



CONFERENCE REPORT

HEALING COMMUNITIES, TRANSFORMING SOCIETY

Exploring the interconnectedness between
psychosocial needs, practice and peacebuilding

September 2015

A conference organised by
the Institute for Justice and Reconciliation and the War Trauma Foundation

WARTRAUMA
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Cover image: Jenn Warren

EXECUTIVE SUMMARY

From the 6th to the 8th of May 2015, the Institute for Justice and Reconciliation (South Africa) and the War Trauma Foundation (Netherlands) hosted a conference attended by 52 individuals from 15 countries around the world that explored the nexus between psychosocial needs, practice and peacebuilding in the aftermath of conflict.

Based on years of experience in the field of peacebuilding (by IJR and its partners) and a long trajectory of developing, implementing and analysing mental health and psychosocial support (MHPSS) projects around the world (by WTF and its partners), the two organisations partnered in bringing together academics and practitioners from both fields to explore ways in which the nexus between MHPSS and peacebuilding could be better understood. As such, the programme was structured in such a way that practitioners could share their experiences (best practice and challenges), academics could put forward their existing research and the group as a whole could explore ways in which the two fields could begin to be brought closer together in order to contribute to the development of more sustainable and holistic interventions.

This report is a summary of the dominant themes that emerged at the conference and that cut across presentations made by practitioners as well as researchers and academics. In order to lay a foundation for the path ahead, some of the main concepts that were used at the conference and that have widely diverging definitions have been briefly outlined with the purpose of finding some level of consensus. Defined concepts include different forms of violence (direct, structural and cultural) and how they impact on society and intersect with MHPSS and peacebuilding work, individual and collective trauma, as well as the intergenerational transmission of violence and trauma. The composite term mental health and psychosocial support (MHPSS) is unpacked alongside relevant concepts such as social suffering and healing as well as resilience. Finally, this section defines some of the key elements of peacebuilding such as a reconciliation, transitional justice, restorative and retributive justice and social transformation. The final part of this section explores the linkages between MHPSS and reconciliation and underscores the importance of healing to take place in order to enable reconciliation, and vice versa.

Despite the varied profile of participants and presentations, a number of dominant themes emerged at the conference that are central to articulating the interconnectedness between psychosocial needs, practice and peacebuilding. These themes include recognising the centrality and complexity of context, being sensitive to the cultural construction of 'mental health', understanding and building on local resources, clarifying the role of narrative in memory formation and identity, the trickle-down effect from wounded leaders to local communities, using dialogue as a foundation for healing, the impact of (sexual) gender-based violence on health and peacebuilding and finally, understanding the intergenerational transmission of violence and trauma on peacebuilding efforts.

Finally, in order to begin building a conceptual framework that bridges MHPSS and peacebuilding, the socio-ecological model is introduced. The socio-ecological model likely offers the most promising holistic framework within which to arrange the increased confluence of peacebuilding and MHPSS activities. This comprehensive approach recognises the importance of the individual while placing significant emphasis on both the social context and the broader environment in which individuals operate.

The report ends with a set of recommendations that include online tools to bring the two fields closer together as well as conducting further research, analysis, advocacy and capacity-building to deepen the nexus between MHPSS and peacebuilding further.

ABBREVIATIONS

IASC	Inter-Agency Standing Committee
IJR	Institute for Justice and Reconciliation
MHPSS	mental health and psychosocial support
PTSD	post-traumatic stress disorder
WHO	World Health Organization
WTF	War Trauma Foundation

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1. INTRODUCTION

The world over, communities have been affected by conflict, violence and war, which has led to widespread suffering and loss. The impact of this suffering varies and ranges from political division to economic hardship and from infrastructure destruction to social fragmentation. Whichever lens we use to understand how conflict affects society, human suffering is the one common denominator. Conflict affects not only the social, economic and political well-being of individuals but also their mental health. In this report the composite term mental health and psychosocial support (MHPSS) is used (Inter-Agency Standing Committee [IASC] 2007) as it addresses both the mental health and the psychosocial impact of conflict. Mental health and psychosocial problems are highly interconnected and are linked to the furthering of mental and social well-being.

Given that conflict tends to affect people's psychosocial well-being and mental health adversely and that high levels of poor mental health and poor social functioning affect the ability of individuals, communities and societies to operate peacefully and effectively during and after conflict, post-conflict reconstruction processes must necessarily place the provision of mental health and psychosocial support structures at their core. While this may seem self-evident, anecdotal evidence points to the fact that organisations and institutions working towards post-conflict social transformation – be it in the realm of peacebuilding or mental health support – are not yet fully recognising this need and are not always structuring their programmes in a way that sustainably contributes to the psychosocial welfare of the affected community, nor the community and wider context as a whole. Neither do they see their efforts as contributing to the same overall goals. While peacebuilding practitioners by and large aim towards improving the overall social well-being of communities (working at multiple levels of society), mental health and psychosocial support professionals perceive themselves largely as focused on the well-being of the individual, the family and the community. Gradually researchers are connecting the fields and providing evidence for the fact that without an integrated model that situates programmes between the affected individual/community and the broader social, economic, political and historical context, the sustainability of the social transformation interventions that are implemented by either field are likely to be compromised. Improved coordination and cooperation between different service providers, either in the field of peacebuilding or MHPSS, has already been identified as a central need within a more integrated post-conflict reconstruction framework.

The aim of the conference 'Healing communities, transforming society: Exploring the interconnectedness between psychosocial needs, practice and well-being' was thus to bring together a broad range of diverse actors in the fields of mental health and psychosocial support on the one side, and peacebuilding on the other – to analyse the status quo, identify gaps and opportunities and begin to forge an improved way forward.

The conference was attended by 52 individuals from 15 countries (Africa, Europe, the Middle East and the USA) representing the fields of mental health, psychosocial support and peacebuilding (see attached Annex for a full list of delegates and the organisations they represent). Delegates included academics, researchers, international and national NGOs as well as practitioners. Delegates were invited to participate on the basis of their interest in or existing practice of bringing together the fields of MHPSS and peacebuilding.

2. OBJECTIVES OF THE CONFERENCE

The aim of the conference was to facilitate the meeting of practitioners and academics from different disciplines to share existing research and analysis on the nexus between MHPSS and peacebuilding in post-conflict societies and to identify areas that require further understanding, exploring opportunities for collaboration and sharing case studies from countries where the two thematic fields have been brought together successfully. Recognising the variety of backgrounds from which participants came, the programme started with a reflective overview of the key themes and methodologies and achievements in coordination so far.

Case studies were presented by practitioners from countries at different stages in the post-conflict recovery period and which have experienced different types of conflict. As such the experiences of South Sudan (long-term armed conflict), South Africa and the West Bank (apartheid), Burundi (continued structural violence) and Rwanda (genocide) were used to illustrate some of the approaches that have been taken to address the psychosocial and mental health care and peacebuilding needs that emerge in the aftermath of different types of conflict as well as in protracted conflict situations, while also analysing the extent to which they have/have not been successfully met.

Cognisant of the fact that conflict affects individuals and communities in different ways, thus prompting the need for context-specific and often very nuanced responses, a part of the programme was dedicated to a more thematic investigation of some of the issues at hand. This included the question of whether and to what extent the continued prevalence of structural violence and economic deprivation impact on the social recovery process of conflict-affected communities, whether particularly vulnerable groups such as victims of torture, refugees and IDPs and rape survivors require particular services and what the gendered nature and experience of conflict implies for the development of holistic psychosocial support programming that also includes peacebuilding. Finally, the vexing question of intergenerational woundedness was explored.

A key objective of the conference was to come up with a concrete set of action points that would actively further collaboration and integration. As such, time was spent exploring how to enhance coordination between sectors (notably between psychosocial and mental health care practitioners and organisations and peacebuilding practitioners and organisations) in order to ensure more effective and sustainable programmes and results as well as delving into the nexus between peacebuilding and psychosocial care and the areas of commonality and overlap.

Other key questions the event sought to address were the implications of not addressing mental health care needs in post-conflict societies; exploring the sequencing of the provision of mental health care in post-conflict reconstruction (especially vis-à-vis humanitarian efforts and peacebuilding and given that resources for large-scale mental health programming for conflict-affected communities is not yet forthcoming) and finally, unpacking how some of the key determinants that contribute to peacebuilding could be integrated into the field of MHPSS and vice versa.

3. TOWARDS A COMMON UNDERSTANDING OF THE RELEVANT CONCEPTS

Given the confluence of the disciplines of mental health and peacebuilding at the conference and in this report, some level of consensus ought to be reached in identifying and defining the relevant concepts. Most of the concepts referred to below have many and often contested definitions. While the definitions provided below might also be contested, they have been inserted here with the aim of proposing a common understanding of the concepts used in both fields: peacebuilding and MHPSS. As such, this section attempts to define the most important concepts in an attempt to create a common foundation for the path ahead.

