Trauma, it would seem, is ubiquitous. Personal and social, man-made and natural, local and global, there seems to be nowhere in the world immune to trauma and its consequences. This issue of *Psychiatric Annals* in my view is especially appropriate. Whereas the September 2016 issue focused on the diagnosis and treatment of posttraumatic stress disorder (PTSD) from a neurobiological standpoint, in this issue, we take a slightly different approach. Our aim is to understand trauma from a broader perspective. This issue’s contributors, all leaders in their respective disciplines, take us through the manifestations of trauma in various special populations across the globe pointing out how the effects of trauma can manifest in both women and military veterans and their children and families.

In the first article, “Principles of Mental Health Intervention for Survivors of Major Disasters,” Nicholas Holder, Dr. Alina Surís, Ryan Holliday, and Dr. Carol S. North walk us through the basic principles of intervention for working with victims of major disasters. Although most victims of a major disaster, whether natural (earthquake, flood, tsunami) or man-made (terrorism) will experience psychological distress after the events, the authors remind us to allow adequate time to elapse before labeling victims as having PTSD and to use evidence-based interventions such as the Psychological First Aid to initially assess all disaster survivors.

In the second article, “Understanding and Treating Posttraumatic Stress Disorder in the Global Village,” Drs. Ali Ahsan Ali, Dennis R. Vowell, Imran S. Khawaja, and I highlight an often neglected area of trauma response: the myriad cultural differences in response to trauma and how those must be integrated into a culturally sensitive assessment to provide the most effective treatment. Clinicians in the United States and across the globe are encountering an increasingly diverse client population. The *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*), recognizes the importance of cultural issues in mental illness, although the most appropriate way to handle these remains a subject of some debate. In the article, we provide some commonsense strategies based on current *DSM-5* guidelines for clinicians to provide the best care for their patients who are traumatized.

The third article, “A Reexamination of Military Sexual Trauma and Posttraumatic Stress Disorder,” by Dr. Meredith L. C. Williamson, Holliday, Holder, Dr. North, and Dr. Surís discusses another neglected area in PTSD treatment: military sexual trauma. The article reports on how military sexual trauma has often been misunderstood both for what it is and for what it is not, which has led to improper assessment and treatment as well as difficulty with formulating appropriate policies for this increasingly recognized and frequently disabling condition.

In the next article, “When Memories Become Malignant: An Update on Posttraumatic Stress Disorder in Children and Adolescents,” Drs. Nazish Imran, Imran Ijaz Haider, and Muhammad Waqar Azeem emphasize how children and adolescents often respond differently to trauma compared to adults, and how it is incumbent upon clinicians to avoid a hide-bound approach to diagnosis when dealing with children who are traumatized. Using a case vignette from a terrorist atrocity that occurred in Pakistan in December 2014 in which more than 130 children were massacred in a school by Taliban terrorists, the authors provide a comprehensive overview...
of a developmentally appropriate assessment and treatment of the youngest victims of trauma.

The last article, “Understanding SuicideBombing Through Suicide Research: The Case of Pakistan,” by Dr. Murad Moosa Khan highlights an increasingly prevalent phenomenon in developing countries: suicide terrorism. Although this is often viewed as a problem of unstable, “Third World” societies, it is important to analyze the similarities between suicide attacks and the mass shootings that have occurred in the US. Drawing on research from a wide variety of sources, the author identifies the antecedents and risk factors of suicide, including suicide terrorism, as well as the challenges facing both developing countries as well as the Western world where such attacks are becoming increasingly prevalent.

Trauma may be ubiquitous, but effective interventions do exist. Early recognition and appropriate intervention can go a long way toward easing the suffering of survivors of trauma and their families. It is our hope that clinicians find these articles informative and interesting and that it helps them provide better care for those whom they serve.

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In 2014, after the attack on Army Public School (APS) in Peshawar, Pakistan, in which Taliban terrorists massacred more than 140 people (132 of them were children between ages 8 and 18 years), the Government of Pakistan asked Dr. Hashmi to help set up trauma recovery services nationally. He was later appointed as the coordinator of Pakistan’s first Psycho-Trauma Center at King Edward Medical University in Lahore. The center has provided services for hundreds of victims of trauma since then including survivors of the APS attack.

Dr. Hashmi is the author of more than 35 peer-reviewed publications in leading national and international journals and has published extensively in the areas of sleep disorders, neuroinflammation, and medical humanities. He has a special interest in the interface between mental illness and creativity and his writings in this area have been published in scientific journals, newspapers, magazines, and online in the US, Pakistan, India, and Nepal. He has also written extensively on common mental illnesses for the lay public in newspapers and magazines. Dr. Hashmi has written, edited, and compiled four books on literature and poetry. His most recent book, Love and Revolution: Faiz Ahmed Faiz, the authorized biography of Pakistan’s foremost poet, was published in 2016 to critical and popular acclaim.

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