



Newly arrived refugees at the Kakuma Refugee Camp Reception Centre. *Source* The Author

Chapter 2

The Trauma-Sensitivity Gap

2.1 No Peace for Grace

I came to Kakuma in 1999 because of the Sudan war. We had to flee for our lives. My brother was accused of treason, of having joined a rebel group, was captured and was killed. They then captured my father, tied a dog to his back, beat the dog, and the dog mauled my father to death. Now I am here in Kakuma. I live with the children of my brother, 10 children. Plus one child of mine. I've given birth to 14 children, 13 have died and only one has survived.

Back in South Sudan, I had a husband who held me by force (raped me), as a result of the war. I lived with him as his wife, we had children, but they could not survive, as a result of the war. Now I can't go back there...

There is no peace for me in South Sudan at all. Other people may have peace, but there is no peace for me... But I really wish I could find a way to have peace in my heart and my body.¹

This was part of Grace's story as she related the experiences that led to her fleeing for refuge in Kakuma. The emotional, the physical and the external for her tend to merge and determine her experience of peace or lack thereof.

There is a growing acknowledgement that the experiences of trauma that the survivors of conflict and mass violence go through during, and after, the conflict need to be addressed, for peace to be sustainable. This acknowledgement is born out of a recognition that peacebuilding specifically focused on the national realm, attempted through international intervention and that seeks to strengthen national institutions, has not been very successful in achieving sustainable peace (Samuels 2005: 663–664).

The Catastrophic Trauma Recovery (CTR) project (Common Bond Institute 2014) identifies psychological and emotional injuries as 'the most enduring effects

¹Interview with Grace on 17th July 2013. See Appendix 2.1.

of war, yet historically the least addressed in terms of rebuilding a society and preventing future violence'. According to the project, significant recovery efforts usually focus on more visible needs such as food, shelter, clothing, physical health, and economic aid, and overlook or minimize the effects of deep psychological trauma on individuals, their families, and their communities. Trauma becomes embedded as part of the psyche of a society that extends the wounds into future generations where it is often played out in further violence (Volkan 2001; Lambourne/Niyonzima 2015). The cycle of violence and the cycle of trauma thus directly contribute to each other.

Strengthening of national institutions, supporting democracy, improving public services and encouraging attempts at reconciliation are all important interventions in conflict and post conflict situations. However, they are not sufficient in and of themselves. There is need to engage the survivors in ways that address their psychological, spiritual, emotional, and physical needs (LeBaron 2003). This kind of approach allows for practices that keep the survivors, like Grace, ready to navigate the change and confusion that often accompany encounters in conflict and post-conflict societies. It considers at its core the rebuilding of individuals and communities.

Judging from the conflicts, massacres and wars in South Sudan which have been mostly intra-state, it appears that current strategies for dealing with conflict need to be augmented. There has therefore been a need for a shift in the character of analyses and response to these conflicts. Traditional approaches to diplomacy and peacebuilding which typically viewed the nation-state as the sole or fundamental unit in international relations have needed to change to approaches that are more community and individual-based (Dress 2005).

The failure of contemporary peace processes to result to sustainable peace may be attributed to the failure to address the bitterness, memories and images associated with the conflict and mass violence. This points to the need for the participation of the survivors in peacebuilding work or what Gawerc (2006: 445) calls 'grassroots peace work' and 'people-to-people activities', an area she argues is plagued by limited academic research.

The failure to address the pain and traumas of the survivors of conflict and mass violence has a subtle but grievous effect on peacebuilding. The traumas may affect the social functioning of individuals and ability to support themselves and their families. Further, exposure to traumatic events and high levels of mental distress may also influence respondent attitudes to reconciliation. Patrick, one of the participants in the research, had been a livestock health professional back in South Sudan before being displaced, and had worked directly in communities educating them in peace and conflict management. Now as a refugee in Kakuma, he found himself in a precarious situation, not able to be of much help, and says:

