



The Flourish Model – The Roots of Difference and the Path to Compassion

Understanding Human Violence

Through revealing the interconnected nature of human development, evolution, behaviour and sustainability, the Flourish Model aims to provides an interdisciplinary road map explaining the relational foundations of human capacities and potential and how these promote and optimise sustainable wellbeing.

When it counts the most: Trauma-informed care and the COVID-19 global pandemic, August 2020

"We argue that never before has a TIC approach been so important to promote the health and well-being of all and to protect our marginalized populations at greatest risk. Policies that are in place to prevent re-traumatization will limit the negative impacts of trauma exposure, whether applied in individual-client interactions or organization-wide implementation amid the current pandemic. Widespread TIC implementation serves both in the immediate crisis and as a preventative measure against unforeseen future traumatic contexts. Through widespread adoption of TIC policy and practice, our continuum of services can share the same knowledge-base, evidence-based practices, and language to meet the complex needs of the global community."¹

Human beings are social animals. We are shaped by our relationships to others and to our environments and we are biologically wired to reach out and learn from these interactions. The debate around whether we have a built-in predilection for violence, however, has raged among scholars for centuries, and the answer is far from a foregone conclusion. It seems that we all carry forward the evolutionary possibility for violence, but that whether or not this is fulfilled, or evolves instead into contribution and cooperation, depends upon our unique genetic dispositions and environmental experiences. Fundamentally, it is about the quality of our relationships – to our Selves, Others and the Natural World.

We are not born as blank slates. Instead, we are both carrying forward the patterns of the past and contributing to the creative unfolding of life in forms of ever-increasing diversity and complexity. Every other living species has a fixed nature - in that they are simply operating on the basis of their natural instincts. Human beings, however, have come with the incredible capacity for transforming and transcending these instincts. We can choose to maintain the old forms that have shaped us and to live within systems that diminish us, or we can choose to work together to create new and more powerful possibilities.

It is disconnection that lies at the roots of difference, and it is relationship that reveals the path to healing and wholeness.

Youth Violence

The World Health Organization defines violence as "*the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.*"²

Youth violence is a global public health problem. It includes a range of acts from bullying and physical fighting, to more severe sexual and physical assault to homicide. Worldwide some 200 000 homicides occur among youth 10–29 years of age each year, which is 42% of the total number of homicides globally each year. Homicide is the fourth leading cause of death in people aged 10-29 years, and 84% of these homicides involve male victims.

For every young person killed by violence, more sustain injuries that require hospital treatment. Firearm attacks end more often in fatal injuries than assaults that involve fists, feet, knives, and blunt objects. Sexual violence also affects a significant proportion of youth. For example, one in eight young people report sexual abuse. Physical fighting and bullying are also common among young people. A study of 40 developing countries showed that an average of 42% of boys and 37% of girls were exposed to bullying.

"Youth homicide and non-fatal violence not only contribute greatly to the global burden of premature death, injury and disability, but also have a serious, often lifelong, impact on a person's psychological and social functioning. This can affect victims' families, friends and communities. Youth violence increases the costs of health, welfare and criminal justice services; reduces productivity; decreases the value of property.³ Among Americans aged 15 to 34 years, two of the top three causes of death are homicide and suicide.⁴ In a given year, more U.S. children will die from gunfire than will die from cancer, pneumonia, influenza, asthma, and HIV/AIDS combined."⁵

Youth violence is an increasing public health issue within the UK and London in particular. According to police-recorded data, the UK has seen increasing incidence of youth violence since 2012/13⁶, contrasting with a preceding period of improvement observed globally over the years 2000–12. A significant trend has been the rise in weapon-related crime, with 285 homicides committed involving a knife or sharp instrument in year ending March 2018 - an increase of 70 offences compared to the previous year⁷. Data from the Office for National Statistics revealed an 16% increase in the number of offences involving a knife or sharp instrument in the year ending March 2018.

Violence as a Systemic Problem

What has become increasingly clear, to everyone concerned, is that an unstable environment, whether within a family, school, community or cultural setting, is a key driver for involvement in violence and weapon-related crime.⁸ And this is particularly so if such instability has occurred during the earliest years of life. Traumatic experiences in early childhood can alter our brain architecture, significantly disrupt our ability to form relationships and learn and can lead to serious life-long health consequences.^{9 10}

The Adverse Childhood Experiences (ACEs) study found that as we experience more potentially traumatic events in childhood (like abuse, neglect, exposure to violence, or incarceration of a family member), we become more likely to experience life-threatening conditions, like cancer, stroke, and

diabetes, or even early death. And worryingly, it has become clear that such traumatic experiences are very common in human societies. To exacerbate this situation, there is now increasing global interest in the biological evidence showing that negative family patterns are being genetically carried over from one generation to another.

