Examining Peacebuilding Through a Trauma Lens: Practitioner Reflections on Programs for Youth Exposed to Traumatic Stressors in Intergroup Conflict

Liza Hester
University of Denver, liza.hester@gmail.com

Follow this and additional works at: https://nsuworks.nova.edu/pcs

Part of the Peace and Conflict Studies Commons

This Article has supplementary content. View the full record on NSUWorks here:
https://nsuworks.nova.edu/pcs/vol23/iss2/3

Examining Peacebuilding Through a Trauma Lens: Practitioner Reflections on Programs for Youth Exposed to Traumatic Stressors in Intergroup Conflict

Abstract

The international community recognizes that young people are increasingly vulnerable to psychosocial trauma within in intergroup conflict. Exposure to traumatic stressors within these conflicts poses unique risks not only to the neurological and social development of youth, but also to their capacities to fully engage in peacebuilding interventions. With a growing focus on youth programming in peacebuilding strategies, there is greater imperative to explore the intersections of trauma and peacebuilding, which are naturally linked in their focus on intra- and inter-personal transformation. This intersection has largely been overlooked in the literature, though it deserves far greater attention based on the growing knowledge of the psychological sequela of youth in intergroup conflict. Through a qualitative evaluation of practitioner reflections, this study explores how practitioners conceptualize and approach issues of traumatic stress in youth peacebuilding programs focused on youth in intergroup conflict. The aim is to identify the working assumptions related to trauma undergirding peacebuilding practice and determine how to revisit these assumptions to account for the traumatic dimensions of intractable identity-based violence. The study's findings offer practical steps forward to enhance trauma-sensitive peacebuilding practice.

Keywords: *peacebuilding, trauma, youth, intergroup conflict*

Author Bio(s)

Liza Hester is a recent graduate of the M.A. Conflict Resolution Program at the Josef Korbel School of International Studies of the University of Denver. She now works with the One Earth Future Foundation in Broomfield, Colorado.

Examining Peacebuilding Through a Trauma Lens: Practitioner Reflections on Programs for Youth Exposed to Traumatic Stressors in Intergroup Conflict

Liza Hester

Young people are more vulnerable than ever to the evolving nature and scale of cyclical and long-lasting political and social violence. The seminal 1996 Machel Report highlighted that "not only are large numbers of children killed and injured, but countless others grow up deprived of their material and emotional needs, including the structures that give meaning to social and cultural life" (United Nations, 1996, p. 10). The U.N. Secretary General's Envoy on Youth concludes that youth are "suffering today from complex challenges, from failures in development, from lack of peace and security, and they are, of course, in a situation where they are vulnerable in every sense of the word" (U.N. Daily News, 2015, p. 2). Youth in conflict zones do not suffer mortality and illness to the same degree as young children, but they are more likely than children to be recruited into armed groups, more vulnerable to economic exploitation, less likely to attend school, and more likely to be sexually abused (Women's Commission for Refugee Women & Children, 2000; UNICEF, 2009). As one nongovernmental organization representative underscored, "[youth] are the underserved of the underserved" (as cited in Women's Commission for Refugee Women & Children, 2000).

Peacebuilding strategies are increasingly focused on youth. This population has great potential for the attitudinal shifts that can transform identity-based polarization underlying intergroup conflict. Shifts within this population could potentially alter the trajectory of long-term conflict, as youth become leaders and agents for social change.

Peacebuilding focuses on attitudes and emotional experiences, yet there remains limited discussion about how psychological trauma factors into this equation. An increasing number of practitioners and researchers are evaluating the intersection of trauma and peacebuilding among youth, but this remains a largely overlooked topic. It deserves far greater attention because a growing body of research establishes that intergroup conflict erodes the core psychosocial supports that protect youth from adverse traumatic stress.

There has traditionally been resistance within the peacebuilding community to efforts that integrate trauma-informed principles into youth programming. Psychosocial dynamics, particularly trauma, have been discounted as invisible barriers to program success. Deeper study

of the interplay between trauma dynamics and peacebuilding processes may yield insights to overcome these barriers and enhance peacebuilding outcomes.

Through reflections gathered from peacebuilding practitioners, this study aims to better understand how those with daily practical experience approach issues related to trauma. The reflections of these practitioners, in conjunction with the trauma literature, yield insights into ways that trauma-sensitive practice could enhance conflict transformation processes among youth.

Conceptual Orientation

The fields of peacebuilding and psychology are naturally linked: healthy individuals and communities have greater capacities to transform conflict. However, the literature on youth trauma and peacebuilding is distinct and separate, and only limited research analyzes the intersection of youth trauma and peacebuilding programs. This is an important area of study because protracted intergroup conflict, and its associated violence, can have long-lasting traumatic effects on youth.

Individuals, communities, and societies are affected by trauma beyond individual wellbeing, including functional impacts (i.e., interactions among families and communities); symbolic impacts (i.e., one's understanding of self in relation to the group); and intergenerational impacts (i.e., the ways traumatic events are passed down through generations) (The World Bank Group, 2014). The design of peacebuilding programs should consider these varying impacts of trauma in design, implementation, and evaluation. How people think and behave when experiencing states of trauma and deprivation—such as poverty and conflict—drain critical cognitive, emotional, and relational resources needed for effective peacebuilding (The World Bank Group, 2015).

The Psychological Sequela of Youth in Intergroup Conflict

The dynamics of intergroup conflict are distinct from interpersonal conflict, which can include violence of a similar nature, but is derived from different motivations (World Health Organization, 2002). Interpersonal violence involves the "intentional use of physical force or power against another person," resulting in "injury, death, psychological harm, mal-development, or deprivation" (World Health Organization, 2002, p. 4). In contrast, within intergroup conflict, violence is employed for political and economic advantage through the collective subjugation of another group, based on its social identity (Kira, Abdul-Wahhab,

Aboumediene, Lewandowski, & Laddis, 2014). Trauma is the unifying thread in these two typologies of conflict and violence (Minow, 2002).

Trauma—when an experience overwhelms natural capacities to manage distress—arises in reaction to different situations and conflicts (Herman, 1997). While the magnitude of the stressor is an important factor, trauma does not reside in the event, but in the physiological and psychological manifestations of that experience (Levine & Kline, 2006). For instance, a normal response to perceived danger is either self-protection (flight and fight), activating adrenaline and other physiological responses, or freezing, a default when the threat is perceived as inescapable (Levine & Kline, 2006). Traumatic events early in life can have profound effects on key areas of brain development. The lower parts of the brain that trigger these flight-fight-freeze survival responses tend to overdevelop and become over-utilized because the brain is in a nonstop state of fear (Perry & Hambrick, 2008). This type of brain development can inhibit emotional regulation and healthy response to stressful situations (Perry & Hambrick, 2008). Youth may also biologically inherit the ways that parents and even grandparents handle stress and manage the effects of traumatic experiences (Siegel, 2012). These neurological and biological insights highlight how youth trauma can affect approaches to stress and conflict dynamics later in life.