3.1 Forms of violence

To assist practitioners working in conflict and post-conflict societies to analyse and understand the different ways in which violence manifests in society, Galtung (1996) distinguishes between three different yet highly interconnected forms of violence: direct, cultural and structural violence. While Galtung's focus here was related to peace research, his notion of structural violence in particular is widely applicable and is increasingly used in other disciplines such as anthropology, clinical medicine and sociology. If a dominant ideology, for instance that women need to obey their husbands, has become a 'lifestyle', it has become 'embodied' (Bourdieu & Wacquant, 1992: 149). In such cases structural or cultural violence can be practiced without explicit coercion or enforcement. Violence thus exists under the surface. To illustrate the complexity and depth of conflict, conference participants referred to the metaphor of an iceberg (or, in Africa, a hippopotamus) whose tip is visible while the major part of the actual dynamics is out of sight.

3.1.1 Direct violence

Direct violence refers to those forms of violence that human beings experience physically, acts that include physical as well as emotional, verbal and psychological violence. An example of this is sexual violence, which takes place at the physical level as well as on the other levels. Galtung (1996) argues that this form of violence is the most feared. The tension, polarisation and general culture of fear being experienced in conflict-affected countries can be traced back to acts of direct violence that people have experienced as a result of conflict. The ending or prevention of direct violence results in what Galtung calls *negative peace* or the absence of violence. When, for example, a ceasefire is enacted or troops withdraw from a given area, a negative peace will ensue. It is negative because, while something undesirable has stopped happening (e.g. the violence has stopped, the oppression has ended), the underlying cause of the violence has not been addressed or the negative impact of that event or series of events continues to affect the day-to-day lives of individuals and communities adversely. In contrast, *positive peace* emerges when relationships have been restored, when sustainable social systems that serve the needs of the whole population have been created and when conflict has been constructively resolved.

3.1.2 Structural violence

Galtung coined the term *structural violence* as a result of fieldwork during colonial rule in Zimbabwe, then known as Rhodesia. He became increasingly aware of the limitations of defining peace as the absence of violence. He noticed that while there was little direct violence by the colonial authorities against the local population, there were structures in society that had significant negative effects on this population.

At a practical level for those at the periphery, structural violence can mean unemployment, low wages, landlessness, illiteracy, poor health, limited and or non-existent political representation or legal rights and, in general, limited control over their lives. If those who suffer structural violence resist or try to change it, they may be met with direct violence. The exploitation, neglect and exclusion, which are features of structural violence, kill slowly in comparison with direct violence, but ultimately kill vastly more people.¹ Galtung (1996) argues that structural violence may be as bad as, or worse than, direct violence. In some societies, an oppressive structure is maintained simply by its ability to put down revolts and other types of challenges. Structural violence tends to ferment in society, sowing general discontent and making people bitter.

3.1.3 Cultural violence

According to Galtung (1996), cultural violence refers to those aspects of violence that are exemplified by religion and ideology, language and art, science and other symbols that can be used to justify or legitimise direct or structural violence. He explains that the study of cultural violence highlights the way in which the act of direct violence and the existence of structural violence are legitimised and thus rendered acceptable in society. Galtung argues that one way

¹ In case of genocide the processes might be different, but we will address that in this report.

cultural violence works is by changing the moral colour of an act from wrong to right, or at least to being acceptable; it can be practiced without explicit coercion or enforcement. Cultural violence teaches, preaches, admonishes and dulls people into submission and acceptance of exploitation and inequality. Such a situation favours those who benefit from the system, especially the ruling elite who view any challenge to their privileges as promoting instability or 'anarchy'.

Jeong (2000: 75) explains cultural violence by using the example of gender. He argues that violence against women represents a form of social control that limits their ability in every aspect of life. 'While both women and men are victims of sexism, racism, human rights abuses and poverty, there are particular types of violence that afflict women more than men', he says. He blames this on patriarchy, which he says is the central concept that determines virtually all human enterprises while illustrating the historical and social dimensions of women's exploitation and oppression. It represents a set of beliefs and values supported by dominant social and political institutions that are backed by the threat of punishment.

3.2 Individual and collective trauma

Whether individuals or communities are traumatised as a result of their exposure to a life-threatening event depends on a number of aspects, such as their cultural and social context, the psycho-physiological condition of the individual, the emotional experiences as well as meaning given to the event by individuals and communities. Analysing these aspects and their influence on one another helps us to understand why people feel traumatised or why people ascribe a specific meaning to what happened. Although all people might be affected, the majority of people will exhibit resilience despite exposure to traumatic events.

3.2.1 Individual trauma

Although there are many definitions when using the term 'individual trauma' in the context of conflict and post-conflict situations, we refer to situations in life 'generated by forces and agents external to the person and largely external to his or her control, and specifically to events generated in the setting of armed conflict and war' (Apfel & Simon, 2000: 103). Exposure to potentially traumatic events or sequences of events results in three main responses: powerlessness or helplessness, an acute disruption of one's existence, and extreme discomfort. This can include experiences of separation, exile, imprisonment, loss, threats of annihilation, death and mutilation.

How trauma is experienced depends on the interaction between environmental forces and an individual's skills, expectations and characteristics. When resources and support are insufficient, an overwhelming traumatic experience can disrupt a person's self-image as well as the person's entire identity. Whether a person becomes traumatised is thus connected with the context in which the event occurs and is experienced.

There are several ways to describe traumatisation. The psychiatric description in the Diagnostic and Statistical Manual of Mental Disorders categorises severe individual consequences as post-traumatic stress disorder. In this classification the emphasis is on the exposure to extreme and intense threat, and the focus is on individual symptomatology. The construct has resulted in important clinical advances. It has also been criticised for decontextualising a person's response to traumatic events. Focusing on the individual, the collective experience and processes fade out of sight (Veerman & Ganzevoort 2001). Another important critique is that it is a highly medicalised approach that does not take into account that trauma is a normal reaction to exceptional threats.

According to Judith Herman (2001), trauma does, however, not only affect the intra-psychic world, but also a person's relationships. To be more specific, violence 'occurs in the context of intersubjectivity, its most devastating effects are not on individuals *per se* but on the fields of interrelationships that constitute their life-worlds' (Jackson 2006: 39). In other words, victims of extreme violence often have difficulties relating to others because violence harms the internalised culturally constituted webs of trust, based on social norms, world views and moral conventions.

3.2.2 Collective trauma

The term collective trauma refers to any society, ethnic or religious group, social category or class that has been exposed to extreme circumstances of traumatisation as a result of armed conflict, including social, political, cultural, gender, ethnic or religious persecution. Collective trauma damages the social tissue of a community, ruptures social bonds, undermines communality, destroys previous sources of support, and can even traumatise those members of a community, society or group who were absent when the traumatisation took place (Suárez-Orozco & Robben 2000: 24). Vetzberger (1997) speaks of 'political trauma', a form of collective trauma that results from human behaviour that is politically motivated and has political consequences, resulting in an acute sense of vulnerability and fragility of survivors and observers or bystanders. Collective trauma affects the relationship between communities or groups; identifying enemies, scapegoating or experiencing other groups as dangerous are common phenomena. Collective trauma often gives rise to a collective traumatic memory (historical trauma) in which intergenerational processes can play a role.

In war-affected areas it is important to link individual trauma to collective trauma by giving greater attention to the synergies between mental health and psychosocial work with processes of social change and family and/or communal recovery. These approaches generally share the view that armed conflict not only impacts the mind of an individual, but

also the family and the community.² In cases of collective trauma, individual trauma counselling has its limits, not only because of the number of people affected, but, possibly more importantly, because people suffer from 'social wounds' (Richters 2010: 185).

3.2.3 Intergenerational transmission of violence and trauma

Given how many modern-day (political) conflicts, especially in Africa, continue over multiple decades, and given how pervasive structural violence is, a thorough understanding of the extent to which the impact of experiences of historical trauma and different forms of violence are passed down along generations is critical to the development of holistic and sustainable development programming. Muid (2006: 36) in Atkinson et al. (2010) defines historical trauma as the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as 'collective emotional and psychological injury ... over the lifespan and across generations'. Duran and Duran (1995) suggest that historical trauma becomes embedded in the cultural memory of a people and is passed on by the same mechanisms by which culture is generally transmitted, and therefore becomes 'normalised' within that culture. After conflict there is a risk that individuals and communities affected by traumatic events pass elements of their hate, anger, fear and trauma on to the next generation, resulting in that violence and trauma manifesting – often in new ways – in the second generation. Researchers studying the testimonies of children of survivors and children of perpetrators after massive traumatic events show that there are damaging effects of belonging to either group amongst the second generation.

