (Malchiodi, 2003). The art product allows children to experience a safe distance between themselves and their painful emotions and can serve as documented testimonial evidence of pain that, when witnessed by another, can be restorative in terms of personal pain and public justice. The foundation for the therapeutic value of the arts is grounded in a multi-theoretical perspective that has many facets. In order for art to serve as a strategy for evidence-based policy, the benefits highlighted below will be rooted in neuroscience and will build on the components, outlined earlier in this paper, that are embedded within the established scientific evidence-based treatments on how best to help children who suffer from trauma.
Right–Left Brain Hemispheric Lateralization: Trauma specialists (van der Kolk & Fisler, 1994) have explained how medical imaging can illustrate how trauma triggers decreased activity in the Broca’s area, or the section of the brain involved in translating subjective experiences into speech, and considerably greater activity in areas of the right hemisphere associated with emotions and visual images (Van der Kolk & Fisler, 1994). This is echoed in an article on expressive therapy with severely maltreated children where Klorer (2005) indicates that early trauma leads to impairment in hemispheric integration with traumatic memories thought to be lodged in the non-verbal right hemisphere. Everly and Lating (2004) suggest that this occurs because of the increased activation of the amygdala and hippocampus, two structures within the limbic system, which have no verbal output. It is believed that the use of art in trauma treatment addresses visual-spatial-cognitive connections that change how information is processed in the brain (Bremner, 2002; Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Solomon & Siegel, 2003). The growing consensus that traumatic memories are stored in the brain’s right nonverbal hemisphere (Glaser, 2000; Klorer, 2008), coupled with the potential that these are the same regions activated in art making, are what makes the idea of using talk therapies so puzzling and provides the basic rationale in support of non-verbal treatment modalities.

Bi-lateral stimulation: Similar to the known effective mechanisms of EMDR and backed by neuroscience, art making has been used to rehabilitate the organic changes that are thought to occur in the brain post trauma. Therapists are designing and implementing art processes that serve to integrate right and left brain functions that, in turn, help integrate traumatic experiences (McNamee, 2003, 2004; Talwar, 2007; Cassou, 2001). These art-based techniques are built upon the foundations of EMDR addressed earlier in this paper. In this sense, art making becomes an ideal medium to use in conjunction with EMDR principles. It can be a bilateral process through which youth can express their own subjective sense of the lived experience of trauma in ways that are uniquely personal and culturally situated.

Meta-verbal Communication: The central argument in support of art as an ideal treatment for trauma rests on the idea, promoted by van der Kolk and van der Hart (1991), that traumatic memories and the cognitive-affective impairments (e.g. intrusive recollections, flashbacks) linked to them are encoded as vivid images and sensations that are inaccessible through solely linguistic means – regardless of age at onset. This is supported by client descriptions (Smucker, Grunert, & Weis, 2003), and since art involves the use of symbolic imagery through shapes, color, lines and form (Avrahami, 2005), art is highly regarded as more conducive to expressing, through images, the otherwise indescribable pain. That is, images are not merely non-verbal, but go “beyond words” and therefore provide a “metaverbal” therapeutic approach (Moon, 2008) to help those who find it difficult to speak of the unspeakable (Stember, 1980; Golub, 1985; van der Kolk, 1994; Malchiodi, 2003).

Symbolism: Research has demonstrated that those with PTSD often have difficulty using psychological mechanisms such as symbolism, or the ability to translate visual and sensory-motor representations into relevant symbols (van der Kolk & Fisler, 1994). The promotion of this deficient skill, symbolism, becomes part of the healing nature of art where a child creates a variety of symbols associated with the traumatic event and learns how to change those symbols into more adaptive representations. This ability to shift symbols through artwork has been associated with behavioral change (Cohen, Barnes, & Rankin, 1995) and may be key to ascribing (or correcting) meaning because unhealed traumatic memories are believed to attach themselves to artistic symbolic language (Spring, 2001). This is called the process of “image conversion” (Spring, 2001 p. 201) or the translation of an artistic form to a linguistic one (Chapman et al., 2001; Spring, 2001) – a process believed to be possible through neurological processes (Spring 2001) and helpful in cognitive restructuring. This feature is identified within
the evidence-based trauma literature as essential to healing from trauma. This process of image translation has been identified as particularly healing by both abuse and war related trauma experts (Spring, 2001; Stepakoff, 2007).