Traumatic stressors often are viewed as singular events of the past, but often, particularly in protracted conflict, trauma begets trauma (Pearlin, Aneshensel, & Leblanc, 1997). Within the context of intergroup conflict, populations are exposed to continuous traumatic stressors that are "present, ongoing, continuous, and chronic," ranging from "potentially traumatic" stressors (i.e., micro-aggressions, including intentional and unintentional discrimination) to more severe traumatic stress (i.e., macroaggressions, including acts of violence and forced migration) (Kira et al., 2014, p. 3). The psychological sequela related to these continuous traumatic stressors are rooted in a person's collective group identity. For example, an investigation of Palestinian health revealed that "continuous traumatic stressors related to collective identity was the strongest contributing factor predicting the severity of physical and mental health symptoms," including depression, general anxiety, PTSD, and poor physical health (Kira et al., 2013, p. 405). These underlying health factors contribute to the cyclical nature of conflict because intergroup trauma can activate this collective identity as a person's primary filter for emotions, cognition, and actions (Kira et al., 2014).

These findings mirror other research on identity-based conflict. Traumatic responses to racism and identity-based violence can have significant health implications similar to the effects that rape and domestic violence have on victims (Bryant-Davis & Ocampo, 2005). Scurfield and Mackey (2001) found that "exposure to race-related trauma, in and of itself, may be the primary etiological factor in the development of an adjustment or stress disorder" (p. 28). A perceived discriminatory experience is also associated with negative physical and mental health consequences (Pascoe & Smart Richman, 2009).

Approaches in Working with Youth Exposed to Traumatic Stressors

Programs focused on healing youth trauma have shifted away from deficit frameworks and toward constructs of resilience (Barber, 2013). Resilient youth do not succumb to negative psychological outcomes and function well despite suffering adversity (Rutter, 2012; Barber, 2013). Barber's review (2013) of resilience research found a weak association between war exposure and negative psychological functioning. The Hobfoll et al. (2012) study of Palestinians living in the West Bank and Gaza illustrated how people can experience painful psychological symptoms while also exhibiting resilience in response to great distress. Generally, dysfunction is not the predominant reaction even in the immediate aftermath of severe adverse events. For instance, there is 30-40% prevalence of PTSD among direct victims of disasters, and most recover from mild trauma over the longer term (Galea, Nandi, & Vlahov, 2005). One's social ecology is likely a more important determinant of resilience than intrapersonal variables (Tol, Song, & Jordans, 2013; see Al-Krenawi & Kimberley, 2014).

The instability of conflict-affected contexts fundamentally undermines young people's familial and social systems, which is a critical component of resilience and wellbeing. According to Betancourt and Khan (2008), factors that contribute to resilient outcomes are embedded within the layers of children's relationships and social settings: individual, microsystem, mesosystem, and macro system (Bronfenbrenner, 1979).

On the individual level, Cortes and Buchanan (2007) identified six attributes of Colombian child soldiers who did not exhibit trauma-related symptoms: sense of agency; social intelligence, empathy, affect regulation; shared experience, caregiving features and community connection; a sense of future, hope and growth; a connection to spirituality; and morality. Buddhist religious practices were also found to be an important part of coping mechanisms for war-affected children in Sri Lanka (Fernando, 2006). Within the microsystem, children who

perceived loving and caring relationships with both parents exhibited lower levels of post-traumatic stress symptoms, compared to those who perceived only their mothers as loving and caring (Punamaki, Quota, & El-Sarraj, 2001). Within the mesosystem, lower levels of emotional and behavioral problems were associated with adolescents' connectedness to family members, peers, and the larger community in Ingushetia (Betancourt, 2005). Finally, within the macro system, group positioning influences how one interprets a conflict-related experience (Muldoon, 2013).

Chronically stressful environments can affect key domains of development and functioning (see Ludy-Dobson & Perry, 2010). For those who have experienced repeated stress and chaos, their assumptions of danger can become rigid and generalized: "it is not that *one* individual is dangerous; *all* individuals are potentially dangerous" (Blaustein & Kinniburgh, 2010, p. 24). The constant assumption of danger interferes with emotional, intrapersonal, interpersonal, and cognitive development. In the absence of healthy development, youth may have difficulty understanding "what they feel, where it comes from, how to cope with it, and/or how to express it" (Blaustein & Kinniburgh, 2010, p. 29). At a fundamental level, a traumatic event or series of events can shatter assumptions of safety and call into question basic human relationships (Herman, 1997). Emotions from a different traumatic situation can be displaced onto the current situation, and minor events can evoke reminders of past cruelty (Milburn & Liss, 2007; Herman, 1997). Traumatized youth can have difficulty reading social cues, maintaining healthy physical and emotional boundaries, and trusting others (Blaustein & Kinniburgh, 2010, p. 30). These factors contribute to lowered self-efficacy and self-esteem compared to peers, which compounds the strains in building relationships with others (Galezewski, 2010).

These developmental deficits can persist until youth learn new adaptations that promote healthy functioning and positive relationships (Blaustein & Kinniburgh, 2010). Trauma has been diagnosed and medicated more than prevented and has not been treated holistically within the social and developmental contexts of youth. According to Levine and Kline (2006), "trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering" (p. 3).

The Psychological Dimensions of Peacebuilding

Often, by its nature, intergroup conflict means that conflicting parties live in the same communities and within a single political unit. This can create the conditions for escalation and

perpetuation of conflict (Kelman, 2008; Deutsch, 2012). As demonstrated by Varshney's (2002) study on Hindu-Muslim relations in India, strong intergroup relationships, such as associational civic networks, can be the key to diffusing such intergroup tension and reducing the recurrence of identity-based violence. Thus, relationship-building is more valued in the peacebuilding field than the mere resolution of substantive positions (Nagda, Yeakley, Gurin, & Sorensen, 2012). But despite the importance of socio-psychological dynamics in conflict escalation and transformation, the peacebuilding field has largely neglected the role of psychological trauma in relationship-building processes.

The literature has not explored deeply how traumatology perspectives can advance a more comprehensive understanding of the emotional dimensions of peace and conflict. The roots of anger and fear are particularly misunderstood (see DeSteno, Dasgupta, Bartlett, & Cajdric, 2004; Halperin, Bar-Tal, D., Nets-Zehngut, & Drori, 2008; Jarymowicz & Bar Tal, 2006; Spanovic, Lickel, Dense, & Petrovic, 2010). Some peace scholars have focused on trauma in a more general, conceptual manner, such as Volkan (2001), who developed the concept of "chosen traumas" as a shared, collective representation of past experience that can be reactivated to defend a group's identity. Yet few researchers have explored how conflict resolution interventions need to be modified when working with traumatized populations. As Halperin and Pliskin (2015) describe, with regard to emotion-based approaches in peacebuilding strategies:

> One can still identify general biases against the emotional approach, hesitance as to the actual ability to change people's emotions in such long-term violent conflicts, and even some uncertainty about whether changing people's emotions can in fact promote peace (p. 142).

A focus on these issues in peacebuilding strategies has been even further limited because the psychological processes that facilitate or inhibit one's ability to overcome fear, reduce prejudice, or achieve social trust with "the other" remain largely unknown (Hammack, Pilecki, & Merrilees, 2013).

The intersection between trauma and peacebuilding is even more critical because trauma can undermine the very outcomes peacebuilding seeks to engender. Although reconciliation between groups is a prominent focus for peacebuilding organizations, findings suggest that trauma exposure undermines the readiness for reconciliation (Nadler, 2012). In particular, exposure to chronic traumatic stressors within intergroup contexts tends to create protective

psychological mechanisms for social and physical survival, making "people blindly distrustful of outgroup members, and blindly trustful of their fears" (Crocker, Garcia, and Nuer, 2008, p. 188). Groups experience distinct threat and emotional reactions to those deemed to jeopardize ingroup resources and processes (Cottrell & Neuberg, 2005). In a meta-analysis of intergroup forgiveness, collective guilt and trust were the strongest facilitators of forgiveness, while negative emotions and ingroup identity were the strongest barriers to forgiveness (Tongeren, Burnette, O'Boyle, Worthington, Jr., & Forsyth, 2013). The manifestations of traumatic stress in intergroup conflict (i.e., collective annihilation anxiety, distrust, negative emotions, and collective identity) are in direct opposition to predictors of forgiveness. Further, experiences of war trauma can make ethnic identity—through experience of collective victimization—more salient and lead to greater ascription of collective guilt to the outgroup (Corkalo Biruski & Penic, 2014).