We had a lot of difficulties getting to Kakuma from South Sudan. All the money we had got finished, and the children were very vulnerable and almost died of starvation. When we got to the Reception Centre, we faced more difficulties before we got registered and were given

*the ration card. ... At the Reception Centre they used to bring some kind of music, to promote healing, and also some videos, informally. I don't think it helped though, because people were still fighting even at the Reception Centre, since they were traumatized. I think the psychosocial activities were not sufficient...Because our people are traumatized. I'm also traumatized, because we are affected by the war, by seeing people being killed.*²

Decreased interest or participation in important activities, feeling disconnected from others, a sense of no hope for the future, and a sense of despondency that leads to neglect of personal and professional responsibilities may render the survivors of conflict-inflicted trauma unable to engage in meaningful peacebuilding activities (Gasana 2008). The community's social order may be eroded, and its ability to care for its vulnerable people through, for instance, community self-support can be affected. Social cohesion can diminish as individuals withdraw, preoccupied with their own traumatic experience, resulting in disharmony and possibility of recurring violence (Gutlove/Thompson 2006). These arguments about the disruption of social cohesion linked to the effects of unaddressed trauma could help explain how quickly South Sudan erupted into civil war along ethnic lines barely two years after its independence from the Sudan. Addressing these problems with a sensitivity to the trauma the survivors have experienced, thus becomes crucial.

2.2 A Shift to Mental Health and Psychosocial Support in Peacebuilding

With the acknowledgement of the inadequacy of peacebuilding aimed at strengthening national institutions as discussed, and the recognition of the impact of mass violence on the mental and social health of the survivors, the shift of the character of analyses and response to conflict and mass violence has indeed taken place. This shift is particularly notable through the growing field of Mental Health and Psychosocial Support (MHPSS). In 2007 the Inter-Agency Standing Committee (IASC) established by the United Nations General Assembly to coordinate, develop policies and make decisions on the work of key humanitarian agencies, formulated guidelines on 'Mental Health and Psychosocial Support (MHPSS) in Emergency Settings' to enable effective coordination of the work of mental health practitioners and psychosocial support workers in the context of emergencies arising from armed conflict and natural disasters (IASC 2007). These guidelines are based on the acknowledgement of the psychological and social impacts of emergencies on the mental health and psychosocial well-being of those affected, as discussed above, and the potential threat of this impact on peace, human rights and development (IASC 2007: 1).

The term 'mental health and psychosocial support' refers to 'any type of local or outside support that aims to protect or promote psychosocial well-being and/or

²Interview with Patrick on 15th and 16th July 2013. See Appendix 2.1.

prevent or treat mental disorder (IASC 2007: 1). Psychosocial support refers to interventions that address the psychological aspects of experience, such as feelings and emotions, and the social aspects of experience, such as relationships and culture (Hamber et al. 2014: 8). While these guidelines are established on firm principles of upholding and protecting the human rights of the affected populations, recognising and building on their capacities, and respecting the intertwined and complex nature of the interventions (IASC 2007: 9–13) the IASC noted the limited research base and need for more evidence for what interventions, under MHPSS, would be most effective (IASC 2007: 2). Commenting on this need for more research in the MHPSS field, Hamber et al. (2014) note that

... attempts to build an evidence base for MHPSS have focused on clinical MHPSS services (by mental health specialists and psychotherapists)... Relatively limited attention has been given to the effects of broad community based psychosocial interventions on collective wellbeing and social connectedness. We believe this is an important issue that needs to be addressed... More specifically, can and do psychosocial interventions and practices shape long-term collective social processes of peacebuilding and wider social change, including processes such as development and social transformation? (Hamber et al. 2014: 8).

The exploration of trauma interventions, which fall under the broad category of psychosocial interventions for survivors of conflict and mass violence in this book, addresses this concern in part.