Given the limited scope of this paper, it is impossible to detail every dimension of how the arts are uniquely suited to address trauma and build resilience. Some of the additional benefits that have been proved through scientific research include how art reduces stress, enhances educational efforts, aids in narrative restructuring, facilitates gentle exposure, fosters attachment, helps in self-regulation, and bolsters competency. In addition to the individual level benefits, the arts equally strengthen families and whole communities, detailed further below.

FAMILY LEVEL

Making art is a form of play that can provide a sense of normalcy to children who may be struggling to cope with either the inner turmoil of abuse or the external chaos common in war-torn communities. In fact, the developmental benefits of play are increasingly recognized – so much so that it is suggested that play be recognized as its own developmental domain of normal child development (Lifter, Mason & Barton, 2011).

Artmaking is an inherently therapeutic activity that is often just as appropriate and appealing to adults as it is to children. When children and their caregivers make art together, they are not just spending time with each other, but are communicating and sharing experiences. Research suggests that when children discuss their experiences with their parents, they learn to express what they see on the outside with what they are experiencing on the inside – a process that helps them process their own difficult feelings as well as becoming more aware of the emotions of others (van Nijnatten & van Doorn, 2007) – the definition of emotional regulation, attunement, and the foundation of emotional intelligence. Parents who elaborate on the feelings of their children stimulate their memory (Siegel, 1999) which, in the context of trauma, may be vital to processing experiences, expressing related feelings, correcting the often erroneous beliefs and interpretations that become associated with traumatic events – all the while strengthening family bonds.

In addition to the value of the arts in enhancing relationships – including those strained by trauma or other distress – enrolling one’s children in community-based arts activities provides space for parents and a safe place for children to express themselves. Sometimes the relief of having structured activities for one’s child to engage in is just enough help to breathe life into family systems that may themselves be impacted by trauma caused by the pain of abuse or the chaos of war. In addition, appreciating a child’s artwork or attending their performances lights the way for parents to praise their children and express their love – elements with unmatched therapeutic value. From a therapeutic standpoint, there are noted benefits to using the arts in family therapy (Linesch, 1993; Manicom & Boronska 2003). What’s more is that, regardless of context, engaging in art making as a family is not only a way of processing negative memories associated with trauma, but a very real and viable way of creating joyful new ones.

COMMUNITY LEVEL

The benefits of the arts at the community level are abundant and increasingly endorsed by researchers and practitioners, as is evident by the now well-known sub-field called ‘arts-based community development’. The arts, often discussed under the term ‘cultural resources,’ have been identified as a direct economic improvement strategy for community development (Philips, 2004) and community regeneration (Kay, 2000). There is also evidence that art, as a medium, can enable individuals and groups to become more employable, more active, more
confident, and more involved in contributing to the development of their local communities (Matarasso, 1997; Popple & Scott, 1999). In a review measuring the economic and social impact of the arts, Reeves (2002) explains that the direct contribution of arts to society lies in their ability to enhance culture by providing socially valuable leisure activities, elevating people's thinking, and contributing positively to their psychological and social well-being. Indirectly, the arts enhance our social worlds by providing stimulating public facilities, and are a source of social organization and evidence of a civil society. What is more, the creativity involved is believed to exceed established modes of thought and action, which contributes to innovation (Reeves, 2002) – a concept increasingly believed to be vital to community success and national competitiveness in today’s globalized world.

The arts are best understood at the community level as a form of social and cultural capital. Social capital refers to the community and societal benefits that are derived from forming networks of relationships. Participating and engaging in community-based arts produce conditions that promote interpersonal trust and cooperation and acceptance of others who may be different than oneself. Together, these form the basis of civil society. Occasions to socialize with those who are similar to oneself (bonding) and opportunities to make friends with those who are different (bridging) foster interdependency, mutual trust and healthy communication – all of which strengthen the fabric of society (Reeves, 2002). These interactions are thought “to broaden the participants' sense of self, developing the ‘I’ into the ‘we’” (Putnam, 2000). In addition to social capital, the arts are also believed to be a form of cultural capital – a term originally theorized by Bourdieu (1984) that maintains that exposure and familiarity to the arts provides individuals greater access to educational attainment and other avenues of social mobility.