Trauma severity may also be a predictor of diminished forgiveness behavior. In Sierra Leone, younger respondents, particularly young men reporting high traumatic symptom severity, also reported lower levels of forgiveness (Doran, Kalayjian, Toussaint, & DeMucci, 2012). Among former Ugandan and Congolese child soldiers, forgiveness is less likely when PTSD symptoms are present (Bayer, Klasen, & Adam, 2007). Additionally, trauma is positively linked to prejudicial attitudes towards the outgroup "when it is in combination of feeling discriminated against by the opposing group and/or with a series of negative experiences with that group" (Biro et al., 2004, p. 199).

Trauma can be transformed to promote greater harmony between groups. In an experimental study, those who underwent reappraisal training to shift reactions to emotionally charged events felt less negative emotions and thus greater support for conciliatory policies (Halperin, Porat, Tamir, & Gross, 2012). These findings illustrate the potential to transform divisive intergroup attitudes. Yet this requires greater focus on the psychological sequela of conflict and the traumatic adaptations that arise from chronically stressful conflict environments.

Research Design and Methodology

This study undertook a qualitative evaluation of reflections from peacebuilding practitioners as to how they conceptualize and approach issues of traumatic stress. Although there are no formal "rules and procedures" for working with traumatic stress, considerable insights can flow from the perspectives and judgments of practitioners on this issue.

The practitioners' views were collected through an online survey. The study reached out globally to practitioners who had worked, or are currently working, with a youth peacebuilding program. The open- and closed-ended survey questions focused on the internal workings of their programs, including informal patterns, program activities, and anticipated outcomes, and how these aspects intersect with issues of traumatic stress.

The researcher treated the data as its own set of facts, rather than as answers to specific questions. This encouraged groupings of information from throughout the survey responses. In particular, the researcher concentrated on identifying themes in the responses that exhibited forcefulness, recurrence, and repetition (Owen, 1984). In addition, close attention was paid to the ways that practitioners reasoned in describing their approaches to traumatic stress (Shaw, 1999).

Given that there are limited resources to do all that is worthwhile in peacebuilding, it is important to consider how best to make these findings useful and relevant outside of the programs studied. As Patton (1997) states, the problem is "keeping up with, sorting out, absorbing, and *using* information" (p. 5). In that light, this study aims to spur greater discussion about how best to integrate trauma principles into peacebuilding work.

The survey was completed by twenty-one (21) individuals working in youth peacebuilding across thirteen (13) different countries—including Mexico, Cameroon, Israel, Nigeria, Burundi, South Africa, the U.S., DR Congo, and Sierra Leone. The findings illustrate a general understanding among peacebuilders of the realities of trauma and the underlying psychosocial dynamics. The respondents expressed an intention to address issues flowing from traumatic stress. However, their approaches tended to be haphazard and disconnected from larger peacebuilding strategies.

Findings

The peacebuilding practitioners who participated in this study worked in varying contexts around the world and employed diverse peacebuilding practices. The objectives of their programs all fall under at least one of the following theories of change: *Individual Change, Healthy Relationships and Connections,* and *Public Attitudes* (Church & Rogers, 2006). Notably, these theories recognize that individual and interpersonal transformation is critical to peacebuilding programming.

Practitioner Conceptualizations of Trauma

The practitioners studied agreed that traumatic stress is an ever-present element of life for youth in conflict-affected contexts—that there are events that conjure memories of the past in the daily life of the youth. Across these contexts, youth are exposed to traumatic stress in different forms. For example, it was described that Ebola orphans "have [been] stigmatized, rejected, and made victims," whereas refugee youth "struggle to find their place as a Somali community [in Boston]…and have experienced civil war in their home countries." Another practitioner noted in regard to the Israeli-Palestinian conflict: "I believe that living in a conflict area, all our participants have some history of traumatic stress." A Seeds of Peace practitioner, working in Israel/Palestine, built on this idea, stating that "traumatic events happen so often it is very hard to start healing and moving on."

Every respondent reported dealing with issues related to traumatic stress, either *occasionally* or *frequently*. A majority of respondents reported that traumatic stress only *sometimes* undermined the objectives of their programs. The respondents recounted varying perspectives on whether and how trauma exposure disrupts healthy cognitive, relational, and emotional functioning in youth. As a Seeds of Peace practitioner said, "traumatic events…may influence the teenager's ability to engage in meaningful discussion…create meaningful relationships…see 'his enemy' as the person he is and not only as a representative of a whole nation." Another practitioner described a workshop on gender-based violence in eastern DRC, when "a lady broke up in tears very loudly, and the whole room was astonished." Another practitioner, teaching conflict resolution skills to youth in Denver, CO, U.S.A., said "many experience strong emotions like anger, but have never learned to manage their emotions in healthy and productive ways."

A practitioner in Mexico cautioned against undue focus on traumatic stress: "kids are kids and they have an innate resilience in them that allows them to just participate in a fun program with others. Yes, we touch on tough issues, but they never cease to amaze me with their creativity and courage." A practitioner working with refugee youth built on this idea, noting, "although many refugee youths have experienced a traumatic past, many are more concerned with issues such as dating, friendships, passing classes in school, etc. [than the traumatic experiences of the past]."

Practitioner Approaches to Trauma

Practitioners rely on various activities to help youth cope with the effects of traumatic stress. A majority of respondents indicated that their peacebuilding program aims to build resilience (defined in the survey as "coping with the effects of traumatic stress"), particularly through such activities as Community & Cultural Connections (e.g., "intergroup dialogue using narrative method" and "restorative circles"), Education Activities (e.g., "coping mechanisms for stress, anger, and triggers" and "group service-learning projects"), Economic Security projects (e.g., "income generating activities…in order to sustain their family"), and Engaging Activities (e.g., "sports and social engagements") (Duncan & Arnston, 2004).

Although most respondents identified ways that their peacebuilding programs build resilience among youth, only two mentioned placing intentional, central focus on issues of traumatic stress. For a majority of programs, traumatic stress is not the primary focus. One practitioner stated:

> The only professional way we deal with [traumatic stress] is through dialogue…many times the trauma or past events are dealt with inside the dialogue room but are not the main focus…we encourage our teenagers to always bring to the group/their friends any hardship they encounter…that by doing so they can grow stronger and overcome difficult times together (rather than turn on each other).

The respondents did not report sessions dedicated to discussing traumatic stress. Rather, the most common approach was to create safe spaces and forums for youth to discuss traumatic stress, if and when they chose, reflecting, "by creating a safe, welcoming, and warm place for the youth to talk about issues that are important to them, we can address any issues of traumatic stress that arise." Another practitioner noted that the creation of a safe space in itself can be healing by relaying, "I think without naming it, we are addressing traumatic stress by simply providing a safe space for our participants to process their feelings and if they feel comfortable, to share their feelings with others." In this context, the safe space can be "a place where others will listen and to know that they are empowered with the ability to change their life circumstances."