Milroy, who researched the effects of forced separation of the Australian Aboriginal children from their natural family, explains how trauma is transmitted across generations and the role of community networks in this transmission:

The trans-generational effects of trauma occur via a variety of mechanisms including the impact on the attachment relationship with caregivers; the impact on parenting and family functioning; the association with parental physical and mental illness; disconnection and alienation from extended family, culture and society. These effects are exacerbated by exposure to continuing high levels of stress and trauma including multiple bereavements and other losses, the process of vicarious traumatisation where children witness the on-going effect of the original trauma which a parent or other family member has experienced. Even where children are protected from the traumatic stories of their ancestors, the effects of past traumas still impact on children in the form of ill health [see also epigenetic research literature], family dysfunction, community violence, psychological morbidity and early mortality. (2005: xxi)

3.3 Mental health, psychosocial support and resilience

Armed conflicts cause considerable psychological and social suffering to affected populations. The psychological and social impacts can be acute but may also have long-term effects on the well-being and mental health of people. Often the composite term 'mental health and psychosocial support' is used and is defined in the IASC guidelines (2007: 1) as 'any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder'. This chapter will briefly describe the field these terms cover.

3.3.1 Psychosocial well-being

The term 'psychosocial' emphasises the dynamic relationship between psychological aspects of experience (our thoughts, emotions, feelings and behaviour), our wider social experience (our relationships, traditions) and values and culture (International Federation Reference Centre for Psychosocial Support 2009: 27). Exposure to war, with its disruption, loss and violence, creates diverse sources of everyday distress that place significant psychological and social strain on individuals, families and communities. Although everyday distress is less visible than the effect of immediate, life-threatening events, it can nonetheless have profound effects, particularly because it may be ongoing. For example, a woman who has lost her husband, has no livelihood, is isolated from her support network and is unable to care for her children adequately may experience profound suffering as a result of her accumulating distress. The way in which people experience and respond to conflicts and disasters varies greatly, yet with the right support the majority of people will be able to overcome these difficult experiences.

3.3.2 Mental health

The World Health Organization (WHO) defines mental health as 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (WHO, 2014). With this definition the WHO stresses that '[h]ealth is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

Several social, psychological and biological factors, often in combination, influence the mental health of people in (post) conflict situations, whether they develop mental problems or show resilience (IASC 2007: 3). Mental health is not limited to the absence of mental disorders and is highly connected with contextual factors. Examples of possible contextual

² For a useful resource on this, see WTFs training manual titled 'Enhancing mental health and psychosocial support capacity in low resource settings'.

factors given by the IASC are: 1) already existing problems before the conflict started (e.g. extreme poverty; belonging to a group that is discriminated against or marginalised; political oppression, existing psychological problems); 2) conflict-induced social problems (e.g. family separation; disruption of social networks; destruction of community structures, resources and trust; increased gender-based violence); and 3) humanitarian aid-induced social problems (e.g. undermining of community structures or traditional support mechanisms) (IASC 2007). Conflict can also induce non-pathological distress such as grief, despair, sadness and anxiety, normal reactions in extremely distressing circumstances.

It is important to note that the social dynamics created by conflict and post-conflict situations also contain protective and promotive factors that offset the effect of exposure to traumatic events and that can result in personal growth as result of the traumatic events.

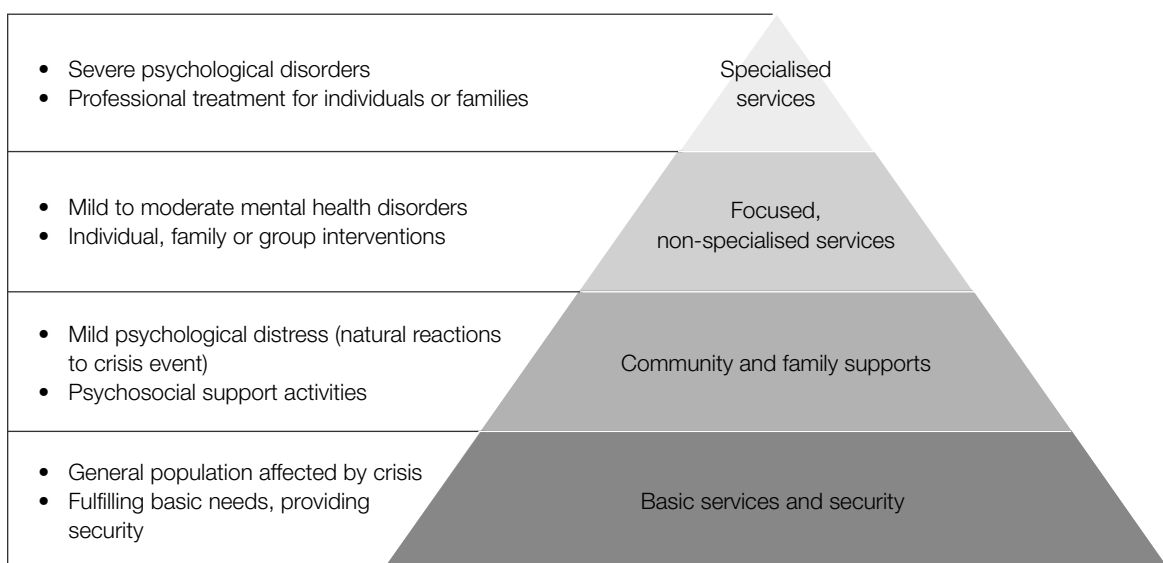
3.3.3 The mental health and psychosocial support intervention pyramid

The field of MHPSS in post-conflict settings constitutes not only care for traumatised individuals, service delivery to direct victims, or individual trauma therapy for people who suffer from post-traumatic stress disorder. Rather, the field of MHPSS has developed rapidly over the past two decades from a widely diverse set of fragmented community approaches including group sharing of problems, community dialogue, traditional healing rituals, art projects, theatre initiatives, and so on. These types of interventions are referred to under the ‘umbrella’ category of psychosocial interventions. The publication of the Guidelines for Mental Health and Psychosocial Support in Emergency Settings by the IASC (2007) was an enormous step forward in unifying a rather fragmented field. The underlying idea is that by strengthening the social bonds of people in affected communities and by improving the psychosocial well-being of individuals, people are more likely to take care of themselves and of one another.

The IASC developed a multi-layered support model that shows the problems people face and the kinds of interventions that are needed given that people are affected in different ways and need different kinds of support. This is illustrated in the multi-layered pyramid in Figure 1 below. Although the very top layer of the pyramid embodies only a small percentage of the affected population, attention should be paid to all layers and to establishing a referral system between them as a means of developing comprehensive MHPSS support.

The bottom layer shows that physical needs such as shelter, food, basic healthcare and security are required for the well-being and mental health of people. When these basic needs are not met, when parents have no shelter for their children or cannot feed them, their psychosocial well-being is dramatically affected. However, it is not only important to make sure that these basic needs are met; it is also important that people feel safe, that women in refugee camps, for example, can go to the bathroom without running the risk of being sexually assaulted.

The second layer addresses the need for support. When people receive adequate support from their families and communities, they are at less risk of developing mental or psychosocial problems. The manifestation of psychosocial problems is generally characterised by social dysfunction of the individual and/or interpersonal problems in their family or



This illustration is based on the intervention pyramid for mental health and psychosocial support in the IASC Guidelines (2007)

Figure 1. Intervention pyramid for mental health and psychosocial support in emergencies. Each layer is described below (IASC 2007)

social network, but may also lead to the expression of mental disorders in people who already have a pre-existing vulnerability. The International Federation of the Red Cross defines psychosocial support as 'a process of facilitating resilience within individuals, families and communities [enabling families to bounce back from the impact of crises and helping them to deal with such events in the future]. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure' (International Federation Reference Centre for Psychosocial Support 2009: 25). In other words, psychosocial support helps people to recover after a crisis has disrupted their lives.

The third layer addresses a small number of people that require more individual, family or group support by trained health or community workers. This includes individuals with unstable or limited social networks such as children and adolescents who have experienced disrupted nurturing and who have been traumatised by war and violence, as well as women who are overburdened with family responsibilities or suffer from domestic and/or sexual violence and discrimination, but also men who lack the means and possibilities to take care of their families due to disruption and war and who feel ashamed and/or aggressive that they are not able to fulfil their cultural tasks. Psychosocial problems (such as those that result from [gender-based] violence, substance abuse, the effects of war and repression, socio-economic difficulties, marginalisation, ostracisation or exclusion, etc.) are more likely to lead to mental problems when there is insufficient family and community support.

The top layer addresses the small group of people who require specialised services because they suffer serious psychological problems or mental disorders. Many people have mental health concerns from time to time. People may feel emotionally upset and experience 'stress' but can still function well in their community and do not need treatment. A mental health concern becomes a mental disorder when ongoing signs and symptoms cause severe stress and suffering and reduce the person's ability to function. These people need treatment. The contribution of mental disorders to the global burden of disease is significant, and growing (Prince et al., 2007). Several epidemiological surveys in post-conflict settings have estimated the prevalence of common mental disorders and psychosocial problems. The figures are usually high, but uncertain, and to a large extent may represent people with psychosocial distress, but without diagnosed specific disorders. Current estimates are that conflict produces about 10–15% new burden of anxiety disorders such as PTSD and about 1–2% increase in psychoses or profound mental disorders (e.g. Steel et al. 2009: 547).

