



**FROZEN IN TIME: ACCELERATING TRAUMA HEALING IN
PROTECTION OF CIVILIAN (POC) SITES IN SOUTH SUDAN**

**Submitted in fulfilment of the requirements of the
degree of Doctor of Philosophy in Management Sciences**

Specialising in

Public Administration – Peace Studies

in the

Faculty of Management Sciences

at the Durban University of Technology

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APRIL 2023

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DECLARATION

I, Tandiwe Ngwenya, declare that:

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Tandiwe Ngwenya

I hereby approve the final submission of this thesis.

Dr. Sylvia Kaye

Professor Geoff Harris

14/04/2023

ACKNOWLEDGEMENTS

I want to express profound gratitude to all who have strolled by my side throughout the exhilarating journey of my doctoral dissertation. First of all, I sincerely thank my thesis supervisor, Dr Sylvia Kaye, who believed in the success of this project; her unique perspectives challenged me to think critically and to be a better writer. Her support, coaching and guidance were fundamental to this endeavour. Getting me through the last six years was as much an exercise in endurance for her as it was for me. To my co-supervisor, Professor Geoffrey Harris; his leadership, wisdom and mentorship challenged me to push harder. To Prashna, this would not have been possible without your tireless support during registration.

I was also blessed with the inspiration of a brilliant research assistant – a special thanks to Bakhita Steven; your intriguing ideas were invaluable to this research. Above all, I am thankful for the community in Juba PoC 3 who participated in this study for displaying such bravery, fortitude and tenacity in the retelling of their traumatic memories and deeply personal stories. They trusted my research and traversed through the emotional, painful past to recount traumatic experiences that define their journey towards trauma healing.

My colleagues and family were extraordinarily supportive during these six years of intense work. Itai Rwisai Makumbe – thank you for the impressive editing and showing me the road to Taimaland. To Pearl Atuhair, a sincere thank you for making this journey possible. Edward James Thomas, thank you for the support; you instilled hope when it was lost. My thanks and appreciation to my parents for the myriad of ways in which, throughout my life, they have actively supported me and desired to see me turning into an educated and empowered woman. Tonely, Thenjiwe, and Thulani – I am eternally grateful for your endless support, your love and the airport pick-ups and drop-offs as I travelled to Durban and South Sudan. Vanessa and Tyrese – you forfeited a lot; thank you for the unconditional love you are both amazing and destined for greater things. Yvette, Vanessa, Jayden, Tonel, Tyrese, Aariana, Trenton, Zayden, Treyvon and Aiyden; the future belongs to those who believe in the beauty of their dreams. May I be of inspiration for you to aim higher.

My best friend Laura Snider was my pillar of strength; thank you for insisting on optimism when I was defeated, cooking for me, offering a back massage, adding to my collection of trauma and peacebuilding books, and reminding me that there is life outside the dissertation walls. Finally, I would like to thank God for lighting my pathways and bestowing countless blessings, knowledge and opportunities. I am grateful for his unconditional love, mercy and grace.

DEDICATION

I dedicate this thesis to the displaced communities in South Sudan, in particular, the women and children. I am forever changed and profoundly touched by each story. Each story of loss, suffering, strength, perseverance, and hope has left an indelible mark on me. This thesis is also dedicated to my brother, Trevor Ngwenya (1974-2004). You recognised my potential at a tender age and insisted I was meant for greatness. Thank you for believing in me before I believed in myself. You inspired me to dream boldly and your belief in me gave me the will to discover and realise my potential. We have succeeded; we have the first PhD in the family and lineage.

ABSTRACT

Protracted conflict has devastated the lives of people in South Sudan, leading to widespread exposure to traumatic events. Trauma healing, however, has not received the prominence it deserves. Humanitarian actors continue to work hard to assist people in need and alleviate suffering, with trauma mostly unaddressed, including in Internally Displaced People's (IDP) settlements and in the Protection of Civilian (PoC) sites. Subsequently, mental health interventions remain overlooked in attempts to address the legacies of violence. Despite the plethora of anecdotal evidence that trauma healing is essential to peacebuilding, there are no substantive studies yet conducted on how to appraise the effectiveness of community-based trauma healing and how to harness its full potential and break the cycle of generational trauma.

Drawing predominantly from Lederach's peacebuilding pyramid theory which focuses on the 'bottom-up' approach to trauma, and Lederach's contemporary framework of moral imagination and the spider web, this study strengthens the understanding of the correlation between trauma and violence and the need to support the community's ability to leverage skill sets needed for resilience and trauma healing. To this end, the study employed participatory action research through an intervention project formulated to increase the resilience of trauma-affected internally displaced persons in the Protection of Civilian site 3 (PoC 3) in Juba. Purposive sampling was employed to recruit participants from the ten zones that constitute PoC 3. In doing so, this study makes a unique contribution by establishing the nature and underlying causes of trauma for IDPs in PoC sites and how it has destroyed the social fabric in PoCs, an area with scarcity in research.

The findings indicate that the IDPs have exhibitions of psychosomatic stress associated with Post-Traumatic Stress Disorder (PTSD); such as nightmares, aggression, avoidance, forgetfulness and hopelessness. The symptoms are ascribed to people's exposure to and witnessing of sexual violence, detention, killing, displacement and hardships. The findings also demonstrate that despite their experiences the PoC residents have resilience. The findings also indicate that this resilience is associated with community support, connections and relationships. These results were triangulated

with qualitative findings, showing that trauma transformation is necessary for peacebuilding.

Internally displaced men and women from PoC 3 led the intervention project, named *Maal*. The action team comprised eight peer supporters (four women and four men) who were trained and provided with trauma-informed peer support to build resilience and reduce the effects of trauma in the community. The action group reported positive gains credited to the group and the one-on-one sessions. In addition to enhanced self healing there was consistent feedback from the action group that the sessions took them through a journey of introspection as individuals.

LIST OF ACRONYMS

ARCSS	Agreement on the Resolution of Conflict in the Republic of South Sudan
CIVIC	Centre for Civilians in Conflict
CJP	Centre for Justice and Peacebuilding
COVID-19	Coronavirus Disease of 2019
CPA	Comprehensive Peace Agreement
CVT	Centre for Victims of Torture
DESNOS	Disorders of Extreme Stress
DRC	Democratic Republic of Congo
DUT	Durban University of Technology
FTR	Family Tracing and Reunification
GAD	General Anxiety Disorder
GOSS	Government of South Sudan
HPCR	Humanitarian Policy Conflict and Research
HRD	Human Rights Defenders
HRD	Human Rights Division
HRW	Human Rights Watch
IDP	Internally Displaced Person
IGAD	Intergovernmental Authority on Development
IOM	International Organization for Migration
JEM	Justice and Equality Movement
JTH	Juba Teaching Hospital
NCP	National Congress Party
NP	Nonviolent Peaceforce
PAR	Participatory Action Research
PD	Panic Disorder

PFA	Psychological First Aid
PoC	Protection of Civilian Sites
PTSD	Post-Traumatic Stress Disorder
SAMHSA	The Substance Abuse and Mental Health Services Administration
SGBV	Sexual and Gender Based Violence
SLA	Sudan Liberation Army
SPLM-FD	South Sudan People's Liberation Movement - Former Detainees
SPLM-IO	South Sudan People's Liberation Movement - In Opposition
SPLM/A	Sudan People's Liberation Movement/Army
STAR	Strategies for Trauma Awareness and Resilience
RPG	Rocket Propelled Grenades
TJWG	Transitional Justice Working Group
TPO	Transcultural Psychosocial Organization
TRC	Truth Reconciliation Commission
UASC	Unaccompanied and Separated Children
UN	United Nations
UN-House	United Nations House
UNMISS	United Nations Mission in South Sudan
UNOCHA	United Nations Office of the Coordination of Humanitarian Affairs
UNHAS	United Nations Humanitarian Air Services
UNHCR	United Nations High Commissioner for Refugees
USA	United States of America
WASH	Water, Sanitation and Hygiene
WFZ	Weapon Free Zone
WHO	World Health Organization
WPA	Women's Protection Advisors

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PART ONE

CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

“I dream of an Africa which is at peace with itself” -Nelson Mandela

1.1 Introduction

The aftermath of most armed conflicts is characterised by hardship, loss, and trauma. Following escape from political conflict and violence at home, displaced populations face a multitude of difficulties throughout their flight and lack basic resources in addition to experiencing physical and mental health problems (Stark *et al.* 2020: 15). The event central to this thesis is the ongoing South Sudan civil war, which erupted in Juba in December 2013, involving the rival factions of the Sudan People’s Liberation Army (SPLA) loyal to President Salva Kiir and Vice-President Riek Machar, causing suffering and mass displacements. Studies from armed conflict settings, including South Sudan, have revealed the “deleterious mental health impact of exposure to war atrocities” (Sharma *et al.* 2022:1).

The violence of war can disrupt lives, individuals, and communities, and this thesis is my initial answer to questions that have been part of my life as a Ndebele woman whose family is affected by generational trauma caused by the Gukurahundi genocide; a massacre that took place from early 1983 to late 1987 in Zimbabwe. What should my role be in addressing the effects of trauma? How can the resilience of individuals, groups, and communities afflicted by conflict be strengthened? This thesis seeks to answer the question; is it possible for displaced persons affected by armed conflict to utilise community-based approaches for healing? It sought to analyse the nature, extent, and causes of trauma for internally displaced persons (IDPs) affected by the conflict in South Sudan. It also explores the history of the South Sudan conflict, seeking to determine the background and extent of the trauma.

Additionally, the study sought to design an intervention strategy that can reduce the ill-effects of trauma in South Sudan, Juba, in the Protection of Civilian (PoC) Site 3, a sanctuary that was established for IDPs at the United Nations Peacekeeping Mission in South Sudan (UNMISS)

premises as a result of the civil war that broke out in South Sudan in December 2013. Like other conflict-affected populations, the South Sudanese have demonstrated remarkable resilience in the face of war and adversity.

Psychological interventions, particularly trauma healing, are fundamental to populations exposed to armed conflict and trauma. Psychosocial healing is a prerequisite for reconciliation and peacebuilding efforts. However, for internally displaced persons, such as those living in PoC sites in South Sudan, mental health and psychosocial support (MHPSS) interventions available are inadequate. Adesina *et al.* (2020: 13) indicated that displacement was associated with psychosocial stressors, which, when left unaddressed, can have devastating consequences on the populace. Hence, the central pivot of the study was to incorporate reflections on sustainable community-based approaches to protect or promote psychological well-being in displaced communities in South Sudan.

1.2 Background and Context of the Study

In December 2013, the disputes among key South Sudanese leaders exploded into a brutal and intractable full-blown war, leaving scores of casualties and displaced persons. An estimated 3.8 million fled their homes with nearly two million internally displaced persons, and approximately 1.8 million became refugees in neighbouring countries since the occurrence of civil war (OCHA 2017). Nine years after the start of the conflict (OCHA 2022) highlighted the deteriorating situation for the people of South Sudan, stating that in 2021, there were still 2 million IDPs in the country and an additional 2.3 million South Sudanese remaining as refugees in neighbouring countries. Before the December 2013 crisis, the South Sudanese had encountered armed conflict for more than five decades, with generations growing up in a time of war (Moszynski 2012). Due to the compounding shocks such as large displacements triggered by continued conflict, this study focused on internally displaced persons in the PoC 3 site in Juba, seeking to empirically analyse the nature, extent, and causes of trauma to develop an intervention strategy to address the problem. Although the impact of various types of war-related trauma on the prevalence of stress disorders is well understood, less is known in the context of PoCs. The research argues that understanding the trauma experienced by the PoC residents and establishing community-based interventions to address trauma is essential in building sustainable peace.

As violence erupted, the United Nations Mission in South Sudan (UNMISS) opened its gates to tens of thousands of internally displaced persons into its premises, resulting in the formation of Protection of Civilian sites providing shelter for more than 200,000 displaced people (IOM 2016: 10). PoCs came into existence in fulfilment of UNMISS' mandate to protect civilians under the threat of physical violence. Amnesty International (2016: 11) characterises PoC sites as camp-like sites established within existent UNMISS bases for Internally Displaced Persons (IDPs) and guarded by United Nations (UN) peacekeepers. As of 9 February 2017, the total number of civilians seeking safety in six PoC sites on UNMISS bases was 223,926 (UNMISS 2017). Lilly (2004: 31) describes PoC sites as a type of IDP settlement and a product of the conflict in South Sudan. Lilly (2004: 31) further distinguishes

PoC sites from the safe havens established during conflicts in Iraq, Rwanda and the former Yugoslavia as these were pre-planned, larger designated areas for the protection of civilians, although with some unpleasant results.

In principle, the PoCs should only provide refuge for civilians threatened with physical violence rather than the broader definition of IDPs forced from their homes due to conflict. In contrast, PoC sites involve civilians seeking protection and refuge at existing United Nations bases when war erupts. According to Lilly (2004:31), although other missions had encountered the phenomenon of civilians seeking refuge at UN bases at the beginning of armed conflicts, the establishment of PoC sites at UNMISS bases is unprecedented in UN history.

Further, residents have witnessed acts of violence and have experienced acts of violence. The report by Amnesty International (2016: 19) suggests that:

although it is acknowledged that protection by UN peacekeepers saved lives, civilians continued to experience violence including injury, abduction and death within or immediately close to the UN bases.

Furthermore, the PoC sites are subjected to shelling and gunfire and persons venturing outside are likely to be victims of violence (Amnesty International 2016). The PoC sites are rife with difficult living conditions and lack adequate access to education, medical care and psychosocial services. They are crowded, with poor sanitation and a monotonous diet, with residents stuck there for some years, leading to visibly unprecedented levels of trauma, cycles of violence and harm in the country, which, this study highlights, can be alleviated through trauma healing. The trauma that South Sudanese have endured for years as a result of the protracted conflict and the dearth of trauma healing are barriers to a lasting peace. Residing in the PoC context

has myriad consequences on individuals including posttraumatic stress disorder; therefore this study is a response to the need for localised studies to understand traumatic exposure for that particular population.

The study was of interest to the researcher because in, addition to high levels of PTSD and trauma, the interactions among the various communities residing in the PoC sites were at an all-time low as noted by Luedke (2016: 15), stating that the South Sudan conflict had provoked cycles of revenge across various ethnicities. Her sentiments echoed those of Deng *et al.* (2015: 50), who emphasised that prolonged tensions between ethnic groups threatened long term peace and social cohesion in South Sudan.

This research aimed at interrupting the cycles of violence, addressing the legacies of violence, and preparing the pathways for reconciliation, with the overall goal to develop and implement skills-based, community-focused interventions for trauma healing for IDPs in the PoC sites, where the majority of the victims and witnesses of gross human rights abuses reside within the IDP populace.

1.3 Research Problem

Serious mental health issues such as post-traumatic stress can affect individuals and society at large (Zelizer 2008:47). Novakovic (2013:1) goes further and attributes trauma as a root cause of the nature of modern warfare. In concurrence, Levine (1997 cited in Novakovic 2013: 1) further identifies several contributory factors to spousal and familial violence; living in stressful and high-risk environments resulting in frustration, drug and alcohol abuse, and male emasculation. Audergon (2008: 262) draws a causal nexus between past trauma and injustice with new rounds of conflict, pain, silence, and outrage around trauma and injustice from previous trauma.

Civilians were targets at the UN's PoCs. According to Amnesty International (2016: 14), on the afternoon of 11 July 2016, government soldiers fired on PoC1 and PoC 3 in Juba, leaving the civilians residing in tarpaulin shelters exposed to bullets and shelling with little or no place to seek cover. Violence was rampant:

the government soldiers raped a large number of women both during and after the fighting in July 2013, where women were singled out for sexual violence based on their ethnicity and, in many cases, their youth – indeed, some victims were children

and the UN had documented more than 200 alleged cases of rape in Juba since 8 July 2013 by early August 2016 (Amnesty International 2016: 18).

The same report by Amnesty International (*ibid*) further suggests that a large number of women from the PoC were sexually assaulted in a systematic pattern by government soldiers in Jebel shortly after the fighting ended because women, instead of men, left the PoCs in search of food and livelihood because men were at grave risk of being killed. Furthermore, sexual violence is a pervasive and persistent element of armed conflict in South Sudan, psychologically harmful and leads to exacerbated trauma for the PoC residents (Luedke 2016: 29).

A report by FIDH (2014: 12), suggests that within the IDP camps and UN PoCs, in particular in the Upper Nile and Unity states, significant concerns have been raised over the proliferation of small arms, the intensification of inter-communal clashes, and the continuing cases of sexual and gender-based violence against women. Upper Nile and Unity are states/ provinces in the Northern part of South Sudan. UNMISS has little or no mandate to police the camps and enforce the rule of law; violence, criminality and conflict have made the sites dangerous. A result of UNMISS's lack of jurisdiction was widespread violence and risk in terms of gender-based violence and violence against children in the PoCs. At the background of this research is the postulation that recurrent trauma at the individual and societal level poses an obstacle to sustainable peace.

There is a growing acknowledgement that trauma and post-traumatic stress disorder (PTSD) impedes peacebuilding efforts and need addressing for peace to be sustainable. Goldsmith and Cockcroft-McKay (2019: 538) propounded that a brief context analysis carried out in South Sudan (2011–16) at a national level found that “inpatient and outpatient specialised mental health services are only available through Juba Teaching Hospital (JTH).” There are nine psychologists and 15 trainee psychologists attached to the Psychiatry Department of the JTH, and there are only two South Sudanese psychiatrists in-country: one is practising currently and is in charge of psychiatry at the JTH, whereas the other is at the Faculty of Medicine, University of Juba. There are limited outpatient facilities for South Sudan's population of over 11 million and only 12 inpatient beds in Juba. Other locations, such as Wau and Malakal, provide outpatient care with critical cases admitted to general inpatient wards within the hospitals (Goldsmith and Cockcroft-McKay 2019: 538). Despite billions of dollars spent on humanitarian assistance, the mental health concerns of people directly exposed to large-scale violence remain unaddressed (Deng *et al.* 2015: 32). The widespread exposure to traumatic

events, and the resulting prevalence of PTSD, have implications for the peace process. Deng *et al.* (2015: 19) suggest that a careful assessment of existent forms of psychosocial support and coping mechanisms can be a starting point for reconciliation, given the extensive exposure to trauma and lack of institutional and financial support in South Sudan. South Sudan has one of the world's widest mental health gaps (Mogga 2019: 28).

While it is well-documented that conflict has crippling effects on civilians and impacts negatively on mental health, there is little research on those living in active conflict zones. Irrespective, the South Sudan conflict has continued for almost a decade; there is still very little information on how it affects the psychosocial well-being of the affected populations. Furthermore, there is scant information on interventions to address the ill effects of trauma exposure in South Sudan, a country with a long history of armed conflict spanning over five decades. In South Sudan, decades of armed conflict, inter-communal violence, and subnational violence left behind a traumatised society. An assessment conducted by USAID (2019: 9) found that the entire population harbours mental scars, and 99 per cent of the South Sudanese are traumatised. The study found that many people have experienced trauma through witnessing violence, killings, destruction of property and livelihoods and displacements. Participants in the study suggested that political leaders also suffered from mental trauma stemming from the violence they sanctioned. In 2015, South Sudan Law Society (SSLS) and United Nations Development Program (UNDP) conducted a study across six states and Abyei (a disputed territory with Sudan), where high numbers of participants were exposed to trauma, with 63 per cent stating that a family member was killed violently in their lifetime, and 41 per cent reporting they had witnessed the killing of a friend or family member (Deng *et al.* 2015: 19).

The complexities of trauma responses and resilience processes in the context of extreme violence necessitate a multi-layered examination of conflict, its functions, nature, and impact on individuals and communities. However, findings of the literature review for this study, highlight that only a few studies have examined how populations living in conflict can cope with trauma. This study seeks to fill these gaps by analysing the trauma in PoC 3 amid the political violence in South Sudan and exploring capacities for trauma healing. In doing so, I initiated a community-based project intervention in partnership with the affected community.

The above considerations emphasize the shortage of knowledge on trauma including the limited trauma healing interventions in PoC's and South Sudan as a whole. Although the traumatic events of PoC residents have been closely examined, less is known about how people overcome trauma or become resilient in the face of such adversity. The existing literature on the PoC's has primarily focused on narrating and documenting the conflict and origin of PoC's. Until this study, few if any qualitative studies have examined trauma in the PoC in South Sudan. The need for research in this area is apparent. This study, therefore, responds to the call for research on trauma amid violent conflict by filling a gap in the body of knowledge by identifying trauma and capacities for healing in the context of civil war, an area where research is lacking. This thesis explores the extent to which the IDPs residing in the PoC have been affected by trauma on an individual and collective level. It provides suggestions for community-based efforts in addressing psychological trauma. Hook (2020: 43) states that beyond human flourishing, there is a good case that untreated trauma can feed into negative feedback loops that make subsequent outbreaks of violence more likely. This study seeks to break those negative feedback loops and halt the cycle of violence.

Notably, Lederach and Lederach (2010: 198) offer the perspective that in communities facing deeply-rooted violence, healing may come from nurturing the resiliency of response occurring before, during and after repeated outbreaks of violence compared to waiting for a healing phase. Inadequately addressing pain and trauma associated with armed conflict has distinct effects on peacebuilding.

1.4 Aim of the Study

In recognition of the prolonged confinement, cycles or repeated violence, limited psychosocial support services, and the dire need for trauma healing in protective environments, the study aimed to analyse the nature, extent and causes of trauma for IDPs in PoC sites and design a culturally-relevant participatory action research intervention strategy that can be used to solve the ill-effects of trauma.

1.5 Objectives

The specific objectives of the study were:

1. To identify the nature and underlying causes of trauma for IDPs in PoC sites;

2. To identify the residual effects of trauma and the impact on the social fabric in PoCs;
3. To explore the correlation between trauma, peacebuilding, and violence/conflict;
4. To strengthen the community's ability to leverage skill sets needed for trauma healing, with the affected community, to identify and develop a skills-based intervention that can be utilised for trauma healing in communities affected with protracted conflict;
5. To carry out a preliminary evaluation of the short-term outcome of the trauma healing intervention.

1.6 Theoretical Framework

Lederach's peacebuilding pyramid theory focuses on the 'bottom-up' approach to trauma (Lederach 1997: 158), strengthening and empowering the local actors for peace to lay the foundations for national trauma healing. Cultural methods for trauma healing are imperative to practice during or after conflict. However, this theory is not exhaustive as it omits the centrality of relationships in conflict set-ups. This section includes a review of the theoretical frameworks of Lederach's peacebuilding pyramid and moral imagination theory as underlying perspectives that underscore the importance of this study.

The *Moral of Imagination*, expands Lederach's peacebuilding frameworks. Lederach (2005: 29) identifies "moral imagination as the capacity to imagine and generate constructive responses and initiatives that while rooted in the day-to-day challenges of violence, transcend and ultimately break the grips of destructive patterns and cycles". Lederach 2005: 147) describes a circle of time created by acknowledging past violence and prospects of a positive future as a requirement for peacebuilding. Notwithstanding, living in harsh conditions and the presence of enemies, there is a need for individuals and communities to recover and live positive lives through solidarity; this can be a slow process (Lederach and Lederach 2010: 53).

1.7 Research Methodology

The study follows a participatory action research (PAR) design because it is premised on community needs and democratic ways of solving problems. Lawson et al. (2015:x) note that PAR expressly uses local knowledge and locally tailored solutions and is the best method to use in complex and uncertain contexts. The design is suitable for the study as it sought to strengthen the community's ability to leverage skill sets needed for trauma healing by identifying and developing a skills-based intervention.

PAR not only offered the participants an opportunity to reflect on their traumatic experiences but an opportunity for participants to make an effort to address the problems. The rationale behind putting the participants in the forefront was that the intervention plan should continue even after the completion of the research. Further, the aim was to create a sense of ownership through contextually relevant solutions. The qualitative research design sought to learn about the anecdotal experiences from the perspective of the individuals and groups affected by trauma and PTSD in South Sudan. The qualitative method gave voice to the PoC 3 communities and an opportunity to develop locally led initiatives. A detailed description of PAR is in Chapter 5 of this thesis.

1.8 Population and Location of the Study

The research was conducted in the PoC 3 site, an enormous and structured site adjacent to the UN base in Juba, South Sudan. PoC 3 was established in 2013 and was selected because it is the largest of the UN House PoCs. The site was established in the aftermath of the December 2013 crisis in South Sudan after civilians ran to UNMISS for refuge and protection. POC 3 is the largest UN House PoC, situated outside the UN base itself on land annexed and designed to host the IDPs relocated from the UNMISS base near Juba international airport. The site plan included structured zones and blocks, wider roads, a sanitation corridor, and recreation centers. Juba PoC 3 is along the Juba-Yei highway, about 7 kilometers west of Juba town. A detailed description of the events leading to the formation of the PoC's living conditions and existing threats is found in Chapter 2.6.

As of December 2022, Juba PoC 3 site hosted 24,115 individuals currently seeking protection from armed conflict (IOM 2022). There are at least ten blocks currently in the camp with 7,151 households living in make-shift tents. Most of the IDPs are of Nuer origin, and minority ethnicities such as Bari, Mundari and Anyauk also live in PoC 3. Juba PoC 3 is a large, well-planned site constructed several months before occupation. Unlike PoC 1 and 2, which are on the UNMISS base and spontaneous, PoC 3 is adjacent to the UN base and was constructed to decongest other IDP sites and also ensure better provision of humanitarian services according to the Sphere Standard (a set of principles and minimum humanitarian standards in four technical areas of humanitarian response: water supply, sanitation and hygiene promotion (WASH), food security and nutrition).

The location was convenient because it was the researcher's duty location when she was still working for Nonviolent Peaceforce (NP), fostering dialogue among parties in conflict and providing a protective presence for threatened civilians through unarmed strategies. She specialised in unarmed civilian protection and ensuring the safety and security of civilians in insecure environments. Her role was to manage the implementation of all of Nonviolent Peaceforce's protection programming, overseeing community-based protection to meet needs in emergencies and rapidly evolving conflicts throughout South Sudan. The researcher had access to Juba PoC 3 due to the nature of her work.

Furthermore, the researcher had quick access to Juba PoC 3 at all times, including on weekends. The location was convenient because the researcher did not have to travel out of her duty station to access the population. The overwhelming majority of PoC 3 residents spoke Nuer. Multiple ethnic languages were spoken in the Juba PoC 3 due to the diversity, though most people also use Juba Arabic. The researcher understood only basic Arabic and still had to utilise translators, ensuring effective communication with the study participants. The background and history of South Sudan are detailed in-depth in Chapter 2.