The survey reflected varying strategies for youth having difficulties in functioning. Three respondents working in Nigeria, Cameroon, and the Democratic Republic of the Congo reported having counseling services within the program: "counseling is the first and potent tool."

One program helped participants "develop a plan for when they are triggered…this process helps them rewire their pathways to develop new reactions." In another example, a practitioner allowed youth who have been "personally traumatized" by topics discussed in a conference to "choose an alternate activity." Beyond these strategies and programmatic considerations, by and large most programs rely on external resources to handle more extreme cases of trauma.

Most organizations refer cases of youth with more serious issues, to mental health resources available within the communities—"those with serious issues are recommended for a more comprehensive treatment." As one practitioner clearly stated: "we help youth get therapy if needed," which can be done in partnership "with different community therapists who we refer to." However, some communities have limited community mental health resources, stating, "there are…less therapeutic centres for social problems." This referral process can be challenging in Cameroon, requiring that citizens "break the strong customs and traditions in communities and homes" because mental health remains a stigmatized issue.

Organizational Orientations Towards Issues of Trauma

A majority of respondents reported that conversations regarding traumatic stress occur within their organizations *sometimes* or *most of the time*. Most describe being either *neutral, somewhat satisfied,* or *satisfied* with the way their affiliated organization addresses issues related to traumatic stress. However, psychosocial factors—defined in the survey as "how effectively a person is able to live and work/study in their community as healthy individuals"— are not consistently integrated into program evaluations. A majority of respondents reported that they *never*, *rarely,* or *sometimes* conduct psychosocial assessments of participants. For those who engage in follow up and long-term engagement with participants, a majority of respondents *never* or *sometimes* include assessments of psychosocial functioning in their peacebuilding program. One practitioner highlighted the challenges of conducting psychosocial assessment: "recovering from trauma is difficult to measure. As such, and equally, the impact is difficult to measure. The reason being that stress is caused by many factors that continuously play into the life of the youth."

There was no strong consensus among respondents as to whether, or how, traumatic stress factors into determination of a potential participant's suitability for the program. Generally, there were two dominant perspectives on which indicators related to traumatic stress should exclude participation. Some practitioners reported that the only exclusionary factors they

consider are indicators of violence to others or self. Alternatively, the more common approach mentioned was the conduct of a pre-program assessment that may or may not include indicators of traumatic stress—though none would necessarily make a participant unsuitable. When determining whether particular indicators related to traumatic stress should exclude someone from the program, a practitioner cautioned:

> Psychosocial factors feed into each other forming a complex web. It might even be difficult to tell which factor is more influential in the behavioral patterns exhibited by one youth over another. As such, sidelining indicators has not been to the best interest of our rehabilitation efforts.

According to some respondents, indicators of traumatic stress are not specifically included in determinations of program suitability, because the practitioners largely felt able to facilitate trauma-healing processes within their programs.

Most respondents communicated a *strong interest* or *very strong interest* in training (or another similar resource) on traumatic stress. Yet practitioners did not consistently prioritize these issues; most respondents either indicated a *slight priority* or *priority* and fewer indicated a *strong priority* or *very strong priority* in addressing issues of traumatic stress. One practitioner working in Cameroon highlighted the importance of considering the trauma dimensions within peacebuilding: "much still has to be done to help youths in traumatic situations regain a normal life. Most of them are ignored and they grow up to be perpetrators, and rebel leaders easily use them to [commit] crimes and wars."

Implications for Practice

Although drawn from a relatively small number of respondents, the data collected is nonetheless useful in revisiting the approaches to issues of trauma among youth. Because the respondents were elicited from different regions and peacebuilding modalities, emergent themes from their reflections may illustrate larger global patterns of practice on these issues. This examination of working assumptions for promoting resilience within peacebuilding programs is particularly important, given that a majority of respondents indicated that one aim of their programs was to help youth cope with the effects of traumatic stress.[1]

---

[1] The following implications for practice are based exclusively on practitioner reports and do not reflect analysis of the programs beyond the data collected through the survey.

Implications for Practitioner Conceptualizations of Trauma

While it is commendable that practitioners aim for programs in which youth can process trauma-related distress, additional steps may be required if peacebuilding programs are to be viable spaces for this deep, intimate intrapersonal and interpersonal growth. Peacebuilding programs already have the foundation to facilitate these processes; the core techniques of the peacebuilding canon—particularly communication techniques and group work—mirror cornerstones of therapeutic approaches to treating trauma. These modalities can be complemented by greater implementation of trauma-sensitive practice that create the conditions necessary to process and heal trauma.

Believing in youth resilience does not justify limiting the scope of services in programs for youth exposed to traumatic stressors. As Betancourt and Khan (2008) stated: "a resilience perspective offers one way to think about building on naturally occurring strengths in prevention and intervention programmes, but it should not be used to minimize the gravity of war for children and families or limit the scope of services" (p. 324). While many youths will not face grave or adverse trauma symptoms as a consequence of intergroup conflict, the fact that some youth will suffer compels peacebuilding practitioners to be mindful of these hidden wounds of conflict. Trauma-sensitive and resilience perspectives are not in competition with one another. Rather, adopting a trauma-sensitive approach, which recognizes the long-lasting effects of conflict, is fully in harmony with a resilience perspective that draws on assets that help youth overcome stressful experiences.

Given what we understand of the key role of family and social support in either protecting or exposing youth to trauma, an integrated trauma-sensitive peacebuilding strategy should consider how to include these systems within interventions. Practitioners are already constrained by existing resources and expectations, so there may be creative opportunities to engage the immediate social systems of youth in peacebuilding programs. For example, with the focus of many programs being to create social change leaders, young people may also benefit from having family members be a part of this process.

Young people often do not have the social capital within the community to nurture a culture of peace. Family systems can offer necessary support to youth in these transitions, particularly if their communities perceive program activities as a betrayal of ingroup loyalties. Interventions that contain multi-layered approaches that support healthy families and

communities, in turn, can support healthy and conflict-mediating resilience among youth, as studied in Palestinian youth in the West Bank and Gaza (Al-Krenawi & Kimberley, 2014). Since these relationships with peers are protective factors against the onset of trauma symptoms, it is critical that these relationships are not broken when the program ends. Every effort should be made to support the meaningful friendships and romantic relationships that may be built over a course of a program, especially those programs held outside of participants' home communities, which is done with greater frequency in peacebuilding organizations. Youth who have the psychosocial resources to manage the inherent stress of reintegration back into their communities after a transformative program may be better set up to continue developing capacities to be change agents.

Implications for Practitioner Approaches to Trauma

With its focus on personal transformation, relationship-building, and skill-building processes, much of what practitioners identify as being central to their peacebuilding interventions can indeed offer support to participants in distress, even if programs do not place a central focus on trauma during activities. Yet trauma recovery does not spontaneously occur; it requires intentional and proactive strategies led by peacebuilding practitioners. Creating safe space for youth to discuss trauma if they choose may seem sufficient in theory, but raises red flags when viewed through a trauma lens.