In May 2015, the Institute for Justice and Reconciliation(IJR) (South Africa) and the War Trauma Foundation (WTF) (Netherlands) hosted a conference in Johannesburg, South Africa, to address the nexus and linkage between the fields of peacebuilding and mental health and psychosocial services (MHPSS), noting that ‘While both fields contribute vital services to affected communities, their work takes place largely in isolation of the other’ (IJR 2015). The IJR noted in particular that there are only a few studies that explicitly link psychosocial work and peacebuilding, and there was need for research to inform the understanding of what MHPSS interventions influence processes of building sustainable peace. The following section discusses a cross-section of the studies that have addressed this link within the last 16 years, and identifies where this book comes in, in contributing to this link.

In 1999, Woodside and colleagues published a study on ‘Psychological Trauma and Social Healing in Croatia’, discussing their project which was aimed at promoting trauma healing, non-violent conflict resolution, peaceful living, human rights, and reduction of ethnic bias in Croatian children affected by war. The study was based on the premise that ‘psychological healing and social healing were interdependent and mutually reinforcing (Woodside et al. 1999: 355). The outcome of the intervention indicated significant reduction of post-traumatic symptoms and ethnic bias, and increased acceptance of non-violent conflict resolution methods and girls’ self-esteem (Woodside et al. 1999: 363). This outcome indicates a direct link between psychosocial work and peacebuilding.

Hart/Colo’s (2014) study on ‘Psychosocial peacebuilding in Bosnia and Herzegovina’ is another example of works explicitly linking psychosocial work and

peacebuilding in the Balkans. Hart/Colo (2014) present two projects carried out in post war Bosnia and Herzegovina, the first one by CARE International through its Welcome and Information Project (WICP) in 1996, and the second one by Catholic Relief Services (CRS) through its Choosing Peace Together (CPT) project, 15 years later. The two projects aimed to examine and address the psychological and social impact of the traumatic events the survivors were exposed to. The projects involved educating the survivors on psychosocial trauma and creating safe spaces for them to tell their stories. The healing processes included storytelling, listening, building trust and transforming relationships between individuals, groups and communities. According to Hart/Colo's (2014: 80) report, the projects were instrumental in transforming the conflict 'relationally, economically and politically'. Of particular note is the theories of change that informed the work (Hart/Colo: 82). These included an assumption that if people could overcome their trauma, build trust and change relationships, this could lead to the formation of new narratives, which would lead to peace between groups who were originally in conflict. The other theory of change held that if people involved in the project could share their experiences with other members, these other members would be open to contact with people they had previously demonized, and this could lead to trust and confidence between groups. This attention to the theories of change in application in these projects points to the need for explicit connection of psychosocial work and peacebuilding in the very design of the projects, to make outcomes more tangible.

A similar clarity of the theoretical base for psychosocial work and peacebuilding can be noted in Lykes' (2000) study. Lykes discusses the contribution of liberation psychology in designing and implementing interventions geared towards transforming conflict and building peace amongst communities affected by mass violence. Liberation psychology, an approach of psychology articulated by Martín-Baró (1994) seeks to understand the psychology of the oppressed and the poor, and with this understanding help to address the oppressive structures and liberate the people from the effects of their experiences under these structures. Lykes used participatory action research (PAR) among Mayan women of rural Guatemala, whereby the women used photography as a resource for constructing and telling the stories of their experiences of the war, how it had affected them, and their responses to the war (Lykes 2000: 384). Lykes notes that the project facilitated the building of trust and confidence amongst participants, as well as envisioning possibilities for moving forward after the war (Lykes 2000: 391).

Fuertes' (2004) work facilitating community trauma healing workshops amongst Karen Refugees in a refugee camp along the Thailand-Burmese border in 2003 offers another example of studies directly connecting psychosocial support and peacebuilding. Fuertes argues:

... when people are traumatized in terms of having been enveloped by deep-seated pain, hurt, frustration, and disappointment to the extent of becoming angry and vengeful or withdrawn from social and public life, no amount of peace talks or agreements can rebuild their community and mend shattered relationships (Fuertes 2004: 492).