We now know that Adverse Childhood Experiences (ACES) are the single biggest predictor for later problems in adult health and wellbeing.¹¹ Across Europe and North America the long-term impact of Adverse Childhood Experiences (ACEs) on health and productivity is equivalent to 1.3 trillion dollars a year, according to a 2019 World Health Organization (WHO) co-authored paper, published in the Lancet Public Health¹². The cost is equivalent to a massive three per cent of the two regions combined Gross Domestic Product - or 1,000 dollars a year for every person in North America and Europe.

Adverse Childhood Experiences (ACEs) include being a victim of child maltreatment and being exposed to domestic violence, parental alcoholism and other severe forms of stress whilst growing up. The paper estimated that as many as 319 million people aged 15 or over in Europe and 172 million in North America are currently living with a potentially health-corroding legacy of ACEs.

Lead author of the paper, Professor Mark Bellis, said:

"Individuals who suffer ACEs such as child maltreatment or domestic violence can pay a high price through lifelong impacts on their health and economic prospects. As a society, though, we all pay for failing to tackle childhood adversity through its impacts on our health services, social systems and work force. All children deserve a safe and nurturing childhood, and our findings provide economic support for this, indicating that even a moderate 10 per cent reduction in the numbers suffering ACEs could equate to annual savings of \$105 billion per year."

The Role of the Media

Exposure to violence in media, including television, movies, music, and video games, represents a significant and rapidly increasing risk to the health of children and adolescents. Extensive research evidence indicates that media violence can contribute to aggressive behaviour, desensitization to violence, nightmares, and the fear of being harmed. Exposure to violent media is associated with increased child and adolescent interpersonal aggression, as well as decreased empathy and prosocial behavior.¹³ Routine exposure to violent media can desensitise youth. Video games give them practice thinking aggressively, which can have ramifications for their interpersonal interactions in the real world. Children who play violent video games develop a "hostile attribution bias", meaning they are more likely to attribute aggressive intent to others—to perceive social interactions as hostile and intentionally so (Ibid).

"Studies demonstrating an association between exposure to violence in the media and real-life aggression and violence began appearing in the 1950s. Since then, various government agencies and organizations have examined the relationship. These include a 1972 Surgeon General's report,⁸ a 1982 National Institute of Mental Health (NIMH) review,⁹ and a 2000 Congressional summit which issued a joint statement on the impact of entertainment violence on children.¹⁰ In 2000, the Federal Bureau of Investigation (FBI) released a report noting that media violence is a risk factor in shootings in school.¹¹ A 2003 NIMH report noted media violence to be a significant causal factor in aggression and violence.¹²

The Federal Communications Commission (FCC) issued a 2007 report on violent programming on television, and noted that there is “strong evidence” that exposure to violence through the media can increase aggressive behavior in children.¹³ These reports and others are based on a body of literature that includes more than 2,000 scientific papers, studies, and reviews demonstrating the various effects that exposure to media violence can have on children and adolescents. These include increases in aggressive behavior, desensitization to violence, bullying, fear, depression, nightmares and sleep disturbances.^{14,15,16} Some studies found the strength of association to be nearly as strong as the association between cigarette smoking and lung cancer, and stronger than the well-established associations between calcium intake and bone mass, lead ingestion and IQ, and failure to use condoms and acquisition of HIV.¹⁷ Violence is ubiquitous in mass media in the U.S., whether consumed through television, video games, music, movies, or the Internet.”

Violence in the Media and Entertainment (Position Paper) American Academy of Family Physicians, 2016

“Although shootings in schools around the world periodically prompt politicians and the general public to focus their attention on the influence of media violence, the medical community has been concerned with this issue since the 1950s.¹⁻³ The evidence is now clear and convincing: media violence is 1 of the causal factors of real-life violence and aggression. Therefore, pediatricians and parents need to take action.”¹⁴

“The current study showed that exposure to violent video games is positively related to adolescent aggression; normative beliefs about aggression have a mediating effect on exposure to violent video games and adolescent aggression, while the family environment regulates the first part of the mediation process. For individuals with good family environment, exposure to violent video games only has a direct effect on aggression; however, for those with poor family environment, there is an indirect effect mediated by normative beliefs about aggression alongside a direct effect.”