A clear consensus that has developed is that MHPSS activities in conflict and post-conflict settings should not only focus on assisting individuals and families with 'problems' but should include interventions to strengthen the resilience and coping mechanisms of the individuals, families and communities and society at large and to promote overall well-being of individuals and communities in a constructive way. Psychosocial support can be harmful in that it has to address and touch on sensitive issues. There are several ways to reduce the risk of harm as described in the IASC guidelines (IASC 2007: 10):

- Participating in coordination groups to learn from others and to minimise duplication and gaps in response;
- Designing interventions on the basis of sufficient information;
- Committing to evaluation, openness to scrutiny and external review;
- Developing cultural sensitivity and competence in the areas in which they intervene/work;
- Staying updated on the evidence base regarding effective practices; and
- Developing an understanding of, and consistently reflecting on, universal human rights, power relations between outsiders and emergency-affected people, and the value of participatory approaches.

3.3.4 Social suffering and healing

As said, in the vast majority of cases suffering is relational and cannot be reduced to events in an individual's head. The breakdown of trust as a result of having been attacked by neighbours, experiencing ongoing ostracisation and stigmatisation, and living with the impact of having been raped contribute enormously to reduced mental health and present obstacles to peacebuilding efforts. They serve as poignant reminders that healing is not entirely a matter of individual counselling and therapy but a process of relational improvement and social transformation. Kleinman and Das introduced the term 'social suffering' explaining that violence influences and transforms interaction, thereby reifying the 'inner world of lived values as well as the outer world of contested meanings' (Das et al. 2000: 5). As Kapteijns and Richters (2010: 13) state, the concept of social suffering contains a range of important social elements; 'health, welfare, legal, political, moral, cultural and religious issues' that should be considered as a whole. In their volume, the authors illustrate that people indeed experience violence as something that destroys this all and takes away their agency, but, fortunately, people can remake their world with or without the support of outside interventions. To conclude, redefining health is not about individuals feeling better but about reconstructing relationships to be humanising (based on respect, dignity and spiritual depth) (Wessells 2015, conference presentation).

3.3.5 Resilience

Not everyone develops significant psychological problems during conflict or post-conflict situations. Many people are able to cope reasonably well in hardship situations; they show resilience. Resilience is an important concept that recognises the ability of individuals and societies to cope, adapt and 'bounce back' from adverse events. Ungar introduced a social

ecological model of resilience (Ungar 2008, 2012) which he illustrates by stating that: '[w]here there is potential for exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to psychological, social, cultural, and physical resources that build and sustain their wellbeing, and their individual and collective capacity to negotiate for these resources to be provided and experienced in culturally meaningful ways.' (Ungar 2012: 17).

Menkhaus (2013: 5) conceptualises resilience as a transformational term as it has the potential to transform negative peace to positive peace as well as shift the status quo of a vulnerable society to a stronger and more robust society. Transformation is placed at the fore of resilience as it is a way for individuals and societies to transform and cope with stress and traumatic/extreme events. Resilience is an important concept to be understood and encouraged in the field of MHPSS and peacebuilding in that it protects individuals and society from the vulnerability of adverse events.

The work of MHPSS is to alleviate the symptoms and suffering that are caused by exposure to stressful situations. Resilience is an important personal and community-wide resource that can be utilised to prevent negative effects of adverse events. The processing and development of resilience is commended and encouraged in the mental health field. In contrast, resilience is often conceptualised as negative in peacebuilding, as it is perceived that the weight of the adverse event is not duly acknowledged through the use of this concept. However, resilience is a vital concept that must be fully understood and integrated into post-conflict responses, since it combines the natural and personal resources available to alleviate social suffering and foster healing.

Ungar's model is derived from Bronfenbrenner's bio-ecological model (Bronfenbrenner 2005). In 2011, Ungar extended the Bronfenbrenner model to the area of resilience, developing a model that he calls the social ecological model of resilience (Ungar 2011). Ungar theorised that individual development takes place within the context of multiple systems, and developed a research programme to investigate how these complex systems interact to generate resilience.

3.4 Peacebuilding

Peacebuilding consists of the range of interrelated issues, actions and tools used to promote just and sustainable social, economic and political structures and relationships – at all levels of society. This is illustrated in Figure 2 below. It is concerned with short-term responses to complex and violent conflicts and long-term responses to build the capacity of societies, preventing them from drifting back into violence (conflict prevention). Peacebuilding is not limited to post-war or post-violent situations. Peacebuilding can be started during a war in order to help stop it, and is used to strengthen societies after war and as a response in natural disasters. Peacebuilding is an integral part of helping stable societies develop economically, politically, socially and culturally. It does this by addressing the intangible and tangible psychological, relational and structural elements of complex issues in an integrated manner (see Figure 1). Ramsbotham (Ramsbotham et al. 2011: 227) goes further in his explanation and explains that 'genuine peacebuilding means an abandonment of uniform and bureaucratically imposed structures, a far greater sensitivity and nuanced understanding of local conditions, and a readiness to encompass the variety of voices, often conflicting, that must participate if there is to be inclusive "collective reasoning" about the peacebuilding project.'

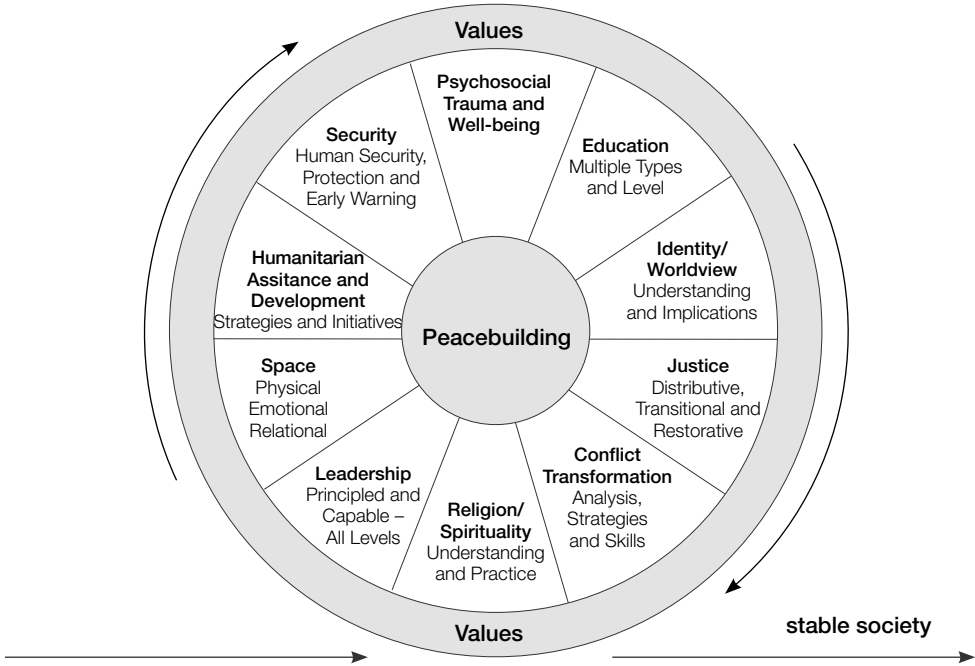


Figure 2. Peacebuilding wheel. From Hart (2008)

One of the biggest challenges faced in peacebuilding work is the great disparity between peacebuilding policies and the unchanged reality on the ground. Bringing top leadership together and using diplomatic approaches has its role but cannot be sustained on its own. Experience from the field testifies that unless support for building trust is provided at the grassroots level, recurring conflict is likely (Sliep 2014). Long after peace treaties have been negotiated, people on the ground remain stuck in deep levels of distrust, fragmentation and division while suffering from physical, emotional and social wounds. Cultivated prejudice followed by extreme forms of violence cannot be erased only by a message from the top but requires carefully considered peacebuilding strategies implemented over a long period of time on many levels. In practice this means incorporating not only the local leadership but the views and experience of the local community. In addition to long-term goals, which are usually the interest of donors and international players, what people need in the short term should be taken into consideration. For continued and sustained peace a greater synthesis is needed between international, national and local strategies.

As with any other intervention, change is best brought about through well-planned, theoretically informed interventions. Ledwith (2005) cautions against only focusing on changes in the political context, and challenges practitioners to get better at weaving theory into practice. This implies that we should be able to explain why we are doing what we are doing at any stage of the process, creating knowledge-in-action that is based on practical experience. Instead of taking a wide lens approach, which will be done by peace brokers on a national and international level, a micro perspective is added to deepen understanding and create realistic ongoing peacebuilding initiatives. How are people experiencing their everyday life in a post-conflict situation? The violation of trust results in changed relationships where suspicion becomes part of survival.

In the same way a top-down strategy won't work unless it reaches all levels of society and a bottom-up approach cannot be successful without the backing and support of other levels.

3.4.1 Reconciliation

There are many definitions of reconciliation. In essence, however, reconciliation is the process that generates mutual acceptance by two or more groups of each other after a period of conflict. 'At its simplest, reconciliation means finding a way to live alongside former enemies – not necessarily to love them, or forgive them, or forget the past in any way – but to coexist with them, to develop the degree of cooperation necessary to share our society with them, so that we all have better lives together than we had separately' (IDEA 2003: 12).