1.9 Sampling Procedures

Results from a sample that is selected objectively or scientifically are likely to be more representative of the population as a whole. The sample selected helped provide a balanced representation of the situation under study. Mweshi and Sakyi (2020:181) emphasise that the study's sample size is carefully chosen in order to obtain data that is representative of the entire population; and if the sample is carefully chosen, the statistics or characteristics of the sample will be closer to the parameters or characteristics of the entire population. The research took place in Juba PoC 3. The researcher had also previously worked in delivering protection activities to the Juba PoC 3 community. From the ten zones in the PoC, the researcher purposively selected the participants to represent the geographical coverage in the PoC. Purposive sampling was made possible by the researcher's background knowledge and expertise with the Juba PoC structures, which enabled the researcher to identify individuals or communities that were most suited to answering the research question. This approach allowed the researcher to focus on a narrowly defined subpopulation that is predetermined and provided more insight into the research objectives.

Apart from purposive sampling, the researcher also carried out snowballing sampling. Snowball sampling was used and research participants recruited other participants who were trauma exposed by encouraging them to come forward. Each participant had an identification code to ensure confidentiality, anonymity and non-identification in the research findings presentation.

Ninety-four participants took part in this study and the participants were broken down as follows:

- Ten participants were interviewed in the in-depth interviews (six females and four males). I conducted 13 FGD's and they were composed of 84 participants (46 females and 38 males). Additional eight key informant interviews were held with humanitarian actors and community leaders of PoC 3 explained in Chapter 6.
- From the sampled participants for FGDs, I then drew eight (four males and four females) voluntary members from the community to constitute the action team explained in Chapter 8.
- I interviewed 16 participants for the second outcome evaluation of the intervention (eight action group and eight participants who received trauma support) their views and profiles are captured in Chapter 9).

1.10 Data Collection Methods

The study used qualitative data to elicit data grounded in the experiences of the PoC 3 IDPs. Data collection was through in-depth interviews, focus group discussions, observation, key informant interviews and dialogue sessions. Purposive and snowball sampling was employed to identify interviewees. Qualitative research enabled me to get context-specific and comprehensive accounts of participant experiences, whose views were instrumental in devising and implementing an action research plan. Eight members formed the action group, which conducted trauma-informed peer support for those most in need. The data collection methods are explained fully in Chapter 6.

1.11 Analysis of Data

This study used qualitative data analysis, incorporating descriptive data collected through in-depth interviews, key informant interviews, focus group discussions and observation. Interviews, paying attention to non-verbal cues, were recorded and transcribed. Coding and response categorisation ensured efficient data analysis. From the organised data, themes

emerged; participants were ascribed pseudonyms. The recurrent themes were fundamental in the development of the intervention process. Triangulation methods ensured credibility and reliability in the summary of findings.

1.12 Relevance and Justification

My interests in this study and seeking to understand the extent of the trauma of the IDPs in South Sudan began early in 2014 when I was working for an international organisation called Nonviolent Peaceforce (NP). It works to reduce violence and protect civilians in countries affected by violent conflict and its aftermath. My role was to implement community-based violence reduction and prevention programming in an ongoing civil conflict and extremely high levels of displacement.

My first interaction with displaced persons in South Sudan was in 2014 during my deployment to the Mingkaman IDP site in Awerial County, Lakes State; which hosted over 114 000 displaced people. After that, I worked and lived within several conflict-affected communities countrywide, establishing a deep contextual understanding of the situation and challenges of displaced and host communities in South Sudan. In addition, I worked for a year in the Bor PoC and briefly in PoC 3, where I implemented general protection and child protection activities that included psychosocial support through child-friendly spaces and family tracing and reunification (FTR) of unaccompanied and separated children (UASC).

Over the years, I became more interested as I observed the depletion of coping mechanisms among IDPs. This observation prompted me to consider the effects of trauma exposure on the population and the possible solutions to the trauma problem. I worked for seven years with various displaced people across South Sudan with an international organization and various United Nations organisations. All these experiences led to an interest in exploring further what trauma healing would mean for South Sudanese displaced people confined to PoC sites. The background of this research is the awareness of the pervasiveness of a massive percentage of traumatised individuals and communities in South Sudan, impeding efforts to bring about reconciliation and sustainable peace.

This study helps to highlight the experiences of displaced individuals and groups in PoC 3. By emphasizing the extent of trauma and PTSD, calls for trauma healing may be heeded. The study

highlighted locally led, community-oriented solutions as necessary pathways for trauma healing, violence prevention and sustainable peacebuilding.

1.13 Delimitations of the Study

This study involved a small group of an affected population covering only one PoC site in South Sudan. These were internally displaced persons in PoC 3 site in Jebel, Juba, Central Equatorial State, South Sudan. The findings of the study are not generalisable to other populations in South Sudan and beyond. Therefore, the research findings may not be apply to different PoC sites and IDP camps or settlements and may not reflect the views of other PoCs in various locations in South Sudan.

1.14 Limitations of the Study

Language differences posed a challenge to the study; it was difficult to communicate with the participants due to my limited command of Arabic, Nuer, Bari, Mundari and Anyuak, the languages spoken by the IDPs. Literature on trauma in South Sudan since December 2013 is available, but very little in-depth research has been done in South Sudan as a whole on the psychosocial effects of the conflict. This lack of in-depth knowledge is due to the conflict's recency and evolving nature. Therefore, the limited literature, gender perspectives, and continued violence affected the study findings. Finally, although the short-term impact evaluation measured a good outcome, a long-term impact evaluation would have offered a comprehensive outcome. Conditions did not allow for a long-term impact evaluation due to academic timelines and resources.

1.15 Overview of Research Findings

The main findings of the research revealed the direct exposure to violence and witnessing violence is the underlying cause of trauma for IDPs in the PoC 3 site in Jebel, Juba. Subsequently, the study revealed that PoC 3 residents exhibit PTSD symptoms such as aggressiveness, hopelessness, nightmares, isolation, and forgetfulness. The study revealed the interlinked nature of trauma, peacebuilding, and conflict. The study confirmed the interplay of individual and community factors in trauma healing. Individual and group experiences influenced the mental well-being of PoC 3 residents, highlighting the importance of collective experiences in studies of trauma healing and resilience. The study findings further revealed

that community-based trauma interventions and peer-to-peer support effectively address trauma and promote resilience.

1.16 Thesis Overview

To achieve the study's objectives, this dissertation is organised into ten interdependent chapters as presented below.

Chapter 1 presents the introduction and objectives of the study.

Chapter 2 provides the political and social background of South Sudan by revisiting the past, from the comprehensive peace agreement to the referendum and events leading to the civil war. This chapter examines the impact of the civil war on civilians, and also provides an in-depth explanation of PoCs, their functionality and what led to their formation. In addition, the chapter discusses the insecurity and violence in and around the PoC.

Chapter 3 discusses the correlation between violence, trauma and peacebuilding. This chapter also discusses collective and individual trauma in the context of civil war. It examines the hypothetical and empirical literature on trauma. The chapter delves into Lederach's conceptual peacebuilding model for understanding the effects of large-scale conflict, trauma and resilience.

Chapter 4 conceptualises trauma healing and its criticality in violence reduction. This chapter explores the effects of trauma on the IDP populace in PoCs. It showcases the empirical evidence of trauma healing. The chapter outlines community-focused trauma healing approaches used in Cambodia, Rwanda, Liberia, Sierra Leone and Somalia.

Chapter 5 describes the participatory action research framework and the epistemology of participatory action research.

Chapter 6 presents the research design, research methodology, data collection methods, and methods of analysis used in the research study. The chapter also highlights the validity and reliability measures used to ensure credibility of the research process. Ethical considerations that direct the research are discussed, including their importance to the research.

Chapter 7 portrays the study findings as applicable to IDPs in the PoCs. It presents the analysis of findings in a thematic form. The findings are derived from the in-depth interviews, focus group discussions, key informant interviews, observations and dialogue held.

Chapter 8 provides the evaluation of the action research intervention. The chapter details the various undertakings by the action group.

Chapter 9 provides a short-term evaluation of the study. The community based intervention for trauma healing such as the peer to peer support and dialogue are evaluated.

Chapter 10 discusses the summary of the study, including conclusions and recommendations.

1.17 Chapter Summary

This chapter provided a background to the research study, context and problem. The research problem was underlined by the continued violence in South Sudan, resulting in exposure to trauma. The chapter justified the need for exploring trauma healing processes, exploring the theoretical framework, and giving a brief account of the research methodology utilised. It highlighted the data collection methods and data analysis tools used by the study. The chapter highlighted the overall structure of the thesis. The following section informs the research context by reviewing the literature related to the South Sudan conflict and trauma literature.

PART TWO:

LITERATURE REVIEW

CHAPTER 2: BACKGROUND OF CONFLICT IN SOUTH SUDAN

“Traumatic experiences do leave traces, whether on a large scale (on our histories and cultures) or close to home, on our families, with dark secrets being imperceptibly passed down through generations.” – Bessel Van Der Kolk (2014: 8)

2.1 Introduction

The study develops sustainable community-based interventions for building resilience and trauma healing for internally displaced persons in PoCs in South Sudan. The chapter reviews literature and focuses on the history of South Sudan, civil wars, subjugation, and psychological effects of the ongoing violence on civilians. The chapter also focuses on PoC sites, including their definition, origin and history exploring traumatic experiences before arriving at the PoCs. This chapter also explores the conditions and protective environment in and around PoCs using relevant examples and discussing the legal justice mechanisms available in the PoCs and the impact of trauma on PoC residents.

2.2 Contested Identities

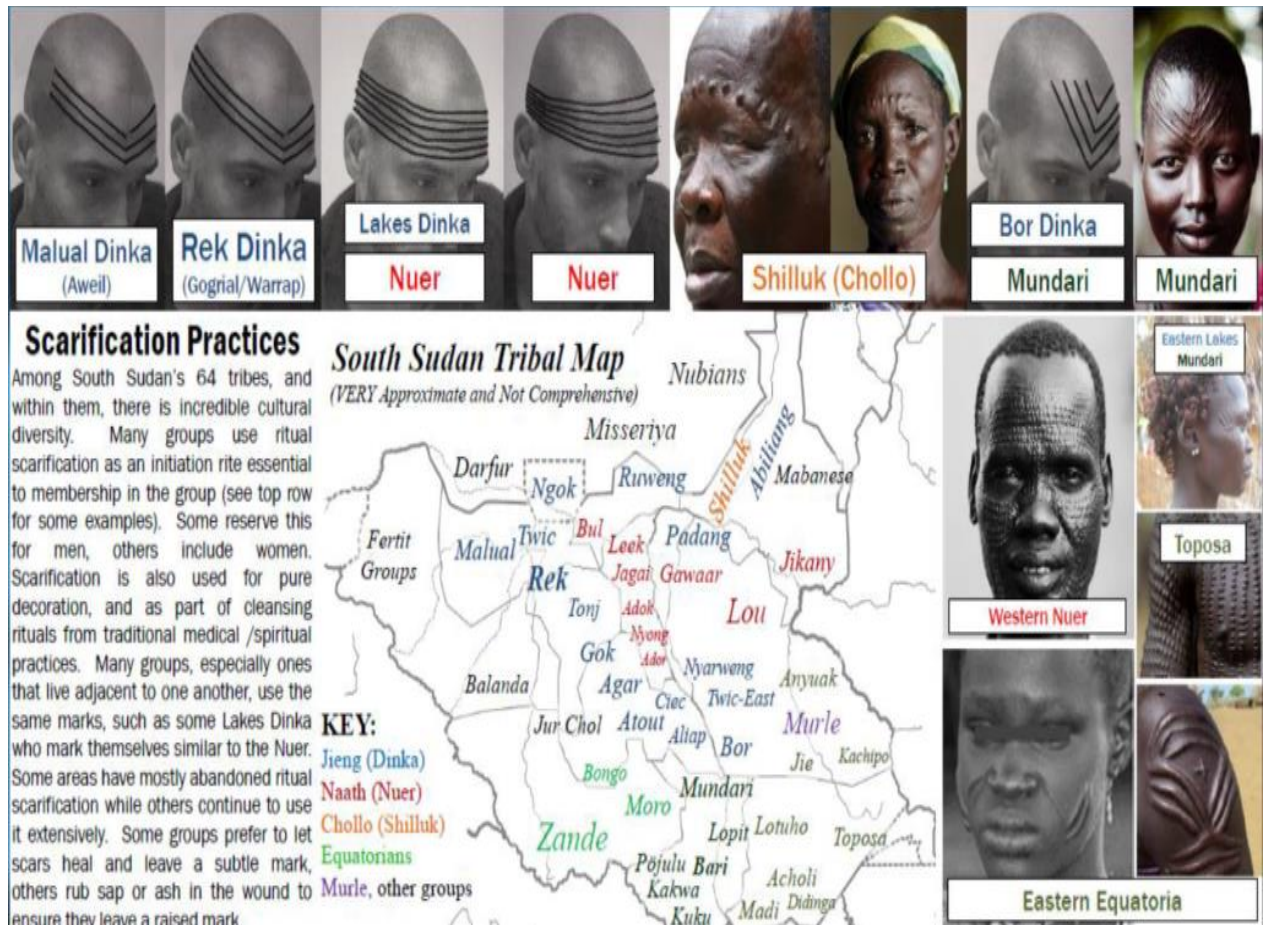
South Sudan was part of Sudan in the past, the country to its North located in Sub-Saharan Africa. The name derives from the Arabic *bilad al-sudan*, which means ‘land of the blacks.’ Sudan’s population was 25 million in 1993. This count did not include the South due to war and logistical reasons. The figure was arrived at by adding 5 million people to the Census Department’s estimate of the population of the South (Ali and McCaa 2007: 20). There is no comprehensive census due to the continuation of the conflict. The [United Nations](#) in 2006, before the secession, estimated the population to be about 37 million to 45 million.

Before the split, Sudan was the largest African country, representing more than 8 per cent of the African continent and almost 2 per cent of the world's total land area. Sudan and South Sudan are linguistically diverse, having over 64 ethnicities and 600 sub-ethnicities, with each group having its own culture and norms. African Christians and Animists comprise the larger population. The largest ethnic group is the Dinka, which makes up roughly two-fifths of the population- followed by the Nuer, who constitute about one-fifth (Krause 2019: 4). Other major groups include the Azande, the Bari, the Shilluk, the Anyuak, the Kakwa, the Kuku, the Murle, the Mandari, the Didinga, the Ndogo, the Toposa, the Bviri, the Lndi, the Bongo, the Lango, the Dungotona, the Acholi, the Baka and the Fertit. The Arab population constitute a small population in South Sudan.

Several South Sudanese bear the marks of initiation on their forehead. Scarification involves skin cuts and removal, burns and branding, skin laceration, and various other techniques (Garve et al. 2017:709). Facial scarification is practised throughout Sudan, and various marks across the faces of tribesmen give identity to the tribe and beauty to its women (Anderson 2011: 1). For many boys and girls, facial scarring is a rite of passage that symbolises significant life events such as puberty and marriage. The marks are given to most ethnicities at adolescence to mark the transition to manhood and womanhood or to display beauty. The scars also serve as a means of identifying which tribe one is a member of. Members who opt not to scar themselves permanently may encounter discrimination. Men from the Dinka tribe, which is the largest in South Sudan, scar their faces with three parallel lines across the forehead as a show of bravery to the tribe (Maluth 2012:8). Many Nuer men, South Sudan's second-largest ethnic group after the Dinka, have 'gaar' markings - six lines etched on either side of their foreheads - as a symbol of maturity (Anderson 2011: 1). Other Nuer, especially the Bul Nuer of the Nile Valley, make a dotted version of gaar, and women occasionally wear them as well. The Nuer tribe's men have long scars that run across their brows and meet in the middle.

Regrettably, the tribal scars now serve as identifiers for targeted killings, marginalisation, and ridicule, taking away the pride and identity they once represented. The Nuer tribal scarification of deep horizontal lines carved into the forehead of men made them an instant target in December 2013 and 2016. Suspected Nuer were identified by their facial scars style or a simple language test if they had no facial scars. Below is an image showcasing some of the ethnic scars in South Sudan.

Image of tribal marks in South Sudan



Religion was a notable and entrenching factor in the North-South divide, with the North being mainly Arabic and Muslim, while the South was Christian, African, and Animist (Brosché and Höglund 2017: 205). It is the ethnic ideologies, racial diversity and religious differences that bound the relations and competitions between these groups (Attree 2012: 4). Not only did these differences remain as benign issues in the history of South Sudan, but they also became more prominent in times of crisis. For example, the government's deployment of mainly Arab Janjaweed militia during the Darfur crisis is noted by (Young and Osman 2006:13) as a source of further insecurity and division.

Map of Africa- South Sudan is located in East Africa



Figure 2.2: Illustrates the map of Africa and South Sudan

Sudan's diverse society has also been linked by centuries of economic interaction notably with the Arabs. However, some of the trade was exploitative and included slavery. Attree (2012: 4) suggests that despite the global attempts to end the slave trade at the end of the 19th century, Arab traders continued to use South Sudan as a hunting ground for slaves. Tynsley (2012: 12) describes how the indigenous black African and non-Muslim ethnic groups experienced brutal treatment from Arabs and Muslims in the northern region for hundreds of years. He cautions against largely attributing the divisions in Sudan to British and Egyptian colonial rule as this would amount to ignoring the historical role of Arab northerners in the slave trade. This trade involved selling black Africans from Kordofan and Darfur to the Ottoman Empire, creating

vile assumptions about Arab racial superiority, which Tynsley (2012: 15) regrettably notes exist even in present-day Sudan.

2.3 Revisiting the Past: Sudan Conflict

There is no panacea for societies affected by deep-rooted conflict; each situation has its history and particulars. Psychological trauma has a concealed past which Herman (1997: 1) likens to traumatised people with a hidden past existence. It is, therefore, necessary to understand history and to understand the present and the future. Accordingly, an understanding of psychological trauma begins with understanding the past.

South Sudan gained independence in 2011, becoming the newest country in the world through its secession from Sudan. The story of the creation of South Sudan and the drivers to its freedom is complicated. South Sudan voted for independence in 2011, and a violent conflict erupted in 2013 within the Sudan People's Liberation Movement (SPLM), starting in the capital, Juba, and spreading countrywide (Tadesse 2012: 3). The period between gaining independence and the outbreak of armed conflict in 2013 raised doubts on the prospects of South Sudan's nationhood, to date, South Sudan continues to be in conflict. Unpacking the history and complexity of the conflict in South Sudan is necessary to establish the connections between trauma and violence. The suffering and ostracism of the Southerners are traceable to the colonial era in the 1920s. This history of marginalisation produced a complex web of dynamics which often provoked conflict (Tadesse 2012: 3).

Before South Sudan's independence, the Sudanese government largely failed to develop the South, leaving them neglected and under-resourced. de Waal (2014: 4), corroborates Tynsley's (2012:15) views about the underdevelopment of the outlying areas of Sudan following the imperial conquest of the 19th century and adds that these areas were under administrative and militarised tribalism. The underdevelopment and inequalities were evident to the extent that Southern citizens and people from outlying areas were, at best, second-class citizens and, at worst, commodities, as clearly shown by the continued slave trade which continued into the 19th century against the global trend de Waal (2014: 4). de Waal (2014: 4) described government responsibility as limited to care and maintenance in areas outside Khartoum after 1920. Subsequently, successive post-independence governments in Khartoum ruled on behalf

of commercial and military elites, creating a governing system characterised by extreme inequality.

Conflict dynamics in South Sudan are shaped by historical, geographical, and cultural elements and a legacy of violence. Attree (2012: 4), in a case study that was researched and written for Saferworld , an independent international organisation, mentions that in the 200 years preceding South Sudan's separation from Sudan, the country's history was characterised by colonialism, sectarianism exploitation, and war. There is a large consensus among historians that Sudan experienced Arabisation and Islamisation following its invasion by Arab tribes from Egypt and the Middle East during the Middle Ages (Kuol 2018:56). What followed these significant changes was a history of subjugation, division, and conflict. Johnson (2011: 2) lists several contributory factors to Sudan's civil war, including economic exploitation, religion, perceptions of race, and social status; no single factor alone accounts for the war. The overall view of Sudan offered by Kebede (1997: 1) is that the country had been in conflict since attaining independence from Egyptian and British colonial rule in 1956. Since then, Sudan experienced a series of military coups in 1958, 1969, 1985 and 1989 (Attree 2012: 1). In addition to the instability in the politics of Sudan as a whole, Kebede (1997: 1) propounded that the inequality and instability resulted in the first and second North-South civil wars of 1955-1972 and 1983 and-2005 and additionally to the Darfur crisis of 2003. Darfur was an independent sultan for hundreds of years before being incorporated into Sudan by the British-Egyptian army in 1916. Darfur is currently part of the Republic of Sudan, not South Sudan, and hence is not affected by the South Sudan conflict. However, the Darfur conflict, which led to the killing and displacement of black Sudanese and was declared a genocide by the US, is not entirely separate from the situation in South Sudan. These civil wars are explained in depth in this chapter.

The British policy of governing North and South separately during colonialism and later transferring power to the North upon Sudan's independence is also seen as an underlying cause for some of the divisions in the country (Giroux, Lanz and Sguaitamatti 2009: 5). British policies divided Sudan into an Arab Muslim north and an African Christian south. Throughout Sudan, this categorization overlooked ethnic and religious diversity. The British favoured Arab Muslims over the African Animists and Christians and transferred power to Arabs.

2.3.1 First Civil War

Sudan's first civil war known as the *Anyanya Rebellion*, broke out in 1955, only months before the British left and lasted from 1955-1972. The Anya Nya, were a southern guerrilla movement that advocated violent resistance for the emancipation of the southerners. Aleu-Baak (2011: 4) notes that when Sudan was on the verge of independence, southern elites tried to persuade the British to partition the country before they left. Regrettably, private meetings were held between British and Arab Muslim elites to discuss handing over the country's affairs; Southern elites were left out of the independence deal. Sudan declared independence four months later, in 1956. Due to the limited options available to southern elites in this move and enforced Arabism, they chose to take up weapons against the newly constituted nation. The Southern Sudan Liberation Movement (SSLM), a rebel movement from the South, launched armed conflict against the Arab Muslim-dominated government in Khartoum (2011: 5). This put pressure on Arab Muslim elites to stop enforcing Arabism. The first civil war grew costly, and to appease the concerns of the southerners, the 1972 Addis Ababa Peace deal was brokered; giving a degree of autonomy to the South.

2.3.2 Addis Ababa Peace Agreement

The Addis Ababa Agreement of 1972 ended a brutal war raging for almost two decades. A decade of relative peace followed; the Addis Ababa Peace Agreement was the first peace to be ratified by the parties, consequently ending the 17 years of conflict, and ushering in the South's autonomy as a region (Schafer 2007: 28). The formation of Southern Sudan as an autonomous region governed by its own newly formed parliament and High Executive Council was viewed as one of the most important achievements of the Addis Ababa Agreement (Rolandsen 2005:25).

Subsequently, from 1972 to 1983, Sudan experienced a period of peace. Though the period of relative calm enabled the exploration of oil, Giroux, Lanz and Sguaitamatti (2009:5) argue that this brought an additional dimension to existent divisions attributed to political and economic issues. The oil exploration amplified the North and South tensions and plunged the country into a war. Oil advancement in Sudan led to injustices against Southerners. The central government handled oil exploration and production under the 1972 Addis Ababa peace deal, yet the southern regional government held rights to all government earnings on exports from the region and taxes from private firms (James 2015: 10). However, in 1980, Jaafar Nimeiri

the president of Sudan from 1969 to 1985 redrew the northern and southern borders, forming the Unity State province around the town of Bentiu, this state was supposed to be a shared asset for all regions, but it effectively disenfranchised the South by bringing the oil provinces under central government control (Switzer 2002: 6).

The signing of the Addis Ababa Peace Accord in 1972 brought respite from the fighting and an opportunity for peace and recovery until 1983 when fighting recommenced and marked a second civil war (Heath-brown 2016: 1103). The re-emergence of renewed fighting in 1983 undermined the notable and historical gains of the Addis Ababa Agreement. This agreement's failure to hold was due to pre-existing differences.

2.3.3 Second Civil War

The second civil war was a fierce and intense conflict primarily between the Khartoum-based government and the southern-based opposition movement; the war broke in 1983 through 2005. The civil war lasted 22 years and is among the longest civil wars on record. In 1983 President Nimeiri repealed the Addis Ababa Peace Agreement by abolishing the Southern Sudan autonomy/ independence, including forcing Sharia Law over the whole nation and imprisoning those who opposed his rule. Oil asset misuse and marginalisation by the North played a part in persuading the majority of Southern Sudanese that they stand to benefit more as an autonomous government than in a united Sudan. Associating Islamic laws like Sharia Law with legislative issues and social undertakings further complicated the coexistence between the North and the South. Civil war broke out in 1983 due to the worsening of these divisions, economic marginalisation, and the use of Islamic laws to govern the populace. The President declared jihad 'holy war' on all opposition. Consequently, the Southern People's Liberation / Movement Army (SPLM/A) took up arms against the state (de Waal 2016: 1).

The ensuing civil war between the Government of Sudan (GOS) in the North and Sudan's People's Liberation Movement/Army (SPLM/A) in the South came at a catastrophic human cost. The number of casualties varies among researchers with lower estimates at 2 million people and 4 million displaced (Attree: 2012). Verhoeven *et al.* (2012:5) estimate about 2.5 million casualties during the 23 years spanning the second conflict. Despite the differences in estimated figures, the indication is that the number of people killed during this conflict was excessively high; there is also consistency in the fact that the majority of the victims were civilians. The war ended with a peace agreement, mediated by the Intergovernmental Authority

on Development (IGAD) in East Africa and supported by the region and the international community (Aleu-Baak 2011: 4).

2.3.4 Darfur Crisis

The second civil war overlapped with the beginning of the war in Darfur in western Sudan, lasting from 2003 – 2005. Darfur is one of the most remote regions in Sudan. A brief history of Darfur is in Chapter 2.3. The crisis in Darfur began in February 2003 when two rebel groups emerged to challenge the National Congress Party (NCP) government in Darfur, demanding improved infrastructure in the region, proceeds from oil wealth and a power-sharing government. The two rebel groups fighting against the government during the Darfur crisis - the Sudan Liberation Army (SLA) and the Justice and Equality Movement (JEM) - opposed what they viewed as the government of Sudan's discrimination against Muslim African ethnic groups of Darfur and the systematic targeting of ethnic minority groups since the beginning of the 1990s.

The core issue in the Darfur conflict was the struggle for both political power and control of resources, which led to the government of Sudan and allied militia groups waging what is widely viewed as a terror campaign against civilians in an attempt to assault the core of the rebellion and punish its leadership (Dagne 2010: 24). For example, the government of Sudan supported and deployed a newly formed militia group called *Janjaweed (devils on horseback)* which mainly consisted of Arabs from Darfur (Young and Osman 2006:13). While this can appear as a military response to complement the army, it is arguable that the makeup of the Janjaweed militia created further ethnic divisions and deepened insecurity within the Darfur area.