The arts are being integrated into all types of community organizations, especially in the realm of healthcare. Empathy is vital to healthcare relations (Smajdor, Stockl, & Salter, 2011) and understanding others. Given the established links between empathy and the arts (Kossak, 2009), the arts are believed to catalyze relationship-building between individuals, expedite the formation of therapeutic alliances, and finesse program implementation and service delivery efforts. The capacity of the arts to enhance aspects of healthcare professionalism such as “empathy, altruism, compassion, and caring toward patients, as well as to hone clinical communication and observational skills” have been recognized by the larger medical establishment to the point where they are now being integrated into the curriculum for training medical doctors (Shapiro & Rucker, 2003). Staff that work at non-governmental organizations working with traumatized youth and child welfare agencies who work with the abused are highly susceptible to vicarious trauma which leads to burn-out – a condition that is both emotionally and economically draining. All the benefits of the arts as applied to children and youth who suffer from trauma can be applied to those who work in their field and are motivated to care for them. Doing so may alleviate stress and help in regulating emotions in ways that are better than merely ‘venting’ about stress (Dalebroux, Goldstein, & Winner, 2008; Drake, Coleman, & Winner, 2011; Venart, Vassos, & Pitcher-Heft, 2007). Indeed, art has been used as a way of coping for social workers who work in contexts of war (Huss, Sarid, & Cwikel, 2010). In addition, engaging with art forces one to slow down and reflect. The importance of reflective practice in psychology and mental health is increasingly identified as central to effective practice (Scaife, 2012) and, thus, the reflexive value of the arts are being appreciated in this capacity (Lahman et al., 2010; Lapum, 2008; Leung & Lapum, 2005).

Recent research (Grodach, 2010) suggests that public art spaces play a necessary and often overlooked role in community development. These creative spaces can preserve community culture, document and memorialize social traumas, and honour notable community members,
local heroes, or fallen soldiers. Public art spaces are a place where local artists and community members discuss local history and engage in neighbourhood development efforts (Evans, 2001; Borrup, 2006; Grodach, 2008). These are a few of the ways in which community art spaces build on local assets to enhance community-building and participation (Grodach, 2010; Newman, Curtis and Stephens, 2003; Matarasso, 2007).

Community arts organizations provide safe and structured spaces for youth who may otherwise have limited opportunities for socialization or recreation. The relationships that are built and enhanced by group art projects are therapeutic in and of themselves. Sharing materials, collaborating and cooperating, helping to identify creative solutions and co-constructing symbols of shared meaning are robust community building activities that draw on local customs and cultural traditions. Recently, youths have been utilizing community-based arts spaces to express their political views, and present anxieties and future hopes (Chappell, 2009). This movement has been characterized by young people’s active, public artmaking in their communities around issues of import in their lives (Chappell, 2009). When art works are made public, they serve as cultural products that contain and maintain the collective memory of a community (Reeves, 2002). At the broadest levels of society, the arts promote artistic freedom. Opportunities and access to mind-expanding activities, objects, and ideas is thought of as a democratic value (Freedman, 2000; Browne & Kreiser, 2005) and as evidence of a nation’s commitment to liberty (Davies, 2011).

**Conclusion**

Experiences with the arts, although often thought of as removed from everyday life, are part of what contributes to a life worth living. Although identified as one of the most understudied areas in sociological research, the arts are largely believed to improve our quality of life (Michalos, 2005). They empower us to create, kindle new thoughts, allow us to explore new possibilities, to reconsider old ideas, and to revisit past events. On one hand, they can facilitate healing for those who have suffered the damaging effects of trauma on an individual level, and they can contribute to community development in ways that foster collective resilience on the other.

Art is uniquely well suited and has been shown to have particular neurologically-based mechanisms that help heal the negative impact of trauma on youth across contexts (i.e. child abuse and war). Art making accesses the same side of the brain where trauma is stored and helps to translate the sensory nature of traumatic memories, first to symbols, and then to language. Art distances youth from their pain, allowing for the perspective to view their trauma as an event in the past rather than an ongoing intrusive re-experiencing of it in the present – one of the keystones of recovery. Art allows youths to face their distress while being safely soothed by the art making process. This self-regulating feature allows for exposure and integration to occur at pace and under the discretion and control of the child. The art product becomes documentary evidence of a child’s pain, a picture that may contain symbols of skewed meaning that can be reinterpreted – a process that alleviates the blame and guilt that often overburdens fragile minds and young hearts; the other cornerstone of healing. Art is a product that depicts the despicable, gives a voice to the voiceless, and speaks the unspeakable. It creates a safe space, catalyzes the building of relationships, strengthens the bond within families and economically, socially and culturally builds communities. It is on the evidence demonstrating the multidimensional benefits of the arts that it is proposed as a policy strategy to address childhood trauma.