Though there is much debate about when the ideal time is for processes aimed at reconciliation to begin, most academics and practitioners agree that 'thick' reconciliation during conflict is not impossible but highly unlikely. As the source of much of the contention and trauma is ongoing and as insecurity persists, people's healing processes cannot begin. Healing is vital to reconciliation. The often-cited warning comes to mind: 'those who think of themselves as victims eventually become the victimisers of others.' Where the wounds of the past are not addressed and reconciliation does not take place, the chances of those victimised, marginalised and wounded individuals whose economic, political, psychological and social needs are not met resorting to violence is great. Reconciliation and justice are closely linked notions and many people will explain that reconciliation cannot exist without the wrongs of the past having been accounted for and unequal structures and processes being undone.

To further illustrate this: a cursory view over the last 35 years shows that approximately 80% of countries that have emerged out of conflict worldwide have returned to conflict. Most of these countries have not implemented holistic and sustainable reconciliation processes addressing the root causes and impact of violence. This underscores the importance of launching holistic and carefully planned reconciliation processes that target all sectors of society in a post-conflict country.

While the basic principles of reconciliation are the same across contexts, each context has its own defining details and the mechanisms and tools applied to further reconciliation need to be attuned and carefully developed to each post-conflict situation and to different societal contexts.

What is common across contexts is that reconciliation takes place at a structural level (such as through truth commissions, prosecutions, reparations programmes etc.) as well as at the socio-emotional level (between individuals and communities through forgiveness, healing, acknowledgement etc.). It is difficult for a reconciliation process at a structural level to be successful if reconciliation is not also actively furthered at a socio-emotional level. Both processes are mutually reinforcing and equally important; the steps that further the one also further the other. So, contact between people to further cooperation can contribute to humanising the other, reducing fear of the other and thereby improving the chances of forgiveness. Reconciliation takes place at the individual level (between individuals), at community level (between communities, and between individuals within those communities) and at the national level (between the government and its people at both the community and the individual level); and with and between men AND women. Gender is an indispensable dimension of reconciliation at all levels – there can be no reconciliation if half of the population is excluded from those processes that are aimed at restoring and rebuilding the fibre of communities.

3.4.2 Transitional justice

In order to assist conflict-affected societies to come to terms with past legacies of large-scale human rights violations, a range of processes and mechanisms have been developed that today constitute a field called 'transitional justice'. The International Centre for Transitional Justice defines transitional justice as 'the set of judicial and non-judicial measures that have been implemented by different countries in order to redress the legacies of massive human rights abuses' (www.ictj.org). These measures include criminal prosecutions, truth commissions, memorialisation, material and symbolic reparations programmes and various kinds of institutional reforms, all with the ultimate goal of ensuring accountability and achieving reconciliation. Within the field, the use of traditional and culturally embedded justice, reconciliation and healing mechanisms is increasingly recognised as integral to the development of holistic interventions. As each post-conflict context is unique, the mechanisms used to restore the social and political fibre of society need to be context-specific and adapted to the needs of each particular society.

3.4.3 Justice: Restorative and retributive approaches

Retributive justice is the form of justice that focuses largely on punishing perpetrators through prosecutorial processes, whereas restorative justice is centred on restoring the dignity and rights of victims.

Human beings are not considered to be isolated individuals but rather beings who are fundamentally connected and defined in and through their relationships with others. At their core, relational approaches to justice are not simply concerned with responding to wrongs but rather with the harm and effects of wrongs on relationships at all levels: individual, group, community, national and international (Richters 2015, conference presentation). Given that conflict negatively affects the relationships between human beings and a peaceful and productive society consists of positive interpersonal relationships, post-conflict reconstruction efforts must necessarily prioritise the restoration of those relationships in the pursuit of justice.

3.4.4 Social transformation

Processes of social transformation can take place across social fields and practices, institutional patterns, state formations, political shifts, law, medicine, systems of beliefs and values, social movements, and economic change to organisational and interorganisational network structures, as well as in patterns of action and culture. Social transformation thus occurs not only in conditions and structure but also in internal processes of consciousness, the use of language that gives people a sense of agency (Meintjes et al. 2001).

Conflict causes not only suffering, destruction and loss – it also generates unintended (structural) changes in society. These new social, economic and political realities can give cultural groups space to redefine their ethnic and/or gender positions and hierarchies as well as identities (Manchanda 2001). The challenge is to use the opportunities of social transformation caused by conflict to shift social patterns (such as gender roles) and not to slip back into old and traditional structures.

3.5 Linking MHPSS to reconciliation

While there is no magical quick-fix solution to rebuilding societies living with the long-term effects of violence and war, research and practice from around the world is contributing more and more evidence towards the increased understanding that a focus on mental health and psychosocial support is a critical element of post-conflict reconstruction efforts pursuing reconciliation. As such, creating safe and supportive spaces for victims and perpetrators to process their experiences, speak out about their pain and seek acknowledgement for their suffering, and giving perpetrators the opportunity to apologise and seek forgiveness, is an important precondition for the formation of a context conducive to healing. Little or no deep healing can take place in the absence of true reconciliation when ongoing fear and rage block the healing process or even render it inappropriate to a particular context. Furthermore, little or limited reconciliation can occur without healing and when strong feelings of fear, hate and victimisation block the individual and collective abilities of people to trust, live beside or accept one another across conflict lines. 'Just as healing is dependent on the collective and political context, so too can individual and community healing strategies bolster national attempts to re-establish society' (IDEA 2003: 80).

If conflict damages the social ties that bind individuals, families, communities and society at large – ties that constitute trust, tolerance, understanding and respect – these ties need to be repaired in the aftermath. While in some cases an argument can be made for individual healing through psychological counselling, for communities and individuals to heal, the truth of the past must be brought into the open, acknowledgement sought and justice done. To achieve this, carefully designed psychosocial care and transitional justice tools must be balanced within a local context that is sensitive to the dignity and basic human rights of its citizens in order to generate long-term sustainable healing and reconciliation processes.

There is compelling evidence (Von Kaltenborn-Stachau 2008; SARB 2014; UNHCHR 2006) that shows that post-conflict settings face decreasing levels of civic trust both vertically, between the state and its people, and horizontally, between individuals and between communities. Civic trust is likely to decrease further in countries where the mental health,

behaviours and attitudes of the political leadership has been negatively influenced by conflict, resulting in low levels of accountability, service delivery and respect for human rights. Civic trust is an important foundation for the development of a rule-of-law culture and for reconciliation, but also for individuals to feel reconnected with other community members. As such it is critical for peacebuilding practice that it aims to restore social cohesion through the rebuilding of civic trust towards non-recurrence of atrocities and prioritises policies and processes that are sensitive to these realities. To ensure that mental health and psychosocial support interventions are able to contribute to the restoration of the social fabric, it is equally important that judicial institutes and other civic institutes are functioning.

Where structural violence and unresolved trauma intersect, the recurrence of violent patterns of behaviour is likely to result in high levels of direct violence. Amidst high levels of unemployment and poverty, where people's sense of dignity and self-worth is compromised on a daily basis, violent behaviour becomes a simple means of re-taking the control that people are denied in other spheres of their lives. Where people's lives are shaped by unemployment and poverty, frustration grows and anger easily spirals from passive hopelessness to active violence. This is evident inter alia in South Africa which, 21 years after the end of apartheid, is experiencing some of the highest levels of criminal violence and inequality in the world. While the Truth and Reconciliation Commission attempted to provide victims, perpetrators and staff with the necessary psychosocial support, this was limited to those who were directly involved with the Commission. As such, the majority of the affected population was not given the opportunity to process the wounds of the past, resulting in high levels of trauma and violence becoming a permanent fixture of the social landscape. This is increasingly impacting negatively on the national reconciliation project in South Africa where 'insidious acts of systematic and structural violence are ingrained into society and continually undermine the dignity and sense of self-worth of individuals' (Gobodo-Madikizela 2015, conference presentation). This insidious violence has a continuously erosive effect on any budding reconciliation process.

4. CROSS-CUTTING THEMES

Despite the nascence of bringing together the topics at hand, a number of cross-cutting themes emerged during the discussions in Johannesburg that provide a fertile foundation for future engagement and practice.

4.1 Recognising the centrality and complexity of context

Recognising the centrality and nuance of context is of fundamental value to practitioners in the peacebuilding and mental health fields. As such, comprehensively assessing the psychosocial and peacebuilding needs within the broader social, economic and political context is a critical starting point when developing holistic and sustainable interventions. These contexts are not made up of isolated incidents or series of random atrocities. Rather, they are shaped by poverty, ongoing structural violence and human rights violations: contexts in which there is a deeply embedded sense of deprivation and where violations affect people in many different, often overlapping, ways. The nature of these contexts impacts on individuals' sense of belonging and community as well as on the way in which meaning is constructed. This sense of belonging is what is destroyed by the types of conflicts that are at the heart of this discussion.