Establishing a safe environment is a complex undertaking, arising from the multi-dimensionality of the experience: the physical, the interpersonal, and the psychological (Welkin, 2015). This is especially true in the context of peacebuilding, when youth are encouraged to build trust with "the enemy." For those suffering with trauma symptoms, youth must be in an environment with a felt sense of safety to move beyond a self-defense response mode and dive deeper into their emotional experiences of the conflict (Blaustein & Kinniburgh, 2010). As Judith Herman (1997) described in her seminal work on trauma recovery, it is inconceivable to begin any therapeutic work "until a reasonable degree of safety has been achieved" by "focusing on control of the body and gradually [moving] outward toward control of the environment" to regain feelings of trust in relation to others (160).

Practitioners' focus on creating the environment for discussion does not necessarily mean conversations that should be happening around trauma are indeed taking place. When practitioners hand control to participants to decide whether or not to bring up experiences of

traumatic stress, the "safe space" can be compromised and in its stead a "brave space" can be created (see Arao & Clemens, 2013). It may be only those with extraordinary courage who bring up experiences of traumatic stress in a group setting where there has been no explicit encouragement by the program facilitators to do so. Further, the program may unintentionally give greater value to those with insights into emotional experience and with greater facility in expressing those experiences, which is less common among those suffering from significant trauma.

One potential enhancement of peacebuilding curriculum could include psychoeducation to normalize emotional and behavioral reactions to traumatic stress, and also to help participants process and integrate trauma into their personal narrative (Briere & Scott, 2013). This trauma-sensitive approach does not compel youth to dive into uncharted traumatic waters without a roadmap to guide them along the journey; it can prepare them for what lies ahead. By including trauma-related content up front, participants still have control over when and how these issues are discussed. In this integrated approach, there is greater permission to do so in a way that promotes a culture of healing within peacebuilding programs.

Allowing youth to choose whether to bring up issues of trauma can also lead to misinterpretation of the underlying distress; if no one mentions traumatic stress, does that mean no one is experiencing it? An ethnographic study of Ugandan children aged 9-16 years, who were exposed to extreme events, highlighted the complexity of this question. Initial observations suggested that the children were not suffering from psychological distress, since no one articulated any problems. Yet, under the surface, the children were not talking about their distress, due to cultural values that discouraged them from speaking about their suffering. Their psychological distress would also manifest in physical symptoms (Akello, Reis, & Richters, 2010). This study illustrates the potential pitfalls in relying on youth to speak about their trauma rather than taking more proactive approaches.

Practitioners working toward reconciliation between groups in conflict can make assumptions about healing processes without knowing their psychological impacts. For example, a common assumption in peacebuilding is that telling one's story is innately therapeutic. However, in the case of the Gacaca tribunals in Rwanda, witnesses of the truth-telling process reported higher levels of depression and PTSD symptoms than those who did not witness the proceedings (Brounéus, 2010). One explanation for these findings is that witnesses

ruminated on past trauma rather than successfully processing it (Brounéus, 2010). The question of chronic rumination is important to consider in activities that draw upon past events to transform current attitudes and behaviors; simply talking about trauma does not necessarily lead to healthy recovery. Practitioners need to take greater leadership in knowing when and how to support youth in processing their underlying distress.

By conducting pre-program assessments of participants' psychosocial health, practitioners are better positioned to serve the diverse and varied needs of youth during their program. Assessment processes in peacebuilding programs currently focus on extreme indicators of traumatic stress (i.e., violence). Peacebuilding organizations can enhance these assessments by measuring how participants are functioning in different aspects of their social lives, and capturing multi-dimensional information about the types of emotional and behavioral issues participants face. Further, this assessment could include indicators of "competence, assets, strengths, and protective factors along with symptoms, problems, risks, deficiencies, and vulnerabilities" (Duncan and Arntson, 2004, p. 11). Youth—and indeed all human beings—have natural capacities to cope with difficult situations. By focusing on strengths, this assessment supports the understanding that trauma is not inevitable, but can be overcome and transformed in positive ways.

When it is clear that a participant needs specialized psychological care, practitioners commonly refer them to a community mental health practitioner. Relying on mental health referrals as a strategy for managing trauma-related issues in youth is not sufficiently comprehensive for three main reasons. First, mental health treatment varies significantly by region around the world, and developing countries often lack basic resources and services for mental health (Kohn, Saxena, Levav, & Saraceno, 2004). Second, referral processes can unintentionally sever the relationships that the program intends to strengthen if peers perceive the referred participant as being "crazy." These processes require thoughtful transitions if they are to shift youth perceptions of referral from a punitive to a supportive measure (Dittmann & Jensen, 2014). Third, by the time practitioners who may be untrained in trauma and its symptoms determine that a referral is warranted, the situation may have already deteriorated significantly. Thus, improved training is urgent to enhance practitioners' ability to identify early signs of traumatic stress.

Implications for Organizational Orientations Towards Issues of Trauma

Practitioners appear to want to improve their ability to address traumatic stress in youth programs. Training staff in the core aspects of traumatic stress and its impacts on youth can be a critical step in integrating trauma-sensitive principles into peacebuilding practice. When practitioners have greater knowledge about trauma and the tools for addressing it, they can contribute to a positive healing environment (Dittmann & Jensen, 2013). Furthermore, through such training, practitioners can also enhance management of their own stress in working with vulnerable populations. Without a foundation in trauma, practitioners miss opportunities to transform and heal, and also are more likely to cause unintended harm, through both action and inaction.

The following story is of a school-based program in Rwanda that promoted reconciliation efforts by helping students cope with the effects of violence-related trauma (Freedman et al., 2004). This highlights how staff behavior, without sufficient training in trauma-sensitive approaches, can unknowingly cause further traumatization:

> Schools help students by assigning teachers to keep children with such problems close to them for counseling. When this approach fails, they refer students to specialists in trauma counseling. Some focus groups participants worried, however, that the efforts to deal with trauma were generally ineffective and sometimes even punitive. Teachers do not possess the knowledge to adequately respond, leading a student to express concern that so-called inappropriate comments by a troubled student may lead to dismissal rather than assistance. One student, who was a genocide survivor, explained: if a child suffers from post-genocide trauma and he seeks some advice from the teacher, the latter won't explain to him how to deal with his problem; and then the student will have to take a disciplinary leave of absence, supposedly because he made inappropriate comments. (Freedman et al., 2004, 254)

Even though this example reflects an atypical peacebuilding intervention, it reflects the challenges that peacebuilding practitioners face in dealing with youth in emotional distress. When youth share their emotional difficulties, it is important for practitioners to normalize reactions and respond in a supportive manner, so that they feel acknowledged and safe. Without this supportive response, youth may feel shame for disclosing such intimate details and may continue hiding distressing experiences from others. If a mental health referral is perceived as a

punitive measure, then those exhibiting similar behaviors may be less willing to be candid, furthering a silencing of their experience and thus potentially increasing the traumatic impact.

The potential psychological risks that may arise from aspects of peacebuilding programs can be mitigated through more comprehensive monitoring and evaluation of psychosocial indicators. However, this study highlights how there is minimal assessment of psychosocial factors in peacebuilding programs. There are a few reasons why this is so. Practitioners may believe that traumatic stress is lower priority in an already constrained assessment process, or that as peacebuilding professionals they are not equipped to address trauma. Practitioners may also fear re-traumatizing youth if they ask questions about their trauma history. On the contrary, not asking the difficult questions regarding one's mental health can further silence issues that are already rarely openly discussed. When practitioners exhibit comfort with these issues, they can elicit the same comfort in youth to share their psychosocial difficulties. As previously described, basic training in trauma may give practitioners the confidence in knowing how to approach these issues, even if referral may be the ultimate outcome.