Designing policies that reinforce the strength of science through the benefits of the arts opens avenues for handling the all-too-challenging situations that arise from the, sometimes
conflicting, priorities of the different individuals and agencies concerned with helping traumatized children. The arts, as the medium through which to deliver the scientific message, permit ethno-cultural sensitivity, allow for the respect of multiple values, and promote individual and community health, while addressing the individual symptoms and social ills caused by interpersonal trauma. By drawing on culturally familiar ways of enriching the quality of people’s lives, the arts bring people together, promote social relationships, and restore control to lives and communities who have been robbed of it through abuse and conflict. Ultimately, art as a policy strategy places the focal point of traumatic recovery in the head, hands, and hearts of those who so desperately deserve to regain a sense of control, safety and community. It is undisputed that trauma is most devastating to the world’s most vulnerable citizens, yet most valuable resource – children and youth. The Canadian government is urged to adopt art as a policy strategy in order to help traumatized children. Here is how:

**Recommendations**

1. **Fund The HEART Part: Healing & Education through the Arts, Research on Trauma & Training Partnership**

   One of the most difficult parts of addressing childhood trauma at the policy level in a sustainable way is that strategies need to simultaneously address the negative impact of trauma and promote community resilience. Although there is widespread agreement that policies should be based on evidence, this evidence largely derives from research conducted in the global North and can sometimes be difficult to translate to the global South. Therefore, policies need to be based on evidence, but delivered in culturally sensitive and un-stigmatizing ways. This ‘hard’ part can be overcome by funding the ‘Heart’ Part: an arts and evidence-based policy approach to childhood trauma that incorporates all of the recommendations that have come out of CIDA’s efforts-to-date toward securing the future of children and youth. The HeartPartnership program is specifically designed to strengthen the contributions of universities to evidence-based policy by adopting a research-to-practice approach. This international partnership is devoted to improving outcomes and identifying the most effective treatment mechanisms to facilitate individual healing, resilience and community development in the wake of interpersonal trauma. It is unique in many ways, the most notable being that it seeks to bridge efforts to secure the futures of youth at home, in Canada, and those abroad living in fragile societies riddled with war and conflict. It incorporates all recommendations that have been made to CIDA via previous field research and reports and incorporates a child and youth participatory approach to development. In short, it takes the best of what CIDA already knows and brings it to scale by supplementing it with the very latest evidence, integrating CIDA’s most recent development goals, and strengthening and sustaining it through a solid university research-to-practice international evaluation partnership.

   The “Heart Part” Policy Initiative is directly in accordance with CIDA’s recently revised focus on (1) adopting longer-term development approaches, rather than targeting immediate needs, and (2) addressing resilience to traumatic events such as war and disaster. The HeartPart Program is aligned with CIDA’s thematic priority of securing the future of children and youth, but involves overlap with other priorities, such as stimulating sustainable economic growth and improving maternal & child health. Furthermore, the “HeartPart” spans several of CIDA’s program activities including (1) Canadian engagement for development (2) Partners for Development Program and (3) Global Citizens Program – with hopes to achieving aims directly in line with the International Youth Internship Program (IYIP) for Canadian graduates. Additionally, it targets CIDA’s goals to improve the capacity to deliver education services by providing training and support to government and non-governmental actors in the area of education and seeks to engage Canadian partners to contribute to strengthening local health systems and to reducing disease and illness, with a particular focus on strengthening families, supporting motherhood, and improving child health. Specifically, an initial appraisal of the HeartPart initiative would cover CIDA’s development domains as follows:
Democratic governance
Democratic participation and civil society (015150): 25%

Private sector development
Vocational training (011330): 15%

Strengthening basic education
Basic life skills for youth and adults (011230): 25%

Other
Promotion of development awareness (099820): 20%

More information on the HeartPart initiative is available at the end of this report. Its aim is to provide an overview of its key components and to demonstrate how it advances CIDA’s efforts to date and addresses noted gaps.

Please NOTE: All recommendations that follow are built into and, therefore, covered by the first one. By following through with funding for the first recommendation, CIDA would be implementing the complete list of policy recommendations that follows. If CIDA should be interested in reviewing the HeartPart program that adopts art as a strategy to cope with childhood trauma, please contact the author of this paper kim.coleman@mcgill.ca. It should also be noted that this writer, a doctoral student, is well qualified and able to implement such a program as her doctoral dissertation.