'At the level of policy, a failure to link psychosocial work with the social context can cause fragmentation between social and political interventions' (Hamber et al. 2014). There are many different ways of responding to this under the umbrella term psychosocial practice. If the context is the cause of the suffering, altering the context is crucial to psychosocial recovery; but psychosocial recovery is also crucial to how people might engage in transforming the social context. In order for our interventions not to reinforce the status quo, we need to think of how issues shaping each context impact on one another (i.e. how sustainable can a DDR programme be if, after having been prepared for return into society, people are reintegrated into abject poverty). This requires asking whether interventions and practices interface with and link to the bigger socially transformative issues presented by the context.

To this end, understanding the inherent support and coping mechanisms that exist within a given context will enable the integration of existing and localised tools into externally driven initiatives aimed at contributing sustainably to the psychosocial and peacebuilding needs of a given context.

4.2 The cultural construction of 'mental health'

Every culture has its own way of defining its mental health. Views of mental health are constructed culturally, politically, economically, socially and historically. And yet the mental health field is still largely shaped by a colonial, western orientation and ambition, which tends to be imposed by MHPSS and peacebuilding practitioners onto affected populations. International tools are available to diagnose the mental health problems of people in all cultures (i.e. the International Classification of Diseases [ICD] and the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association). However, given that every culture has its own way of defining what it means to be mentally well, a conceptual shift is necessary to ensure that classifications are culturally, politically and historically nuanced and adapted to each specific context.

Applying concepts such as 'mental health', 'depression' and 'trauma' to individuals in communities who have not been exposed to this language and where support structures are limited runs the risk of perpetuating stigma and generating actions and behaviour based on misunderstood information and assumptions (i.e. in many cultures 'mental health' is synonymous with 'crazy' and is the basis on which people will be ostracised). Furthermore, Wessells (2008: 13) argues that 'trauma approaches tend to focus excessively on deficits or psychological problems and issues, when it is equally important to recognise the assets and resilience of affected people'. Similarly, ascribing reductionist labels to the trauma-causing experiences of affected individuals and communities (torture, rape, gang rape etc.) runs the risk of negating the formation of a wider identity (she was tortured/ she is not a tortured person, he was raped/he is not a raped person etc.) and also negates the much broader violation that individuals actually suffer (i.e. rape consists not only of penetration but tends to include various other forms of violations such as the use of weapons and other tools, verbal humiliation, public humiliation etc.). This has the potential of being particularly harmful in communities where psychosocial support is not available and where individuals and communities have to rely on internal coping mechanisms once a given intervention has come to an end.

4.3 Understanding and building on local resources

Linked closely to 4.1 (Recognising the centrality and complexity of context) is the notion that in developing post-conflict psychosocial and peacebuilding strategies, it is important to listen for and learn about the practices, assets and resilience of affected people and to build on these. 'Every group of war-affected people has assets that can aid affected people and strengthen their resilience. In Africa, important assets include traditional practices, structures and leaders; elders;

healers; religions and religious leaders; women's groups; and youth groups, to name only a few. The key to sustainable interventions is to engage with and build on these while ensuring that outside supports do not undermine existing supports (Wessells 2008). This approach enhances local ownership, which mitigates the risk of projects terminating as a result of people not sufficiently buying into, adapting to and identifying with externally imposed methodologies.

In-depth preparatory research and carefully selected and nurtured partnerships with effective local organisations can be helpful in developing implementation models that place existing cultural resources, in different contexts, at the centre. As local knowledge and resources are increasingly attributed a central position in peacebuilding practice, hybrid models and approaches that combine both western and local traditional models are likely to increase in coming years.

4.4 The role of narrative in memory formation and identity

Narratives are accounts of experiences to which people attach meaning and which then shape identities of people, allowing people to make sense of events in their life. While events shape narratives, the interpretation of the events and how they join to construct meaning is culturally formed and shaped by collective memory and the broader social, political and historical context in which the narrative is formed. When people connect as a result of common and shared narratives, usually within communities, a sense of belonging is constructed. As culture and tradition ensure that a continuum of narratives is passed from one generation to the next, so too are narratives of trauma, pain and suffering transmitted intergenerationally, resulting in indirectly affected generations wearing narratives imposed on them by previous generations. The inverse is also likely; when a culture of silence permeates society, the truth is withheld, wounds remain unprocessed and limited or partial narratives are developed.

Memory is fundamental to the stories that individuals tell about their lives, because memory helps to link experiences associatively with other events in one's life. In other words, individuals are able to put events in appropriate context in their life history. This thread of temporality and the ability to organise the past, which has been termed "narrative memory," is profoundly disrupted by psychological trauma. (Gobodo-Madikizela 2015, conference presentation)

Where trauma is not dealt with as and when it happens and where it manifests much later – often generations down the line – the result is that the manifesting symptoms, rather than the roots of the problem, are treated, resulting in a recurrence of those symptoms over time (Edlmann 2015, conference presentation).

The language used when working with memory narratives must be very carefully chosen. Poorly chosen language can result in the affected person feeling stigmatised rather than supported and strengthened. Violence and trauma entice people to focus on the past, when it is equally important to find ways of dealing with the past in the future and in relation with the next (imperfect) stage of the future of a given society. As such, the exploration of memory needs to be shifted towards a more transformative process instead of reverting to old stories fixated on violence and trauma. Important here is an awareness of the relationship between trauma and impunity, especially where impunity implies a lack of accountability, no truth-telling and the spinning of stories for favour of those in power. This can rest on the manner in which trauma has been remembered and the language of trauma in the memory, narrative and story of society (Edlmann 2015, conference presentation). The question that needs to be asked in this process is who owns and frames the narrative and are these narratives inclusive of survivors, perpetrators and bystanders in a given context?

At the same time people need space for their own requiem, as Yvonne Sliep stated (2015, conference presentation), but the narrative paradigm should be focused on how to take the very next step forward: how to develop morality and accountability.

Aspects enforced by apartheid are internalised and kill the spirit. The individual and communal notions of identity, silence and practices seem to be culturally codified. Unlike state-sponsored censorship, cultural censorship is practiced without explicit coercion or enforcement (Sheriff 2000). If these circles are not broken they are transferred to the next generation.

A community and the culture both need social healing and people need social and historical connectedness as well as economic and material support. Only then can people create a new public space where memories of the past can be shared and a community spirit experienced. Feeling connected to other people is one of the most important, but often neglected, needs of a human being (Arendt 1998; Jackson, 2006).

The example of Rwanda shows how the past has been conceptualised to inform and shape current identities and social relations – a racialisation of historical identity through stories of power relations, favouritism and oppression. The past has shaped current identities. Violence and trauma have resulted in a victimisation identity (victim's identity is based on low self-esteem and often on an association with the perpetrator to allow them to feel a sense of control and power over the event). Often this power association results in the re-enactment of the trauma towards the other to allow for the person to feel control over the experience. There are links between the individual aspect of victimhood and the community experience of victimhood and how these aspects play out at a collective level. Therefore justice must take place on multiple levels, from social, economic, political and interrelational to the narrative to ensure peace. At all levels there are memories of the genocide, but there are also positive memories of protection, resilience and strength.

4.5 Wounded leaders: The trickle-down effect

Good leadership plays a central role in developing the kind of policies and interventions that end cycles of violence and strengthen the psychosocial fibre of conflict-affected communities. However, given the high levels of trauma amongst politicians as a result of long-standing political careers (which, in conflict-affected areas, often include combat), many leaders fail to shed their combatant identities, thus governing from a place of anger and pain, which tends to trickle down into their governance style and political discourse. Leadership shapes identity formation in that citizens feel/do not feel that they matter. However, where leaders are wounded, their actions and attitudes are likely to contribute towards structural violence that negatively affects the relations and the unity between individuals in society (Mogapi 2015, conference presentation). Walaza (2015, conference presentations) argues that South Africa in particular is at risk of developing a culture of organisational woundedness in institutions, which needs to be challenged in order to prevent these institutions from perpetuating trauma and violence through attitudes that have been shaped by their own traumatisation.

Given the prevalent traditional and patriarchal paradigm, in which leaders (mostly men) are expected to display traits of power and control and where displaying emotion is perceived as a sign of weakness, healing leaders remains difficult. As such, the confluence of masculinity and power contributes to impunity and influences the way people deal with their emotions and feelings (denial) and trust (Gunn 2015, conference presentation). Leaders as well as ex-combatants struggle with the transition from a combatant's masculine identity to the identity of a family man, a father or a husband. Healthy and strong leaders are able to identify and mitigate against the cycles of violence and the perpetrating of atrocities within a society and community.

Isolating the psychosocial experience of a people from the broader political and leadership context within which political life is constructed runs the risk of isolating the people from the state, thereby creating a fragmented national narrative in which denial and impunity are likely to take centre stage.