The ethnic cleansing and the rapid decline of the situation in Darfur led to the United Nations calling it the worst humanitarian crisis in the world. In addition, on the 9th September 2004, then United States Secretary of State Colin Powell, in his testimony to the Senate Foreign Relations Committee entitled *The Crisis in Darfur and Status of the North-South Peace Agreement Congressional Research Service 25*, declared the atrocities in Darfur as genocide against the Darfuri people who are predominantly black Africans (Dagne 2010: 25). It became the first genocide in the 21st century. Sudanese Air Force launched air raids; the Janjaweed followed by systematically raping, torturing, killing, and enslaving women and children,

burning entire villages, looting economic resources, and deliberately polluting water sources by throwing in dead bodies.

2.4 Comprehensive Peace Agreement (CPA) Era

The Comprehensive Peace Agreement (CPA) signed on 9th January 2005 between the Sudan People's Liberation Movement (SPLM) and the Government of Sudan (GoS) ended the conflict that had been going on in South Sudan since 1983. This war resulted in a significant loss of life and displacement of people internally and externally (Brosché 2007: 1). This agreement was the outcome of the Machakos peace process, which began in July 2002. The Machakos Protocol is a framework agreement that restarted the peace process in Sudan and outlined governance principles and transitional protocol. The Machakos Protocol proposed a six-and-a-half-year interim period during which a federal administration with three tiers; local, provincial, and national government and two national chambers, including an upper house with representatives from all 26 Sudanese provinces, would be in place. A referendum at the end of the interim would determine whether the South chose to remain united with northern Sudan or secede.

In addition to an immediate ceasefire, the CPA outlined a seven-year transition period, de-facto autonomy for southern Sudan, a unity government in Khartoum, and incorporated agreements on security, boundaries, revenue sharing from southern oil fields and the administration of three contested areas straddling the North and South; Abyei, South Kordofan and Blue Nile (Jobbins 2006: 5).

Furthermore, the CPA stipulated that the elections would be held in 2009, followed by a referendum on independence for the Southerners in 2011. The CPA provided the opportunity and a framework for the National Congress Party (NCP), which governed in Sudan, and the Sudan People's Liberation Movement/Army (SPLM/A), which constituted the Government of South Sudan (GOSS), to establish peace and stability (Attree 2012: 4). The prospects of self-determination through the referendum offered in the CPA in 2005, and the realisation of independence in 2011, were a turning point in Sudan's history. The arrangements for wealth and power-sharing, elections and constitutional reform and compensation for victims of war offered further prospects for lasting peace and stability. In addition, the willingness of both sides to cooperate in benefiting from the economic proceeds of Sudan's oil wealth added to the

prospects for peace, given the contentions about the benefits from oil revenues and the socio-economic disparities that this contributed to.

South Sudan's independence and the adoption of the CPA in 2005 came through sustained negotiation and international effort. As stated above, the adaptation of the CPA in 2005 intended to end the history of violence and conflict between the two countries and ensure sustained peace and resolution of disagreements around the sharing of revenue from the oil proceeds. Contrary to its title, however, the CPA was not comprehensive and left several key areas unresolved. These included the status of Abyei, South Kordofan and the Blue Nile (rich oil-producing states), the final demarcation of the two countries boundaries, and the specific arrangements for sharing oil revenues. The unresolved nature of these issues remained as potential factors that could undermine the gains of the CPA and result in further conflict (Astill-Brown 2014: 4). Nonetheless, shortly after the CPA was signed, South Sudan became autonomous and ultimately independent at the end of the transition period and upon the results of the referendum in 2011 (Kiranda *et al.* 2016: 3).

2.4.1 Referendum / Independence: The World's Youngest Country

In line with the CPA, the right to South Sudan's self-determination depended on a referendum within the six-years. The United Nations supervised referendum took place in January 2011; South Sudan voted almost unanimously for cessation (Assal 2011: 1). South Sudan formally became independent from Sudan on 9 July 2011 (Mbaku 2012). An alternative view of the CPA offered by Rossi (2016: 157), relating to the area of economic differences, was that the CPA attempted to preserve the unity of Sudan through power and wealth sharing with the hope of keeping the country united while ending the lengthy and brutal armed civil conflict. However, the resounding vote in favour of cessation in the referendum suggests that this was not a considered alternative by the Southerners. In addition, the referendum result reflected the Southern perspective and the extent of disparities and differences between the North and South of the country.

The results of the referendum indicated that 99 per cent of South Sudanese voted for cessation (Verhoeven *et al.* 2012: 5). Given the depth and longstanding nature of the social differences amongst Sudanese people, Jok (2011: 3) argues that the 2011 referendum demonstrated the ability of the South Sudanese people to unite towards a single purpose, notwithstanding other existent issues by rejecting a unified Sudan which had long suffered from the woes of forced

unity for over half a decade following its independence. The referendum vote turned a page in history, providing hope for freedom for the Southerners.

In summary, the referendum ended Africa's longest and arguably costliest conflict. The northern country retained its name, Sudan, and the southern state became 'The Republic of South Sudan', which the UN General Assembly admitted as its newest member on 14 July 2011 (Rossi 2016: 158).

Nonetheless, the euphoria was short-lived and turned into disappointment even before the nation was born (Jok 2011). The emergence of a range of security crises, including cattle raid-related conflicts and militia rebellions, which the transition did not diminish, was a destabilizing factor (Reeve 2012:12). Resultantly, there was an upsurge in violence in parts of the newly formed nation such as Jonglei, Warrap, Unity and Lakes States. Reeve (2012:12) further states that what contributed to the upsurge in the violence can be attributed more to coercive disarmament between 2006-2009, legacies of war, ethnic divisions, and repercussions of the disputed 2010 election than direct disputes related to the independence from Sudan.

Jok (2011) argues that after prolonged wars of independence, South Sudan inherited poor infrastructure, limited capacity for governance, weak state, and financial institutions, ongoing violent ethnic differences, and regional and international political uncertainty. Reeve (2012:12) agrees with Jok (2011), noting that while the paramount issue for South Sudanese was independence from the North, this left the new nation ill-prepared and ill-equipped to address historical and emergent problems common to the establishment of any country, such as governance capacity.

2.5 South Sudan Spiral into Conflict – December 2013 Civil War

In December 2013, armed conflict broke out in South Sudan's capital, Juba. While there is consensus amongst researchers in largely attributing the causes of conflict to unresolved historical issues, Astill-Brown (2014: 3), Nyadera (2018: 68) and agree that the inadequacy of time to establish institutions and response mechanisms to respond to the conflict or at least to mitigate the effect of the armed conflict exacerbated the conflict. The war extended geographically and was prolonged further due to the absence of institutions. Kiranda *et al.* (2016: 32) provide a more specific account by identifying tensions and eventual conflict within the South Sudan People's Liberation Army (SPLA) forces loyal to President Salva Kiir and

those loyal to Riek Machar, the former vice-president of South Sudan, on the night of 15 December 2013. The following describes these two figures:

- Salva Kiir was a veteran guerrilla of the first civil war and only surviving member of the Sudan People's Liberation Movement/Army (SPLM/A) following the death of the rest of the founding members fratricidal warfare in the 1990s (Johnson 2011). De Vries and Schomerus (2017: 168) attributed Salva Kiir's survival in the SPLM/A, in part to his perception of himself as a soldier rather than a politician, thus avoiding the internal politics of the organisation. Brosché and Höglund (2017: 199) concur with this view by suggesting that Salva Kiir became involved in politics following the end of the war for South Sudan's independence.
- Riek Machar was viewed as a key figure in transforming the SPLM/A from a rebel group into the ruling party of South Sudan (Brosché and Höglund 2017: 199). He was appointed vice-president of the country and following disagreements with Salva Kiir in 2013, he led the newly formed opposition group SPLM/A – In Opposition (SPLM/A-IO), along with his Nuer ethnic group as his main support base. The composition of the SPLM/A-IO was suggestive of the previous underlying ethnic differences which had previously characterised pre-independence South Sudan politics.

The extent of differences between Salva Kiir and Riek Machar became more apparent when, as President, Salva Kiir announced on national television that there had been an attempted military *coup d'état* and accused his vice president of involvement (Kiranda *et al.* 2016: 32). Machar personally denied any knowledge of or connection to an attempted coup saying:

There was no coup, what took place in Juba was a misunderstanding between presidential guards within their division, it was not a coup attempt. I have no connection with or knowledge of any coup attempt (Kiranda *et al.* 2016: 32).

Ultimately, the government failed to substantiate its claims of Machar's involvement in the events (Rolandsen 2015: 171). Furthermore, there has been no clear evidence to explain the actions of different groups and individuals in starting the conflict in December 2013. At the best, the outbreak of violence could be due to a series of unplanned and unforeseen accidents which progressively became uncontrollable and surprised most people at the time (Astill-Brown 2014: 8). A report by UNMISS (2014: 2), indicated that fighting began in Juba on the evening of 15 December 2013. It rapidly progressed to different military facilities, and by the next morning, into civilian areas following the defeat of pro-Machar forces. The report further describes eye witness accounts given to UNMISS Human Rights Division, stating that government forces had entered civilian areas primarily populated by people of Nuer origin and specifically targeting Nuer men. In one reported incident, over 300 men of Nuer origin were

apprehended in the Gudele area of Juba, detained, and later killed at a facility used as a joint operations center by several security agencies (Sørnbø 2014: 2). Resultantly, thousands of residents left their neighbourhoods vacant, and their homes were left destroyed.

... as soon as the first shots were fired the fighting took on the character of ethnic targeting, first on the Nuer in Juba because of their perceived connection with Riek Machar, which then gave justification to the Nuer to retaliate against Dinka communities perceived to be associated with Salva Kiir and the government.

The ethnic element of the conflict, while it reflected the long-standing differences amongst different ethnic groups, also appeared to worsen and perpetuate the outbreak of violence in December 2013. Sørnbø (2014: 2), underscores the targeting of Nuer men by mainly Dinka comprised forces for their perceived loyalty to Riek Machar and how this justified the opposition force's retaliation against Dinka communities due to their ethnic connection to Salva Kiir. The subsequent spread of fighting to Jonglei, Unity, and the Upper Nile states resulted in opposition forces loyal to Riek Machar taking control of Bor and Bentiu and parts of Malakal, where they held these areas for some time. However, these were recaptured by pro-Salva Kiir forces and returned under government control (Kiranda *et al.* 2016: 8). The successful takeover of the states and towns was partly due to defections to opposition forces loyal to Riek Machar mainly on ethnic lines. The rapid takeover of Bor on 18 December 2013, Bentiu on 19 December 2013, and Malakal on 25 December 2013 by opposition reported by UNMISS (2014: 2), denoted the level of fragility of government control over some areas of South Sudan and the strength of the opposition forces at the time. The subsequent change of control between the two opposing forces at several different intervals further emphasises the instability of the security situation in those parts of the country.

Rolandsen (2015: 172) stresses the role of government security forces in the murder of large numbers of unarmed civilians in Juba in December 2013, both as a separate force under the president's command or as part of the SPLA. In addition to the national conflict between prominent armed forces, subnational violence, including cattle raiding and revenge killings continued outside Juba (Raleigh, Kishi and Moody 2016: 8).

2.5.1 2015 Peace Negotiations / Deal

The armed conflict continued unabated for over 20 months while regional bodies made attempts at peace negotiations under the auspices of the Intergovernmental Authority on

Development (IGAD) (Blanchard 2016: 1). IGAD is an East African regional entity that facilitated the peace talks in Addis Ababa in January 2014 and on 23 January 2014. The dialogue resulted in an agreement to cease all active hostilities between the parties to the conflict and was signed by the government and the Sudan People's Liberation Movement/Army in Opposition (SPLM/A-IO). In addition to the cessation of military operations, both parties committed to desisting from any other actions that undermined the peace process. However, the warring parties repeatedly violated the January 2014 cessation of hostilities deal, leading to several periodic recommitments to the same treaty.

On the 9th of May 2014, the two leaders signed an agreement calling for an inclusive interim government (IGAD 2014 and Radio Tamazuj 2014 cited in Rolandsen *et al.* 2015: 95). This two-page agreement was viewed as a possible breakthrough as it largely reconfirmed commitments already made, however, as clashes continued during the purported month of peace, the agreement was dissolved (BBC 2014a; Sudan Tribune 2014 cited in Rolandsen *et al.* 2015: 95). On the 10th of June 2014, Salva Kiir and Riek Machar agreed to a 60-day deadline for a permanent ceasefire and the formation of a transitional government of national unity following intensive negotiations. However, the agreed period lapsed without either goal achieved. A further 45-day deadline was agreed upon on 25 August 2014 and similarly, this expired without achieving the agreed goals (Wolf *et al.* 2014:1). The failure to agree on a transitional government was partly attributed to disputes over the composition and responsibilities (Blanchard 2016: 1). An agreement was finally reached in August 2015 following several missed deadlines set by regional leaders. Blanchard (2016: 1) also notes the threat of a proposed arms embargo and other international sanctions as factors that also contributed to the warring parties reaching the Resolution of Conflict in the Republic of South Sudan agreement in August 2015.

The signatories to the agreement were the SPLM, the SPLM-IO, and the SPLM-Former Detainees (SPLM-FD). Thomas and Chan (2017: 5) highlighted President Kiir's submission of a 14-page list of his reservations to the proposed agreement. This indicated the number of complexities and unresolved issues prevalent before signing. It also arguably indicated resistance to signing, at least on President Kiir's part. Nonetheless, the signing took place, and Riek Machar's return to Juba for the first time since the conflict began and was hailed as a

milestone toward peace. Despite the signing of the agreement and Machar's return Thomas and Chan (2017: 5) noted that there was limited progress thereafter.

2.5.2 Renewed Fighting – July 2016 Crisis

The transitional government was responsible for implementing the agreement but fell behind in the implementation. By June 2016, the head of the international monitoring commission warned that the peace deal was under threat of collapse (Blanchard 2016: 1). Subsequently, armed fighting between the SPLA and the South Sudan People's Liberation Movement-In Opposition (SPLM-IO) erupted in Juba on 7 July 2016 (Transitional Justice Working Group TJWG 2016: 3). Violent clashes occurred between the forces loyal to Kiir and Machar during a joint press conference held by the two leaders. This clash resulted in casualties on both sides, particularly, members of Machar's security detail outside the venue were all reportedly killed (Blanchard 2016: 3). Kindersley and Rolandsen (2016: 1) imply that SPLM/A-IO soldiers who had arrived during April 2016 incident were either killed or driven out of town, and Riek Machar escaped to the Democratic Republic of Congo. Just after the incident, there were reports of skirmishes, purges, looting, and the abuse of civilians across Juba. Ultimately, the fighting and atrocities in Juba led to further clashes across the country due to retaliation and based on political and ethnic divisions, similar to the previous outbreak of violence in December 2013.

The destructive consequences of the South Sudan conflict and what led to the conflict have been presented in different narratives by various authors. For example, De Vries and Schomerus (2017: 2) enunciated that the most dominant and fastest-growing one attributed the conflict to a fight for political leadership along ethnic lines. De Vries and Schomerus (2017: 2) expounded on this point, positing that the attribution of violence to ethnic and tribal divisions, mainly involving the Dinka and Nuer people, provided a familiar and typical explanation for commentators, politicians, donors, and other actors.

Several factors, such as the scale of violence, lack of accountability for the violence, limited resources, patronage politics, and a proliferation of government structures, strengthened the attribution of violence to ethnic rivalry and tribalism (Sørnbø (2014: 2).

O'Brien (2009:11) insinuates that:

South Sudan is awash with arms and these arms have no doubt played a crucial role in the continuation and escalation of the civil war since not only did the state security agencies have access to arms, but civilians were able to keep the arms they used to fight for independence and thus challenge the state's monopoly on the use of force.

The firearms retained by civilians after the war for independence played a crucial role in the continuation and escalation of the civil war as it enabled different nonstate actors or groups to challenge the state's monopoly on the use of force.

The second narrative relating to the consequences and causes of civil conflict in South Sudan points to the role of Sudan in the South Sudanese civil war. It suggests that Sudan played a role in destabilising and thereby perpetuating the civil war spanning 1983 and 2005 (Nyadera 2018). In addition, the narrative points to instances where the Sudan People's Liberation Army protected oil fields in the disputed Abyei region on behalf of the Sudanese government in exchange for firearms and technical assistance (Young 2006:17). The Abyei region is commercially attractive to both Sudan and South Sudan due to its vast oil reserves. The Addis Ababa Agreement, signed at the end of the First Sudanese Civil War (1955-1972), guaranteed the people of Abyei the right to vote in a referendum on whether they wanted to stay in northern Sudan or join the newly constituted southern region. The Second Sudanese Civil War broke out in 1983, partly due to Sudanese President Jaafar Nimeiry's refusal to allow Abyei's referendum. The two countries could not agree on boundaries when they signed a comprehensive peace agreement in 2005, which led to South Sudan's independence. This problem remains unresolved and Abyei is currently a no man's land.

Firearms obtained from Sudan were used in some of the most brutal incidents during the civil conflict in South Sudan. In a special investigation report into the violence which occurred in Juba in 2016, UNMISS notes that "artillery, tanks, and helicopter gunships were all used, sometimes within metres of the UN House" (UNMISS 2016: 3). Thomas and Chan (2017: 5) concur, and they describe the situation at the time as intense with the use of heavy artillery, military helicopters and tanks in the clashes between SPLA and SPLA-IO soldiers. As a consequence, the fighting escalated on 10 and 11 July 2016 in parts of Juba and near the PoC that sheltered more than 28,000 civilians and UN staff at that time (Blanchard 2016: 3). The report by TJWG (2016: 3) exposes the ramifications of the escalation of violence, whereby hundreds were casualties in the fighting, including soldiers and civilians. It was verified that:

in three days of fighting, two Chinese peacekeepers were killed, and several were injured; 182 buildings on the UN House compound were struck by bullets, mortars and rocket-propelled grenades (RPGs); and thousands of internally displaced persons fled into the UN House from the Protection of Civilian sites (PoC) seeking protection (UNMISS 2016: 3).¹

Blanchard (2016: 3) describes how the UN site, situated near an army base and a cantonment site of the SPLA-IO, was subjected to artillery and mortar fire resulting in numerous civilian casualties, and injury to UN staff. Furthermore, UN peacekeepers from two stations in the city were unable to conduct patrols due to the fighting and restrictions of operations by the government (Blanchard 2016: 3). The estimated number of people who fled to neighbouring countries is 60,000, and approximately 10,800 sought protection in the PoC sites (TJWG 2016: 3).

A report by the Centre for Civilians in Conflict (CIVIC) notes a breach of the Terrain Compound by approximately 80 to 100 SPLA soldiers on 11 July 2016. This compound was the residence of humanitarian workers from at least four international organisations and was less than one kilometre from the UN House (CIVIC 2016: 53). Interviews with four aid workers present at the time of the attack and with others with direct knowledge of the incident, as well as from corroborating reports by the UN Panel of Experts, Human Rights Watch, and the Associated Press, confirmed that the SPLA proceeded to gang rape at least five international aid workers, physically and sexually assaulting many others, carrying out mock executions, including the murder of a South Sudanese journalist on what appeared to be ethnic grounds (CIVIC 2016: 53). The weeks after this incident saw an escalation in sexual violence against civilians in and around the PoC sites in Juba. The Special Investigation review on media and NGO reports, particularly around the PoC, alleged that peacekeepers failed to respond to incidents of sexual violence occurring directly in front of them on 17 and 18 July 2016 (UNMISS 2016: 4).

¹ The events leading to the formation of the PoCs and the description of the PoCs are discussed later in this chapter in section 2.4.

Figure 2.3 illustrates the map of South Sudan.



Figure 2.3: South Sudan Map derived from United Nations Geospatial

2.5.3 Impact of War on Civilians

The consequences of the renewed conflict have been severe on the population, both in terms of the casualties and the psycho-social costs to individuals and communities. Unresolved trauma and anger carried over from Sudan's long civil war trickled through to post-independent South Sudan with multi-ethnic conflict and armed rebellions destabilising the country since its independence in 2011 (Human Rights Watch 2014: 16). Widespread displacement both within and outside South Sudan has been reported, with most displaced persons ending up in informal settlements or camps that were not easily accessible (UNMISS 2015: 12). Approximately one-third of the South Sudanese population of 12 million was displaced with more than 1.5 million displaced internally. Over 2.2 million fled to neighbouring Uganda, Kenya, Ethiopia, Sudan, and the Democratic Republic of Congo (DRC) (UNOCHA 2019).

Gross human rights violations marked this period of renewed conflict. UNMISS (2015: 3) reports that the violations included large-scale extra-judicial killings, sexual violence, abductions and enforced disappearances, forced displacement, looting, livestock-raiding, forced recruitment (including children), and the burning of houses increased in intensity, scale, and magnitude with the continuation of hostilities in 2015. UNMISS (2015: 3) also noted a new phenomenon where villages were completely burned down, and crops destroyed. This terror was common, particularly in the central and southern counties of Unity State. This destruction was suggestive of a deliberate strategy by the government or the SPLA to deprive civilians of sources of livelihood, thereby forcing them into displacement. The report further highlighted gross abuses and violations of human rights and breaches of international humanitarian law in all conflict areas. All parties to the conflict were in violation, intentionally targeting traditional safe havens including hospitals, places of worship, and occasionally UN bases (UNMISS 2015: 3).

2.6 Protection of Civilian Sites

The eruption of violence in Juba in December 2013 quickly spread into a full-blown war with serious consequences on the civilian population. The country was embroiled in poisonous waves of killings and revenge killings attributed to ethnic and political historical differences compounded by both social and criminal violence. As various elites fought for the control of resources and power, the situation quickly hardened ethnic fault lines, driving rifts into various segments of government and society (van der Lijn 2016: 34).

As a result of the spread of violence, UNMISS permitted tens of thousands of civilians to seek refuge in its bases, resulting in the establishment of PoC sites (IOM 2016: 10) which at the time of writing sheltered more than 200,000 people. Entire communities, most with barely any possessions fled to PoCs (Bukania and Wieland 2017). Amnesty International (2016: 11) portrayed PoC sites as camp-like settlements for internally displaced people established within existing UNMISS bases and guarded by UN peacekeepers. Sharland and Gorur (2015: 14) expound that although initially intended as short-term solutions, the camps remained home to 218,000 people in 2015, some of whom are unable to venture outside the gates due to security concerns. As of 9 February 2017, during my research, the total number of civilians seeking safety in six PoC sites located on UNMISS bases was 223,926 (UNMISS 2017). The area

covered by PoCs is described as very large and can be likened to small cities with thousands of people living in tent-like structures (Song 2016).

In terms of key features of PoCs, Briggs and Monaghan (2017: 9) highlighted four areas that distinguish PoCs from traditional IDP camps. These are:

- a) the legal status of the sites and the protection offered therein, how the sites are administered,
- b) the intended purpose of the sites, and
- c) the freedom of movement associated with them.

In further distinguishing between PoC sites and traditional IDP settlements, Lilly (2014: 31) draws comparisons between safe havens established in the former Yugoslavia, Iraq and Rwanda in the 1990s, which were far larger in scale, pre-planned, located in designated areas where civilians could be protected, albeit with some problems. By contrast, Lilly notes that PoC relates to instances where civilians sought protection and refuge at existing United Nations bases at the beginning of the fighting, here refuge would be provided for only citizens under threat of physical violence. On the other hand, IDP sites cater for the broader needs of people forced from their homes due to conflict. However, within the first “few days of the crisis, it quickly became apparent that the IDPs seeking protection would require long-term assistance, and that humanitarian actors would have to provide a response in the PoC sites to avert a major humanitarian crisis” (Lilly 2014: 31). Displaced populations grew in number and the PoC sites rapidly became congested, and humanitarians struggled to ensure minimum humanitarian standards (Lilly 2014: 31). Although “most UN peacekeeping missions have encountered this phenomenon at one stage or another, the creation of PoC sites on such a scale at the bases of UNMISS is conceivably unmatched in UN history” (Lilly 2014: 31).



Figure 2.4: Image of Protection of Civilian (PoC) site 3 by Bakhita Steven

2.6.1 Events Leading to the Existence of PoCs

In describing the effects of the conflict, Bukania and Wieland (2017) state that South Sudan continues to have a very complex humanitarian crisis affecting more than 3.5 million people, displaced internally and externally. The neighbouring countries with displaced South Sudanese are primarily Uganda, Sudan, Ethiopia, and Kenya. Gross human rights violations occurred on a massive scale with the direct targeting of civilians, often along ethnic lines and in some cases, nationals of certain foreign countries were also targeted (UNMISS 2014: 17).

Gates in designated areas in UNMISS were opened to thousands of civilians escaping the fighting to curb massive human rights violations (Lijn 2016: 34). Brosché and Höglun (2017: 208) described the intensity of the fighting and how control of strategic towns such as Makalal, Bor, and Bentiu shifted hands numerous times. The ethnic make-up of displaced persons seeking protection in the UNMISS bases also changed when the cities changed hands. Families and individuals with sufficient means and/or connections travelled to Juba or Uganda, Kenya, Sudan and Ethiopia, and the remaining IDPs had the choice of either staying at the PoC site or

walking long distances to areas perceived as more stable within South Sudan (IOM 2016: 17). As armed groups moved through towns and villages, people fled, losing loved ones and leaving everything behind and many remained in hiding for days and weeks, without food or assistance” (UNMISS 2014: 17).

Between 15 and 18 December 2013, there were massive killings, detentions, destruction of homes, looting and destruction of property by security forces and entire neighbourhoods were left empty (UNMISS 2014: 17). Consequently, by 18 December 2013, many of the displaced fled to PoC sites in UNMISS bases, namely, Tomping and the UN House in Juba, Central Equatorial state; Bor, Jonglei State; Malakal and Melut, Upper Nile State; Bentiu and Pariang, Unity State; and Rumbek, Lakes State and 8,500 people sought shelter overnight at UNMISS Tomping, and a further 8,000 at the UN House compound (Lijn 2016: 34). Thousands fled and sought refuge in other locations such as churches and dead bodies were seen across the city, in various neighbourhoods (UNMISS 2014: 17). The report by HRW (2014: 30) also concurs and depicts that on 16 December 2013, the Nuer fled from neighbourhoods in Juba to the UN House compound, the nearest of two UN bases in Juba town. While women and children were given passage in neighbourhoods and main roads to the UN base, there were reports confirming instances where men were stopped and arrested or killed.