The Relation of Violent Video Games to Adolescent Aggression: An Examination of Moderated Mediation Effect - Psychol., 21 February 2019 | <https://doi.org/10.3389/fpsyg.2019.00384>

The Need for Systemic Solutions

The Flourish Model suggests that all human behaviour needs to be understood within the context of an integrated system of seven core needs and motivations that include: **security, relationship, independence, engagement, fulfilment, contribution and growth**. If the first two of these needs are compromised, they can then radically impact the individual's ability to optimise his or her development. This is why human connection and healthy attachment are so essential to the process and why Adverse Childhood Experiences (ACES) so significantly disrupt it.

Healthy adult-child relationships are, therefore, key to creating safe and supportive environments throughout children and young people's development. They nurture a healthy sense of identity and belonging, validate and celebrate unique capacities and potential and promote relationships anchored in trust and dignity. We now know from global studies that high-quality nurturing caregiving i.e. safe, stable, and nurturing relationships—can actually change the physical structure of children's brains – which is why early detection is so important.¹⁵

What all the experts agree is that there needs to be a holistic understanding of the root causes. Risk factors are the characteristics and conditions that increase the likelihood of experiencing an adverse health or quality of life outcome. Whereas protective factors are the characteristics and conditions

that might decrease or mitigate the likelihood of experiencing an adverse outcome or increase the likelihood of experiencing a positive outcome. What complicates matters is that we all live within highly different systems and societies that have developed over time and that are constantly impacting on our health and wellbeing. Understanding the complex interplay, interconnections, and historical contexts is critical if we want to ensure that we can provide localised solutions

"To prevent individuals in areas of deprivation using violence as a method to improve social status, it is essential for policy makers to target areas of deprivation when tackling gang crime. Strategies should be aimed at improving employment skills, self-esteem, and also community involvement to increase social cohesion at a young age given the influence of ACEs, acting to prevent future formation of gangs as well as improve the quality of life for the adolescent population."¹⁶

Risk factors within the individual

- poor or undermined attachment, attunement and relational skills
- attention deficit, hyperactivity, conduct disorder, or other behavioural disorders
- poor or undermined nutrition and physical health
- low self-esteem and confidence
- depression and self-harming
- early involvement with alcohol, drugs and tobacco
- low intelligence and educational achievement
- low commitment to school and school failure
- aggression/ involvement in crime
- unemployment

Risk factors within close relationships (family, friends, intimate partners, and peers)

- displacement
- low family income
- low levels of attachment between adults and children
- poor attunement, empathy and relational skills
- poor monitoring and supervision of children by parents
- harsh, lax or inconsistent parental disciplinary practices
- low parental involvement in children's activities
- parental substance abuse or criminality
- parental low self-esteem or depression
- levels of unemployment in the family
- excessive media use
- associating with delinquent peers and/or gang membership

Risk factors within the community and wider society

- areas of disadvantage/poverty
- levels of inequality
- access to high-quality childcare
- quality of schooling
- levels of crime
- access to and misuse of alcohol
- access to and misuse of firearms
- gangs and a local supply of illicit drugs
- the quality of a country's governance and political commitment to the wellbeing of future generations

Protective Interventions

All adults working with children need to be less concerned with fixing behaviours, making diagnoses, suppressing symptoms and judging, and to instead seek to better understand the sources from which such troubling behaviours and diseases spring. To facilitate this process, it is particularly helpful for the adults themselves to explore the family patterns and external influences that have shaped their own lives.