The impact of any particular approach cannot be assessed solely by external observation because trauma tends to lurk below the surface; those suffering from its effects often want to hide its existence. Indicators of pure peacebuilding outcomes (e.g., trust, stereotypes, prejudice) can miss important aspects of participants' experience that may inhibit future growth in the areas targeted by the intervention. Furthermore, it is important to be aware not only of the positive benefits of the program, but also the potential negative unintended consequences of interventions.

Conclusion

Trauma recovery and healing are not processes delegated solely to psychologists and social workers. It should be considered inside the boundaries of peacebuilding. Trauma can and should become a key component of best peacebuilding practice. Overcoming traumatic stress fosters the intrapersonal and interpersonal transformations at the heart of peacebuilding initiatives.

Peacebuilding is an inherently interdisciplinary field, so placing greater attention on the intersection of trauma and peacebuilding is long overdue. Trauma can undermine peacebuilding programs because it feeds on fear and drives disconnection from self and others. Among those practitioners who are already committed to promoting trauma recovery within peacebuilding

programs, there remains a gap in their approaches—as compared with best practices in trauma fields—and a lack of necessary evaluation to know what is contributing to or undermining healing processes. With greater collaboration and communication between these fields, there are more opportunities to develop integrated, interdisciplinary approaches that will drive the peacebuilding field toward greater innovation at this intersection.

The critical need is to promote the capabilities of youth to cope with and manage the distress of traumatic events. This allows them to be better placed to become the leaders we need to bridge divides and build a lasting, sustainable peace by fundamentally shaping the course of destructive conflict.

Key Findings

The peacebuilding field has yet to strongly consider how trauma factors into strategic approaches to breaking cycles of violence, especially those peacebuilding initiatives that seek to transform intergroup relationships. Some scholarship explores trauma more theoretically as a way to understand the intractability of intergroup conflicts. However, few in the field have addressed how peacebuilding practice needs to be modified and expanded in light of the effects of traumatic stress on youth. The dominant approach of peacebuilding practitioners in addressing issues of trauma does not align with best practices from the psychology field.

This study reflects that practitioners strongly intend to support young people in coping with trauma. Yet the findings reveal a number of gaps in how practitioners conceptualize and approach trauma. **Table A** (below) presents an overview of these working assumptions alongside recommendations for how these assumptions may need to be reconsidered. One of the most significant gaps is in how practitioners conceptualize the impact of traumatic stressors on youth within intergroup conflict, and how they approach these issues in peacebuilding interventions.

Generally, practitioners employ indirect trauma healing strategies that let youth decide when to process their trauma, unless the issues are so severe that mental health professionals are needed. The working assumption is that if practitioners create a "safe space" for youth to talk about anything, then youth will talk about their trauma and this process will innately facilitate trauma recovery. There are two main pitfalls in this approach. First, people do not naturally speak about trauma, especially when there is no explicit invitation or guidance in how to do so.

Second, speaking about one's trauma does not necessarily promote healing. Further, trauma can manifest outside cognitive access as psychosomatic symptoms.

Developing trauma-sensitive practice will take time. In the short term, peacebuilding practitioners can take three steps to begin integrating trauma-sensitive principles into their work. First, they should ask participants about underlying psychosocial issues before programs launch, including social functioning and family dynamics. This will improve early identification of trauma-related dynamics. Given the vulnerability of youth in intergroup conflict, practitioners should not assume that youth in peacebuilding programs are immune from the sequela of trauma. Second, practitioners should track the impact of the peacebuilding program on these psychosocial issues in conjunction with traditional outcomes. This would include psychosocial indicators such as mechanisms for coping with stress and the quality of interpersonal relationships. Third, basic information and training in the nature and roots of trauma can help practitioners understand common scenarios—such as a young person quick to aggression or socially isolated—with a new perspective. Though each separately may seem like a small step, the cumulative effect would make a substantial difference in strengthening peacebuilding programs by better addressing trauma-related issues.

TABLE A

Key Findings of Peacebuilding Practitioners' Principle Assumptions	How Prototypical Assumptions May Need to be Reconsidered and Revisited
Conceptualizing Traumatic Stress	
Youth are continuously exposed to traumatic stressors within conflict and most have trauma histories and memories, which can be conjured in the daily lives of participants.	Trauma is not only a phenomenon of the past, but is also (and more often) chronic and ongoing within intergroup conflict contexts.
Youth are resilient with innate abilities to overcome traumatic stress.	Even though most youth will not develop severe psychological distress as a result of exposure to traumatic stressors, conflict erodes the factors (e.g., social support systems) that promote resilience. Further, some

	youth in peacebuilding programs may still be experiencing varying degrees of psychological distress. Practitioners cannot rely on a resilience theory when deciding whether to engage in trauma-sensitive programming.
Youth are more concerned with issues other than dealing with their traumatic past, such as dating and school.	When experiencing psychological distress, most tend to avoid dealing with the roots of the trauma. Further, the effects of traumatic stress can manifest itself in other areas of one's life, even if one chooses to avoid it.

Approaching Traumatic Stress	
Trauma is not often a focus of program activities or part of the curriculum.	Psychoeducation has been shown to improve symptoms of psychological distress, so inclusion of trauma into programs and curriculum can positively affect participants' wellbeing.
Engendering 'safe space' creates the conditions for traumatic stress to be healed.	A practitioner-designated 'safe space' may not be safe for everyone, especially considering the power differentials embedded in intergroup conflict.
Youth decide whether or not they discuss issues related to traumatic stress within programs.	When the burden of exposing one's issues of trauma is on the traumatized person, it requires unusual courage for someone to come forward and speak to a group about these issues.
Allowing youth to exclude themselves from program activities if it deals with a sensitive topic with which the participant has had a traumatic experience.	Although re-traumatization is possible, having participants avoid difficult, potentially triggering situations side steps the real issues and may contribute to the silencing of their distress.
In more severe cases, most practitioners rely on mental health referrals.	Unless done in a thoughtful manner, a referral can have the opposite effect by making the one referred feel

	punished or 'crazy' for disclosing their distress. There is also a significant global mental health treatment gap. Additional training in trauma can mitigate these issues.
When utilized, psychosocial evaluations of peacebuilding programs are inconsistent, in terms of timing and types of indicators.	Psychosocial evaluations allow practitioners to understand the layers of traumatic stress that may be lurking under the surface of youth functioning. These evaluations also give insight into how peacebuilding programs are effectively promoting or hampering healing processes.
There is a great interest among practitioners in more training in and resources on traumatic stress.	Without becoming therapists themselves, peacebuilding practitioners have the capacities to build on their existing skill-set to play a more active role in trauma healing processes.

Limitations

Two aspects of this study may temper its findings. First, this study does not purport to assess the full range of complex dynamics at play when practitioners decide how best to address youth psychological health. Further, in addition to empirical data from practitioners, this study relies on inferences (based on the literature) as to the psychological issues faced by youth exposed to trauma. Second, the study aimed to include practitioners currently working or having worked in a youth peacebuilding program. The intent was to include a wide range of diverse practitioners, though the sample size was small. However, the wording of the criteria may have unintentionally limited the types and number of study participants. Those that chose to participate likely came into the study with existing familiarity with this issue, so their reflections may not be representative of the field as a whole.

