

Pakistan: Working cross-culturally using an ACEs and Trauma framework. Is it possible?

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Abstract

This article sets out to explore cross cultural potential for using the framework of ACE's and Trauma Informed Practice through the learning encountered by the author on two trips to Lahore in 2017 and 2018. The author explores the complex layers that facilitate some of the challenges to this but also how they may lead the way in providing some of the answers. The author concludes that it is possible but only in the context of curiosity, shared conversations and humility about the diversity of human experience.

Keywords

Pakistan, trauma, ACEs, child abuse

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Introduction

As I finished speaking at the House of Lords on Trauma and Adverse Childhood Experiences and how this knowledge, incorporated into our work, enables us to have very different conversations, I was followed down the corridor by a woman. She introduced herself as Saffina and asked me if we could have a coffee. We sat down in the coffee shop and she started to tell me how much she wanted to take this knowledge into Pakistan. UK born from Pakistan parents who came over to this country in 1962, to the 'land of opportunity', Saffina has visited Pakistan throughout her life and wanted to work with organisations who were working with vulnerable children. 'We should go over there together', I apparently said. We hugged, parted company enthusiastically and I headed off to get my train. Little did I know that it was that conversation that would take us from the House of Lords' coffee shop in Westminster in July 2017 to landing in Lahore after an eight hour flight, my first time in Pakistan, the following November.

Before I proceed, I feel it important that I offer a disclaimer. I have visited Pakistan twice and have made sense of entering into an entirely different culture through those two experiences alongside reading about the country's development. I have developed an understanding about sustainable development goals, had a handful of conversations about Pakistani politics, delivered 10 workshops, speaking with attendees, and have also held deeper conversations with the various organisations that I have met. I do not claim to know very much at all and I have found this helpful rather than a hindrance. I remain deeply curious and I invite you to do the same. I can only share the

knowledge I have collected and the particular meaning that I have given to my experiences. This article is therefore not full of references supporting each supposition. In fact, data, I have found, is tricky to find in Pakistan.

Lahore – November 2017

I arrived off the plane into smoggy Lahore, barely able to see the first sights of the thousands of people in the airport. Lahore airport is chaotic, crowded and full of endless unnecessary systems that create more of the sense of chaos. I was about to discover that just about everything about this trip was outside of my experience. I had travelled through some of Thailand which paved the way for some of the poverty I encountered, and I had trekked the Great Wall of China near Beijing which prepared me for being stared at a lot. But Pakistan is a very particular country. Here are some facts to set the scene:

As at 2018 there are almost 208 million people in Pakistan (Live Population, 2018).

The country came into being during Partition at the end of British rule in 1947, argued as the best way to manage fighting between Muslims and Hindus.

Pakistan was to be for the Muslims and India was to be for the Hindus. Partition caused the mass movement of people into their chosen country ripping apart neighbourhoods and families. The impact of this trauma is still very much felt.

Pakistan is host to three of the world's biggest and most spectacular mountain ranges, the Himalaya, the Karakoram and the Hindukush (Pak Peaks, 2017).

Pakistan also has one of the oldest civilizations in history, Mehrgarh, dating back to 6000 B.C. (UNESCO, 2004).

A UNICEF report on child mortality revealed Pakistan to be among the countries which have the highest rates of infant mortality (Sidhu, 2018).

Life expectancy is 66 years old in Pakistan. In the UK it is 81 years of age.

That first trip was a steep learning curve and while everyone was very warm and friendly and welcoming, I was focused continuously on the insanity of the road 'system', the appropriateness of my clothes and shame about colonisation carried within me in my cells left behind as an unwanted gift from my ancestors. I had to spend quality time throughout the day regulating my nervous system as I adjusted to my environment.

We visited many organisations, colleges and institutions and I shared my knowledge and thoughts and interpretations on trauma and the impact of adversity upon children. I remained deeply curious and humble to ensure that I shared in a way that could be helpful. The language I used around the subject as a Westerner was unfamiliar and at times appeared irrelevant to how a country with such challenges could make sense of what I brought to the discussions. I held on to the space that connected us whenever I wavered internally — humanity. There was so much that I didn't know, so much that I didn't understand and so much that seemed to make us different, but I kept returning and resetting my internal barometer to our shared humanity.

Understanding what abuse and neglect on developing children, for example, does to our physiology, remains the same cross culturally because we share our humanness. Utilising what we know about our human biology coupled with knowledge from neuroscience and available ACE (Adverse Childhood Experiences) studies, means that all our differences stop being the biggest factor

in the conversation. I found returning to that incredibly helpful. I introduced the participants in workshops to the ACE studies, to neuroscience and to interpersonal neuro-biology. Some of the institutions were colleges and universities in psychology departments so I could really get across this interdisciplinary understanding of human development and throw in some sociology, psychology and politics!