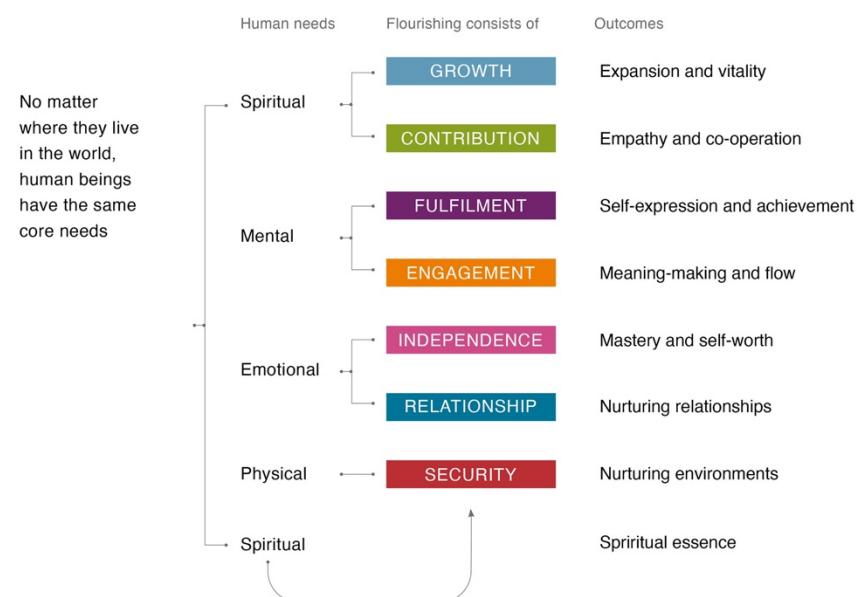
"Trauma is the invisible force that shapes our lives. It shapes the way we live, the way we love and the way we make sense of the world. It is the root of our deepest wounds. Trauma is not what happens to you. Trauma is what happens inside you, as a result of what happens to you."

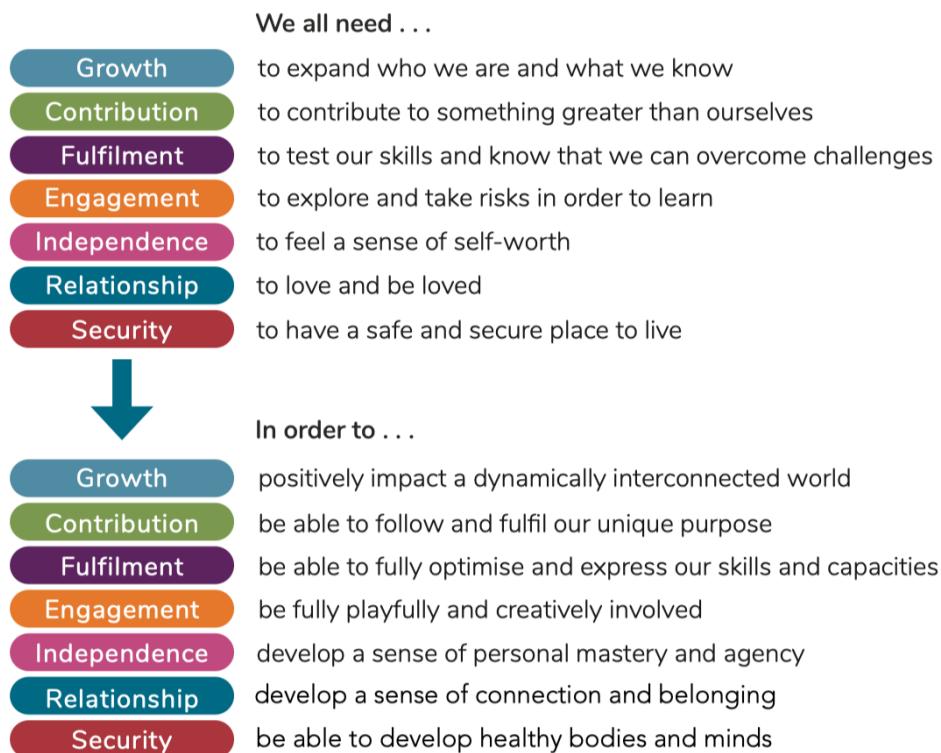
- Dr. Gabor Maté

If we understand that it is the balancing of our inner and outer experiences that really matters in this process and that the development of positive relationship to Self, Others and the Natural World is core, we can then better seek to optimise the conditions for flourishing. What seems to be essential to the healing process is that we minimise any early constraints and limitations and that, during our lifepaths, we are able to share with others the authentic expression of our own lived experiences and realities. In this way it is possible for us to transform negative and limiting experiences into more beneficial and life-enhancing ways of connecting with the world.

Our earliest experiences begin in the womb, form the template of who we believe we are and about how we see other people and our place in the world. Trauma is fundamentally a disconnection from Self and it is only by reconnecting to the lost, neglected and unvoiced aspects of ourselves that we can learn to transcend the patterns that have gone before. To do this we need both the company of supportive others and a recognition of the extraordinary healing power of the natural world.