The claims of the arrests and killing of males were substantiated by photographic evidence gathered by Human Rights Defenders (HRD) showing dead bodies in some instances mass disposal/graves of bodies. The report by HRW (2014: 30) mentioned that women were allowed passage by soldiers to the UN base, but males were not. In addition, there were eyewitness accounts, including a woman’s of how her husband was executed on the way from Manga to the Tomping UN base with three other men while she was watching (Human Rights Watch interview 2014 cited in HRW (2014: 30). A similar account given by another woman reflected that the soldiers started shooting upon seeing males and that the four males in her company when she fled towards Tomping UNMISS base were all shot and killed. The summary of the HRW (2014: 34), includes multiple witness accounts of mass arrests and ethnic profiling of Nuer men by Dinka soldiers as they fled to the UN House compound.

Ethnic profiling took center stage during the peak of the violence. A report by HRW (2014: 42) articulates how the state military ethnically profiled and arrested people of Nuer origin on the night of 15 December 2013 during the roundups and mass arrests in various locations across

Juba. By 21 December 2013, six days after the commencement of violence, massive displacements occurred, and UNMISS was hosting more than 35,000 civilians on its bases. By 23 December 2013, this number had reached an estimated 81,000 (UNMISS 2014: 17). Moreover, within the first month of the crisis, over 500,000 persons had faced displacement within South Sudan, and approximately 74,300 people had become refugees in neighbouring countries. With the continuation of violence, over 78,000 IDPs were seeking protection at UNMISS bases from an estimated over 1,000,000 displaced persons across South Sudan and in neighbouring countries by 22 April 2014 (UNMISS 2014: 17). This phenomenon is the first of its kind for any United Nations mission; protecting civilians facing the impending threat of physical violence of this magnitude or for this timeframe (UNMISS 2014: 51). In addition to the provision of safety and security, UNMISS worked in coordination with humanitarian partners, to ensure that humanitarian and other protection assistance reached these internally displaced persons (UNMISS 2014: 51).

On 12 February 2014, South Sudan reached the highest level of emergency and was declared a Level 3 Humanitarian System-Wide Emergency Response by the Under-Secretary-General for Humanitarian Affairs. On 18 March 2014, the South Sudan Human Rights Commission released an interim report on the crisis, alleging that both parties to the conflict had committed human rights violations (UNMISS 2014: 17).

2.6.2 Threats to Civilians in Protection of Civilian Sites

Those who sought protection in sites for IDPs encountered dismal and undignified living conditions. They face repeated threats, intimidation, and other human rights violations (UNMISS 2015: 16). Rampant incidents of killings, arbitrary detentions, ill-treatment, and abduction by state security forces near the Juba PoC sites and in the towns of Bor, Bentiu, Malakal, Juba, and elsewhere during the first half of 2014 were commonplace (UNMISS 2015: 16). Government security forces continued to harass and attack Nuer people around the UN bases with impunity; due to fear the Nuer remained sheltered in UNMISS bases across the country to date. The report by Human Rights Watch describing the insecurity in and around the base details how over 50 people were casualties in an attack on Nuer people taking shelter in a UN base in Bor in April 2014 (HRW 2014: 3). The report by HRW (2014: 28) maintains that women leaving the camps to collect firewood or access markets continued to be harassed by security forces with several cases of sexual and gender-based violence and other forms of

attacks against the Nuer reported to humanitarian workers. Government officials have not taken measures to end the security forces' attacks, to provide protection, nor make clear through public statements that, like all civilians, Nuer people should be protected from attack (HRW 2014: 28).

The report by HRW (2014: 35) notes that various forms of abuse continued long after the Juba crisis had ended, particularly outside the UN bases, especially in Tomping, Juba. The report draws on examples where, in early January 2014, there were five or six injuries inside the camp as soldiers outside the western gate shot at men who were trying to enter and the report further sets more examples where, on early 24 February 2014, Nuer men were arrested outside the west gate of the Tomping UN base where they had been seeking shelter, physically assaulted and transported to a military barracks where they were interrogated and accused of being rebels (HRW 2014: 35). In mid-February, several reports of abuse came in, including beatings of four Nuer men returning to the Tomping base from a trip to a nearby market in addition to Nuer men being shot close to the UN base in March 2014 on at least two occasions (HRW 2014: 35). Furthermore, Human Rights Watch also received numerous cases in which women from the PoC, easily identified because they were carrying food aid in marked sacks to grinding mills, were detained, and in some cases, gang-raped by soldiers in March 2014 near the perimeters of the UN base (HRW 2014: 35).

Insufficient human resources have affected the ability of the peacekeepers to provide external and internal protection to the PoC site (UNMISS 2014: 51). While it was often difficult for the Human Rights Division (HRD) to confirm each report, the number received, and their consistent nature indicates that the pattern of targeting is credible and that individuals seeking protection continue to be at risk of the imminent threat of physical violence should they attempt to return home (UNMISS 2014: 51). UNMISS HRD/Women's Protection Advisors (WPAs) have documented many incidents of sexual violence occurring within the perimeter of UNMISS PoC sites. UNMISS continues to address cases of criminality and domestic and other gender-based violence within most of the PoC sites regularly (UNMISS 2015: 19). To curb the violence and to protect the civilians, the report by UNMISS (2015: 19) revealed that the peacekeeping mission undertook patrolling and provision of static presence and escorting services in and out of the PoC.

2.6.3 Insecurity and Violence in UN House (Juba PoC 3)

Places of refuge and sanctuary have been scenes of violence. There have been repeated failures to ensure the safety and security of those in PoCs. Ibreck and Pendle (2016: 17) note that Juba PoC 3 was resident to over 38,000 people by August 2016, most of whom were survivors of the massacres of the Nuer in December 2013. Some residents of the Bentiu and Malakal PoCs also moved to the Juba PoC as it was considered safer. On the contrary, Lijn (2016: 34), describes the UNMISS PoC sites as inundated with mass inter-ethnic violence, predominantly of Equatorian's against Nuer and Dinka; and Dinka versus Nuer. The report by UNMISS (2015: 19) emphasised that civilians have faced various protection threats inside the PoC sites, including ethnic and inter-communal violence, criminality, and gender-based violence. As a consequence of the violence, Ibreck and Pendle (2016: 17) illustrated the numerous attacks upon and within the PoC, most of them which resulted in injuries and death. Among the most serious of these attacks was inter-communal fighting among the IDPs in the PoC in Juba which flared up between 8 and 11 May 2015 and resulted in the loss of life and dozens of injuries (UNMISS 2015: 19). Several hundred men armed with crude weapons fought each other at Juba PoC1, before the fighting spread to PoC 3, resulting in one casualty and some 32 injuries (Radio Tamazuj 2015 cited in Ibreck and Pendle 2016: 17). Similarly, on 19 March 2016 in a clash between two Nuer sections, fighting broke out in PoC 1 once again, leaving one dead and up to 50 injured, and resulting in displacements to PoC 3 (Ibreck and Pendle 2016: 17). Following the fighting, which was largely high level and driven by non state actors, IDPs belonging to the Bul Nuer sub-clan were evicted by members of other clans and stranded outside the PoC 3 site perimeter (UNMISS 2015: 19).

Incidents of insecurity occurred in and around Juba PoC sites in 2015, with abductions, detentions, torture, and killings reported in the checkpoint area. SPLA forces patrolled and established a static presence outside of the PoC sites, in some cases adopting an aggressive posture towards civilians in the site and instilling fear, thus severely restricting the freedom of movement of IDPs outside the PoCs (UNMISS 2015: 24). UNMISS HRD documented several incidents of assaults on IDPs in 2015, the extortion of money, food, mobile phones, and other goods by the South Sudan National Police Service (SSNPS) officers at the checkpoint near the PoC1 pedestrian gate (UNMISS 2015: 18). HRW (2014: 3) maintains that, despite the high congestion and grim living conditions, over 30,000 Nuers consisting of mid-to high-level civil servants, remained in the UN bases in Juba instead of moving home, due to fear of a heavy SPLA presence in most neighbourhoods. The report also states that "South Sudanese

politicians have encouraged the Nuer people to return to their homes but have also frightened and stigmatised those living in the bases by referring to the sites as *rebel havens*” (UNMISS 2015: 24).

On 25 August 2015, the local media reported an attack by ‘unknown gunmen’ who shot into the camp and wounded three people. The situation at the Juba site deteriorated sharply after 8 July 2016 due to fighting between South Sudan People's Liberation Army-in Government (SPLA-IG) and SPLA-IO forces in Juba and a series of attacks on civilians (Ibreck and Pendle 2016: 17). There was renewed fighting and “five shells hit PoC 1 in Juba, two Chinese peacekeepers were killed, and an estimated 12 civilians were killed while other residents fled, PoC 3 was also affected by shelling, in which a young boy was killed and several other IDPs were injured” (Ibreck and Pendle 2016: 17). Thousands of people fled to the camps once again from Juba Town, “leading to shortages in food and water, blocked toilets, and other problems associated with overcrowding” (Ibreck and Pendle 2016: 17). Amid the crisis in the camp, most of the PoC residents had to make ends meet and venture outside the PoC in search of food, exposing them to further violations, with several women and girls raped (Ibreck and Pendle 2016: 17). A teenage girl recounted traumatic experience explaining that her sister was ill, and her family was hungry. She described how she went to the market on 18 July 2016 to get food and medicine only to be abducted by SPLA-IG soldiers:

I was raped inside the shop by five soldiers of different ages, some around twenty years, thirty years, and forty years old ... I was 18 unable to walk alone but the rapist were holding my hands until we reached the main roads where they dropped me on the ground where I was found by two old women who held my hands until they brought me to PoC (Ibreck and Pendle 2016: 17).

In the immediate aftermath of the renewed fighting on 8 July 2016, UNMISS Human Rights and Women Protection Adviser documented over 100 instances of sexual violence and rape against unarmed civilians where more than twenty of the victims came from the PoC, two IDP women died from their injuries, and in at least one case, UN peacekeepers were in sight of the assault and failed to respond (Patinkin 2016).

2.6.4 Fortification in Protection of Civilians Sites

A core mandate of the UNMISS is to protect civilians and build durable peace. Sharland and Gorur (2015: 14) note that the UN mission is mandated to maintain the safety and security of PoC sites; the different battalions provide perimeter security, and police support internal

security. Due to a continuation of hostilities and displacements, the number of civilians in these sites has increased, and the geographic territory they occupy has, in some cases, expanded. This increase has placed increasing demands on mission personnel and resources (Sharland and Gorur 2015: 14). Caelin Briggs and Lisa Monaghan, are former Protection Cluster Co-leads for South Sudan. Briggs and Monaghan (2017: 19) stated:

because the sites are inside UN peacekeeping bases, there has been an assumption that the UN will not allow them to be attacked, unfortunately, much like the ‘safe areas’ of the Balkans, the capacity of peacekeepers to defend the PoC sites is limited, and peacekeepers have repeatedly demonstrated that they are unable (or perhaps unwilling) to respond in the event of a serious incident. Despite having a mandate to use all means necessary to protect civilians, up to and including the use of deadly force, peacekeepers have time and again abandoned their posts as soon as the fighting has neared. In this context, one must question whether characterising these sites as ‘protected’ is giving IDPs a false sense of security and whether they may have been better off relying on their own coping mechanisms and self-protection strategies.

Sharland and Gorur (2015: 14) underscore that despite the UN peacekeeping mission’s significant efforts to provide safety and security within the PoCs, internal and external threats compromised civilians due to various reasons, such as inadequate lighting in the PoC and intrusions from outsiders. PoCs are porous, and in some instances, they bring in smuggled goods, including weapons and alcohol, which fuels or exacerbates criminality within the sites (Sharland and Gorur 2015: 14). Humanitarian agencies, such as *Nonviolent Peaceforce*, have taken the lead role in the provision of humanitarian services such as protection, food assistance, water and sanitation, health, nutrition, education and other essential services.

2.6.5 Legal and Justice Mechanisms in the PoCs

Criminal activity, including physical assault and gender-based violence, is known to be perpetrated within the sites and is challenging for UNMISS. Stern (2015: 5) argues that in any environment where large numbers of people stay together in a confined setting, disproportionate criminal activities become a concern; this may be particularly true within displaced communities that have experienced violence or trauma. Stern (2015: 5) elaborates on how instances of theft, inter-clan fighting, inter-communal fighting, substance abuse, and sexual violence are rampant in both IDP and refugee camps, where displaced people from different backgrounds live in overcrowded areas with limited ability to provide for themselves. Similarly, UNMISS PoC sites are no exception to widespread criminality. UNMISS is not mandated, nor do they have the power to address some of the issues legally, resulting in

complexities related to jurisdiction (Stern 2015: 5). The government of South Sudan has neither the ability nor the will to justly prosecute alleged perpetrators within the sites making the situation complex (Stern 2015: 5).

South Sudan's criminal justice institutions are weak in some areas and non-existent in others. As revealed by Stern (2015: 10), criminality is rampant in most IDP and refugee settings, and South Sudan experiences similar crime waves, but, it is the responsibility of the host country to enforce laws and prosecute cases. Nonetheless, PoC sites are on UNMISS bases, thus under the jurisdiction and authority of the UN, which lacks an executive mandate to prosecute criminals. Sharland and Gorur (2015: 14) emphasise the limited options in PoCs for detaining individuals who commit criminal acts. PoC sites are unique, and there are legal challenges due to the lack of an effective functioning legal system. Criminals are released back into the community in most cases. UNMISS does not have the legal authority to prosecute criminals; this remains the legal responsibility of the host state. However, the South Sudan government has been implicated in massive human rights violations against its citizens, frequently targeting specific groups and IDPs based on ethnicity (Stern 2015: 5). Many of those living in the PoC sites are seeking protection from state violence (Stern 2015: 5).

The study's site: This study was carried out in PoC 3 in Juba, the largest of the campsites in South Sudan, located in the capital city of Juba (Lanera 2018). PoC 3 is outside the UN base, on land annexed in 2014 from former Central Equatoria state, now Jubek State. IDPs arrived each day, forcing PoC 3 to expand its facilities. PoC 3 hosts the IDPs from the UNMISS Tongpiny base near Juba international airport (Lanera 2018: 1).

At the time of writing, the PoC 3 had a police station, a cinema, multiple churches and mosques, a functioning economy, and a real estate market (Lanera 2018). The camp developed civic and judicial systems to address common disputes, such as fights over resources like water and petty theft. Most IDPs are from the Nuer ethnic group, and minority tribes like Bari, Anyuak, Kakwa, Pojula and Mundari, also the host community, live in the PoC. Small numbers of foreign nationals, for example, Ethiopians and Eritreans, also reside in the PoC (Lanera 2018: 1).

2.6.6 Re-designation of PoC Sites to Conventional Displacement Camps

The PoC sites unquestionably saved lives; however, there are many complexities. PoC sites put a constraint on UNMISS resources in addition to presenting distinctive challenges in

ensuring the safety and security of the IDPs. Due to the shortcomings, UNMISS sought to eliminate the responsibility of running the IDP camps. Periodically, since the inception of PoCs, residents were encouraged to go home with those who were willing, being assisted in voluntarily returning. Craze and Pendle (2020:1) give a scenario after the 2015 peace agreement, when some Bentiu PoC residents who had rural homes went ‘home’, only to face large-scale, deadly violent conflict.

The ‘2019 Future Planning for the Protection of Civilian Sites in South Sudan’ report highlighted that the resources for police and military components within UNMISS were largely consumed by PoCs and few resources remained for patrolling in conflict hotspot areas (UNSC 2019: 2). Accordingly, at the inception of COVID-19, and the beginning of 2020, UNMISS, again, encouraged people to leave the PoCs for fear of the spread of COVID-19. The push for people to exit the PoCs was rationally interpreted as a continuity of the UNMISS pre-existing agenda (Pendle 2020: 1). On 4 September 2020, the Special Representative of the UN Secretary-General (SRSG) in South Sudan announced a withdrawal plan of its peacekeepers from the PoCs countrywide, noting that the withdrawal was necessary because the security threats that led to the establishment of the PoCs had diminished. The PoC sites had begun progressively transitioning to IDP camps and fall under the jurisdiction of the South Sudanese government (Mold 2020:1). At the time of writing, UNMISS had completed the re-designation of four PoC sites as IDP camps in Bor, Wau, and Juba, Bentiu, with Malakal still in the transitional phase. As of the end of July 2021, Juba IDP camp 3 site, formerly Juba PoC had 24,192 individuals currently seeking protection from armed conflict. The population of Naivasha IDP Camp, formerly Wau PoC, is 9,423 and Bentiu IDP Camp, formerly known as Bentiu PoC, currently has 107,130 internally displaced people seeking protection at the site. Malakal PoC is transitioning to an IDP camp with a and current capacity of 34,056 (IOM 2021).

Craze and Pendle (2020:1), in criticism of the UNMISS decision to reclassify the PoCs, state that it was a premature decision because South Sudan is still engulfed in violence, and the commanders that razed the homes of the PoC residents of Bentiu and Malakal still control the state government in both places. In this context, the UN’s objective to re-designate the PoCs into IDP settlements and to place them under government jurisdiction is particularly dangerous. Violence continues with ongoing pockets of armed conflict, increased sub-national violence and the slow implementation of the peace agreement. The continued prevalence of violence

and criminality continues to provoke further displacements. Most importantly the continued violence is a deterrent for internally displaced persons to return home. Therefore, the re-designation is merely an operational shift rather than a change in the circumstances of the IDPs.

2.7 Summary

All the conflicts in Sudan are related to the centralisation of political, economic, and cultural power in Khartoum in the Arab and Muslim dominated North. By contrast, the South and outlying areas remained severely marginalised, with demands for autonomy rejected, resulting in recurring wars and Africa's longest civil war that set precedence for modern day South Sudan.

To this day, the conflict in South Sudan continues and has a costly trajectory for civilians. The conflict continues with no signs of all parties wanting to end the conflict. Peace efforts continue to collapse; several peace and ceasefire agreements have been violated within days of their implementation. A report by the Human Rights Council (2018: 5) discloses that:

new armed groups are currently estimated at 40 and they continue to emerge, mainly as a result of the spread of the conflict to the Equatorians and the northern part of the Upper Nile; and during 2017, a number of senior officers defected from the SPLA and the two factions of SPLA-IO to form and join these new groups. As a result, millions of citizens have been displaced, and thousands are sheltering in the bush, resulting in untold deaths from starvation, thirst, exposure, and lack of access to medical care and these deaths are a direct and foreseeable result of the conflict, and no less part of the war's casualties than those shot, beheaded, burned in their *tukuls*, or strung up from a tree.

In addition to the almost four million displaced persons, of which 85 per cent are women and children nearly five million are extremely food insecure. Just 22 per cent of South Sudan's health facilities are operational, 900,000 children suffer from psychological anguish, and two million children are out of school [based on refugee and IDP numbers, of which 85 percent are women and children] (PKSIO 2018: 7).

The situation for civilians remains dire. As of 18 June 2020, "the total number of civilians seeking safety in six Protection of Civilians (PoC) sites located on UNMISS bases is 181,231, this includes 29,658 in Juba UN House, 111,766 in Bentiu, 27,930 in Malakal, 1,921 in Bor, and 9,956 in the area adjacent to UNMISS in Wau" (UNMISS 2020). Repeated traumatic experiences over an extended period due to political violence has accumulative effects that can

be detrimental to peace and stability in the long term. This small community of IDPs in the PoC's is exposed to recurring traumatic situations and represent a long-term displaced population who could become part of a more harmful situation. The IDPs are at a high risk of perpetrating high levels of violence in the future due to exhausted coping mechanisms in the face of prolonged exposure to continuous threats. The manifestation of aggressiveness and the practice of violence may become synonymous with traumatic stress. Resilience in such contexts is incredibly difficult to achieve because the social contract between the state and individuals is compromised (Eagle and Kaminer 2013:93). The duration between violent attacks and displacement usually ranges from a few months to several years. However, the PoC 3 population is chronically and acutely stressed due to persistent attacks. Another factor to consider is that, while nearly everyone who is exposed to combat will experience negative emotions such as despair and nightmares, not everyone will develop violent tendencies. Individuals and groups cope with acute stress differently.

There is little research on the effectiveness of PTSD intervention amid ongoing security concerns. However, Lahad *et al.* (2016:2) emphasise that despite persistent dangers, locally appropriate interventions can effectively treat PTSD and depression. The study, therefore, sought to design an intervention that addresses recurring trauma exposure and its consequences. Recognizing that some IDPs exposed to trauma are more likely to become violent; the study sought to equip the PoC 3 residents with knowledge and skills to support and assist each other in moving forward following traumatic events and amid continuous stressors. Recovering from a traumatic event is a process and takes time; the study intervention is a first step to help them process their trauma and overcome the effects of the ongoing conflict and trauma. For some this will be more of a challenge; each individual is affected by a traumatic event in their own way.

PART THREE

CHAPTER 3: INTRACTABLE CONFLICT, TRAUMA AND PEACEBUILDING

“Every conflict we face in life is rich with positive and negative potential. It can be a source of inspiration, enlightenment, learning, transformation, and growth-or rage, fear, shame, entrapment, and resistance. The choice is not up to our opponents, but to us, and our willingness to face and work through them”. – Kenneth Cloke.

3.1 Introduction

This chapter discusses the correlation between violence, trauma, and peacebuilding to enhance interventions for assisting those affected by protracted conflict. This interplay remains a largely overlooked topic, deserving far greater attention due to an increase in cases of extreme violence. At the heart of conflict transformation are relationship aspects, particularly the healing of broken relationships as such many scholars are moving from a conflict resolution framework to a conflict transformation framework. During the 1990s, several theorists (Galtung 1995; Rupesinghe 1995; Schwerin 1995; Spencer and Spencer 1995; Väyrynen 1991) have assisted in solidifying what Lederach (1995a: 201) called *a shift* toward conflict transformation in the language used in the field and practice of peace research and conflict resolution (Botes 2003). There is no doubt, however, as Mitchell (2002: 1) has observed, that there is an ongoing debate by practitioners and researchers aimed at distinguishing conflict transformation from conflict resolution. There are massive differences between both processes and their respective outcomes; conflict transformation is a more practical and effective process that will make up for the shortcomings of conflict resolution since transformation entails a change in the character of people’s relationships, and does not just attempt to resolve the items on the checklist (Botes 2003). This chapter argues that since trauma and violence are intricately related, trauma healing and peacebuilding must have a symbiotic relationship. The chapter also focuses on Lederach's (2005) peacebuilding framework that utilises spider web imagery. The chapter explores decades of conflict, the impact of violence, and the concepts of trauma and

trauma healing. The chapter explores traumagenic, the causes and consequences of trauma as well as the effects of trauma. It will also discuss PTSD, intergenerational and collective trauma in-depth.

3.2 Intractable Conflicts

The South Sudanese people have been displaced continuously due to decades of conflict. Conflicts that persist for longer with continued episodes of violence have been termed intractable conflicts. In enhancing the understanding of intractable conflicts, Crocker, Hampson and Aall (2005: 33) state that intractable conflicts are long-lasting, chronic, and reoccur despite considerable efforts by either party to resolve them. As such, they cause massive divisions accompanied by large-scale violence and become ‘*frozen conflicts*’. Intractable conflicts are stubborn conflicts that have lasted for a lengthy period with no positive outcomes despite various attempts at intervention and conflict management (Owiso *et al.* 2018: 288). Vallacher *et al.* (2011: 262) regard intractable conflicts as demoralising and emphasise that “beyond destabilising the families, communities, or international regions in which they occur, they tend to perpetuate the very conditions of misery and hate that contributed to them in the first place”. This intractability is due to the persistent and complex nature of the conflicts. Their complexity is due to a multiplicity of actors, hate, fear, power imbalances, identities such as ethnic divides, structural inequalities, irreconcilable moral differences such as religion and culture, unaddressed historical grievances, unaddressed traumas, and unequal distribution of resources (Azar 1985; Rouhana and Bar-Tal 1998 cited in Hadjipavlou 2007: 350). Thus, in simple terms, an intractable conflict has no clear resolution and persists for a long time between groups unwilling to resolve or settle their dispute (Owiso *et al.* 2018: 288). Even though intractable conflicts have different characteristics and causes, their common characteristic is their stubbornness and resistance to resolution. However, it is necessary to recognise that they are not impossible to resolve and can transform into sustainable peace.

3.3 Psychological Effects of Conflict

Every year, millions flee their homes with conflict and violence undermining their psychological well-being. While a picture inclusive of the recent Ukraine crisis is yet to unravel, UNHCR estimates that global forced displacement has surpassed 84 million (UNHCR 2021:1). The Global Report on Internal Displacement GRID (2021:2) reported that by the end

of 2020, the overall number of individuals living in internal displacement hit a new high of 55 million, the highest annual figure in a decade. Nonetheless, studies that address the impact of protracted conflicts are few compared to post-conflict research, although the research that does exist indicates that mental health remains a significant issue. Bell *et al.* (2012:) argue that despite the magnitude of the conflict and its toll on the mental health of the population, there has been little effort to measure and quantify its impact on the global population.

Prolonged conflicts destroy individuals, families and communities and lead to crippling outcomes such as mistrust, disruption of the social fabric, PTSD, aggressiveness, and hostility resulting in the escalation of violence. Deep-rooted violence and prolonged conflicts inflict severe and harsh negative experiences enumerated by Lavi and Bar-Tal (2015: 7) as trauma, anxiety, depression, threat, pain, fatigue, detachment, grief, insecurity, fear, and hardship, which can all have detrimental effects on individuals and groups. Lavi and Bar-Tal (2015: 7) note that intractable conflicts require broad psychological investment in their continuation, which could lead to chronic fatigue and exhaustion. Adults exposed to prolonged conflicts show higher levels of distress, expressed in post-traumatic reactions. Describing the situation of displaced populations, Miller and Rasmussen (2010: 13) explain that:

lack of access to clean water, vulnerability to sexual assault while gathering firewood on the outskirts of a refugee camp, overcrowded and unsafe housing, loneliness, and a lack of social support because one's family has been killed or dispersed due to violence, are all stressful circumstances that may lead people to feel a fundamental lack of control over the basic resources on which their physical and psychological well-being depend.

Lavi and Bar-Tal (2015: 11) pinpoint that repeated cycles of violence lead to heightened levels of mistrust between warring parties. Therefore, mistrust also closes the possibility of any meaningful communication that can advance a peaceful solution to the conflict.

Research has revealed that individuals may experience negative emotions not only in response to personal life events but also in response to events that affect other members of a group with which they identify (Halperin, Sharvit and Gross 2011: 85). Central to this discussion is the pivotal role of collective emotions in the continuation of conflict, re-emergence of conflict or their resolution (Halperin, Sharvit and Gross 2011: 87). Intractable conflicts are a breeding ground perpetuating persistent emotions that contribute to the continuation of violence or the emergence of vicious cycles of violence (Halperin, Sharvit and Gross 2011: 94). One such

emotion is fear. Fear is one of the psychological effects of conflict, leading to aggressive tendencies against the perceived source of threat when defenses fall short. Lavi and Bar-Tal (2015: 11) insist that events perceived as threatening and endangering to individuals and groups result in fear and defensiveness, leading to an aggressive stance against the perceived threat. Violence is a means of maintaining the current order of affairs, holding on to power, or effecting change due to the conflict's cumulative effects. Violence gets ingrained in the culture, regardless of who is at fault.