4.6 Dialogue as the foundation for healing

Despite the often different goals for which peacebuilders and MHPSS practitioners use dialogue between two or more entities, the foundation of principles and values underlying these goals are similar. In contexts where societies' most pressing social problems remain unaddressed, where there is a deficit in the culture of participation and cooperation (which is so central to making societies peaceful and governments sustainable) and where basic medical and service delivery needs are not met, dialogue has the potential of being the most effective, inclusive and cost-efficient tool available. Being able to talk constructively and peacefully about the issues that affect and divide us – publically and privately – is one of the most basic ingredients necessary for the building of a democratic culture.

Furthermore, dialogue is essential for re-building relationships. Healing necessarily constitutes an interpersonal space; an important aspect of healing is to hear the narrative of the other. Where people are unable to deal with shame and guilt, they are unlikely to be able to engage in and sympathise with the suffering of the other. Healing must involve the other. Music, art and dance can be used as helpful media to enhance reconnection and relationship-building.

While the past is the connecting factor, questions remain as to whether and to what extent the living have the responsibility to engage with perpetrators on behalf of the dead and whether forgiveness can (or should) be bestowed by the living on behalf of the dead. This is what Gobodo-Madikizela defines as 'splitting': 'contradictory aspects of the self – the part that committed, or was complicit in evil acts, and the part that is a good father, mother, lover, Christian, etc. – are kept apart, split-off, and only one of these conflicting polarities (usually the good part) is embraced or acknowledged' (Gobodo-Madikizela 2015, conference presentation). For reconciliation and healing to take place, both aspects of the experience need to be acknowledged and balanced.

Balancing between psychosocial and social is important in the sense of belonging, sense of place and sense of community. There can be no peace without inner healing and no inner healing without reforming relations with the self and the other.

A positive example is sociotherapy³-based programming. Sociotherapy bridges the gap between reconciliation and healing by establishing trust, respect and care and by defining new life orientations and memories within a given social dynamic. It also allows the person to choose to forgive and reconcile and define what this looks like for themselves as well as to make independent healing choices (empowerment and agency). Sociotherapy-based interventions have also generated improvements in gender equality, as well as psychological health, interpersonal reconciliation, social cohesion, socio-economic development and improved family dynamics. These are interconnected outcomes that point to the complexity of the healing process. (Jansen & Richters 2015, conference presentations).

3 For more info see <http://www.sociotherapy.org/>

4.7 The impact of (sexual) gender-based violence on health and peacebuilding

The concepts of femininity and masculinity are cultural notions that are organising principles of life as they construct identity, place and roles in society and expectations of the individual. These concepts are important notions that inform the definition of the self schemas that interpret the world. Sexual violence affects the core of the self in a way that necessitates the re-organisation of the self. Sexual violence affects the interpersonal interactions between men, women and children; it affects all members of a community. Remedies designed to address sexual violence need to shift from an individualised approach to a community-based approach that allows for an ecological perspectives and solutions. Gender and identity are not static. Rather, they are a combination of multiple conceived definitions of the roles and expectations of the different sexes through social interactions, narratives and personal definitions. Due to the complexity of gender identity a problem at one of the levels affects all levels of the person.

Sexual violence contributes to cultural destruction. It reconceptualises both the male and female gendered identity in conflict: establishing a patriarchal social structure that defines femininity as weak and masculinity as dominating and violent.

There are multiple levels of oppression and depression, which is a continuous structure of oppression that is still intact and has a serious impact on gender relations. Experiences of shame and frustration and feeling out of control are emotions that easily lead to violence. The emasculation of men results from the fact that they are unable to provide for their family and are often unable to reflect on themselves. In an attempt to demonstrate masculinity, men use violence and specifically sexual violence to assert power and shame.

To prevent violence there is a need to create social cohesion through establishing a community identity and to rebuild connections between the stratifications of society. These elements are often not supported or addressed by governments in post-war situations. This again limits the dignity of persons as the value and the worth of people is ignored.

Sexual violence should be recognised at the interconnected levels of the individual and society; sexual violence is not only personal violence but also social violence in that it challenges the structures of social norms. There is a need to be aware and to acknowledge the wider environment of the people and how this interacts with the narrative and act of sexual violence. The focus of interventions should primarily be on the interpersonal space rather than addressing men and women separately, e.g. recognising the interpersonal space of men and women in their families and how it affects the formation of the identity of children. This space is where peace and peacebuilding starts, which is rarely acknowledged in interventions.

4.8 The effect of the intergenerational transmission of violence and trauma on health and peacebuilding

Hirsch (2001; 2012) refers to the emergence of traumatic memory at the level of the second generation as 'postmemory' – the memory which she suggests develops 'after the fact'. She describes 'postmemory' as the relationship that descendants of survivors of collective trauma have with their parents' traumatic experiences. 'Postmemory' experiences are those that the younger generation 'remember' from the images and stories with which they grew up, 'but that are so powerful, so monumental, as to constitute memories in their own right' (Hirsch 2001: 16). The concept of postmemory is fundamental for the continuity and discontinuity between generations and in understanding the dynamic between children and caregivers in post-conflict settings. Where memories are not shared and engaged in, a disconnect develops between affected generations and the socio-historical and political context in which they exist, alienating them from the nation and the state. Children tend to develop identity problems due to the continual presence of the effect of the violence and the memory of the violence and trauma. This is perpetuated when there is a lack of open conversation between perpetrators and the victims about the relevant events.

In developing peacebuilding and MHPSS interventions, it is thus important to be aware of past traumatic events and narratives and sensitive to how these affect the second and the third generation, specifically those whose parents were either perpetrators or victims since both groups are typically negatively impacted, though in different ways (Richters 2015, conference presentation). It is important to recognise that new generations have different experiences and live in contexts that affect how they converse and approach their own experiences of the past (e.g. diverging experiences of apartheid have disconnected generations, which has resulted in deep psychological burdens as well as resources, on which the next generation can build). Thus addressing the experiences of the next generation will likely require new and different interventions.

Reflecting on field work and research in Rwanda, Richters noted that the general experience of both groups was that trauma and violence were ever-present in their lives even when they had not personally experienced events and that present generations found it difficult to understand and position themselves in the world in relation to the trauma. In Rwanda, differences were noticed: children who were born before the genocide and witnessed the genocide were found to be quiet, withdrawn, isolated and did not perform well at school (unable to concentrate, motivate themselves, interact), while children who were born after the genocide were found to be rebellious and violent and exhibited narratives and language of revenge.

Children of perpetrators are vulnerable. Unseen and unexpected consequences of the memorialisation affect children of perpetrators. They are shocked to discover that their parents and loved ones were perpetrators, victims or bystanders during violence. These children show signs of being disconnected from parents (perpetrators), of shame, anger, of feeling stigmatised, or show self-perceived stigma because they are known and acknowledged as being the offspring of a perpetrator. Both from the perspective of MHPSS and peacebuilding, paying careful attention to this group is a necessity in securing the long-term well-being and peace of the community in which they exist.

5. CRAFTING A FRAMEWORK THAT BRIDGES MHPSS AND PEACEBUILDING

Peacebuilding and MHPSS programmes are built on numerous assumptions or ‘theories of change’ about how interventions contribute to health, well-being and peace. A theory of change clearly articulates the expected change of a process or intervention. It requires a very detailed analysis of the situation and careful planning of the required actions to reach a desired change. A well-articulated theory of change contains a hypothesis that can be tested regarding how the planned activities will contribute to achieving the desired results for the programme (CARE International UK 2012).

In developing the kind of projects that are sensitive to the post-conflict and MHPSS needs of a given post-conflict community, a paradigm shift is needed that recognises that interventions take place within a broader environment and need therefore to be multi-sectoral and integrated into the wider developmental context.

5.1 A contextual framework: The socio-ecological model

The socio-ecological model likely offers the most promising holistic framework within which to arrange the increased confluence of peacebuilding and MHPSS activities. This comprehensive approach recognises the importance of the individual while placing significant emphasis on both the social context and the broader environment in which individuals operate: in settings of armed conflict, toxic social environments are primary determinants of mental health problems and psychosocial distress as people are exposed to risks at the micro-, meso- and macro-levels of society (family, community, society).

The framework is based on the ecological model (Bronfenbrenner 2005) (see Figure 1). In this framework, changes will not be linear, as in an action-result, but circular; i.e. it is expected that behavioural change in an individual will stimulate and encourage family and community members to react differently from past behaviour and this will, in return, stimulate people to consolidate these changes. It allows for a definition of the impact of a people’s status in the specific contexts of the conflict or post-conflict situations on the lives of the individuals on several levels and an understanding of the dynamics between those levels and between individuals. It pays attention to the complex interplay between individuals, relationships, community and societal factors and aims to prevent violence through recognising the overlap between societal structures. In this framework, health is defined on three ecological levels: for example, an individual with psychosocial stress is situated at the micro level, a disharmonic or dysfunctional family and other (social) networks would be situated at the meso level and an unfavourable condition of a community (lack of resources, and [judicial] structures) would be situated at the macro level.