2. Provide or increase funding to implement and evaluate the use of art in the promotion of health and resilience – especially for programs targeted toward helping children overcome trauma, poverty, or stigma.

- The best way to do this would be to place a special ‘call for proposals’ that specifically utilize and integrate the arts with evidence-based practices to both address trauma and promote resilience.
- Build on and improve the implementation of evidence-based treatments by delivering their components via the arts.
- Support efforts that advance the emerging common elements/common factors model.
- Research and evaluation should have a particular emphasis on effectiveness (rather than efficacy) and identifying treatment mechanisms.
- Prioritize, fund, and promote international research partnerships.

3. Require that all programs designed to secure the futures of children and youth have an identified ‘child-participation’ component. Children’s participation has been recognized as essential to effective and sustainable development efforts by CIDA’s own previously funded reports.

4. Early intervention is key: Provide arts programming for children of all ages with an emphasis on the very young.

5. Recognize the arts as the ethical and culturally sensitive way of overcoming the controversy of implementing Western-developed trauma interventions in distant and ethno-culturally diverse locales.

6. Promote arts-based community development efforts.

- Prioritize financial support for University – NGO – Arts partnerships. This is the best way to guarantee the production of rigorous research, transparency and accountability, and knowledge translation and innovation. The combination of these knowledge brokers is the best way to deliver evidence-based approaches in ways that maintain cultural sensitivity.
Recognize social and cultural capital as vital issues in efforts geared toward sustainable development policies.

7. **Support the advancement of trauma-informed systems of care – whether the context is child protection at home or abroad.**

   - Support the advancement of trauma-informed systems of care – in the context of child protection at home and abroad. This can best be accomplished by initiating a collaborative working-group or task-force that bridges the Canadian International Development Agency with the Division of Childhood and Adolescence of the Public Health Agency of Canada with the sole aim of focusing bilaterally on domestic and international policies that can address childhood trauma and protection. Part of this would be to collaborate on creating trauma-informed systems of care in international development, education and child welfare services.
   - Promote that child welfare systems and NGOs adopt the ARC framework as their organizational framework/policy.

8. **Require that the arts be integrated into staff training and development efforts: As a strategy to engender a culture of staff support and development as well as to prevent vicarious trauma and promote reflective practice in frontline staff.**

9. **There is a great deal to be gained by combining what is known about childhood trauma in Canada and using it to improve development efforts at alleviating the traumatic suffering of children and youth in fragile states abroad.** The research hub of the HeartPartnership (detailed at the end of this report) establishes the mutually beneficial knowledge network bridging these two research and practice arenas.

The HEART Part: Healing & Education through the Arts, Research on Trauma & Training Partnership

The ‘HEART Part’ is a collaborative partnership between Canadian Universities, Provincial Youth Protection agencies, and leading humanitarian agencies - all of which are current CIDA ‘partners’ in development. This initiative is modeled after successful innovative arts-based programs with proven track records and is composed of 3 branches or arms: (1) education and training (2) healing and resiliency-building and (3) research, evaluation and knowledge translation. It is based on and would seek partnerships with two global examples of excellence in utilizing the arts and in conducting evaluation research:

**The International Evaluation Partnership Initiative: EvalPartners:** There are innovative international partnerships that are aimed at promoting greater accountability for public policy actions via evaluation research. This recent project illustrates how worldwide partners are coming together to adopt a broad, inclusive approach to evaluation that encourages “homegrown and country-driven solutions, ideas and experience to support capacity development in evaluation” (2012). This type of initiative is an example of how large-scale partnerships can come together in order to support evaluation efforts of programs that are art focused (contact msegone@unicef.org for more information).

**Save the Children: Healing and Education Through the Arts (HEART):** One of the leading worldwide children’s organizations, Save the Children (http://www.savethechildren.org/site/c.8rKLIXMGIlpI4E/b.6292389/), has created a global child development and education approach that brings the proven power of artistic expression – drawing, painting, music, dance and more – to children in need around the world. Healing and Education Through the Arts (HEART) helps children heal emotionally and learn critical skills, so they can achieve their highest potential. This program has already reached preschoolers and school children in Haiti, Malawi, Mozambique and Nepal, totaling more than 10,000 children, with an aim to reach more than 50,000 children by 2015.
<table>
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<th>Education &amp; Training</th>
<th>Healing &amp; Resiliency-building</th>
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few programs that contain art components, seems to be a shortcoming of CIDA’s efforts to date.