Flourishing consists of...





Minimising Damage and Limitations

It is important to understand that everyone is impacted by trauma, and every individual has a role in the healing experience for themselves, for others and for the natural environment.

RELATIONSHIP TO SELF

This must be approached from a perspective of potential and not prognosis. The goal is to transition from trauma-informed to trauma-engaged, asking not what is wrong with you but what is right with you. We all need to better understand the root causes of our values, beliefs and mindsets (why we are the way we are) and how we are carrying forward now only our personal lived experiences, but our family and cultural patterns.

The disconnection of our relationship to Self results in the diminishment of our natural curiosity, creativity and growth and the inability to optimise our unique capacities and potential.

RELATIONSHIP WITH OTHERS

The ability for us to have authentic connection with supportive others is critical for our wellbeing and growth, especially in the early years. This means that we must better understand the conditions that compromise this and invest in supportive interventions throughout the lifespan.¹⁷ As human beings we are designed for meaningful connection with others, and we languish without this.

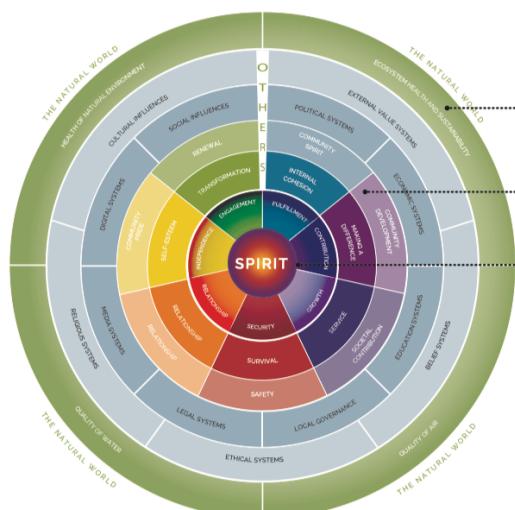
The disconnection of our relationship with others results in fear, sadness, confusion, anxiety, anger, loneliness, aggression and depression.

RELATIONSHIP WITH THE NATURAL WORLD

We are in a symbiotic relationship with the natural world. We are now seeing a conceptual model of human and ecosystem health that encompasses the fields of evolutionary biology, psychology, environmentalism and social economics and that seeks to facilitate a deeper understanding of the complexities involved for attaining optimal health at the human–environmental interface.¹⁸

The disconnection of our relationship with the natural world results in flatness, a lack of larger meaning and purpose and the inability to understand the impact of our own actions on the larger ecosystem.

One unified relational field



The wider comos/deep time

The wider universe

The natural world

Relating to other living systems on the planet

Self

Self Optimising potential

Wellbeing as Relationship

From the relationship with our own personalities, to how we are influenced by the wellbeing of other human beings and all species on the planet and beyond, our lives are intimately ones of connection and interrelationship.

HEALING THROUGH RIGHT RELATIONSHIP

We need to see the development of trauma informed models, programs, and techniques that are based on right relationship, informed by history and tailored to the future. Such compassion-based approaches could then cultivate the values, beliefs, mindsets and behaviours that we want to see in the world. These need to include a thoughtful and context-led balance of prevention, validation, intervention and suppression.

Core Conditions for Relational Healing

Safety, Validation, Sharing, Deep Listening, Contribution, Empathy, Compassion

Ecosystemic Properties

- reduction of poverty
- integrated support services
- pre-pregnancy and pregnancy advisory services

- parenting support programmes
- high quality childcare provision
- trauma-informed whole school approaches
- community outreach programmes
- media access and regulation
- life skills and social development programmes
- therapeutic approaches for youths at high risk
- interventions to reduce the harmful use of drugs and alcohol
- compassionate-based provision

Examples of Global Best Practice

Trauma Research Foundation, Boston, USA <https://traumaresearchfoundation.org/about/board-members/>

Chicago Public Schools Healing-Centered Framework, USA <https://www.cps.edu/strategic-initiatives/healing-centered/>

San Francisco Center for Youth Wellness, USA www.centerforyouthwellness.org

Heal for Life Foundation, Australia <https://healforlife.com.au>

Body and Soul, UK <http://bodyandsoulcharity.org/>

Relevant Reading

The Aspen Institute (2018). Pursuing Social and Emotional Development Through a Racial Equity Lens: A Call to Action