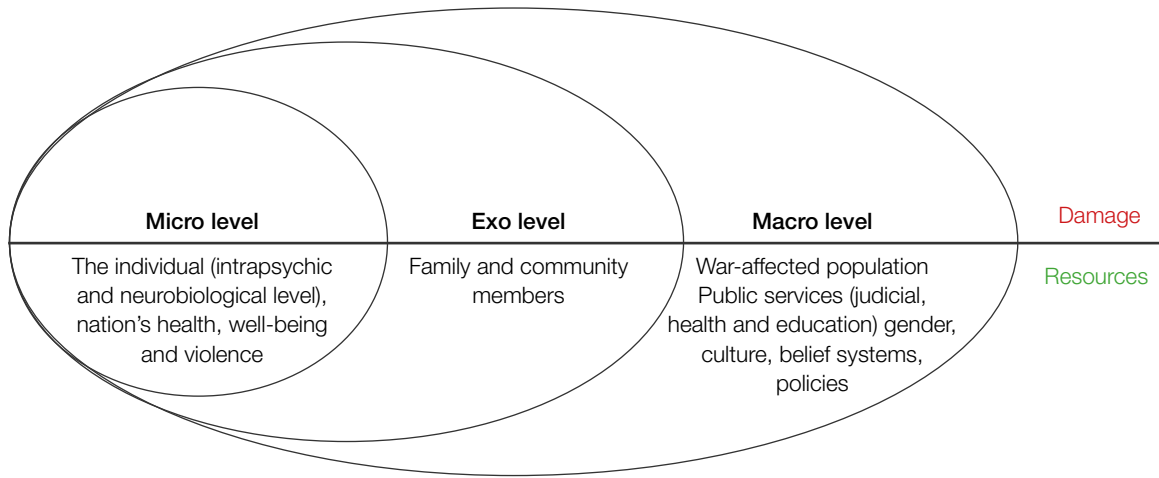
Toxic environments tend to elevate problems of stress and violent conflict in households and families where there is an exponential relationship between risk accumulation and mental health problems. However, risks may be offset by protective factors such as caring and supportive peers, strong justice mechanisms, psychosocial support programmes and local coping strategies.

The ecological model respects the values underlying the *community resilience approach* that honours people’s agency and voice and sees people as active agents of coping, adaptation and meaning-making. The approach acknowledges that not everyone is equally affected by conflict, that many people show resilience (the ability to cope well in situations of adversity) and that over time, people adapt to situations of adversity. Similarly, though people may have been exposed to potentially traumatic events, they will not necessarily display psychological signs as a result of this exposure. As such this approach emphasises assets and resources rather than deficits. The approach also acknowledges that the role of MHPSS and peacebuilding practitioners is not to heal people but rather to enable and facilitate healing by helping families and communities to reduce risk factors and strengthen protective factors.

Thus, although the sources of the problems individuals experience might be beyond the scope of a specific project, it is important to give attention to the entire cycle of causes and outcomes (that can be new causes in the next circle) of the observed problems, since reducing psychological stress or building sustainable peace is not possible from only one level. This point of view requires a multidisciplinary approach to the observed problems.

Interventions can be simultaneously directed towards addressing post-traumatic damage as well as strengthening resilience (Droždek 2007). The strengthening of resilience is a crucial aspect of healing. According to Walter & Bala (2004), protective processes have a synergetic, cumulative effect on treatment outcomes and on recovery processes.

As such, MHPSS and peacebuilding practitioners working towards sustainable post-conflict interventions should prioritise focusing on the wider protective factors such as improving the social environment rather than merely focusing on deficits and problems of conflict-affected communities.



Meso level: Interrelations within social groups and interaction between the three levels

Figure 3. Ecological model of Bronfenbrenner (adapted)

This framework challenges the user to define the disparate relationships between the effects of an intervention on the various societal layers and factors that may influence the effects: risk factors, contextual factors and ecological factors. Therefore the meso level is also important for the analysis of interventions in the field of peacebuilding and mental health.

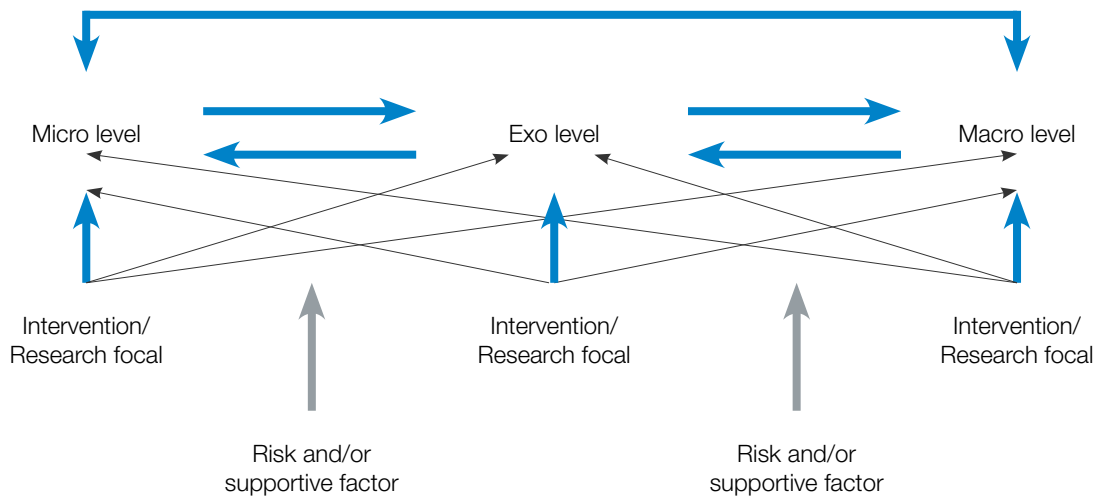


Figure 4. The focus of intervention and the (un)wanted and (un)expected outcome and influencing factors on other levels (Source Prof. I. Komproe, personal communication, MT)

Figure 4 illustrates the areas of intervention and programming as a holistic and integrated approach: the four levels are interrelated and interventions at each level will affect other levels.

An intervention on one level has positive reinforcing and/or negative effects on other levels. In order to get insight into that, risk and supportive factors have to be examined.

6. MOVING FORWARD

Participants at the conference proposed the following actions to deepen existing knowledge and to continue facilitating learning and exchange.

6.1 Online tools

- To use the existing blog <https://peacebuildingandmentalhealth.wordpress.com/> as an interim repository to store all relevant information pertaining to the conference such as presentations, videos, the final report, related links and documents.
- To use the existing website <http://mhpss.net/> as a place to link MHPSS practitioners and research to those working in the peacebuilding realm.
- To create a new, interdisciplinary website hosted by IJR and WTF to bring together research, analysis, relevant individuals and organisations in the pursuit of integrating MHPSS and peacebuilding.

6.2 Research and analysis

- To produce a Special Issue of Intervention with a sole focus on peacebuilding and MHPSS and the interconnectedness between the two fields (<http://www.interventionjournal.com/>)
- The formation of a working group comprised of senior academics and practitioners in the fields of MHPSS and peacebuilding, possibly led by Prof. Pumla Gobodo-Madikizela at the University of Free State's Trauma, Forgiveness and Reconciliation Studies unit to engage in a study of how the language of MHPSS relates to Africa, redefining concepts where necessary and integrating indigenous knowledge with the aim of developing a locally embedded and relevant conceptual framework.
- The development of a practical handbook that guides MHPSS and peacebuilding practitioners towards a more integrated approach and that contains criteria for best practices on integrating peacebuilding with MHPSS and vice versa, in post-conflict settings.
- Conduct a comprehensive interdisciplinary mapping exercise to gain a clearer picture of who is doing what, where and when. The purpose of the tool would be to obtain a clear overview of which organisations and individuals are offering which type of support and in which countries in order to simplify the process of connecting relevant role players to one another. A peer-review mechanism could be included at a later stage.
- For more information on this see the IASC Manual 'Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support (IASC 2012): http://reliefweb.int/sites/reliefweb.int/files/resources/iasc_4ws.pdf.
- Publish mapping exercise (above) on mhpss.net to enable wide access and sharing.
- An interdisciplinary research pilot programme researching the sustainability of existing projects that integrate both MHPSS and peacebuilding, and seeking to gain a more concrete understanding of how mental health impacts on conflict-affected societies and thus how MHPSS and peacebuilding should interface in the aftermath to build socially cohesive communities.

6.3 Advocacy

- Draft a Peacebuilding Addendum to the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

At present, the IASC Guidelines contain a single reference to 'reconciliation' (Key actions, page 66) and no references to peacebuilding. The process of drafting a Peacebuilding Addendum to be used by practitioners working in post-conflict settings could be an important step in deepening and furthering the discussion at hand. This would necessitate compiling a working group to research existing materials and compile experience in order to then draft the guidelines.

6.4 Capacity-building

- Follow-up conference to facilitate further exchange between relevant organisations and individuals, possibly including expansion into geographic areas that the 2015 conference did not include (i.e. Asia, Latin America etc.).
- Workshops/training on relevant methodologies.
- Care for caregivers.
- Exchange visits between organisations (this could also service the purpose of peer reviewing one another's projects for the purpose of mapping exercise).

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