Fuertes advocates for the integration of trauma healing in the peacebuilding processes, and further underscores the need to hear the survivors voices regarding their sense of reality and ways of coping through conducting studies on war-induced traumas or what he calls ‘warviews’, and how these views impact on survivors’ coping mechanisms (Fuertes 2004: 492). This book seeks to contribute in part to this need through attention to the voices of the South Sudanese refugees in Kakuma.

In addition to the need to listen to the voices of the survivors, a need for a framework in establishing the link has been noted. Silove (2004) proposes a framework to reconcile mental health initiatives with the overall mission of humanitarian services for communities affected by conflict and mass violence, based on his experience in post-conflict East Timor. His proposed framework generally encourages survival and adaptation of individuals and communities in the contexts of mass violence, and specifically reinforces systems of adaptation that include ‘the re-establishment of safety and security, the restoration of interpersonal bonds, the creation of systems of justice, the development of a social framework that allows survivors to develop new roles and identities, and the revival of institutions that confer meaning’ (Silove 2004: 93). Such a framework attempts to link the psychological, the social and the political.

This link between the psychological, the social and the political in the context of conflict and mass violence is further alluded to by Ramanathapillai in his article ‘The Politicizing of Trauma: A Case Study of Sri Lanka’ (2006). Ramanathapillai problematizes storytelling and argues that the same narratives of pain and suffering that are used for healing trauma, can sometimes be exploited by violent factions amongst the affected populations to promote aggression, as in the case of Tamil nationalists and militants in Sri Lanka. This occurs through selectively choosing and emphasising certain aspects of the traumatic event while omitting others when relating the experiences, and thus influencing the collective understanding of the event. In this way, the stories ‘serve as tools to create conformity of vision and purpose and perpetuate a cultural and political identity of victimhood’ (Ramanathapillai 2006: 5). Ramanathapillai concludes that this politicising of trauma results in perpetuating the cycle of trauma amongst the Tamils, and calls for the merging of mental health and education initiatives with peacebuilding as part of ‘creative and imaginative initiatives’ needed to heal the wounds of war (Ramanathapillai 2006: 16).

In his conceptualization of the ‘Peacebuilding Wheel’, Hart (2008: viii–ix), Hart/Colo’s (2014) directly links psychosocial work and peacebuilding, underscoring the importance of trauma-sensitivity in peacebuilding which consists of ‘*tangible*’ and ‘*intangible*’ elements forming the various spokes of the wheel. Tangible elements include the objectified, measurable issues such as reconstruction of infrastructure, peace agreements, political arrangements, and humanitarian assistance in basic necessities such as food, shelter and health facilities. The intangible elements are less measurable and include psychological issues such as

the experience of trauma, stress, threat of identity loss, and spiritual needs. As Hart/Colo's (2014) further points out, the tangible and intangible issues are intertwined in their role in peacebuilding, and act synergetically to enhance a more sustainable peacebuilding process. Each spoke of the wheel is important, and the absence of any may cause the imbalance and eventual toppling of the wheel. Importantly, a trauma-sensitivity is necessary in attending to even the tangible elements of the peacebuilding wheel, for peace to be sustainable. Hart argues:

...if the more tangible issues are not seen to have psychological or symbolic importance in the reconstruction phase after war, this, too, may contribute to ineffective approaches to rebuilding communities and societies after large-scale violence and war (Hart 2008: viii).

Gallagher et al. (2012) in their work 'Perspectives and Possibilities: Mental Health in post-Agreement Northern Ireland', similarly point to this link. They question the efficacy of conceptualising mental health problems in the context of post-conflict reconstruction 'as a definable and diagnosable psychopathology' rather than a wider social problem (Gallagher et al. 2012: 63). Recognising the pervasive impact of conflict on the mental health and the social health of survivors, Gallagher and her colleagues advocate for stretching of the boundaries of the mental health field to include the areas of politics, justice, socio-economics and education, and envision well-integrated community-oriented interventions with 'psychological, social, economic, cultural and environmental elements' (Gallagher et al. 2012: 71). Clancy/Hamber (2008: 9) point to this intertwined relationship of the social and the mental health areas in conceptualizing trauma healing in the context of complex political emergencies when they point out that 'What needs to be "healed" is therefore the multitude of individual, political, social, and cultural responses to a traumatic situation and its aftermath.' Clancy/Hamber (2008: 38) thus argue that addressing trauma after mass violence needs to be placed in the wider context of peacebuilding and development initiatives, and reciprocally, peacebuilding needs to be encompassed in trauma healing programs.