Human rights violations inflicted on an individual lead to trauma which can perpetuate human rights violations by the victim in the future. Feelings of frustration and revenge generated by trauma produce cycles of violence and perpetual victimhood on all sides of the conflict (Herman 1997: 35). This is consistent with contentions by Kantowitz and Riak (2008: 19), who underscore the ability of trauma to disrupt a community or an individual's ability to engage in post-conflict reconstruction. People who carry deep pain and trauma demonstrate dysfunctional behaviour in terms of social interactions. Zelizer (2018: 84) identifies helplessness, repression of memories, and the inability to connect and sustain relationships as three results of experiencing trauma that would pose obstacles to effective peacebuilding.

When violence becomes ingrained in the psyche of the people due to its continuation over a sustained period, even after the conflict resolution, its residue remains. This violence persists well into the future and becomes part of the social fabric of societies that had emerged from decades-long conflict. For instance, it is arguable that the extensive violence of South Africa's past has contributed to a climate of violence against women in the country today. Black women who are rated the poorest and most vulnerable in the South African sector in communities remain crippled by poverty, high unemployment, lack of education, health, and welfare issues, and are victims of violence. Within this environment, characterised by physical and emotional damage, the assault and violation of women by men have been normalised (Hamber 2000: 6).

Violence can continue in different forms, following a political conflict; for example, it can transform into domestic violence. There is evidence to suggest that when the fighting dies down, gender violence experienced by women often increases (Turshen, Meintjies and Pillay 2001: 4). This is not to state that the researcher thinks that there is a simple or direct correlation between political violence and other types of violence in the post-conflict phase. The implication could be that political violence only masked violence that always existed,

particularly domestic violence. In the case of South Africa, political violence seems to have transformed itself into criminal violence rapidly, with dire social and economic conditions viewed as major contributory factors. The link between political violence and criminal violence in the post-conflict phase is not necessarily viewed as inevitable, nor is crime a linear result of the transition. As Turshen (1988 cited in Meintjes, Turshen and Pillay 2001) observes, post conflict there are many distinct possibilities, and the scenarios following a war can be as diverse as the conflict itself.

While we cannot make straightforward comparisons between contexts, available evidence suggests that we need to be fully aware of the dangers that a culture of violence may pose in the post-conflict period (Hamber 2004: 2). Societies that have experienced violence are more likely to relapse into conflict, and dealing with the politicisation of daily life necessitates psychological, structural, and social solutions is difficult. As expressed in an article by the World Health Organisation (WHO) (2018: 12), violent behaviour is strongly influenced by cultural and social norms; efforts to prevent violence must consider how social pressures and expectations influence individual behaviour. The subtler impact of conflict requires consideration. For example, it is imperative to pay attention to the gender dimensions and the role of the youth in conflict. As far as we know, men have been the vast majority of those who fighters in battles throughout history. This pattern persists despite the increasing number of female warriors in recent history. Women have made up fewer than one per cent of all combatants throughout history (Bjarnegård *et al.* 2015: 102). While men make up the bulk of direct victims of conflict-related violence, women and children bear a disproportionate share of the long-term effects of war, such as poor health and food shortages.

Armed conflict is a traumatic experience that can have long-term impacts on the mental health of those affected; most people who live in combat suffer psychological disorders like PTSD, while aggressiveness or delinquent behaviours, among the youth are associated with chronic trauma (Im *et al.* 2016: 754). In these fragmented societies, younger generations are burdened with the task of preserving and sustaining particular mental representations and images of traumatic historical events and forming ethnic boundaries that differentiate one trauma-based ethnic group from another, intended or unintended (Barsalou 2001: 2). Increased exposure to violence leads to desensitisation and psychological adaptation to aggressive conduct, increasing the probability of violence occurring (Lahad *et al.* 2016: 7). With the addition of new

challenges, such as the loss of family, prejudice, and chronic poverty, high-risk IDP adolescents are forced to recreate the different forms of violence they are familiar with. Due to persistent and cumulative trauma, the youth continue to normalise and become desensitised to violence. In a study on experiences of gang-involved urban refugee Somali youth in Kenya, it was conclusive that refugee youth perpetuate the violence they had escaped. The vicious cycle of trauma and violence is an enduring aspect of these refugee youth's interpersonal lives. Several male responders in the study indicated a strong desire for vengeance and punishment for their families' deaths. One male participant repeatedly stated that vengeance for his mother's murder was his primary motivation. Following his mother's death, he retaliated against the clan responsible for her demise (Im *et al.* 2016:763). The anguish and anger that the adolescents felt due to the trauma fuelled their gang activity.

One of the repercussions of conflict is the rejection of another's humanity. When this occurs, violence is subtly entrenched and legitimised in people's minds and in their children. Attempting to ignore the roots of a conflict can, be a symptom of protracted conflict. Hamber (2004: 2) notes that political conflict breeds a type of absolutism of the mind with boundaries between 'us' and 'them' firmly drawn; this warped thinking is not only reserved for perpetrators and victims but equally affects those who think that the conflict is not about them.

For example, in South Africa, violence against women has reached pandemic proportions, prompting many to call it *femicide*. Significant violence, including gender-based violence, persists in South Africa, operating as racial, class, and gender oppression, all of which come from the country's violent past. South Africa's female murder rate is five times higher than the global average; a woman is murdered every four hours (Pagel 2021:3). South Africa has some of the highest rates of violence against women in the world, and this can be attributed to systemic inequalities brought about by colonization and apartheid. Due to racism during colonisation and the apartheid government, South African men have traditionally been denied authority and agency in their own lives and socio-economic and political situations. As a result, South African men seek dominance wherever they can, including exercising disproportionate power over women, resulting in the country's alarmingly high rate of sexual assault.

Comparatively, South Africa has a high rate of gun violence. The substantial-high poverty rates that occur predominantly along race lines are one example of the disparities that emerged from South Africa's past that contributed to the high rate of violence. Conflict alters socio-cultural behaviour, does not return to pre-war patterns in peace times. Furthermore, weapons outlast conflicts, and their presence increases the possibility of their use in future political conflicts or criminal activities. The causes of rising gun violence are multifaceted, spanning South Africa's violent history and racial exploitation to its current state of high unemployment and unequal resource distribution. Conflicts produce issues that continue beyond the signing of peace treaties, and South Africa is a classic example.

Trauma, as an interrelationship and cluster of negative emotions, attitudes, and perceptual distortions, leads to the continuation and worsening of the conflict. Novakovic (2013: 1) states that apart from the immediate effects of war, such as the loss of lives and property and the danger posed by land mines in conflict regions, war creates a traumatised and dysfunctional society with a reduced ability to recover. She also mentions how some authors believe trauma alters the affected population genetically, producing generations of traumatised people. Novakovic (2013) further states that in the latest theories, trauma is not only regarded as a consequence of war but is also a cause of war. This statement corroborates the work of authors who insist that trauma increases the possibility of conflict in the future and furthers the cycle of conflicts with increased intensity.

The immediate consequences of conflict are less severe than the long-term consequences, particularly for children. Children are disproportionately affected by conflict, with over one-fifth of all children now living in conflict-stricken areas around the world (Jain *et al.* 2020:1). Displacement, the difficulty of being away from home, disruption of schooling, and disruption of daily routines can all have devastating implications for children (Almoshmosh 2016:54). According to research conducted in conflict zones, exposure to a traumatic incident causes the development of PTSD in children (Fasfous *et al.* 2013). The added stress can be devastating when children are separated from their families or lose a close relative. Worse yet, there is a greater risk of exploitation and abuse, such as sexual, emotional, and physical abuse, as well as child labour, which is often unfortunately dismissed as a form of abuse (Almoshmosh 2016:54).

Children will respond according to their unique circumstances which include factors such as gender, culture, and personal and family history (Graca 1996: 40).

Other factors will be linked to the nature of the traumatic events, including their frequency and the length of the exposure and children who suffer from stress display a wide range of symptoms, including increased separation anxiety and developmental delays, sleep disturbances and nightmares, a lack of appetite, withdrawn behaviour, a lack of interest in play, and, in younger children, learning difficulties- (Graca 1996: 40).

Blaustein and Kinniburgh (2010: 48) also note that children exposed to trauma have several challenges, and Post-Traumatic Stress Disorder (PTSD) can be one of the challenges. Cook *et al.* (2005) and Brahm (2004a) concur, and note that beyond PTSD, these children may demonstrate behavioural difficulties, trouble with relationships, academic failure, and engage in high-risk behaviours. Edwards *et al.* (2003) note that overwhelming childhood adversities carry incremental and potentially widespread risk. The symptoms of a child who has had an acute traumatic incident differ from those of a child who has experienced chronic trauma. Werner (2012:553) posits that “higher rates of trauma appear to have a *dose effect* in war-affected children: more frequent and severe trauma exposure leads to worse psychological outcome”.

The United Nations Secretary-General’s report on the Impact of Armed Conflict on Children (The Machel Report) determined in 1996 that psychological healing and social reintegration must be a component of all humanitarian assistance initiatives. According to the report, interventions to alleviate psychological distress must consider the social and cultural background of children and their families. This report was integral in putting the impacts of war on children and adolescents in the spotlight. All cultures recognise adolescence as a highly significant period in determining the future roles, values and norms that young people will adopt within society, however extreme and often prolonged circumstances of armed conflict interfere with the development of self-identity and adolescents who have experienced distressing experiences suffer from depression and may become suicidal (Graca 1996: 40). In conflict situations, some adolescents assume responsibility for the care of younger siblings and youth are also often under pressure to actively join in the conflict. Threats of forced recruitment are also common, yet, adolescents, during or after wars, seldom receive any special attention or assistance (Graca 1996: 40). This increases their insecurities and fears and leads to PTSD.

Many young children exposed to repeated wartime stress have a severe posttraumatic profile, which puts their future adaptability at risk (Yule *et al.* 2103:3).

Morina and Ford (2008: 426) establish that the sequelae of psychological trauma experienced by civilians during and after war varies in nature and impact, and can extend beyond PTSD to include impairment but also resilience in personality and beliefs, coping and affect regulation and interpersonal functioning. For example, adults who developed PTSD after exposure to war as civilians or combatants differed from those without PTSD on several personality dimensions, suggesting that there were complex characterological problems co-occurring with PTSD that may pre-date or develop after war traumatisation (Morina and Ford 2008: 426). Morina and Ford (2008: 426) draw from a study of civilian survivors of war in Algeria, Ethiopia, and Gaza by (de Jong *et al.* 2005) examining a constellation of traumatic stress sequelae described as complex PTSD or ‘Disorders of Extreme Stress Not Otherwise Specified’ (DESNOS)”. DESNOS includes “disabling alterations in several domains of biopsychosocial functioning, including dysregulation of (1) affect and impulses (i.e. extreme and unmodulated states of emotion, distinct from mania); (2) attention or consciousness (i.e. dissociation); (3) self-perception (i.e. viewing the self as fundamentally damaged); (4) interpersonal relationships (i.e. impaired relational boundaries); (5) bodily self-regulation (i.e. somatisation); and (6) sustaining beliefs (i.e. spiritual alienation)” (Morina and Ford 2008: 426).

3.4 What is Trauma?

Trauma is an experience in an individual’s life that causes serious psychological harm. There are varying definitions of trauma and its effects since the history of the concept of trauma has contradicting theories and debates that have given psychologists and literary scholars a broad spectrum to work within (Balaev 2014: 1). Manda (2015: 2) maintains that ‘trauma’ originates from the Greek ‘to tear’ or ‘to rupture’. Different professionals, scholars and trauma specialists define psychological trauma in distinctive ways. Most of the literature focuses on trauma as a finite event that has a start and an end to it (Herman 1997: 33). Herman (1997: 33) and Van Der Merwe and Vienings (2001: 343) characterise psychological trauma as the state of being utterly overwhelmed by stressful events, in which the ordinary systems of care that give people a sense of control, connection, and meaning, are destroyed making it challenging to function effectively in society. Herman further notes that, unlike the usual calamities, traumatic events

involve threats to life, injuries or a close shave with violence and death that happens at a personal level (Herman 1997: 33). Human beings confront with traumatic events which cause them to experience the extremities of helplessness and terror, with the events evoking the responses of catastrophe (Lederach 2005: 35). Van der Merwe and Gobodo-Madikizela (2009: vii) describe trauma as the “undoing of the self, and as loss; loss of control, loss of one’s identity, loss of the ability to remember, and loss of language to describe the horrific events”. Shirsch (2004: 46) notes that trauma is an event, a series of events, or a threat of an event that causes lasting physical, emotional, or spiritual injury. Most of the literature on trauma relates to trauma experienced on an individual level, not on a collective level.

Puljek-Shank and Puljek-Shank (2008: 184) state that the “word *trauma* or *traumatic experience* is a heavy-laden word arguing that there are many assumptions surrounding this word including that the person is not normal, is crazy, not able to handle the difficulties, or not able to overcome it” (Puljek-Shank and Puljek-Shank 2008: 184). The perceptions and stereotypes that one is not normal, result in the creation of stigma and prejudice for those struggling with trauma, which diminishes mental health, causing suffering as they blame themselves and consider their problems abnormal (Puljek-Shank and Puljek-Shank 2008: 184). However, traumatic experiences are nothing new in people’s lives and have existed for decades and centuries. Trauma experiences were not mentioned or acknowledged traditionally; cultural filters and prohibitions led to denial and repression across cultures (Puljek-Shank and Puljek-Shank 2008: 184). Therefore, culture provides a lens through which an individual interprets, understands and assigns meaning to the trauma.

In an article that originated as a workshop presentation, Giller (1999: 3) points out that the word ‘trauma’ is used in everyday language to mean a highly stressful event. Giller (1999:4) emphasises that “it is an individual’s *subjective experience* that determines whether an event is traumatic”. Allen (1995 cited in Giller 1999: 5): reminds one that there are two components to a traumatic experience – the objective and the subjective:

It is the subjective experience of the objective events that constitutes the trauma...
The more you believe you are endangered, the more traumatised you will be...
Psychologically, the bottom line of trauma is overwhelming emotion and a feeling of utter helplessness. There may or may not be bodily injury, but psychological trauma is coupled with physiological upheaval that plays a leading role in the long-range effects.

Giller (1999: 5) adds that “in other words, trauma is defined by the *experience of the survivor*; two people can undergo the same noxious event, and one person may be traumatised while the other person can remain relatively unscathed”. Giller (1999: 5) mentions that the impact of trauma varies and is not generalisable; individuals exposed to the same potentially traumatic events exhibit different reactions. In addition, the specific aspects of an event that are traumatic will differ from one individual to the next. One cannot make a blanket assumption that an event, such as a violent assault or rape, will lead to a traumatic stress response; everyone is affected differently (Giller 1999: 3). While Giller’s argument that it is not possible to generalise trauma, is valid, it underrates the fact that despite the differences in the impacts or the different trauma responses, all trauma reactions need attention. One can also argue that some individuals might seem relatively unscathed after a traumatic event because individuals exhibit trauma differently ways.

The shared strand among various trauma practitioners is the consensus on what constitutes trauma. Barsalou (2001: 2) underscores the work of Dr Vamik Volkan, an internationally renowned psychoanalyst whose definition of trauma distinguishes between individual traumas and shared trauma experienced by communities and large numbers of victims. The latter include natural disaster traumas such as tsunamis, human-induced traumas such as the meltdown of a nuclear power plant, symbolic losses such as the death of an icon, revolutions that profoundly change the established order, and deliberate injuries inflicted by an enemy group often during armed conflict (Barsalou 2001: 2). Volkan’s viewpoints are consistent with Giller (1999)’s contentions that the definition of trauma is broad and encompasses responses to chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation (Barsalou 2001: 2). This definition intentionally does not allow one to determine whether a particular event is traumatic as this depends on each survivor. It provides a guideline for understanding a survivor’s experience of the events and conditions of their life.

Writing from a different perspective from most trauma experts, Yoder (2005: 11) points out that “not all trauma is induced by single dramatic events that are outside of the range of normal human experience”. Living under constant security threats or abusive conditions and prolonged exposure to a threat can cause trauma. Fuertes (2004: 492), suggests that the constant fear of an attack, death or injury in conflict zones, or where populations live under conflict and in fear

of terrorism, is no less traumatic because they are routine even though people are skilled in living in those conditions. In addition to Yoder's insights, it is also important to note that trauma can be experienced on many levels besides the individual level. Frequently in conflict and post-conflict settings, trauma is experienced in an entire community, ethnic group, or even nation; for example, in Rwanda after the 1994 genocide, where no sector of society was untouched by the violence. One cannot imagine focusing only on the individual trauma suffered; it is essential to consider and heal the entire society. For this research, the term *trauma* is based on Yoder's definition: (1) a threat to a person's life or bodily integrity, (2) an event that causes feelings of helplessness and paralysis in the face of terror, (3) overwhelming an individual's or group's ability to respond to the threat, (4) leading to a sense that everything is beyond their control, (5) challenging a person's or group's sense that life is meaningful and orderly, and often (though not always) considered as outside of 'normal' experience (Yoder 2005: 12).

3.4.1 Traumagenic

Some events have lingering effects and can lead to trauma. Hooker and Czajkowski (2013: 14) note that *traumagenic* is an adjective coined by David Anderson Hooker, which describes an event likely to cause trauma. Traumagenic considers the understanding of trauma as a response to an event. Hooker and Czajkowski (2013: 14) add to this understanding by indicating that "the event itself is (or in the case of trauma generated by cumulative events, the circumstances are) the originating source, or genesis, of the trauma reaction rather than the actual trauma". Traumagenic is an event that is likely to cause trauma, and "individuals and communities can have a variety of different responses to an event, and some individuals and communities might respond with strengthened capacities, however, a traumagenic event or circumstance will cause trauma reactions for the majority of those who are targeted, perpetrators, and witnesses" (Hooker and Czajkowski 2013: 14).

3.4.2 Intergenerational Trauma / Historical Trauma

Different authors use different names to refer to intergenerational trauma, and several studies have attempted to elucidate the intergenerational transmission of trauma. Marsh *et al.* (2016: 3) point out that historical trauma is referred to as *cumulative trauma* by Brave Heart (1998); it is also termed *soul wound* by Duran (2006) and is called *intergenerational trauma* by Oliver (2003) and Whitbeck *et al.* (2004). Marsh *et al.* (2016: 3) further note that the term originated

from research into the experiences of Holocaust survivors and their families. Brave Heart (1998 cited in Fast and Collin-Vézina 2010: 126) was the first to apply the concepts of intergenerational trauma to the Aboriginal Lakota people, naming it historical trauma. She defines it thus because “the Lakota have an extended sense of family, and their grief is also expanded to include larger numbers of the deceased because they have suffered as a result of more than 400 years of systematic marginalisation”. Kalayjian and Eugene (2010: 343) refer to intergenerational trauma as the transmission of emotional injuries from one generation to the next. Evans-Campbell (2008 cited in (Fast and Collin-Vézina 2010: 130) suggests that the criteria for historical trauma should include the following: (1) many people in the community experienced it, (2) the events generated high levels of collective distress (demonstrated both empirically and narratively), and (3) the events were perpetuated by outsiders with a destructive intent – often a genocidal intent, making them particularly devastating.

As an illustration, in Zimbabwe, many Ndebeles have traumatic experiences from the Gukurahundi political tensions that evolved into mass atrocities. Gukurahundi was an ethnic cleansing campaign in Matebeleland and parts of the Midlands in the 1980s that claimed up to 20,000 lives. Gukurahundi is still a contentious problem, and the impacts continue because the underlying issues remain unresolved and unaddressed. There have been no significant efforts to address the harm and trauma caused by these atrocities, no apology and no formal healing program has ever been established (Ngwenya 2018:7). There are still mass graves in existence, no memorials or transitional justice systems have been put in place to address the grievances. Nyambi (2013:1) highlights that the dominant historical narrative reveals an attempt by the state to conveniently obscure some aspects of national history that threaten the political status quo.

This research on the impacts of Gukurahundi conducted by Ngwenya and Harris (2015:43) found that when healing does not occur, trauma passes on to the next generation, alongside a strong desire for vengeance, and significant levels of suspicion towards the ethnic group of the perpetrators. Consequently, the suffering and pain transmit to the next generation. Ndebele young men and women seek retribution as demonstrated by the emergence of extreme separatist movements led by young people asking for a separation from the rest of Zimbabwe, as well as a deep animosity towards the Shona people (Ngwenya 2018:7).

3.4.3 Individual, Family and Community

Instead of focusing on the impact of trauma on the individual, Fast and Collin-Vézina (2010: 130) concur with Evans-Campbell's proposal of a multi-level framework for understanding overlapping causes of trauma impacting at three levels: the individual, the family, and the community. Evans-Campbell (2008 cited in Fast and Collin-Vézina 2010: 130) points out that at the individual level, trauma manifests itself in mental and physical health problems such as PTSD, detachment, guilt, anxiety, and depression. At the family level, symptoms may include impaired communication and stress around parenting or attachment problems seen in children. Felsen and Erlich's (1990 cited in Fast and Collin-Vézina 2010: 130), study of 25 second-generation Holocaust survivors, and 24 control subjects who were also Jewish but whose parents had no direct experience of the Holocaust, found that transgenerational impacts were noticeable in descendants of survivors, whereby, they exhibited a lower sense of self-worth, low trust, and an unwanted identification with their mothers. The authors attribute the latter characteristic to the mothers' difficulty meeting their children's emotional needs due to trauma.

Robben and Suarez-Orozco (2000 cited in Fuertes 2007: 202) explain that "large-scale violence takes place in complex and overdetermined sociocultural contexts that intertwine psychic, political, economic, and cultural dimensions". This explanation implies that the understanding of trauma cannot be restricted to the intrapsychic processes of the individual sufferer, because it involves highly relevant social and cultural processes that afflict not only individuals but also social groups and cultural formations. The risk involved in massive trauma is the possibility of its transmission within the family and across generations, which can continue to cause emotional damage to future generations. The violence referred to by Robben and Suarez-Orozco is an armed conflict between groups within the same country, most notably the government military and armed opposition groups. Bradley (2017: 8) argues that conflict is a significant driver of displacement; violence causes displacement both directly and indirectly as it threatens people's physical security, homes, and livelihoods, as well as economic opportunities, social networks, and political institutions. Many civilians in these war-torn communities flee and live in IDP camps or settlements as internally displaced persons or as refugees. Fuertes (2004: 491) reveals that there are millions of war survivors worldwide, and many have either become refugees or are internally displaced, needing to work through their trauma such that they can recover and start rebuilding their lives and community.

Although intergenerational trauma is referred to as historical trauma by some authors, many trauma practitioners agree in their description of the effects of intergenerational/historical trauma. They agree that trauma becomes generational if left unattended. While there are various terminologies to describe prolonged trauma, authors and trauma specialists agree that stressful experiences can negatively impact individuals and communities. Societies affected by protracted conflict can become embroiled in highly destructive patterns in which they are locked in perpetual war with their despised adversaries. Reconciliation is not achieved solely through signing of peace agreements but will also necessitate psychological adjustments at a more fundamental level. In his article, Taylor (1998: 175-178) writes:

I propose a hypothesis that I find compelling but hard to prove. This concept may help develop practical, long-term approaches to preventing cyclic wars between neighbours and may help promote peace. The hypothesis is that a major cause of the recurring cycles of war between ethnic and religious groups is unresolved and buried psychological trauma in children. Examples are numerous of generational patterns of revenge where the sins of fathers are visited upon the children.

Taylor proposes that children who are not showing signs of PTSD but are living in conflict-affected areas should also have access to healing resources (Taylor 1998: 177). His article, while mostly opinion, correlates with the drive behind the researcher's understanding of why trauma healing is such an essential part of peacebuilding.

3.4.4 Collective and Individual Trauma

Trauma can impact on an individual and collective level. Brahm (2004a) articulates that trauma takes many forms and has many causes; for example, trauma sufferers may have witnessed the destruction of their homes or communities or may have been subject to physical abuse such as rape, torture, or other forms of violence. Clark (2002 cited in Novakovic 2013:1) states that over three-fourths of the population in war-torn countries are demoralised and physically and mentally exhausted, half are clinically depressed or suffer from post-traumatic stress disorder (PTSD), and one-fourth also are mentally incapacitated and cannot function in society. Trauma can also be triggered by threats or harm to loved ones, resulting in the individuals' inability to cope with these extreme events, thereby impeding an individual's ability to function effectively on a personal and societal level. Qayoom (2014: 161) describes a traumatised society where conflict destroys the present, and mutilates the future. It shatters the lives of the current generation and the dreams of the next, leaving a lasting impact on society.

Traumatic events become internalised in the minds of victims and are re-lived by them long after the events have occurred. To expand this definition, Fast and Collin-Vézina (2010: 129) note that the DSM-IV-TR defines PTSD as involving the following:

The person has been exposed to a traumatic event in which both of the following have been present: (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear, helplessness, or horror.

Brahm (2004a: 1) maintains that individuals' impacts of trauma also have a dramatic influence on communities, for example, when trauma becomes prevalent, society can lose the sense of trust:

trauma also has a way of spiralling out of control and human rights violations create massive trauma, which can, in turn, fuel additional human rights violations and so on. Feelings of trauma can generate feelings of frustration and revenge that can produce a cycle of violence and also perpetuate feelings of victimhood on all sides of the conflict. Shared trauma generates a 'we-feeling', but also creates an 'us vs. them' mentality.

Evans-Campbell (2008 cited in Fast and Collin-Vézina 2010: 131) posits that:

the diagnoses such as post-traumatic stress disorder do not address multi-generational traumas, as the focus is too individualised and does not take into account the social aspects of reactions to trauma, nor does it address the way that historical traumas may interact with and compound currently-experienced traumas such as intrafamilial abuse, suicide of family members, and daily racism and discrimination.

Fast and Collin-Vézina (2010: 129) note that some trauma researchers have advocated for both an expansion of what constitutes trauma and the development of an alternative diagnostic or screening tool that does not label individuals as pathological or mentally ill. (Brave Heart 1998; Carter 1999; Danieli 1998); Fast and Collin-Vézina (2010: 129) articulate that there must be a traumatic event for a person to be diagnosed with PTSD because most diagnoses are descriptive rather than explanatory, focusing on symptoms or behaviours without context; they do not explain how or why a person may have developed those behaviours (e.g. to cope with traumatic stress).