One of the most challenging places I visited was the King Edward University Hospital. I spoke in the psychiatry department to students and staff. The sheer number of people in the building, the low-level strip lighting and the very obvious lack of resources meant that I was experiencing a hospital such as this facility for the first time. I can honestly say that I have never been in a hospital that was so deprived. Many of the psychiatrists had trained in the UK so they were kind about my barely hidden reaction, as they understood the contrast. At the other end of the socio-economic spectrum we visited Kinnaird College for Women and the privilege of those who were able to attend such a place was palpable.

Regardless of the location, I still had to stay focused on the message which was that trauma impacts us and positive and healthy relationships aid our recovery. My inner world spent much time 'hopscotching' around stark cultural differences such as Pakistan being a collectivist society rather than the painfully individualistic society that I live in, alongside how religion is a way of life, something of which I have no experience.

People requested sessions on mental health, emotional wellbeing and trauma but I rarely felt as though I was really connecting with attendees with my message.

When we returned for a second trip in April 2018, many things had changed that made the trip an entirely different experience, layering the learning from the first trip and building confidence within me that this was a good thing to be doing. The main difference that really stood out for me was Zainab.

Lahore – April 2018

Zainab was a little girl from Kasur, a small city on the outskirts of Lahore. She was kidnapped, sexually assaulted, murdered, then dumped on the side of the road. It is with a heavy heart that I say that there was little unusual about this incident, in fact child sexual abuse in Pakistan is at epidemic proportions with an added challenge of the differential between reported abuse and the abuse that goes unreported (Sahil, 2018). It was difficult to fully comprehend the systemic silence around abuse. My appraisal of this for the purpose of this article would be that the combination of the lack of structural availability and response, through what is often described as corrupt law enforcers and the power of 'shame' as a silencer, make reported figures appear lower than they actually are.

In fact one of my slides became 'stop the shhh' when it became clear in the workshop that I was running that parents often say 'shhh' when a child discloses abuse to them. As far as I could understand, this was also incredibly complex. Pakistan is two from the bottom of the gender equality index of 145 countries. Women are not generally financially able to live without support from their families. They have a high financial dependency on men. Because it is a collectivist society, people have a high emotional dependency on remaining part of their families. When we throw in 'shame' and 'honour' as concepts that often

evoke silence the layers of complexity around child protection start to become clear.

What was particularly different about Zainab, was the release of pictures of her body by her family which enabled a huge social media campaign. Given the cultural imperatives to keep stories like this quiet, we can see how brave the family were. The social media campaign caused uproar about what had happened to Zainab and sparked a national conversation about child abuse, sexual abuse, child murder and child protection.

When I returned for the second visit there was desperation to talk about child abuse, mental health and women's empowerment. Alongside this, the international conversation about ACEs and trauma had grown, just in that five months. Doctors at the King Edward University Hospital had recently attended an international conference where ACEs and trauma were talked about and I felt that they were a little proud that they had already heard of this from our November 2017 lectures. We were speaking the same language and it had all happened so quickly.

I was also in a different frame of mind, embracing my curiosity and 'not knowing', loving the learning from all the incredible people that I met and comfortably wearing traditional clothing. People I had met on the first trip felt like strong connections now we had met in person twice. The conversations we were having felt relevant, timely and necessary and I asked everyone to think about how ACE knowledge and trauma recovery and resilience could be adapted to make sense in a very different society from the one in which those theories emerged.

The Future

A return visit is booked for November 2018. Trauma is trauma but I learned that it is also relative. As humans, we adapt and life in Lahore is very hectic, full of energy, fast paced and the idea of 'me time' provokes very blank faces which left me smiling at my own naivety and cultural inexperience. I did cry, just once. My ability to hear just one more story ran out before I noticed. The teller of the story was a little curious about my emotional response as here I was, travelling over from the UK to talk about trauma and yet I expressed that I was drowning in trauma. That is exactly how it felt. The relativity of life experience, the diversity of what it is to be human and the heart-felt connection I had upon hearing one woman's story collided in my momentary collapse. Is it possible to use ACEs and trauma as a framework cross-culturally? I think it is very possible, but my role as an outsider is to spark a conversation. I have no answers to speak of really, merely connection, love from my heart and the ability to get on a plane and look into the eyes of another and say thank you for telling me who you are and sharing what happened to you.

About the author

Lisa Cherry is an author and a leading international trainer and consultant, specialising in assisting education professionals, those in social care, fostering, health and Probation to understand trauma, recovery and resilience for vulnerable children, young people and their families.

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