In the same vein, Pupavac (2004: 491) points out the need to look beyond epidemiological literature to understand trauma and its effects in contexts of mass violence, and argues that psychosocial work as part of humanitarian intervention is not apolitical, thus indirectly pointing to the interrelatedness of psychosocial support and peacebuilding. If we see conflict, which results in exposure to traumatic events for the survivors, as a political affair, then in addressing the trauma and engaging in peacebuilding as a response to the conflict, we are engaging in a political affair, as much as a social and psychological one.

This link is further identified by Lambourne/Gitau (2013) in their study on the role of psychosocial interventions in peacebuilding and development in Rwanda after the 1994 genocide. Lambourne and Gitau argue that psychosocial interventions contribute to a holistic and transformative approach to peacebuilding, shifting from a focus on 'the top-down, state-driven peacebuilding efforts that seek to strengthen national institutions and service provision but fail to promote an

emancipatory, sustainable or transformative peace' (p. 33). Lambourne and Gitau conclude that an integration of trauma healing and other psychosocial services into the national and international peacebuilding efforts could result in more sustainable peace and development.

A key issue in the studies linking psychosocial support and peacebuilding has been the question of how relevant the interventions are to the affected population. With this regard, Eiling and colleagues (2014) carried out research amongst children in the Eastern Equatoria State of South Sudan, using War Child Holland's psychosocial support intervention I DEAL, which is aimed at improving the coping ability of children and young people affected by conflict and mass violence. The research sought to assess whether I DEAL was an appropriate and relevant intervention for the young people in South Sudan, as well as seeking to strengthen the evidence base on the effectiveness of psychosocial interventions for children and young people (Eiling et al. 2014: 63). I DEAL addressed the themes of identity, emotions, relationships with peers, relationships with adults, conflict and peace, and the future (Eiling et al. 2014: 62). These authors found I DEAL to be consistent with local perceptions of wellbeing, and as having potential for reducing violence, strengthening relationships, and thus contributing to peacebuilding processes (Eiling et al. 2014: 72). In addition, while Ameresekere/Henderson's (2012: 10) specifically focus on mental health and investigating the common psychiatrist conditions of South Sudanese in their study, they also note the need for advocacy, training and focused research to 'identify the scope of mental illness and provide culturally-meaningful interventions' for the survivors.

An overall study in the field of MHPSS was carried out by Tol and colleagues in 2011, seeking to link practices that are commonly implemented in the field, with evidence from evaluations of interventions (Tol et al. 2011). They identified counselling, community-based social supports, structured social activities, provision of information, psychosocial education, and raising awareness as the most commonly used interventions (Tol et al. 2011: 1588). One of the major findings of their study was the disconnection between research and practice, noting that there was evidence of more research focus on interventions that were less frequently used, such as a focus on PTSD. Among the recommendations Tol et al. make based on their research is the need to strengthen the evidence for MHPSS in humanitarian settings, which will involve 'a concerted effort by researchers to increase the rigour of studies and broaden outcomes beyond PTSD and internalizing symptoms' (Tol et al. 2011: 1588). They also recommend increased research focus on the more frequently used interventions such as counselling and community supports, to reduce the gap between research and practice (p. 1589). This book seeks to contribute to reducing this gap through a focus on trauma-sensitivity in peacebuilding for South Sudanese refugees.