In describing the effects of war on the psyche, Novakovic (2013:1) makes references to Bosnia and Herzegovina as a country that still reveals many symptoms of a traumatised society two decades after wars. The high levels of organised crime, drug abuse, domestic violence,

violence on the streets, suicides, poverty and illnesses, and difficulties attaining political solutions have resulted in slow progress. She further elaborates that a complex and cyclical pattern of violence has manifested itself at multiple levels involving the same parties to the conflict creating growing spirals from which it is difficult to escape. Increased levels of violence are interrelated to increased levels of trauma which, in turn, could serve as a new fuel for the conflict, influencing its relational level.

3.4.5 Trauma and Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a diagnosis given to individuals by medical and mental health professionals when severe reactions or symptoms of trauma last for prolonged periods. Neufeld *et al.* (2002: 56), enunciate that Post-Traumatic Stress Disorder was first diagnosed among World War I soldiers and known at the time as “shell shock”. In the aftermath of the Vietnam War, it was referred to by its abbreviation, PTSD. Hooker and Czajkowski (2013: 14) state that the symptoms of PTSD include reliving the experience of the traumatic event persistently through flashbacks or nightmares, persistent avoidance of stimuli and distraction associated with the event, or numbing of general responsiveness, emotional dysregulation and persistent hyperarousal such as irritability. Barsalou (2001: 2) cites Dr Syed Arshad Husain of the University of Missouri’s definition of PTSD; as the development of characteristic symptoms following a psychologically distressing event outside the range of human experience.

Barsalou (2001: 2) states that PTSD symptoms, according to Dr Husain, are generally divided into three groups:

re-experiencing symptoms: include disturbing recollections, distressing dreams, flashbacks, and intense distress;

avoidant symptoms: involve an effort to avoid thoughts or feelings about the traumatic event, avoidance of activities related to the event, inability to recall the event, diminished interest in significant activities, detachment or estrangement from others, and a foreshortened sense of the future; and

hyper-arousal symptoms: include difficulty in falling or staying asleep, irritability, difficulty concentrating, hyper-vigilance, an exaggerated startle response, and psychological reactions to events that symbolise or resemble the traumatic event.

Traumatic experiences may manifest as physical disorders such as nausea, headaches, and backaches, as well as cause severe learning difficulties (Barsalou 2001: 2). Brahm (2004a: 1)

summarises Judith Herman's (1997) assertion that post-traumatic stress commonly manifests itself in three ways:

- First, hyper-arousal arises from continual vigilance in the hopes that the experience will not occur again.
- Second, the traumatic memory is omnipresent in the mind of the traumatised. The memory repeatedly occurs as a flashback, which can occur at any time, and the victim is unable to distinguish the memory from effectively experiencing the event again.
- Third, traumatised individuals appear to be indifferent in order to mask their feelings of vulnerability and helplessness.

Herman (1997: 38) scrutinises the ongoing discussion on how useful PTSD diagnosis is and how widely it should be used, especially in large-scale events, ongoing traumas and in non-Western societies. Yoder (2005: 12) adds to this discussion by stating that it is generally accepted that a small percentage of the population will have severe reactions and will need mental health care. She further points out that the broad use of a PTSD diagnosis is a source of erroneous descriptions that pathologise normal responses to traumatic situations leading to the underestimation of trauma responses. Yoder (2005: 11-12) makes a compelling argument; the proof is not in the absence of post-traumatic reactions, nor in the ability to carry out basic functions (e.g., to continue going to school or work). The researcher shares Yoder's assertion that the proof "is in the quality of relationships and in the behaviours in individuals, communities, and societies in the months, years and centuries that follow" (Yoder 2005: 12).

A 2004 study reported in the Journal of the American Medical Association looked at attitudes towards justice and reconciliation in Rwanda eight years after the genocide. The authors attempted to document how people suffering from unresolved trauma had different attitudes towards justice, reconciliation, nonviolence, and community building. Their study demonstrated that traumatic exposure, PTSD symptoms, and other factors *are* associated with attitudes toward justice and reconciliation. In the aftermath of mass violence, societal interventions should consider the effects of trauma if reconciliation is to succeed (Pham, Weinstein and Longman 2004: 602). A similar and more recent study carried out by several of the initial investigators looked at how, in Northern Uganda, people who were exposed to long-term war crimes related to the idea of peacebuilding. The study found that respondents who were suffering from either PTSD or depression (a high percentage – 74% for PTSD and 44%

for depression) were more likely to favour violence and violent means of ending a conflict over nonviolence and peace talks. Vinck *et al.* (2007: 543) state:

Our study suggests that psychological trauma is a key health indicator in populations exposed to high levels of personal violence in protracted armed conflicts. [...] International and national peace-building policies must take into account the psychological well-being of those most affected by war-related violence. Psychological trauma may influence whether individuals are optimistic about their future”, how they will view measures to change their situation, and whether such measures recognise and acknowledge the nature and extent of their suffering during the war. [...] Such research should identify how patterns of war-related exposure to violence, psychological trauma, and cultural and political factors influence the process of social reconstruction and peace-building in the aftermath of mass violence.

From the different studies, it is apparent that some people develop PTSD while others do not. PTSD development depends on the scale and intensity of the stressor. Vinck *et al.* (2007: 543) postulations have significant implications for how people with unhealed trauma approach peacebuilding, justice, reconciliation, ending conflict, and the idea of peace. It suggests that addressing trauma is necessary before beginning or as part of the initial process of post-conflict reconstruction. While few studies have carried out this type of analysis, if the findings hold, people with unresolved trauma might not even be open and responsive to peacebuilding measures. This conclusion means that not only should trauma healing be included in peacebuilding, but it may also be a prerequisite for peacebuilding to be successful.

3.5 Effects of Trauma

The mental health and well-being of war-affected populations have been a critical area of investigation, with extensive research documenting high rates of PTSD and trauma. Trauma is a doubly destructive force; it leaves noticeable physical, psychological, and emotional traces and impairs a person’s ability to relate to others, especially their support networks and community. This understanding presents a problem for peacebuilding and conflict transformation. Goldblatt and Meintjes (1998: 13) assert that

traumatic events shatter the world as one knows it, leaving one disordered, disempowered, and feeling disconnected from other people and from life; one’s response may involve anger, anxiety, depression, and asking the questions that are both personal and global: Why us? Where was God? And what is the meaning of life anyway?

The depth of the feelings, thoughts, and reactions can be frightening, even overwhelming (Yoder 2005: 32). Veerman and Ganzevoort (2001) presented Janoff-Bulman's theory of the 'assumptive worlds' at a conference, whose approach highlights how trauma seriously challenges the fundamental assumptions of one's daily life. The assumptive world – that which we consider to be certain – must be reconstructed. Janoff-Bulman lists three basic assumptions tied to people's estimates of their own vulnerabilities:

- (1) the world is benevolent,
- (2) the world is meaningful and comprehensible, and
- (3) the person sees himself/herself as competent, decent, and worthy.

These basic assumptions are shattered due to traumatic experiences. Noy (2004: 38) argues that the large-scale trauma does not only affect individuals alone but may also destroy the social structure and order. This is witnessed particularly in wars, where the intention is to perpetuate injury and not to kill all the enemy's soldiers or civilians but to cause damage. In addition, wars are won by breaking and paralysing the spirit of the enemy, destroying the social fabric, and incapacitating its leadership and command structure, and its determination to continue (Noy 2004: 38). The high prevalence of psychological casualties in the citizenry is attributed to the destruction of the social and moral fabric and power vacuums and lack of leadership (Noy 2004: 38).

Prolonged trauma has impacted individuals and the collective society. Coyle (2014: 18) suggests that the effects of historical trauma are extensive and damaging to the population, just like intergenerational trauma, citing an example of how slavery and colonialism have left an intergenerational legacy of trauma that persists today. Coyle (2014: 18) illustrates the devastating impacts of historical trauma by alluding to the highly influential work of Foster, who works within the African American community in Pittsburgh. Foster endeavours to understand the historic and ongoing trauma on African American individuals and families and relevant cultural issues. Foster emphasised that historical trauma has transmuted significantly, and racism and social inequalities have resulted in cumulative trauma. Foster observed that trauma is not dissipating in the black community but is amassing there and eventuating in high rates of violence in many of today's black communities; the over-incarceration of African Americans and the unpunished or under-punished killings of African American boys are part of the effects and evolution of historical trauma (Coyle 2014: 18).

Judith Lewis Herman, a medical doctor and trauma specialist, offers:

Trauma impels people both to withdraw from close relationships and to seek them desperately. The profound disruption in basic trust, the common feelings of shame, guilt, and inferiority, and the need to avoid reminders of the trauma that might be found in social life, all foster withdrawal from close relationships. But the terror of the traumatic event intensifies the need for protective attachments. It results in the formation of intense, unstable relationships that fluctuate between extremes (Herman 1997: 56).

Trauma and Recovery: The Aftermath of Violence: from Domestic Abuse to Political Terror is an inspirational book by Judith Herman. The book is critical in depicting how a variety of incidents, such as war-related or domestic abuse-related incidents, all lead to equivalent symptoms of trauma. Herman's book sheds light on the consequences of trauma by utilising vivid examples. While Herman focuses on individuals, her idea can also be applied to communities and entire nations suffering from trauma. In thinking about how this impacts the ability of people to overcome violence, one can imagine how detrimental it is to the peace process if each side is unpredictable or uninterested in building a future. Additionally, because of the sense of the loss of safety, trauma changes how people relate to authority. Some choose confrontation and feel justified because the state or other authority figure could not prevent the trauma. Others relinquish all control, which leaves them available for manipulation or co-optation.

3.5.1 Destructive Nature of Trauma caused by Ethnic Conflict

Exposure to discrimination can trigger divisions and ethnic trauma, and there are compounding impacts of belonging to marginalised and oppressed ethnic groups. Of particular relevance is Cui's (2010: 9) suggestion that ethnic conflict poses a direct assault on the social bonds of an entire community, leaving individuals vulnerable to the psychological sequelae of traumatic stress. Ethnic trauma and trauma caused by violence, rather than natural disasters, can alter the social and moral fabric that affects entire generations. Brahm (2004a: 1), in his comparison of trauma causes, highlights that man-made trauma is more complex to handle because the perpetrators continue to live in close proximity to victims, thereby serving as a constant reminder of the past as well as the threat of further traumatic incidents. On the other hand, Barsalou (2001: 2) compares between the trauma caused by violence; unlike trauma caused by natural disasters, it also creates a sense of shame, humiliation, and helplessness among the victims. Brahm (2004a: 1) notes that "even if the immediate source of the trauma is removed,

time does not necessarily heal all wounds, the survivor may, in fact, continue to suffer, to appear frozen in time”.

Barsalou (2001: 1) notes psychiatrist Vamik Volkan’s arguments that ethnicities whose identity has been transformed and entrenched through violence inflicted on the group can develop a sense of group victimisation, thereby perpetuating conflict. He suggests that the so-called ‘chosen traumas’ relating to significant or memorable events, are reshaped, or glorified in their retelling by social or ethnic group members to subsequent generations. Dr Volkan describes these changes as psychobiological degeneration symptoms, which include loss of trust in the order of things, difficulty in mourning, and a perpetual sense of helplessness and humiliation (Barsalou 2001: 1). These chosen traumas become historical markers used to reify identity, justify revenge, or restore the honour of victims, and they contribute to keeping conflict alive by renewing and refreshing the feeling of victimisation (Barsalou 2001: 1).

In traumatised groups, there is an increase in aggression, sexual and gender based violence, gangs, and organised criminality. The breakdown of societies in the context of serious ethnic conflict is frequently accompanied by human destruction of the natural environment. Collective trauma may be used to instigate retaliation and rationalise conflict. Hart (2008: viii) suggests that addressing those intangible elements or aspects hidden below the surface, but which so significantly affect healing and reconciliation are among key challenges. While the researcher finds his arguments to be fairly weak and inconclusive, there are several articles in Hart’s book that are helpful to understanding the link between more symbolic forms of healing and building peace.

3.6 Peacebuilding

The word peacebuilding was initially coined in the 1970s by Johan Galtung. Peacebuilding gained significant currency and came into widespread use in the 1990s following Boutros Boutros-Ghali’s book, *An Agenda for Peace*, where he defined post-conflict peacebuilding as action to identify and support structures which will tend to strengthen and solidify peace to avoid a relapse into conflict (Ponzio 2005: 3). In the *Agenda for Peace*, Boutros-Ghali, responded to a demand from the UN Security Council on how to improve peacekeeping and peace-enforcement, identifying peacebuilding as post-conflict social and political reconstruction activities that are aimed at preventing a relapse into conflict (Frère and Wilen

2015: 2). Johan Galtung related it closely to his philosophical notion of positive peace (Kornprobst 2013: 2). Galtung as a main figure in peace research originated, theorised, and developed many key concepts that continue to be applied in peacebuilding today. Some of the core concepts developed by Galtung include negative peace, positive peace, structural violence, the root causes of conflict, and sustainable peace; all these are applied in peacebuilding work and definitions and in the UN's definition (UNICEF 2011: 12).

3.6.1 Definition of Peacebuilding

Practitioners and academics have continuously expanded and developed on the definition and field of peacebuilding. Frère and Wilen (2015: 2) note that peacebuilding is a term which was catapulted and grew in prominence in the beginning of the 1990s in circles of international organisations, and the former UN Secretary-General, Boutros Boutros-Ghali, put it firmly on the UN's agenda by including it in the document *Agenda for Peace* which came out in 1992 (Boutros-Ghali 1992). However, Lederach deviated from the UN's definition of peacebuilding whereby the Secretary-General qualified the use of the term by connecting it exclusively to the post-conflict support of the peace accord and the rebuilding of war-torn societies. John Paul Lederach expands the definition of peacebuilding, adding that it encompasses “more than post-accord reconstruction and is understood as a comprehensive concept that encompasses, generates, and sustains the full array of processes, approaches, and stages needed to transform conflict toward more sustainable, peaceful relationships” (Lederach 1997: 20).

In the eyes of Galtung (1976: 297), “peacebuilding involves addressing and removing the root causes of violence – the structural and the cultural violence; that feed into and enable direct violence and the goal of peacebuilding is positive, sustainable peace”. In Galtung's words, “structures must be found that remove causes of wars and offer alternatives to war in situations where wars might occur” (Galtung 1976: 297). Galtung also emphasises the importance of local knowledge, ownership, and participation in peacebuilding. In sum, peacebuilding refers to conflict prevention or resolution activities performed by either external actors, such as the UN or other international organisations, or local actors on a community level, with the common aim of establishing a sustainable peace corresponding to more than merely an absence of violence, incorporating a structural transformation of a conflictual society to a positive peace available for all (Frère and Wilen 2015: 2). While definitions of peacebuilding vary, there

seems to be a consensus that peacebuilding requires a long-term commitment to preventing violence from continuing or re-emerging.

In the context of the researcher's study, what Lederach (1997: 20) suggests regarding peacebuilding is the more suitable approach. The researcher is studying trauma healing in relation to peacebuilding in the midst of the conflict. Therefore, this view fits with this study because in Lederach's view, the "term involves a wide range of activities and functions that both precede and follow formal peace accords, metaphorically, peace is seen not merely as a stage in time or a condition, it is a dynamic social construct" (Lederach 1997: 20). Such a conceptualisation requires that peacebuilding efforts not only occur during the post-conflict phase but should start amid a crisis.

3.7 Peacebuilding Conceptual Framework

Lederach (1997: 39) uses the three-tier model of a peacebuilding pyramid to describe the actors in a conflict/peacebuilding situation. The model outlines that relationships are core and essential in the preventing violence. The pyramid consists of three levels in peacebuilding: (1) at the apex, there is a small group of highly visible key political and military figures in the conflict; (2) in the middle lies regional political leaders, religious, business and civic leaders, and those with significant influence in different entities – they have contact with top-level leaders, and similarly, they vicariously know the context and experience of people living at the grassroots level; and (3) the grassroots level, representing the "masses at the base of the society – life at this level is characterised, particularly in settings of protracted conflict and war, by a survival mentality, and in the worst-case scenarios, the population at this level is involved in a day-to-day effort to find food, water, shelter, and safety" (Lederach 1997: 33).

Types of Actors

Approaches to Building Peace

Level 1: Top Leadership

Military/political/religious leaders with high visibility

Focus on high-level negotiations
Emphasizes cease-fire
Led by highly visible, single mediator

Level 2: Middle-Range Leadership

Leaders respected in sectors
Ethnic/religious leaders
Academics/intellectuals
Humanitarian leaders (NGOs)

Problem-solving workshops
Training in conflict resolution
Peace commissions
Insider-partial teams

Level 3: Grassroots Leadership

Local leaders
Leaders of indigenous NGOs
Community developers
Local health officials
Refugee camp leaders

Local peace commissions
Grassroots training
Prejudice reduction
Psychosocial work in postwar trauma

Affected Population

Derived from John Paul Lederach, *Building Peace: Sustainable Reconciliation in Divided Societies* (Washington, D.C.: United States Institute of Peace Press, 1997), 39.

Figure 3.1: Peacebuilding Pyramid-Levels of Leadership (Lederach 1997, p.39).

In his lectures, students posed many critical questions concerning the middle group, and as a result, Lederach gradually developed the peacebuilding pyramid into a networking web approach to peacebuilding. The moral imagination suggested important analysis of the middle out approach, replacing his ingenious pyramid with the spider's web.

3.8The Moral Imagination

The goal of the previous conceptual framework section is to deductively cultivate a structure for defining relationships and discuss the assumption that relationships can be a tool in peacebuilding. The perspective of peacebuilding espoused in this study is premised on John Paul Lederach's ground-breaking work entitled *The Moral Imagination: The Art and Soul of*

Peacebuilding. The question that this book poses is simple and endlessly complex: how does one transcend the cycles of violence that bewitch the human community while still living in them? Lederach (2005: 29) identifies “moral imagination as the capacity to imagine and generate constructive responses and initiatives that, while rooted in the day-to-day challenges of violence, transcend and ultimately break the grips of destructive patterns and cycles”. Practically and modestly defined, the moral imagination is the ability to be grounded in the real world but to have the capacity to envision an ideal world. Peacebuilding requires “respect for the center and the edges of time and space, where the deep past and the horizon of the future are sewn together, creating a circle of time” (Lederach 2005: 147). Lederach's focus is that a certain kind of imagination is within reach and necessary to transcend long-standing conflict and violence. Therefore, “stated simply, the moral imagination requires the capacity to imagine oneself in a web of relationships that includes one’s enemies; the ability to sustain a paradoxical curiosity that embraces complexity without reliance on dualistic polarity; the fundamental belief in and pursuit of the creative act; and the acceptance of the inherent risk of stepping into the mystery of the unknown that lies beyond the far too familiar landscape of violence” (Lederach 2005: 22).

The conceptual framework emphasises contemplative practices for transforming conflicts. Lederach (2005: 29) argues that the concept of moral imagination “does not push towards finding the answer to one’s problems in a single overarching solution as some miraculous new political, social, or economic system; it does push one towards understanding the nature of turning points and how destructive patterns are transcended. Turning points are moments filled with new life, which rise from what appear to be the barren grounds of destructive violence and relationships whereby this unexpected new life makes possible processes of constructive change in human affairs and constitutes the moral imagination without which peacebuilding cannot be understood or practiced” (Lederach 2005: 29). While acknowledging that peacebuilding is indeed a complex task, (Lederach 2005: 29) points out that four essential elements constitute the moral imagination and when implemented these core elements, make peacebuilding possible. Foremost, there is the centrality of relationships, secondly there is paradoxical curiosity, which is followed by creativity, lastly is risk taking (Lederach 2005: 34). These four disciplines will be explained in the following sub-sections.

3.8.1 The Centrality of Relationship

Relationships, the value of oneself, and the value of others generate an environment that enables people to transcend violence. The centrality of relationships, the concept that people are co-dependent, and change can occur by acknowledging that the quality of our life is dependent on the quality of the life of others (Lederach 2005: 35). Wheatley 2002 (cited in Lederach 2005: 35) describes the web of life where nothing exists in isolation, nor for itself. By recognising our relational interdependency we have the potential to break cycles of violence. Lederach (2005: 35) posits that relationships are fundamental to peacebuilding “time and again, where the shackles of violence are broken in small or large ways, one finds a singular tap root that gives life to the moral imagination: the capacity of individuals and communities to imagine themselves in a web of relationships even with their enemies”.

Regarding this study’s inquiry, the centrality of relationship accrues a special meaning, for it is both the context in which cycles of violence occur and the energy from which the transcendence of those same cycles bursts forth (Lederach 2005: 35). As stated by Maiese (2017: 32) in the summary of the moral imagination for sustainable peacebuilding, people should be able to envisage their affinity and interconnectedness.

3.8.2 The Practice of Paradoxical Curiosity

Sustained divisions fundamentally lead to cycles of violence. Moral imagination comprises the capability to transcend these divisions and differences with enemies and choosing our responses to conflict. Lederach (2005: 35) suggests that paradoxical curiosity is embracing complexities and pursuing something beyond our perceptions and what is visible. Imagination is core, and we must search past what we do not immediately comprehend. Owing to paradoxical curiosity, individuals or groups practising moral imagination rises above polarities such as good and bad, black and white, and right or wrong. In a review of *The Moral Imagination*, Maiese (2017: 32) notes that moral imagination involves accepting people as they are without judgement and looking beyond appearances to discover untold opportunities and potentialities.

3.8.3 The Space for the Creative Act

Peacebuilding must provide room for creative acts to fuel ideas and challenge norms or old ways of thinking. Lederach (2005: 38) mentions that the moral imagination finds its clearest

manifestation in creativity, possibly through artistic expressions. Creative human action leads to new possibilities by moving beyond what exists and moving toward something original and unanticipated. Creative acts along with imagination broaden our perspectives and can help give birth to new possibilities.

Maiese (2017: 35), alludes that artists usually produce the unexpected, so should peacebuilders move beyond the parameters of the expected. Peacebuilders should integrate creativity into their work and venture into uncharted territories to find new ways to think about social change.

3.8.4 The Willingness to Risk

Risk-taking contributes to the effectiveness of peacebuilding initiatives by encouraging and enabling innovation. Lederach (2005: 39) posits that risk-taking is stepping into unfamiliar territory without any guarantee of success or safety. For many populations living in deep-rooted conflict, violence is renowned and peace is enigmatic. Therefore, moral imagination demands peacebuilding to explore uncontrolled geographies of violence that are mysterious and difficult, such explorations move people towards something new (Lederach 2005: 39).

To summarise Lederach's assertion to achieve sustainable peace, we must understand both the deeper implications of risk and the longer-term outcome and impact of our work in peacebuilding (Lederach 2005: 39). Remarking on Lederach's assertions, Canceran (2014: 3) contends that the beauty of Lederach's proposal is the visualisation of the peacebuilder as a creative artist who illuminates what lies hidden and creates new expressions in peacebuilding that resonates with others; just like an artist, peacebuilders should be thoughtful in the unearthing of new possibilities such as relationship, paradox, creativity, and risk (Canceran 2014: 3). Therefore, peacebuilders should not merely repeat the same, but create new paths to peace; they should not be complacent to the common practices but should risk creating new ways - Spiders and Webs.

It is compelling that Lederach developed a framework for conflict resolution and peacebuilding by using the spider-and-web imagery. Lederach emphasises that building strong relationships is fundamental for peacebuilding, and building a strong web as spiders is of utmost importance. Peacebuilding can learn from spiders that web-making is more the art of creating platforms to generate creative responses than creating the solution itself (Lederach 2005: 85). Lederach (2005: 81) states,

webs may be woven across the same or slightly different spaces as many as five times a day, however, the greatest capacity of spiders is their intuition about space and their capacity for seeing and understanding the nature of their environment and the contours and potentialities of a given place. Spiders must think strategically about space, how to cover it, and how to create cross-linkages that stitch locations together into a net, and they must do this time and again, and always at considerable risk and vulnerability to themselves.

Commenting on the relevance of these spiders and web-making to peacebuilding, Lederach (2005: 81) explains that the relevance lies in understanding that “constructive change, perhaps more than anything else, is the art of strategically and imaginatively weaving relational webs across social spaces within settings of protracted violent conflict”. Lederach (2005: 81) states that “peacebuilding, like web-making, is the process of creating “complicated structures in an unpredictable environment, however, the key to such complexity is found once again in the art of simplicity”. One can “consider three principles of application that emerge from orb weaving which one can apply to the building of constructive social change in settings of conflict and violence” (Lederach 2005: 84). According to Lederach (2005: 88):

The web approach does not think in terms of us versus them, but rather about the nature of the change sought and how multiple sets of interdependent processes will link people and places to move the whole of the system toward those changes.

Lederach’s Moral of Imagination is formidable and engrossing mainly because the concept’s advanced lessons are from years of refining peacebuilding interventions grounded on real-life experiences. They are not abstract but drawn from first-hand narratives from his experience working in some of the most violent conflicts on earth. The book details and narrates the stories and experiences of people in complex situations and how they find sanity amidst chaos. The individuals engaged in creative acts that have often led to the transformation of conflicts; Lederach challenges communities and peacebuilding and obligates practitioners to move beyond the familiar, unassuming, and rigid dogma and to be imaginative and comprehend the power of local actors.

Benjamin's (2005: 1) analysis of Lederach’s moral imagination posits that most conflict management techniques over emphasise technique and problems, yet, *The Moral Imagination* actively examines the fundamental guidelines of effective conflict management practice that have for too long been left unexamined. Correspondingly, George (2019: 1) assesses that *The Moral Imagination* is a comprehensive approach to sustainable peace which addresses conflict resolution on the micro and macro levels. On the macro level, George (2019: 1) describes that

the theory addresses building systems that respond constructively to conflict through humanisation as the solution for violence prevention. Conversely, George (2019:1), critiquing the theory states that Lederach dialogues about fundamental skills but neglects talking about the meaning of those skills and their use. This critique is ironic, however, because it essentially calls for the provision of methods, and part of Lederach's thesis is that such a focus distracts from creativity. In support of the theory, George (2019: 1) states that the reality Lederach wants to see is non-existent, his vagueness is understandable, and he is mainly summoning peacebuilding practitioners to imagine the unimaginable, to create something indescribable, yet; Lederach is walking the talk by treading into the unknown while staying rooted in reality. While *The Moral Imagination* might sound idealistically improbable and contrary to human relations, Lederach is optimistic that conflict does not need to be destructive and that large-scale change is possible.