Association of Alaska School Boards or Alaska Department of Education and Early Development (2019). Transforming Schools: A Framework for Trauma-Engaged Practice in Alaska

Blodgett, C. and Dorado, J. (2016). A Selected Review of Trauma-Informed School Practice and Alignment with Educational Practice

Dorado, J., Martinez, M., McArthur, L., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health*, 8, 163-176n

Harvard Centre on the Developing Child <https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>

National Child Traumatic Stress Network, Schools Committee. (2017). Creating, supporting, and sustaining trauma-informed schools: A system framework. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Ontario Ministry of Children - Review of the Roots of Youth Violence

Pennsylvania State University. (2018). "Applying an Equity Lens to Social, Emotional, and Academic Development"

Stanford Social Innovation Review (2019). "A Trauma Lens for Systems Change."

Trauma Learning and Policy Institute. The Flexible Framework: Six Elements of School Operations Involved in Creating a Trauma-Sensitive School

References

¹ Collin-Vézina, D, PhD, Brend D PhD, and Beeman, I (2020) When it counts the most: Trauma-informed care and the COVID-19 global pandemic First Published August 4, 2020 Research Article
<https://doi.org/10.1177/2516103220942530>

² World Health Organization. Health Topics. Violence. 2015. www.who.int/topics/violence/en(www.who.int). Accessed July 10, 2015.

³ <https://www.who.int/news-room/fact-sheets/detail/youth-violence>

⁴ Centers for Disease Control and Prevention. Deaths: final data for 2013. National vital statistics reports; vol. 64, no. 2. National Center for Health Statistics.
http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf(www.cdc.gov)

⁵ Children's Defense Fund. Protect children instead of guns, 2004.
<http://www.childrensdefense.org/library/data/protect-children-not-guns-report-2004.pdf>(www.childrensdefense.org). Accessed June 18, 2015.

⁶ Office for National Statistics. The nature of violent crime in England and Wales: year ending March 2017. [Online] Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/thenatureofviolentcrimeinenglandandwales/yearendingmarch2017#how-is-violent-crime-defined-and-measured> .

⁷ National Center for Health Statistics. Adolescent Health. [Online] Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/nchs/fastats/adolescent-health.htm>

⁸ World Health Organization . (2019). Violence and injury prevention. https://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/

⁹ <https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/#>

¹⁰ Golden, B (2021). How Adverse Childhood Experiences (ACEs) Impact Adult Anger, Psychology Today

¹¹ Heckman, James <https://heckmanequation.org>

¹² Bellis M, Hughes K, Ford K, Ramos Rodriguez G, Sethi D, Passmore J, Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis, www.thelancet.com/public-health Published online September 3, 2019
[http://dx.doi.org/10.1016/S2468-2667\(19\)30145-8](http://dx.doi.org/10.1016/S2468-2667(19)30145-8)

¹³ Media violence and youth aggression, Furlow, Bryant, The Lancet Child & Adolescent Health, Volume 1, Issue 2, 91 - 92

¹⁴ Strasburger VC. Go ahead punk, make my day: it's time for pediatricians to take action against media violence. *Pediatrics*.2007;119 (6). Available at: www.pediatrics.org/cgi/content/full/119/6/e1398

¹⁵ Centre for Youth Wellness (2019) White Paper 'An Unhealthy Dose of Stress' – The Impact of Adverse Childhood Experiences and toxic stress on childhood health and development,

¹⁶ Haylock, S., Boshari, T., Alexander, E.C. et al. Risk factors associated with knife-crime in United Kingdom among young people aged 10–24 years: a systematic review. *BMC Public Health* 20, 1451 (2020).
<https://doi.org/10.1186/s12889-020-09498-4>

¹⁷ Yearwood, K., Vliegen, N., Chau, C., Corveleyn, J., Luyten, P. (2019). When do peers matter? The moderating role of peer support in the relationship between environmental adversity, complex trauma, and adolescent psychopathology in socially disadvantaged adolescents. *Journal of Adolescence*, 72, 14–22
<https://doi.org/10.1016/j.adolescence.2019.02.001>

¹⁸ Seymour, V (2016). The Human–Nature Relationship and Its Impact on Health: A Critical Review
Department of Civil, Environmental and Geomatic Engineering, University College London, London, UK