All of CIDA’s programs heroically aim to help the suffering of children and youth in fragile societies the world over. However, there is very little evidence that currently funded programs are capitalizing on the very best that the trauma field has to offer:

1. Current efforts do not seem to be utilizing the best available research - evidence-based practices - for helping children in the wake of trauma

2. Current efforts do not appear to be taking advantage of trauma experts in order to sensitize organizations to the particular needs of traumatized youth. In this regard, there is no movement toward creating trauma-informed systems of care – an evidence-based organizational approach to helping traumatized youth.

3. Despite several calls from the field, none of current CIDA-supported programs target, through research, the identification of specific treatment mechanisms.

Although there are notable differences, there is a great deal to be gained by combining what is known about childhood trauma in Canada and using it to improve development efforts aimed at alleviating the traumatic suffering of children and youth in fragile states abroad (and vice versa).

There is no central database designed to showcase CIDA’s current efforts to harness the transformative nature of the arts in development work or in the attainment of international development goals.

Nor is there a communal place to share or generate ideas, or to review successful arts-based interventions, or to describe them in enough detail so as to support program replication and ongoing research.

Although the ‘Youth Zone’ appears to be a very good effort to link relatively well-off Canadian youth who enjoy a healthy quality of life to ‘other’ youth who do not and, in fact, suffer, a more mutually beneficial healing youth network can be developed.

exemplary and have influenced the design of the HeartPart program initiative and would likely be involved in its implementation.

This program is built on the most recent evidence-based treatments and is specifically designed to deliver their core components via the culturally sensitive medium of local arts.

This approach not only will advance the current evidence base, but will build support the emerging common elements/common factors treatment model.

Heart Part includes targeted efforts to evaluate if a program works, as well as how it works. This type of treatment mechanism research has long been identified as a sorely needed component within effectiveness studies.

The research hub of the HeartPartnership establishes a mutually beneficial knowledge network bridging these two research and practice arenas.

This is part of the HeartPart program.

Specifically, part of the website/database for the arts-based policy approach is designed to describe successful programs so that they can be replicated - thus strengthening the evidence bases on the arts and trauma.

The social networking components of the HeartPartnership fulfill this by linking Canadian youth who have survived the interpersonal trauma of abuse with youth in conflict-zones abroad (see program description for more information).

Annotated Bibliography


- Policymakers are increasingly recognizing that remaining competitive in today’s global marketplace rests on creativity and innovation or the successful exploitation of original ideas. Innovation requires cooperation between governments, universities, community organizations, corporate investors, and consumers. Innovation flourishes when there is a strong knowledge base combined with a culture of creativity that embraces innovative
thinking and a diversity of ideas. Although traditional notions of innovation draw on science and technology, in order to make great strides and advancements the role that the arts and humanities play in the innovation industry needs to be promoted through research and capacity-building. When applied to social problems this also means funding large-scale research endeavors that seek to promote mental capital and well-being as a vital national resource required for global innovation.


- This exemplary article highlights how countries must capitalize on the cognitive resources of their citizens in order to prosper both economically and socially. This recent and holistic account of the value of health-promoting policies serves as the basis for supporting the arts and cultural resources a policy strategy. This article outlines the impact that globalization, shifting family and economic demands, and ever-increasing life expectancies have on the health and costs at a national level. Early interventions and policies geared toward prevention are highlighted. This article provides a global context and rationale for support of arts in health promotion strategies.


- This article provides a comprehensive overview of Canadian policy and program efforts to combine the power of the arts in the promotion of health within the national and provincial medical system. This report is able to provide a strong description of the steps forward that have been taken in capitalizing on the healing nature of the arts while simultaneously highlighting the distance that Canada has yet to go in order to catch up to other Western countries such as the U.S.A, U.K., and Australia. It is both a chart of notable progress and a road map for future directions.


- As evidenced within the designation of entire professions based on the creative arts, much is known about how to heal trauma at the individual level. This report fills in the gaps about what is less known – how the arts can heal at the societal level. It provides both explanations and exemplary programs that are geared toward strengthening communities through reconciling pain, promoting remembrance, and prompting social change.


- One of the strongest Canadian efforts to date to provide a policy platform for understanding how the arts impact health on multiple levels.
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