In his examination of the intersection between trauma and peacebuilding, Zelizer (2008: 81) highlights the ethical responsibility that peacebuilding practitioners have to ensure that they are trauma-sensitive in their work, which entails, for one, desisting from categorizing the entire affected population as traumatized, secondly

being careful not to cause further trauma for the survivors, and thirdly recognizing the differentiated and context-informed ways in which people respond to trauma. Similarly, the National Centre for PTSD (Post Traumatic Stress Disorder) (2011), in identifying the core issues in early intervention for trauma survivors that need to be addressed, critiques a wholesale application of psychological intervention methods and points to the need for seeking appropriate interventions based on the individuals and communities in question.

Indeed there would be many benefits of studies seeking to identify the appropriate interventions for the affected populations in question, for one, to avoid what transcultural psychiatrist Kleinman (1977: 4) termed ‘a category fallacy’, referring to the tendency to superimpose a diagnostic category derived in one cultural context on another culture. With this regard, De Jong (2005: 368) notes the need for studies on traumatic stress reactions from different cultures among the affected population, based on a phenomenological approach. These type of studies would inform the kind of interventions to be used in different contexts. This book seeks to add to the repertoire of such studies.

Yoder (2013: 2) likewise argues that organizations working with survivors of trauma need to be ‘trauma-informed’, which entails integrating a trauma-sensitive framework into any project, be it economic, health, or governance, and ‘means more than putting a psychologist on every project team.’ Being trauma-informed, according to Yoder (2013: 2), includes embracing a holistic outlook in considering the impact of trauma on the survivors of traumatic events, taking into account the differentiated and culturally inclined ways the affected people experience trauma beyond the traditional mental health diagnosis, and engaging diverse processes from different fields to address trauma and enhance the resilience of the affected populations.

The subject of resilience in survivors of violent conflict is crucial to a discussion of the link between psychosocial intervention and peacebuilding. Harvey (2007) makes a significant contribution in her essay discussing resilience in trauma survivors. In this study, she seeks to investigate the nature of wellness-enhancing interventions and empowering social change. She argues that this investigation can inform trauma-focused interventions at individual, community and societal levels. Pfefferbaum et al. (2008) also provide a treatise on community resilience in the face of disasters, proposing a set of contributing factors, identifying potential barriers, and making recommendations for enhancing community resilience.³ Gallagher et al. (2012) however caution against a mistaken perception of resilience as being universally inherent in survivors of mass violence, and point to the potential danger of this perspective hindering the promotion of mental health.

³The concept of community resilience as it relates to the participants of this research is discussed in detail in Chap. 5.

2.3 Conclusion

A failure to attend to the traumas of the survivors of conflict and mass violence may lead to destruction of the social cohesion and social functioning of individuals and communities, decreased participation in peacebuilding activities, and psychological wounds being played out in further violence. This may explain how quickly South Sudan erupted into renewed violence, barely two years after its secession from the larger Sudan.

There has been a shift of focus to the growing field of MHPSS, as the cross-section of studies discussed has shown. These studies sought to link peacebuilding and psychosocial interventions, and show the important role that psychosocial interventions play in peacebuilding. The studies underscore the gap identified in the limited research base for what interventions should be included under MHPSS, the need for a theoretical base for the interventions, the need for the survivors' voices in identifying and implementing the interventions, the need to identify creative and imaginative initiatives, and the need for context-specific studies, based on a phenomenological approach. This book seeks to contribute to filling this gap.

Appendix 2.1

Pseudonym	M/F	Ethnic group	Age	Duration of stay in the camp	Brief details	Date of interview
Grace	F	Acholi	40	14 years	Father and brother tortured and killed on being suspected to be traitors. Raped and forced into marriage by a soldier. Has given birth 14 times and only one child has survived. Also taking care of 10 of her deceased brothers' children. Was diagnosed HIV positive in the camp and resettlement process stalled. Cooks food for sale to supplement the ration in the camp	17th July 2013

(continued)

(continued)

Pseudonym	M/F	Ethnic group	Age	Duration of stay in the camp	Brief details	Date of interview
Patrick	M	Murle	40	5 months	People from the Nuer Community attacked his village and killed many people, his wife and children ran to the bush where his wife delivered their last child. SPLA soldiers attacked his village, many people were killed and he sustained injuries. Worked as a Livestock officer. In the Reconciliation committee between the Murle and the Nuer in the camp	15th and 16th July 2013