Directions for Future Research

Incorporating trauma-sensitive practice into peacebuilding programs does not preclude the possibility that youth exposed to trauma may need greater care than the peacebuilding program can offer. This does not devalue the need for sensitivity in working with those experiencing milder—yet still significant—distress. The intent of trauma-sensitive practice is to

enhance existing peacebuilding activities to make them more effective avenues for identifying and healing traumatic wounds. Further, trauma-sensitive practice is critical not only to achieving peacebuilding objectives and program goals, but also to ensure that no additional and unnecessary harm is inflicted on this vulnerable population.

The researcher would be remiss to not mention the emotional toll of this work on peacebuilders themselves. The psychosocial health of peacebuilding practitioners has historically been largely neglected, but the conversation is growing. Organizations are adopting greater support for those suffering from vicarious trauma and burnout, though much work remains (See Welton-Mitchell, 2013).

Another challenge in peacebuilding is how efforts on an individual-by-individual level can be expanded to address collective narratives that feed cyclical intergroup conflict. Relying too heavily on individual narratives and interpersonal change is not sufficient to confront such systemic issues as intergroup violence and discrimination, and limits the number of people who can be reached and the complexities of the problems being addressed. It is urgent to connect these smaller-scale programs with initiatives aimed at broader intergroup conflict dynamics. This is highlighted by the dramatic surge in refugee populations and the need for practitioners to approach the continuous traumatic stressors facing refugees as one element of a multi-faceted peacebuilding strategy.

References

Akello, G., Reis, R., & Richters, A. (2010). Silencing distressed children in the context of war in northern Uganda: An analysis of its dynamics and its health consequences. *Social Science & Medicine, 71*(2), 213-220. doi:10.1016/j.socscimed.2010.03.030

Al-Krenawi, A., & Kimberley, D. (2014). Palestinian youth and their families: Paradoxes of resilience in the cultural and sociopolitical context of conflict, stress, and trauma in the Middle East. *International Journal of Child Health and Human Development, 7*(2), 101-112.

Arao, B. & Clemens, K. (2013). From safe spaces to brave spaces: A new way to frame dialogue around diversity and social justice. In L.M. Landreman (Ed.), *The art of effective facilitation: Reflections from social justice educators* (pp. 135-150). Virginia: Stylus Publishing, LLC.

Barber, B. K. (2013). Annual research review: The experience of youth with political conflict—Challenging notions of resilience and encouraging research refinement. *Journal of Child Psychology and Psychiatry, 54*(4), 461-473.

Bayer, C. P., Klasen, F., & Adam, H. (2007). Association of trauma and PTSD symptoms with openness to reconciliation and feelings of revenge among former Ugandan and Congolese child soldiers. *JAMA: Journal of the American Medical Association, 298*(5), 555-559. doi:10.1001/jama.298.5.555

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317-328. doi:10.1080/09540260802090363

Betancourt, T. (2005). Stressors, supports and the social ecology of displacement: Psychosocial dimensions of an emergency education program for Chechen adolescents displaced in Ingushetia, Russia. *Culture, Medicine & Psychiatry, 29*(3), 309–340.

Biro, M., Ajdukovic, D., Corkalo, D., Djipa, D., Milin, P., & Weinstein, H. (2004). Attitudes towards justice and social reconstruction in Bosnia and Herzegovina and Croatia. In E. Stover & H. Weinstein (Eds.), *My neighbor, my enemy: Justice and community in the aftermath of mass atrocity* (pp. 183–205). Cambridge: Cambridge University Press.

Blaustein, M., & Kinniburgh, K. M. (2010). Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency. New York: Guilford Press.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Cambridge: Harvard University Press.

Brounéus, K. (2010). The Trauma of Truth Telling: Effects of Witnessing in the Rwandan Gacaca Courts on Psychological Health. *Journal of Conflict Resolution*, *54*(3), 408-437. DOI: 10.1177/0022002709360322

Bryant-Davis, T., & Ocampo, C. (2005). Racist incident–based trauma. *The Counseling Psychologist, 33*(4), 479-500.

Church, C. & Rogers, M.M. (2006). *Designing for results: Integrating monitoring and evaluation in conflict transformation programs.* Washington, DC: Search for Common Ground.

Corkalo Biruski, D., & Penic, S. (2014). Traumatised selves: Does war trauma facilitate in-group bonding and out-group distancing? In Spini, D., Guy, E., & Corkalo Biruski, D. (eds.), *War, Community, and Social Change* (pp. 137-153). Peace Psychology Book Series 17. DOI: 10.1007/978-1-4614-7491-3_9

Cortes, L., & Buchanan, M. J. (2007). The experience of Colombian child soldiers from a resilience perspective. *International Journal for the Advancement of Counselling, 29,* 43–55.

Cottrell, C. A., & Neuberg, S. L. (2005). Different emotional reactions to different groups: A sociofunctional threat-based approach to "prejudice". *Journal of Personality and Social Psychology, 88*(5), 770-789. doi:10.1037/0022-3514.88.5.770

Crocker, J., Garcia, J. A., & Nuer, N. (2008). From egosystem to ecosystem in intergroup interactions: Implications for intergroup reconciliation. In Nadler, A., Malloy, T., & Fisher, J.D. (Eds) *The Social Psychology of Intergroup Reconciliation.* (pp. 171-195) Oxford University Press. doi:10.1093/acprof:oso/9780195300314.003.0009

DeSteno, D., Dasgupta, N., Bartlett, M. Y., & Cajdric, A. (2004). Prejudice from thin air: The effect of emotion on automatic intergroup attitudes. *Psychological Science, 15*(5), 319-324. doi:10.1111/j.0956-7976.2004.00676.x

Deutsch, M. (2012). A Social-psychological perspective on peacemaking. In S.A. Nan, Z.C. Mampilly, & A. Bartoli (Eds.), *Peacemaking: From practice to theory, Vol. 2 (*pp. 601-609). Santa Barbara, California: Praeger.

Dittmann, I. & Jensen, T.K. (2014). Giving a voice to traumatized youth: Experiences with trauma-focused cognitive behavioral therapy. *Child Abuse & Neglect, 38,* 1221-1230.

Doran, J. M., Kalayjian, A., Toussaint, L., & DeMucci, J. (2012). The relationship between trauma and forgiveness in post-conflict Sierra Leone. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(6), 614-623. doi:10.1037/a0025470.

Duncan, J. & Arntson, L. (2004). *Children in crisis: Good practices in evaluating psychosocial programming.* The International Psychosocial Evaluation Committee and Save the Children.

Fernando, C. (2006). Children of war in Sri Lanka: Promoting resilience through faith development. PhD dissertation, University of Toronto.

Freedman, S.W., Kambanda, D., Samuelson, B.L., Mugisha, I., Mukashema, I., Mukama, E., Mutabaruka, J., Weinstein, H.M., & Longman, T. (2004). Confronting the past in Rwandan schools. In E. Stover & H. Weinstein (Eds.), *My neighbor, my enemy: Justice and community in the aftermath of mass atrocity* (pp. 183–205). Cambridge: Cambridge University Press.

Galea, S., Nandi, A., & Vlahov, D. (2005). The epidemiology of Post-Traumatic Stress Disorder after disasters. *Epidemiologic Reviews, 27*(1), 78-91. doi: 10.1093/epirev/mxi003

Galezewski, J. (2010). Exposure to violence: Who is most affected and why? In J. M. Lampinen & K. Sexton-Radek (Eds.), *Protecting children from violence. Evidence-based interventions* (pp. 13-34). New York: Psychology Press.