3.8.6 The Intersection Between Trauma, Peacebuilding and Conflict

Many authors address trauma healing as a part, and in this study, it is necessary for peacebuilding and sustainable peace. Novakovic (2013: 2), posits that peacebuilding is a multifaceted and evolving long-term process at every level of society. In the aftermath of a crisis, it is essential to rebuild destroyed infrastructure and communal and political systems; likewise, it is equally important to address trauma healing to promote reconciliation of the society and its progression (Novakovic 2013: 2). Shirch (2004: 26) in her *Map of Peacebuilding*, addresses four categories of peacebuilding: waging conflict non-violently, reducing direct violence, building capacities, and transforming relationships, where she considers trauma healing, followed by conflict transformation, restorative justice, transitional justice, governance, and policymaking.

Trauma healing is a necessary part of rebuilding relationships and peacebuilding. Novakovic (2013: 2) emphasises that “trauma is not only the legacy but also the cause of war, fuel for cycles of violence, and generational trauma that leads to their escalation. In support, Shirch (2004: 9) states that trauma healing or trauma transformation is inevitable if the progression and development of post-conflict society and sustainable peacebuilding are to occur. Shirch (2004: 9) defines peacebuilding as an array of processes that seek to reduce, transform, and help people to recover from violence in all forms. HPCR International (2008: 2) posits that the most integral goal of peacebuilding in trauma work is to seek alternative and effective solutions

for survivors to feel empowered to go on with their lives without perpetuating the cycle of revenge. Puljek-Shank (2007: 186) theorised that

the deeper the injury is, the deeper the pain is, and thus one feels very strongly to take revenge and hurt the other in the same way that one has been hurt by them". Therefore, "in order to be able to hurt the other, one dehumanises the other and creates an explanation and a story as to why one has the right to carry out an act of aggression to the other, who has, by this time, become one's enemy; thus, the cycle stays closed because one has been hurt and to protect oneself, one hurts the enemy in return, who in turn hurts one to protect themselves, and thus the cycle goes on for generations and centuries.

Volkan (2008: 79-97) conveys that cyclical patterns of violence are manifestations of unaddressed suffering or generational trauma which he calls 'chosen trauma'.

It is summed up by Yoder when she states that today's perpetrators are often yesterday's victims (Yoder 2005: 57). Novakovic (2013: 3) supports Volkan's and Yoder's suggestion that unhealed trauma is passed from generation to generation, contributing to the cyclical nature of intractable violence. There is evidence that past experiences have a significant impact on communities, and individuals and survivors of horrific wars and genocide exhibit difficulties in their functioning, reconciliation and recovery (Novakovic 2013: 3). Novakovic (2013: 2) adds that the link between conflict and trauma points directly to the need for trauma transformation to break the conflict spiral thus trauma transformation is a necessary part of restoring damaged relationships; the interlinkages between trauma and peacebuilding is one of repairing and restoring damaged relationships (Novakovic 2013: 3).

A victim can become an aggressor and continue the revenge cycle for generations without the possibility of this cycle ever being broken; one becomes trapped in one's own pain and suffering seeing nothing other than injury and loss, leading to more violence. Mack (1990 cited in Puljek-Shank (2007: 187) states that, due to trauma an individual becomes trapped in the egoism of victimization. Subsequently, the belief that one has been hurt leads to a creation of 'right conflict narratives' to ease one's conscience and justify one's action of hurting others (Puljek-Shank 2007: 187). In support of this assertion, the Strategies for Trauma Awareness and Resilience (STAR) Manual (2001 cited in Puljek-Shank (2007: 187) notes that one is not able to perceive or understand things that happen or exist outside their pain and one does not take responsibility or feel guilty for committing violence against others. STAR is an educational programme that emerged in the aftermath of 11 September 2001 in the USA. In

the wake of the World Trade Centre attacks, Church World Service provided a grant to Eastern Mennonite University's Centre for Justice and Peacebuilding (CJP) to support community leaders dealing with impacted communities (Mansfield 2017: 266). STAR purposefully encourages participants to explore trauma using a multifaceted approach that gives prominence to the lived experience of individuals and groups, and the massive resources all people have for integration, support and strength in the face of trauma (Mansfield 2017: 266). Therefore, extended trauma can cause a person to lose their humanness, and sense of self-worth resulting in the brutalisation of others. Puljek-Shank (2007: 187) describes dehumanisation as

a moment when one loses one's humanness and dehumanises oneself; this is the moment when one's trauma, pain and suffering take control over oneself and when one loses a sense of belonging, self-respect and dignity; this is the moment when one completely stops recognising the sacredness of one's own life; this is when one becomes a beast and thus an enemy to one's enemy who has dehumanised us as well as others.

Acknowledging trauma at an individual and collective level is essential to the healing process to occur. Novakovic (2013: 2) highlights that managing trauma is dealing with the past; in the context of peacebuilding and trauma, those stuck in their trauma perpetuate cycles of violence, unlike those who choose to transform it. However, the trauma problem is often overlooked as a core of peacebuilding during the conflict phase and victims of trauma are often marginalised and almost forgotten both on an individual and communal level (Novakovic 2013: 3). Hence, to ensure effective peacebuilding, it is crucial to acknowledge past wrongs and address trauma, thereby, paving the way for a collective strategy for trauma transformation that is context-specific and tailor-made to meet the specific needs of each traumatised community.

In the *Expanded Framework of Peacebuilding*, Lederach (2005) discusses four levels of history; the recent event, lived history, remembered history, and the narrative, which all influence conflict and the future. Chosen trauma connected with deep-rooted conflict is created on the third level or remembered history (Lederach 2005: 147). As a peacebuilder, Lederach finally highlights 'the cycles of time rather than cycles of conflict' as already elaborated on in the preceding paragraphs. In other words, the past is not dead and should not be put aside or forgotten to move forward. Populations affected by conflict must understand their past, acknowledge where they have been, what happened to them and break the cycles of violence. Therefore, "this new circle of life, in which trauma is transformed and reconciliation of the society is achieved for purposes of development and building sustainable peace, is that which

one's children, the children of their children, and all the children of the world, need and deserve, and to make this dream people's reality, it is necessary to address trauma and work on its transformation on a collective level, setting it as an appropriate – and inevitable – part of peacebuilding” (Novakovic 2013: 3).

To demonstrate the correlation between trauma and violence, Wessells (2007: 1) draws up an example of the time when Kosovar Albanians, after returning home in the summer of 1999, inflicted on Serbs, Roma, and other minorities the same types of atrocities that had been committed against them. Wessells (2007: 1) articulates that emotional, spiritual and social wounds of war generate a powerful incentive for continuing cycles of violence; therefore no peace will exist without dealing with the painful wounds. People who are impacted by contemporary wars, such as those that result in children associated with armed conflicts, mass killings, rapes, genocide, mutilations, ethnic cleansing and the destruction of homes and communities often weave a sense of victimhood into their socially-constructed identities (Wessells 2007: 1). As a result, by transmitting heroic images of their suffering to their children, displaced people transfer their wounds intergenerationally, causing the new generations to focus on avenging the wrongs of the past (Volkan 2008: 79-97). These victims' identities become a warrant for revenge and the human rights abuses that frequently occur when displaced people return home (Volkan 2008: 79-97).

Trauma profoundly impacts communities and societies, which therefore, need help to deal with the impacts of conflict. Hamber (2004: 2) highlights that trauma associated with political conflict aims to destroy the spirit of the individual along with the social and political structures, therefore, trauma work also stress the transformation of society, the repairing of relationships, and the shift in social conditions. Hitherto, there has been an increased awareness of perpetrator-induced trauma and its role in perpetuating the cycle of victimisation and offending. Under these circumstances, Zehr (2008: 10) postulates that trauma shapes overall behaviour including patterns of wrongdoing and conflict and therefore, the social as well as the individual dimensions of trauma, must be addressed as part of peacebuilding efforts. Trauma can undermine the peacebuilding efforts if left unaddressed, hence deliberate efforts should be made to promote individual and societal resilience.

Novakovic (2013: 3) makes a compelling argument that trauma plays a role in each category of peacebuilding and should be integrated at all phases to build sustainable and collaborative

relations. To emphasise her point, (Novakovic 2013: 3) raises the following question: “is sustainable peace possible without transforming trauma?” The explicit answer to that question is ‘No’. Several other practitioners and authors also agree with the linkage between trauma and conflict. Levine (1997: 225), a pioneer researcher in trauma writes, that “trauma is among the most important root causes for the form modern warfare has taken; the perpetuation, escalation, and violence of war can be attributed in part to post-traumatic stress and this interrelation between trauma as the consequence and a cause of war can be observed in many conflicts and their cycles”. Novakovic (2013: 3) alleges that trauma creates dysfunctional individuals and dysfunctional societies whose capacities to change and progress are inevitably affected and significantly lessened. The critical need is for transformation to take place on a collectively, thus allowing societies to collaborate in shaping the course of destructive conflict.

While Novakovic’s article links trauma and conflict, it does not lay out a framework for understanding trauma and peacebuilding – however, it does give examples from which one can extrapolate insights. This missing framework is part of the gap identified by the researcher. The Humanitarian Policy Conflict and Research (HPCR International 2008: 2) reports that the peacebuilding field continues to be detached from mental health studies, fuelling divisions between individual and collective perspectives, and between the camps that endorse and reject PTSD approaches. HPCR International (2008: 2) argues that the international community is just beginning to take heed of mental health issues, which belong at the fore of recovery efforts. However, despite growing evidence of the consequences of trauma, concrete actions to address these ‘invisible wounds’ unexpectedly remain inadequate, if not entirely missing, regarding paradigms of assistance and development employed by relief and development organisations in post-conflict transition (HPCR International 2008: 1). The peacebuilding field has yet to strongly consider how collective approaches to tackling trauma factor into strategic approaches to breaking cycles of violence.

Trauma healing is necessary for the transformation of relationships and the creation of long-lasting peace. Shank and Schirch (2008: 6) argue that “for peace to replace violence, broken relationships are re-created using an array of processes that address trauma, transform conflict, and do justice and these processes give people opportunities to create long-term, sustainable solutions to address their needs, and transformation is a key principle of all peacebuilding programs”. Clancy and Hamber (2008: 9) state that the trauma dimension is a key aspect of

peacebuilding in complex political emergencies. American psychiatrist, James Gilligan, has argued that “all violence is an effort to do justice or undo injustice” (Zehr 2008: 5). Both conflict and justice processes, therefore, must find ways to address these issues of justice and injustice. In support of this assertion, Hester (2016: 8) calls for transformation to promote unity and coexistence between groups. To support this argument, Hester (2016: 8) draws on experimental studies carried out on emotional regulation and their effects on intractable conflict whereby, in an experimental study, those who underwent reappraisal training to shift reactions to emotionally-charged events felt less negative emotions and thus expressed more support for conciliatory policies (Halperin *et al.* 2013: 3). Hester (2016: 8) explains that the findings demonstrate that emphasising on the psychological impact of conflict makes it possible for us to transform intergroup conflict and attitudes arising from protracted forms of conflicts.

Traumatic narratives of civilians living in the middle of conflict can also give rise to advocacy, nonviolent strategies, and a need for peacebuilding. Often, communities affected by conflict demand peace and an end to injustices. Community mobilisation is integral part to conflict transformation and peacebuilding to address trauma issues. In the aftermath of war, peacebuilding and trauma healing are interconnected, healing cannot occur without placing trauma at the heart of broader peacebuilding initiatives and vice versa.

3.9 Facing Trauma in the Middle of Protracted Conflict

The South Sudanese have been affected by armed conflict for over six decades, with generations growing up living in conflict situations. Hamber (2004) asserts that trauma healing is elusive in contexts like South Sudan, where conflict is protracted and civilians endure repetitive displacements due to continued violence. It is contentious if psychological suffering interventions are beneficial when the necessities such as safety, shelter, food and water, and sanitation are lacking. Esther Mujawayo (2014: 1), a Rwandan author, trauma therapist and sociologist, who survived the 1994 genocide against the Tutsi, posed the question: “What kind of treatment is effective for traumatised people who still live in fragile, violence-prone settings?” In response, Mujawayo (2014: 1) implies that psychological suffering should be addressed even during protracted conflict; “human beings have an enormous capacity for coping, but if a mother in South Sudan sees her children dying, how can she cope? she may feel that she is losing her mind, it is important to tell her: you are not crazy; the events around you are crazy”. On the contrary, Palmer (2002: 22) emphasises that according to other

viewpoints, survivors have mental illnesses and should be on medical treatment. Palmer (2002: 22) explains that “distress and suffering are normal following war and conflict, and they relate primarily to the devastation of social worlds rather than intrapsychic problems”. Meddings (2001 cited in Palmer 2002: 22) concurs, noting that psychiatry is of little significance in situations of active conflicts rife with killings, abuse, displacements, and where clean water, food and security are absent. Wessells (2007: 3) also argues that counselling services and trauma initiatives cannot lead to healing when affected populations are distraught and worried about safety and securing their next meal.

While there are disagreements on whether or not to provide psychosocial support amid war there is consensus that it is a challenging process. Palmer (2002: 22) maintains that in war-ravaged countries, mental health practitioners deal with multiple layers of brokenness on a national, communal, group and individual level. Gibbs (1997 cited in Wessells 2007: 3) adds that the “limits of healing through expression are visible in many war zones, where material, emotional, and social needs intermix and often, healing occurs through the resumption of normal activities and patterns of living, which provide a sense of continuity”. Wessells (2007: 3), critiquing constructs by Western psychologists, highlights the pitfalls of considerable emphasis on healing on an individual level. In active conflicts, much of the healing is psychosocial, therefore more emphasis should be placed on social healing. On a different note, Puljek-Shank (2007: 182) asserts that breaking the cycle of violence, involves risk-taking and one needs to take a risk and embark on a journey of healing and possible reconciliation. The path to recovery is a frightening, and overwhelming journey fraught with difficulties, pain, hopelessness, numbness, and confusion and is hurtful in many ways; this is a difficult journey in life upon which to embark.

Assisting traumatised communities is a mammoth task when communities are exposed to trauma daily. As a result, for genuine healing to occur, there is a need for long-term solutions that allow refugees and internally displaced people to find meaning and reintegration into society. Building a home, for example, can help to re-establish a sense of control in the face of overwhelming, traumatic experiences and can help to meet a very pressing source of stress. In this regard, the creation of jobs and economic opportunities is critical to healing and social integration. Even though there is a growing recognition that peacebuilders must operate at the intersection of trauma and peacebuilding, the literature does not yet agree on the best approach

to trauma in protracted conflict settings. In many ways, trauma and peace are at a crossroads where unresolved trauma is a roadblock to lasting peace and ongoing violence prevents trauma healing. Additionally, it can be challenging to translate techniques for individual healing into group settings, there is a lack of knowledge and expertise in psychological processes, and it can be difficult to know when to start each stage of the healing process, especially when attempting to rebuild relationships across conflict divides (Zelizer 2018). There has not been a comprehensive study on how to evaluate the efficacy of community-based trauma healing and how to maximize its potential, despite the abundance of anecdotal evidence that trauma healing is crucial to peacebuilding. Presently, there is no customary method for handling trauma in conflict settings. Puljek-Shank and Puljek-Shank (2008: 155-183) highlight the importance of narratives for healing and explaining cycles of victimisation and violence in communities.

An emerging nexus of trauma and peace is the concept of secondary or vicarious trauma, where peacebuilders or caregivers experience strain due to their repeated witnessing of pain (Zelizer 2018). Trauma can disrupt a community or individual's ability to engage in post-conflict reconstruction states (Kantowitz and Riak 2008: 19). Therefore, most of the authors focus on trauma healing post-conflict rather than during protracted conflict.

Gaps in knowledge exist on addressing trauma and more work is needed to prevent, identify and address trauma. There are significant gaps in long-term solutions and how to effectively address trauma amid persistent conflict and violent cycles. Research studies conducted in South Sudan by Lien *et al.* (2014: 9) suggest that more attention should be paid to other anxieties such as general anxiety disorder (GAD) and panic disorder (PD). According to the findings of this study, South Sudanese people endure a high level of psychological distress and trauma exposure and post-traumatic stress disorder. Regrettably, few pathways exist for effective trauma healing on the scale demanded by complex emergencies such as in South Sudan (Wessells 2007: 3). Trauma theory and practice are inundated by individualised and Western ideologies of dealing with trauma. This individual focus is ill-suited to collectivist societies in underdeveloped nations, where most armed conflicts occur. Fuertes (2004: 2) notes that the problem that many field practitioners face in war-affected settings is that few studies on community-based war traumas, particularly in terms of how war-related perceptions, images, feelings, and behaviours called *warviews* influence or inform people's coping mechanisms; there is little understanding of how coping mechanisms address or process the warviews.

3.10 Summary

This chapter has discussed and explored the different definitions and types of trauma, including intergenerational, collective, and individual trauma. The chapter also elaborated on the effects of PTSD and trauma. The nature of conflict has changed: psychological warfare is commonplace, conflicts are relationships characterised by trauma and violence, sexual violence is increasingly pervasive in conflict and post-conflict societies, and the neat categories of victim and perpetrator are overly simplistic. One must look at trauma victims as “multiply wounded, multiply traumatised, and multiply grieving after experiencing several decades of conflict” (Fuertes 2004: 492). Trauma links people’s past to their process of future building; without addressing the wounds of the past, they will continue to fester in the future. Herman made an eloquent statement regarding suffering endured over decades: “those who experience single trauma feel as if they lose their minds, those who experience long-term continuous trauma feel they lose themselves” (Herman 1997: 158). Though this research focuses primarily on the trauma endured in protracted conflict, another level exists as structural and cultural violence, which remains largely unexplored. The chapter has also defined peacebuilding and established the correlation between conflict, trauma, and peacebuilding. The conceptual framework, premised on Lederach’s Moral Imagination, was discussed.

CHAPTER 4: TRAUMA HEALING, PRIMACY OF LOCAL ACTORS, AND RECONCILIATION

At a time when our discourse has become so sharply polarised – at a time when we are far too eager to lay the blame for all that ails the world at the feet of those who think differently than we do – it’s important for us to pause for a moment and make sure that we are talking with each other in a way that heals, not a way that wounds.”
(Barack Hussein Obama- 2011).

4.1 Introduction

This chapter explores the meaning of trauma healing and how it is critical for violence reduction. The chapter also describes the effects of trauma and further explains the goal of trauma healing and its impact. This chapter further explores the effects of trauma on the IDP populace in PoCs. Furthermore, it showcases the empirical evidence of trauma healing. The chapter outlines community-focused trauma healing approaches used in Cambodia, Rwanda, Liberia, Sierra Leone, and Somalia.

4.2 Trauma Healing

Trauma healing decreases post-traumatic stress for those who have sustained trauma. The report by Pact (2015: 6) insinuates that trauma healing is a conflict resolution approach utilised in modern peacebuilding interventions. This approach raises awareness of trauma among conflicting communities and empowers them toward reconciliation. The report reveals that the trauma healing approach involved bringing together traumatised individuals, victims and perpetrators, in trauma awareness sessions. Through the sessions, both the victims and the perpetrators can understand and identify trauma and its symptoms and understand how trauma perpetuates a recurrent cycle of conflict among communities (Pact 2015: 6).

Peace literature identifies trauma healing with the restoration of relationships and the rehabilitation of societies that have experienced mass violence (Yoder 2005: 31). Daly and Sarkin (2008 cited in Dahl 2009: 45) identified that the medical metaphor of healing is

widespread; healing is medicalised and regarded as a disease that needs cure at an individual level throughout the reconciliation literature. Daly and Sarkin (2008 cited in Dahl 2009: 45), note that “frequently, post-conflict peacebuilders are stated to approach the healing of traumatised societies and people in the way that a physician approaches an injured body; various scholar-practitioners and trauma survivors have also often used the metaphor of historical scars and wounds in need of treatment”.

James Mace, a political scientist at the University of Illinois, defined the relationship between Ukraine and Soviet Russia as a "gaping, unhealed wound" during a symposium at the Foreign Service Institute in June 1991 in the USA. Montville (1993:12) and Dahl (2009: 71). To explain what constitutes trauma healing, use of the metaphor of a gaping unhealed wound by James to illustrate the depth of pain, fear, and hatred that a history of atrocious and long term violence can inflict on people. Dahl (2009: 46) notes how some scholars who use the term *healing* understand that *ruptures* can mend and become *scars*, while others treat the opening up and cleaning the wound as a metaphor for grievances and the discussions around their trauma to avoid festering. However, some practitioners staunchly reject efforts to “psycho-pathologise or medicalise the understanding of social reconstruction by focusing on trauma and prefer to identify sources of strength and resilience that can contribute to the rebuilding of post-conflict societies” (Barsalou 2008: 4).

The role of trauma and how to address it remains controversial in transitional justice because most transitional justice systems are top-down and do not take a participatory approach. Even though social and economic rights are critical to both addressing victims' needs and resolving the causes of conflict, transitional justice methods generally disregard them. Transitional justice, rather than being led by victims, is state-led. Moon (2009: 76) emphasises state-led post-war reconciliation programs have increasingly drawn on the premise that trauma poses unique challenges for peace since traumatised societies inexorably repeat the conditions under which violent conflict resurfaces”. Moon (2009: 76), notes; since the formation of South Africa’s Truth and Reconciliation Commission (TRC), “a number of state reconciliation projects have sought recourse in the clinical idioms of trauma management in order to fulfil their explicit intention to lay national trauma to rest”. Field (2008: 2), argues that the crucial issue was not simply that South Africa needed to heal the wounds of violent conflict, and that truth-telling was the best way to do so, but healing was to be the first and most important task

of the new post-apartheid regime, and that its successful performance would form the basis of its future claim to rule. The TRC is pivotal to this research because a method of forging social cohesion in a post-apartheid setting riddled with socio-political divisions, violence, traumatised individuals and communities, economic hardship, and widespread poverty.

A truth commission aims to transform traumatic memory into therapeutic history. This form of social engineering is achieved through testimonies legitimised by victims' suffering, thereby creating new narratives upon which states can build their legitimacy (Robins 2017: 47). While Robins (2017: 47) acknowledges a link between the suffering of individuals and inter-communal reconciliation, the author stresses that care is taken not to conflate the concepts of individual and societal healing. Ruth Picker, in conjunction with the Centre for the Study of Violence and Reconciliation, the Khulumani Support Group, and the KwaZulu-Natal Programme for Survivors of Violence, found that "while victims of human rights violations who participated in the TRC appreciated the disclosure of truth, the opportunity to tell their story, and the chance to confront perpetrators, this caused many to also feel as if they had been re-traumatised by the experience and undergone a significant deterioration of overall physical and psychological health after testifying" (Saunders 2008: 4). Specifically, Picker's respondents felt that the TRC had broken its promises with regards to reparations, that this failure was an "act of disrespect, breach of trust, and exploitation". From their perspective, they had been rendered vulnerable by publicly testifying and having their words and experiences appropriated by the Commission and other experts for other purposes. They alleged that perpetrators often lied, were condescending and unrepentant, and that the TRC had exacerbated their trauma due to a flawed case management process that lacked follow-up and psychological counselling services after testimonials (Saunders 2008: 5). Saunders (2008: 6) mentioned that a Khulumani press release openly stated the matter as follows:

The TRC has compromised our right to justice and to making civil claims. In good faith we came forward and suffered the re-traumatisation of exposing our wounds in public in the understanding that this was necessary in order to be considered for reparations. We now feel that we have been used in a cynical process of political expediency.

Saunders (2008: 4) further adds that "this sentiment was exacerbated by the not-unreasonable perception that the TRC had rewarded perpetrators with amnesty but had offered little compensation, justice, or chance of recovery to victims despite the truth-telling". While the

TRC had been more successful at a national level than at a local or personal level, Saunders observes how the victim's own healing had been lost in translation and sacrificed for the healing of the nation (Saunders 2008: 4). The argument advanced is that the Commission reneged on its promises of healing, placing more emphasis on facilitating reconciliation and establishing a culture of human rights, and attending primarily to rehabilitating the body politic rather than healing traumatised individuals, many of whom sacrificed their recovery for the nations. Saunders (2008: 4), accentuates that

this idiom of healing was also sufficiently slippery as to allow spiritual and symbolic forms of compensation to eclipse demands for material reparation, therefore, "in inadvertent alliance with the ANC's conversion to neoliberalism, the TRC's emphasis on healing the nation's soul undermined the task of repairing its material body".

This view supports the argument that the TRC lost the opportunity to aid individual psychological healing; and failed to bring communities together.

There is a growing momentum to establish truth-telling commissions in the aftermath of violence globally. Truth-telling has become a crucial part of post-conflict reconciliation processes universally under the assertion that truth-telling is healing, and reconciliation is the result of truth-telling. Brahm (2004a: 2) supports this assertion and argues that remembering and truth-telling about horrific events are preconditions both for the restoration of the social order and the healing and recovery of individual victims; trauma will not go away unless confronted; this, in turn, is contingent on the disclosure of the crimes.

However, Brounéus (2010: 429), conducted a study that strongly challenges the claim that truth-telling is healing. Her conclusion on the Rwandan village tribunals for truth and reconciliation presents an unconventional understanding of the complexity of truth-telling processes in post-conflict peacebuilding. The study by Brounéus (2010: 429) applied recent psychological research to this issue by examining whether witnessing in the *gacaca*, the Rwandan village tribunals for truth and reconciliation after the 1994 genocide, were beneficial for psychological health. Brounéus (2010: 429) articulates findings from the stratified cluster random survey of 1,200 Rwandans at different stages. The results indicated that *gacaca* witnesses suffer from higher levels of depression and PTSD in comparison to non-witnesses. Further findings from the study indicated that long term exposure to truth-telling did not decrease the levels of psychological ill-health, nor has the prevalence of depression and PTSD decreased over time (Brounéus 2010: 429). Brounéus (2010: 429) study suggests that sustained

and prolonged engagement with the past that truth and reconciliation processes inherently involve may lead to obsession with past trauma instead of an emotional release of the past which would explain the lack of noticeable change in the levels of psychological ill-health. It is evident that while there are differential views and use of different metaphors to describe the social or clinical healing of trauma, there is an agreement among authors that there is a need to dig into the past, talk about harms and needs and how closure is essential for an individual or community to move on.

To demonstrate what trauma healing is and why it is needed, (Brounéus 2010: 408) considers a discussion by a psychiatrist who specialises in PTSD treatment in the context of the South African TRC:

There has been far too little genuine debate about the nature of social healing and what surely promotes it. Truth is one essential component of the needed social antiseptic which could cleanse the social fabric of the systematised habit of disregard for human rights, but it needs to be an examined truth; it needs to be considered, thought about, debated, and digested and metabolised by individuals and by society.

Villa-Vicencio and Verwoerd (2000: 291) posit that trauma healing and recovery processes are pivotal to peacebuilding. They further assert that the field of trauma healing seeks psychological healing and a safe space to talk without judgement; without a safe environment, there is a probability that survivors will remain symptomatic (Villa-Vicencio and Verwoerd 2000: 291). In support (Shirch 2004: 47) suggests that trauma healing has the ability to prepare individuals and communities to face bystanders and offenders or those who are associated with the offenders. Failure to comprehend recent suffering only breeds grievances and is the seed of future suffering (Simpson 2001 cited in Dahl 2009: 61). Herman (1997: 1) states that ordinarily it is a normal response to try and get rid of atrocities from consciousness, but these are impossible to bury; and denial does not work.