References

- Amaresekere, M. & Henderson, D. (2012). 'Post-Conflict Mental Health in South Sudna: Overview of Common Psychiatric Disorders. Part 1: Depression and Post-traumatic Stress Disorder.' In *South Sudan Medical Journal*, Vol. 1, No. 5, pp. 1–12.
- Clancy, M.A. & Hamber, B. (2008). 'Trauma, Peacebuilding, and Development: An Overview of Key Positions and Critical Questions'. Paper presented at the Trauma, Development and Peacebuilding Conference, New Delhi, India, September 9–11. Retrieved 18 August 2015 from: http://www.swisspeace.ch/fileadmin/user_upload/Media/Topics/Dealing_with_the_Past/Resources/Clancy_Mary_Trauma_Peacebuilding_and_Development.pdf.
- Common Bond Institute (2014). 'The Catastrophic Trauma Recovery Project'. Retrieved 19 March 2015 from: <http://cbiworld.org/ctr/>.
- Dress, T.P. (2005). *Designing a Peacebuilding Infrastructure: Taking a Systems Approach to the Prevention of Deadly Conflict*. Geneva: The United Nations Non-Governmental Liaison Service.
- Eiling, E., Van Diggele-Holtland, M., Van Yperen, T. & Boer, F. (2014). 'Psychosocial Support for Children in the Republic of South Sudan: An Evaluation Outcome'. In *Intervention*, Vol. 12, No. 1, pp. 61–75.
- Fuertes, A.B. (2004). 'In Their Own Words: Contextualizing the Discourse of (War) Trauma and Healing'. In *Conflict Resolution Quarterly*, Vol. 21, No. 4, pp. 491–501.
- Gallagher, E., Hamber, B. & Joy, E. (2012). 'Perspectives and Possibilities: Mental Health in Post-Agreement Northern Ireland'. In *Shared Space: A Research Journal on Peace, Conflict and Community Relations in Northern Ireland*, Vol. 13, pp. 63–78.
- Gasana, S.N. (2008). 'Confronting Conflict and Poverty Through Trauma Healing: Integrating Peace-Building and Development Processes in Rwanda'. In Clark, P. & Kaufman, Z. D. (Eds.)