Halperin, E., & Pliskin, R. (2015). Emotions and emotion regulation in intractable conflict: Studying emotional processes within a unique context. *Political Psychology*, *36*(S1), 119-150. doi:10.1111/pops.12236

Halperin, E., Porat, R., Tamir, M., & Gross, J.J. (2012). Can emotion regulation change political attitudes in intractable conflicts? From the laboratory to the field. *Psychological Science*, *1*(6). doi:10.1177/0956797612452572

Halperin, E., Bar-Tal, D., Nets-Zehngut, R., & Drori, E. (2008). Emotions in conflict: Correlates of fear and hope in the Israeli-Jewish society. *Peace and Conflict: Journal of Peace Psychology, 14*(3), 233-258. doi:10.1080/10781910802229157

Hammack, P. L., Pilecki, A., & Merrilees, C. (2014). Interrogating the process and meaning of intergroup contact: Contrasting theoretical approaches. *Journal of Community & Applied Social Psychology, 24*(4), 296-324.

Herman, J. L. (1997). *Trauma and recovery (Rev. ed.).* New York: BasicBooks.

Hobfoll, S. E., Johnson, R. J., Canetti, D., Palmieri, P. A., Hall, B. J., Lavi, I., & Galea, S. (2012). Can people remain engaged and vigorous in the face of trauma? Palestinians in the West Bank and Gaza. *Psychiatry*, *75*(1), 60-75. doi:10.1521/psyc.2012.75.1.60

Jarymowicz, M., & Bar-Tal, D. (2006). The dominance of fear over hope in the life of individuals and collectives. *European Journal of Social Psychology, 36*(3), 367-392. doi:10.1002/ejsp.302

Kelman, H.C. (2008). Reconciliation from a social-psychological perspective. In A. Nadler & J.D. Fisher (Eds), *The Social Psychology of Intergroup Reconciliation* (pp. 15-32). New York: Oxford University Press.

Kira, I.A., Ashby, J.S., Lewandowski, L., Abdul-Wahhab, N.A., Mohanesh, J., & Odenat, L. (2013). Advances in continuous traumatic stress theory: Traumatogenic dynamics and consequences of intergroup conflict: The Palestinian adolescents case. *Psychology*, *4*(4), 396-409. DOI: 10.4236/psych.2013.44057

Kira, I. A., Lewandowski, L., Chiodo, L., & Ibrahim, A. (2014). Advances in systemic trauma theory: Traumatogenic dynamics and consequences of backlash as a multi-systemic trauma on Iraqi refugee Muslim adolescents. *Psychology, 5*(5), 389-412. doi:10.4236/psych.2014.55050

Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatment gap in mental health care. *Bulletin of the World Health Organization*, *82*(11), 858-866.

Levine, P.A. & Kline, M. (2007). *Trauma through a child's eyes: Awakening the ordinary miracle of healing*. Berkeley: North Atlantic Books.

Ludy-Dobson, C., & Perry, B. D. (2010). The role of healthy relational interactions in buffering the impact of childhood trauma. In E. Gil (Ed.), *Working with children to heal interpersonal trauma* (pp. 26–44). New York: Guilford Press.

Minow, M. (2002). *Breaking the cycles of hatred: Memory, law, and repair.* Princeton: Princeton University Press.

Muldoon, O. T. (2013). Understanding the impact of political violence in childhood: A theoretical review using a social identity approach. *Clinical Psychology Review, 33*(8), 929-939. doi:10.1016/j.cpr.2013.07.004

Nadler, A. (2012). Intergroup reconciliation: Definitions, processes, and future directions. In L.R. Tropp (Ed.), *The Oxford Handbook of Intergroup Conflict* (pp. 210-228). New York: Oxford University Press.

Nagda, B.A., Yeakley, A., Gurin, P. & Sorensen, N. (2012). Intergroup dialogue: A critical-dialogic model for conflict engagement. In L.R. Tropp (Ed.), *The Oxford Handbook of Intergroup Conflict* (pp. 210-228). New York: Oxford University Press.

Pascoe, E.A. & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological Bulletin, 135*(4), 531-554. doi: 10.1037/a0016059

Patton, M.Q. (2014). Qualitative Inquiry in Utilization-Focused Evaluation. In L. Goodyear, E. Barela, J. Jewiss, & J. Usinger (Eds.), *Qualitative inquiry in evaluation: From theory to practice*. San Francisco: Jossey-Bass.

Patton, M.Q. (1997). *Utilization-focused evaluation: The new century text (3rd Ed.).* Thousand Oaks, California: Sage Publications, Inc.

Pearlin, L. I., Aneshensel, C. S., & Leblanc, A. J. (1997). The forms and mechanisms of stress proliferation: The case of AIDS caregivers. *Journal of Health and Social Behavior, 38*(3), 223-236.

Perry, B. D., & Hambrick, E. P. (2008). The neurosequential model of therapeutics. *Reclaiming Children and Youth, 17*(3), 38-43.

Punamaki, R. L., Qouta, S., & El-Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25(3),* 256–267.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology, 24*(2), 335-344. doi: 10.1017/S0954579412000028.

Scurfield, R., & Mackey, D. (2001). Racism, trauma, and positive aspects of exposure to race-related experiences: Assessment and treatment implications. *Journal of Ethnic and Cultural Diversity in Social Work*, *10*, 23-47.

Siegel, D.J. (2012). *The developing mind: How relationships and the brain interact to shape who we are*. New York: The Guilford Press.

Spanovic, M., Lickel, B., Denson, T. F., & Petrovic, N. (2010). Fear and anger as predictors of motivation for intergroup aggression: Evidence from Serbia and Republika Srpska. *Group Processes & Intergroup Relations, 13*(6), 725-739. doi:10.1177/1368430210374483

The World Bank Group (2015). *World Development Report 2015: Mind, society, and behavior.* Washington, DC: World Bank. doi: 10.1596/978-1-4648-0342-0.

The World Bank Group (2014). Conference Report from: *"Invisible wounds": A practitioners' dialogue on improving development outcomes through psychosocial support.* Washington, DC: World Bank.

Tol, W. A., Song, S., & Jordans, M. J. D. (2013). Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict - a systematic review of findings in low- and middle-income countries. *Journal of Child Psychology and Psychiatry, 54*(4), 445-460.

United Nations (1996). Impact of armed conflict on children. Report of the expert of the Secretary-General, Ms. Graça Machel, submitted pursuant to General Assembly Resolution 48/157', UN document A/51/306, New York. Retrieved from http://www.unicef.org/graca/a51-306_en.pdf

UNICEF (2009). *Machel study 10-year strategic review: Children and conflict in a changing world.* New York, NY: Office of the Special Representative of the Secretary-General for Children and Armed Conflict.

Varshney, A. (2002). E*thnic conflict and civic life: Hindus and Muslims in India*. New Haven, CT: Yale University Press.

Volkan, V.D. (2001). Transgenerational transmissions and chosen traumas: An aspect of large-group identity. *Group Analysis, 34,* 79-97.

Welkin, L. (2013). Who holds the key to your box? Trust, safe space, and culture. *Group, 37*(2), 155-166.

Welton-Mitchell, C. (2013). *UNHCR's mental health and psychosocial support of staff* . Policy Development and Evaluation Service. United Nations High Commissioner for Refugees. Geneva: Switzerland.

Women's Commission for Refugee Women & Children (2000). *Untapped potential: Adolescents affected by armed conflict.* New York: Women's Commission for Refugee Women & Children.

World Health Organization (2002). *World report on violence and health: Summary*. Geneva: World Health Organization.