- After Genocide: Transitional Justice, Post-Conflict Reconstruction and Reconciliation in Rwanda and Beyond*. London: Hurst & Company, pp. 145–169.
- Gawerc, M.I. (2006). 'Peace-building: Theoretical and Concrete Perspectives'. In *Peace and Change*, Vol. 31, pp. 435–478.
- Gutlove, P. & Thompson, P. 2006. 'Using Psychosocial Healing in Postconflict Reconstruction'. In Fitzduff, M. & Stout, C.E. (Eds.) *The Psychology of Resolving Global Conflicts: From War to Peace, Volume 3: Interventions* (pp. 185–213). Westport, Con.: Praeger Security International.
- Hamber, B., Gallagher, E. & Ventevogel, P. (2014). 'Narrowing the Gap between Psychosocial Practice, Peacebuilding and Wider Social Change: An Introduction to the Special Section in This Issue'. In *Intervention*, Vol. 12, No. 1, pp. 7–15.
- Hart, B. (2008). 'Introduction'. In Hart, B. (Ed.) *Peacebuilding in Traumatized Societies*. New York: University Press of America, pp. vii–xi.
- Hart, B. & Colo, E. (2014). 'Psychosocial Peacebuilding in Bosnia and Herzegovina: Approaches to Relational and Social Change'. In *Intervention*, Vol. 12, No. 1, pp. 76–87.
- Harvey, M. (2007). 'Towards an Ecological Understanding of Resilience'. In *Trauma Survivors: Implications for Theory, Research and Practice*. Harvard Medical School: Victims of Violence Program.
- Institute for Justice and Reconciliation (2015). 'Healing Communities, Transforming Society Conference: Exploring the Interconnectedness Between Psycho-Social Needs, Practice and Peacebuilding'. Retrieved 18 August 2015 from: <http://ijr.org.za/home/wp-content/uploads/2016/11/IJR-Healing-communities-conference-WEB.pdf>.
- Inter-Agency Standing Committee (2007). 'IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings'. Retrieved 18 August 2015 from: http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf.
- Kleinman, A. (1977). 'Depression, Somatization and The "New Cross-Cultural Psychiatry"'. In *Social Science and Medicine*, Vol. 11, pp. 3–10.
- Lambourne, W. & Gitau, L. (2013). 'Psychosocial Interventions, Peacebuilding and Development in Rwanda', *Journal of Peacebuilding and Development*. Vol. 8, No. 3, pp. 23–36.
- Lambourne, W. & Niyonzima, D. (2015), 'Breaking Cycles of Trauma and Violence: Psychosocial Approaches to Healing and Reconciliation in Burundi'. In Gobodo-Madikizela, P. (Ed.), *Breaking Cycles of Repetition: A Global Dialogue on Historical Trauma and Memory*, Leverkusen: Budrich Academic Press.
- LeBaron, M. (2003). *Bridging Cultural Conflicts: A New Approach For a Changing World*. San Francisco: Jossey-Bass.
- Lykes, M.B. (2000). 'Possible Contributions of a Psychology of Liberation: Whither Health and Human Rights?' In *Journal of Health Psychology*, Vol. 5, No. 3, pp. 383–397.
- Pupavac, V. (2004). 'Psychosocial Interventions and the Demoralization of Humanitarianism'. In *Journal of Biosocial Science*, Vol. 36, No. 4, pp. 491–504.
- Ramanathapillai, R. (2006). 'The Politicizing of Trauma: A Case Study of Sri Lanka'. In *Peace and Conflict: Journal of Peace Psychology*, Vol. 12, No. 1, pp. 1–18.
- Samuels, K. (2005). 'Post-Conflict Peace-Building and Constitution-Making'. In *Chicago Journal of International Law*, Vol. 6 No. 2, pp. 663–682.
- Silove, D. (2004). 'The Challenges facing Mental Health Programs for Post-conflict and Refugee Communities'. In *Prehospital and Disaster Medicine*, Vol. 19, No. 1, pp. 90–96.
- Tol, W.A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T.S., Souza, R., Golaz, A. & Van Ommeren, M. (2011). 'Mental Health and Psycho-social Support in Humanitarian Settings: Linking Practice and Research'. In *The Lancet*, Vol. 378, pp. 1581–1591.
- Volkan, V. (2001) 'Transgenerational Transmissions and Chosen Traumas: An Aspect of Large-Group Identity'. *Group Analysis*. 34 (1) London: Sage, pp. 79–97. Retrieved 13 July 2015 from: <http://gaq.sagepub.com/content/34/1/79.full.pdf+html>.
- Woodside, D., Santa Barbara, J. & Benner, D. (1999). 'Psychological Trauma and Social Healing in Croatia'. In *Medicine, Conflict and Survival*, Vol. 15, pp. 355–367.

- Yoder, C. (2013). 'Trauma-Sensitive Development and Humanitarian Aid'. In *Peacebuilder*. Eastern Mennonite University: Centre for Justice and Peacebuilding, pp. 1–2. Retrieved 13 July 2015 from: <http://emu.edu/now/peacebuilder/2013/03/trauma-sensitive-acknowledging-peoples-difficult-experiences-can-help-them-move-forward/>.
- Zelizer, C. (2008). 'Trauma-Sensitive Peace-Building: Lessons for Theory and Practice'. In *Africa Peace and Conflict Journal*, Vol. 1, No. 1, pp. 81–94.

Trauma-sensitivity and Peacebuilding
Considering the Case of South Sudanese Refugees in
Kakuma Refugee Camp

Gitau, L.

2018, XXII, 145 p. 14 illus., 12 illus. in color., Softcover

ISBN: 978-3-319-49802-7