Puljek-Shank (2007: 183) succinctly uses a metaphor to describe trauma and healing explaining; that “when thinking about trauma is an image of a volcano erupting, before the eruption, the volcano is working within, the fire is active, lava is hot, and it is constantly boiling and building up pressure”. There is always a certain kind of volcanic activity, an active volcano that builds up pressure from within. In the medium to long term, this pressure fills all the space within the volcano and is bursting with the need to ‘spend’ the pressure and after a while, this constant level of energy, that cannot be ‘spent’, collects within the volcano, within a closed

space, and it starts to build-up to the point that it brings an eruption. The volcano is dangerous and destructive; it burns everything on the ground, and life disappears, leaving everything grey, dark and burnt. The place where lava is present is hot, and many poisonous gases emit into the air. The area becomes uninhabitable, and death and destruction prevail when looking at this picture, the first thought that comes to one's mind is the fact that there will be no life in this place again since destruction and death prevail; however, after some time, the cooled lava and ashes turn into fertile ground that, together with rain, feed the soil and help to create life again. The vegetation that has survived (by some miracle) starts to sprout again, reviving lush and greener fields and vegetation than before.

Therefore, as in the volcano's imagery, a place of death and destruction becomes a place of rebirth and life. After trauma, one feels like one will never be able to live again, but deep down, there is something innate, not destroyed, that can recover and come out of a state of heightened arousal and reset itself to normal, and one starts to live again.

4.2.1 Goal for Trauma Healing

A society cannot move towards sustainable peace without attending to the unhealed psychological wounds. The goal of trauma healing aims to give victims a sense of restoration of safety and power over their lives (Puljek-Shank 2007: 183). Brahm (2004a: 2) poses the following question: "After such violence, how can groups that continue to live together build a better, non-violent future?" This research attempts to find answers to this question.

Recovery and the ability to live in the present without being overwhelmed is the primary goal of people who have experienced trauma. Staub *et al.* (2005: 2) point out that trauma healing aims to provide a conducive safe environment for affected individuals to narrate and retell their stories of past traumatic experiences in war zones. Staub *et al.* (2005: 2) indicate that narratives that focus on past unresolved grievances, concerns, and injustices have the potential to instigate revenge tendencies at both individual and community level. If left unchecked, they can trigger cycles of renewed conflicts among communities. Staub *et al.* (2005) add that "healing both individual and collective trauma is a concrete step towards reconciling warring communities which helps them to reflect on their own role in perpetuating narratives regarding marginalisation, hard-line stances to resolve conflicts, ethnic hatred, and negative perceptions enabling them to overcome the feeling of being disempowered and disconnected". Pact (2015: 5) pinpoints three stages of trauma recovery: reconnection with ordinary life, remembrance,

and mourning, and finally, the establishment of safety. These stages of trauma recovery have been central to the creating of trauma-healing programs. Therefore, trauma healing facilitates dialogue between conflicting parties while aiming to rebuild and strengthen the relationships needed for sustainable peace (Herman 1997: 181). Trauma healing is a tool that promotes inclusivity for the less privileged groups – women and other actors – towards the peaceful resolution of conflicts (Herman 1997: 181).

Psychosocial interventions that engage both victim and survivor are often overlooked. In *Trauma and Reconciliation*, Pact (2015: 7) writes that trauma healing often is a process that can last a lifetime and is addressable in intentional stages. It takes commitment, will and deliberate choices for both individuals and groups. Therefore, trauma healing is best looked upon as work for many years and for future generations because the decision to heal does not come naturally (Pact 2015: 7). Healing is not natural due to the overwhelming nature of trauma that leads to helplessness and loss of control and the urge to strike back or flee. In either case, the traumatic experience teaches one that one cannot trust those who have hurt one and therefore, one is on guard and ready to strike back (Pact 2015: 7).

Victims often need to go through the cycle repeatedly to understand what has happened to them and why and move towards resolving their traumas (Puljek-Shank 2007: 181). Puljek-Shank further argues that traumatised individuals need a safe space to retell their stories to themselves and others many times – and revealing traumatic events in their full unpleasant details is necessary: the traumatised individual understands what one has survived and what one has lost. According to Puljek-Shank (2007: 181), trauma has a severe effect that is damaging to the body and mind the danger of this closed cycle is that one can become stuck and trapped in their experiences. Pact (2015: 7) notes that healing from one's trauma is a choice, and with this choice, one regains their voice, reclaims their narrative, accepts their story and accepts oneself as changed due to the experience that has taken place. Thus, this leads to acceptance and a renewed sense of self where one can carry on despite what they might perceive as their ugly scars. The longer one stays trapped and frozen, the more one is damaged psychologically and the higher the chances of repetitive cycles of violence. Puljek-Shank's (2007: 197), narration of the experiences that she has heard in training and teaching sessions on Trauma Awareness and Reconciliation reveals, states that trauma leads to fragmentation of the psyche where it splits a person in half. The split results in two different personas one wants to bury all memory

of the traumatic event, and the other half cannot recover from what happened. Therefore, trauma healing needs to be deliberate, one must work intentionally on healing the trauma(s), to find peace between these warring personas. Puljek-Shank (2007: 197) articulates how trauma healing programs empower and equip victims with skills, knowledge, and the will to change their plight and contribute toward the peaceful resolution of conflicts. She further asserts that the absence of trauma healing and recovery programs, and the incorporation of conflict/trauma-sensitive programming impedes efforts for processes such as peacekeeping, humanitarian aid and mediation and negotiation processes (Puljek-Shank 2007: 197).

Traumatic memories that lead to despair and anxiety are enduring (Shirch 2004: 48). The goal of trauma healing is to acknowledge the painful and distressing emotions and integrate them into personal or collective rebirth so that one can claim back their life (Shirch 2004: 48). In this regard, trauma healing can restore the social fabric (Shirch 2004: 48). Healing requires a focus on the victim, and Brahm (2004a: 2), points out that the purpose of trauma counselling should be to help someone identify and internalise experiences and come to terms with emotions experienced during and after a traumatic event, thus enabling one to live in the present rather than constantly being triggered by the past. HPCR International (2008: 2) argues that the goal of trauma healing is that the traumatised individual does not become the aggressor- more so, forgiveness is solely the choice of the traumatised. It is also the choice of the victim to seek prosecution or concentrate on rebuilding a new life.

The South Sudanese have endured extreme and overwhelming events, such as sexual violence and armed conflict leading to a ripple of life-altering symptoms. The report by HPCR International (2008: 2) describes South Sudanese as deeply traumatised, especially women and children, following the long years of civil war and the recent conflicts. Many have gone through deep traumatic experiences, witnessing massacres, ambushes, rapes, beatings, and raids. The HPCR International (2008: 2) report reinforces this argument by quoting their trauma healing programme coordinator, Fr. Raimundo Rocha, who emphasises an overdue and urgent need for trauma healing and the peaceful resolution of the conflict in South Sudan, trauma has been requested from the four corners of the country.

Comboni (2015:1) lays a foundation for understanding the role of art in therapeutic settings for trauma healing. Comboni demonstrates that art-making allows one to re-imagine traumatic experiences and, through this, creates agency; by ordering chaos through forming art, one can

ascribe a form to chaos form (Comboni 2015: 1). The researcher, inspired by this arts-healing link, tries to merge three bodies of literature; peacebuilding, community-focused trauma healing, and conflict.

4.2.2 Impact of Trauma Healing

So far this study has revealed that many experts agree on the effectiveness of the trauma healing process and its potential to bring a new understanding and offer communities and nations a fresh start. Several authors would agree with Levine (2010: 35) when he points out that trauma healing is a therapeutic tool used to mend relationships and prevent repetitive cycles of violence. As John Lederach, an internationally known peacebuilder, writes:

[Relationships are both the] context in which cycles of violence happen and the generative energy from which transcendence of those same cycles bursts forth Time and again, where in small or large ways the shackles of violence are broken, we find a singular tap root that gives life to the moral imagination: the capacity of individuals and communities to imagine themselves in a web of relationships even with their enemies (Lederach 2005: 34).

Lederach (2005: 34) makes a similar argument and emphasises that for healing to occur, those who have experienced a traumatic event should be allowed space to heal. Lederach (2005: 34), accentuates that healing is a choice, and those who choose to do so can reflect and search for meaning in their lives and become better versions of themselves. They can gain new insight into their reality and overall condition as people. When the process of healing begins during war or large-scale violence, and this healing addresses the full range of psychosocial aspects, “individuals, groups, and sometimes entire societies may discover important windows to the past that expose the root causes of the violence that led to their trauma” (Hart 2008: 2). This insight is vital to healing and may also provide new windows to the future for individuals and groups. Peace, which had previously seemed elusive, can now be envisioned. Trauma healing depends on people establishing relationships, networking, and reconnecting with their sense of self, others, and their inner, emotional, and spiritual surroundings. Trauma healing processes help people take constructive steps to prevent themselves and others from further trauma (Shirch 2004: 47).

4.2.3 Unhealed Trauma

The importance of the cathartic effect of the trauma healing process cannot be over-emphasised. In observing how unhealed trauma leads to recurring violence against self and

others, Shirch (2004: 47) explores how trauma victims often act inwardly by harming themselves. This self harm can manifest as drug and alcohol abuse, falling into depression and harbouring low self-esteem. Harming others through violence, neglect, and abuse against the aggressor or people within one's family and community can also occur. In support, Hooker and Czajkowski (2013: 14) argue that unhealed trauma can significantly lead individuals and groups into perpetuated cycles of victimhood and violence that are mutually reinforcing, whereby victims become aggressors. Pothan (2003 cited in Hooker and Czajkowski 2013: 14) draws an example of the children of Cambodian refugees in the United States who fled the Khmer Rouge and who are now involved in high rates of gang violence (acting out) and drug use (acting in). In a 2002 study, 45 per cent showed signs of psychosocial problems, with respondents expressing hopelessness. Simcox and Strasser (2011 cited in Hooker and Czajkowski 2013: 14) add that approximately 20 per cent of the respondents were regarded by others as mentally ill, citing inability and challenges in self-care, taking care of others or their daily functions, as contributing factors toward creating this perception.

Levine's (1997: 21), book entitled; *Walking the Tiger* discusses self-perpetuating trauma and how trauma continuously begets trauma and eventually crosses generations in families, communities, and countries until confronted. The book is suggestive and strongly emphasises that trauma is reversible or treatable, and it gives elaborate examples of how one can heal oneself. While I found the book engaging and elaborate in helping unpack trauma and its effects, I differ with Levine because he pushes the notion that individuals can initiate healing by reintegrating the lost or fragmented portions of the self. This suggestion does not apply in most situations because traumatised people barely recognise their trauma or its effects. In a context like South Sudan, internally displaced individuals need support to navigate their trauma. Like many other authors, Dr. Levine focuses, focuses on physical injuries and overlooks the trauma in complex emergencies where the focus is not on the body but on several aspects.

4.2.4 Trauma as a Western Idea

The concept of trauma is Eurocentric and is premised on a Western way of dealing with trauma, contrary to community based healing. The various approaches have resulted in a contentious debate about what interventions are appropriate and effective. Initially, this discussion was between those who favoured clinical or individual treatment for individuals with war-related

conditions, such as posttraumatic stress disorder (PTSD) and those who have emphasised community-driven approaches emphasizing concepts such as resilience, and community-based activities. Levine (1997: 21), admits trauma is a modern-western. Coyle (2014: 1) posits that in the African American context, while people experience traumatic events, they shun using the word trauma; it does not exist in their literal culture. However, Coyle (2014: 1) points out the disagreements and loopholes in addressing the dysfunctions related to recurring violence and protracted conflict where individuals and groups have been psychologically affected.

Even when medical approaches appear appropriate, many post-conflict societies have limited medical communities and no means of providing psychological counselling to thousands, if not millions, of citizens. Community-based approaches allow for support to a larger target population while also preventing a deterioration in psychological health. In these circumstances, it is necessary to consider collective trauma support. For example, rather than treating only individual traumatization, it may be more beneficial to consider strengthening and rebuilding resilience at a communal level. Somasundaram (2007:8) argues in favour of community-based initiatives and states that the simplest way to reach a large population is to train grassroots community-level workers in mental health knowledge and skills; they, in turn, would raise general awareness, disseminate knowledge, and engage in preventive and promotional activities. As a result, there would be a multiplier effect in which the information would spread to the general population. While the concept of trauma is westernised, there is a growing awareness of the need for trauma healing methods to be context and culturally specific. Treatment methods should be culturally relevant to the South Sudanese context and that of the PoC residents.

4.3 Resilience

Although resilience is an umbrella term describing various processes and theories, its nature and definition are still being debated. The concept of 'bouncing back' or overcoming adversity has been central to definitions of resilience. Resilience is understood typically as the capacity to adjust to and recover from a stressful, harmful, or life-threatening situation (Friedberg and Malefakis 2022: 84). This study defines, resilience as the strategic ability to face adversity, overcome obstacles, and adapt to stressful situations (Barbosa 2020:2).

Barbosa (2020:2) discusses eight critical components fundamental to the development of resilience; stress self-control, contextual analysis, self-confidence, optimism toward life, winning and keeping relationships, empathy, body language reading, and a sense of purpose. Friedberg and Malefakis (2022: 84), however, identify physical fitness, mental sharpness, emotional strength, problem-solving, seeking meaning and humour as necessary resilience factors. Though determinants of resilience differ there is consensus among the authors that resilience is approachable from multiple levels, of analysis, such as the individual, family, community, and culture. As a result, resilience is a multidimensional construct.

Resilient individuals take charge of their emotional well-being and use traumatic experiences as a springboard for personal development (Southwick and Charney 2018:13). Therefore, resilience is a concept that can draw attention to both the strengths and vulnerabilities of trauma survivors. Each of us possesses resilience, which can be tuned and there is no one approach fits all. Trauma healing can improve the chances of resilience for trauma exposed individuals or groups.

4.4 Capitalising the Primacy of Local Actors in Tackling Invisible Wounds

There have been several efforts to empower locals to be at the forefront of trauma healing initiatives. Barsalou (2008: 5) theorises that local initiatives are a practical and effective approach to promoting healing. To prevent conflict from reoccurring, collective trauma healing must be integrated into all peacebuilding processes by capitalising on individual and societal resiliency. Apfel and Simon (2000 cited in Fuertes 2004: 450) note that in the social and political context, resiliency is not only the capacity to survive violence and loss, but this extends to people having the flexibility of response over the course of a life time. Violence and loss will have ripple effects war survivors and refugees must have the opportunities to name their sense of reality and to be supported in their coping (Fuertes 2004: 492). Thus, it is clear that, for sustainable peace to take place, individuals and groups in fragile and post-conflict settings should become constructive agents of peace.

Fuertes 2004: 492 (citing the UN High Commission for Refugees (1993) mentions that psychological services during and after a conflict must be context-specific, affordable, adaptable, non-stigmatising, conventional, culturally sensitive, and non-medicalised. Kleinman *et al.* 1978 (cited in Palmer 2002: 22) state that local populations must be included

in all post-conflict processes, as they can define the problems, articulate their expectations, and set standards and priorities closely linked to their history and cultural practices. The same author further asserts that “work in communities perhaps requires even greater maturity, humility, and resilience, it is vital to remember that any work initiated continues after one departs, and any omnipotent fantasies, be they conscious or unconscious, should be recognised and curbed” (Palmer 2002: 22). Palmer (2002: 22), further suggests that one must try to comprehend the self-healing efforts coming out of the culture and assess what one can offer as an outsider. The desires and priorities expressed by the communities receiving help guide the intervention. Palmer (2002: 22) notes that any mental health interventions should prioritise the dignity and safety of communities and recognise their local, cultural and customary practices.

The seminal work *Pedagogy of the Oppressed* by Paulo Freire (1970, originally 1968) demonstrates the need for community-based knowledge and places communities at the forefront of transformation. In a nutshell, “recovery can take place only within the context of relationships; it cannot occur in isolation” (Freire 1970). Herman states that recovery, is, grounded in relationships and connections; survivor empowerment is critical for healing. Herman (1997: 155), suggests that creating a web of relational spaces is necessary for breaking the cycles of violence. When one finds the relational space, one will find the location for sustainable social change in the context (Herman 1997: 55).

While the *Little Book of Trauma Healing* by Carolyn Yoder is not one for depth of analysis, it does present matters in an approachable, easy-to-understand manner (Yoder 2005: 1-89). It is practical for assisting communities to break out of the cycle of trauma. Yoder’s book is an easy segue between some of the more abstract notions of healing and trauma literature (Lederach 2005: 34). She devotes time to ideas of innovation within traumatic relationships; trauma does not exist outside relationships. This is one of the entry points for linkages with peacebuilding literature – the focus on relationships. Like Taylor, she asserts (though once again without much support) that trauma is passed from generation to generation, not just in families, but in communities and nations alike (Yoder 2005: 1-89). It is necessary integrating trauma perspectives in all peacebuilding approaches since the trauma is a potential spoiler to sustainable peace.

Expanding on this notion, Wessells (2007: 2) drawing on work from the field, much of it being conducted by UN agencies and NGOs, argues that narrow, clinical approaches are less suited

than community-based approaches to the tasks of sustainable healing on a wide scale. Furthermore, one can examine and give examples of “community-based work in Angola, which illustrates the potential power of healing based on social mobilisation that builds local capacities, uses local resources, and activates communities for economic development and social action on behalf of peace and the well-being of future generations” (Wessells 2007: 2).

Empowerment is fundamental to the trauma healing process. Wessells notes that “traumatic experiences instil a sense of loss of control, and regaining the sense of control, even in small ways, is a key element in healing”. Wessells highlighted how (2007: 2), empowerment is a collective process in collective societies, where groups of people begin to take charge of affecting their circumstances and planning their own futures. In this regard, an effective mobilisation process gives voice to the voiceless and puts the excluded individuals on center stage, which in turn then reinforces commonalities and ensures full participation of all (Wessells 2007: 2).

Solidarity and improved social relations can create social networks and support structures that advance healing (Sherif and Sherif 1967). When groups are brought together, they are inspired to effect change in their own lives and hope is born through renewed hope, the communities are re-energised to implement projects aimed at improving relationships and improving their livelihood, thus, hope and mobilisation become catalysts of a self-sustaining cycle (Wessells 2007: 3). The mobilization process is collective and holistic, effective in societal healing, and aids in the development of individual and group resilience. This is a highly positive outcome in protracted conflicts because resilient communities are better able to resist political manipulation and attraction into armed conflict. The middle-out strategy works by encouraging changes at the grassroots level and creating activated groups and communities who can then pressure for appropriate reforms at the regional and national levels (Lederach 1995: 39).

Fuertes, in his pivotal work on highlighting community-based conceptions and articulations of warviews and coping mechanisms among refugees in a camp along the Thailand-Burma border, uses the term *community-based* to refer to an elicitive technique to gathering contextual linkages between warviews and coping mechanisms, in which war survivors or refugees, and their expertise, are considered as the key source for the study - whether or not they see themselves as such at first (Fuertes 2007: 3). That which is “meant by knowledge-as-resource are the implicit but rich understandings that people have about their setting, which includes

their knowledge about how the war emerges, how it develops and affects them as a community, and how they try to handle and manage its effects” (Lederach 1995: 58).

Several researchers have noted the limitations involved in trauma healing. For example, Fuertes (2004: 492) notes that the lack of research on this component of trauma healing has led to a quick spread of Western cultural trends toward medicalizing pain and an overabundance of psychiatric therapies that appear to overlook local traditions, meaning systems, and active priorities of those war-affected communities. Fuertes (2007: 2-3) argues that for the vast majority of survivors, post-traumatic stress disorder is a fictitious diagnosis, that can be solved with short-term technological treatments like counselling. This point is further reinforced in a recent study conducted by Derek Summerfield on post-traumatic stress in such places as Bosnia and Rwanda. Summerfield (1999: 67) contends that these conceptions glorify western agencies and their specialists, who identify the problem and prescribe the remedy, often with complete contempt for local healing practices or traditions, as well as other community-based coping strategies. Foster and Skinner 1990 (cited in Summerfield 1999) support this claim by describing how former political detainees in South Africa, for example, interpreted their narrative in terms of religious, legal, political, and humanist themes pertinent to their personal calling and ideals.

Summerfield (1999: 72) highlights that psychological trauma leads to disenfranchisement, alienation, and victimhood. Therefore, the recovery, or healing of trauma, is therefore based upon the empowerment of the survivor and the creation of new connections (Herman 1997: 133). As a result, the survivor re-creates the psychological faculties that were damaged or deformed by the traumatic experience within the context of renewed connections with other people. These faculties include the basic operations of independence, trust, capability, initiative, distinctiveness, and relationships. Since these competencies are forged in relationships with other people, it follows that they must be reformed in such relationships (Herman 1997: 133). Herman succinctly highlights that the “first principle of recovery is empowerment of the survivor, and the survivor must be the author and arbiter of their own recovery; others may offer advice, support, assistance, affection, and care, but not cure” (Herman 1997: 133). She adds that “no intervention that takes power away from the survivor can possibly foster their recovery, no matter how much it appears to be in their immediate best interest” (Herman 1997: 133).

After traumatic events, communities that respond well to collective trauma are those that are able to come together and create a positive shared meaning around it. Herman (1997: 133), suggests that societies have diverse ways of dealing with violence and individual and collective guilt associated with recollections of the past. Barsalou (2008: 8), mentions how it is necessary for outsiders involved in designing and/ or implementing intervention strategies to equip themselves with knowledge of local cultures and the cultural sensitivities thereof. She makes the point that some indigenous societies have pre-existing laws, traditions, and healing rituals, that may be more effective in promoting individual and social recovery and reconstruction than legal or medical solutions imported from the West. She further gives an example, stating that “while Western approaches to trauma rely primarily on verbalised remembering, some traditional societies have nonverbal methods for expressing and addressing trauma” (Barsalou 2008: 8).

Widespread and cumulative trauma is challenging to families and communities on multiple levels. Wieling and Mittal (2008 cited in Paul 1996: 3) note that “cumulative and mass trauma researchers agree that there is a glaring gap in the literature when it comes to understanding the relational impact of trauma and treatment at the family and community levels”. The Substance Abuse and Mental Health Services Administration (SAMHSA) issued a report detailing a contextual understanding of trauma, that places emphasis on the role of communities in recovery (López-Zerón and Parra-Cardona 2015: 63). The trauma history of a community shapes their worldview, therefore, there is a need for trauma-informed approaches to be designed in such a way that they provide a safe and supportive space and circumvent re-traumatising those seeking services (SAMHSA 2012). If there is an imbalance between the stressors and the resources available (SAMHSA 2012) postulates that families and communities run the risk of becoming symptomatic. For that reason, it goes without saying that social support is an important resiliency variable in coping with trauma, most specifically for individuals and groups who have experienced mass trauma or recurrent traumatic events (SAMHSA 2012). Landau (2010: 516) found that women who had supportive social and family relationships in the face of trauma are less vulnerable to PTSD symptoms and depression thus able to have control of their lives. Conversely, people who lacked social support tend to be more at risk for PTSD and experiencing trauma.

McNiff (2007: 392) in an article that summarises a conference workshop from the *Imagine Conference* where participants attempted to develop creative responses to emotions about violence and trauma in a context of political turmoil, states that:

Rather than approaching these socio-political tensions through the usual means of verbal discussion and argument, the session offered the opportunity to explore social conflicts through personal artistic expression with the assumption that creative change within individual lives can lead to social transformation (Schumm, Briggs-Phillips and Hobfoll 2006: 827).

McNiff (2007: 392) argues that art gives one the ability to “suspend points of view, embrace the unknown, take risks by opening to what is feared and despised, step outside established identities, and experience how partnerships with the most unlikely figures can generate surprising and insightful outcomes”. This is similar to the art version of Lederach’s *Moral Imagination* thesis. While there is not much in the article that encourages theory building, I think that there it provides an excellent link between the art literature and the peace studies literature, a call to action for artists and peacebuilders alike.

Shank’s article entitled *Transforming social justice-redefining the movement: Art activism was an earlier antecedent of Schirch and Shank’s article entitled Strategic Arts-Based Peacebuilding* (Shank 2004: 5). *Transforming social justice-redefining the movement: Art activism* attempts to situate itself in the gap between peace, healing, and the arts (Shank 2004: 5). While the researcher finds it an imperfect match, it does articulate a framework for how to look at art’s ability to address emotional suffering from a peacebuilding perspective. Shank cites, from personal experience, art’s capacity to build community and, through its inherent expressiveness, the ability to communicate on a deeper level (McNiff 2007: 393). He calls approaches that utilise the arts in a transformative manner *arts activism* and cites the importance of entry points in both cognitive pathways as well as emotional ones. He uses Schirch’s ideas of the four phases of peacebuilding and argues that art activism fits both in capacity development as well as waging conflict non-violently. Additionally, Shank concludes that “art capitalises on the intuitive self’s ability to spontaneously express itself and provides a less judgmental framework” (Shank 2004: 5).

Although increasing attention has been given to peacebuilding and trauma healing with a focus on the local level, there is still little academic research on context-specific and community-based trauma healing. The emphasis continues to be on the ways that outsiders and

humanitarian organisations can intervene in trauma healing methods. Despite this, community-based interventions have been acknowledged in literature as critical.

4.5 A Myriad of Underlying Issues

Shank (2004: 536) suggest that myriad underlying issues have spawned a wide range of psychosocial problems in South Sudan's population. Exposure to the prolonged pre-independence conflict, with people being displaced, living as refugees in neighbouring countries, or enduring the hardship of living in a country at war, is the main or basic cause (Bukania and Wieland 2017: 1). Some of the current middle-aged men in South Sudan were conscripted into the military as child soldiers during the war of liberation, and children continue to suffer as child soldiers in the current conflict (Bukania and Wieland 2017: 1). The exposure to violence has left many suffering mental disorders such as post-traumatic stress disorder, depression, and anxiety and their plight have been compounded by the simmering ethnic tension exposed in the renewed conflict, pitting members of different ethnic groups against each other.

The combination of insecurity, economic stress, lack of basic services, and the inability to engage in normal activities has driven parts of the population to antisocial behaviour such as alcoholism, drug abuse, and crime (Bukania and Wieland 2017: 1). Sexual and gender-based violence is used as a weapon of war, but it is also a consequence of hostilities. Within the protection of civilian camps, the proximity of shelters, overcrowding, lack of power sources and poor lighting create conditions that are conducive to abuse and increase the risk of sexual violence, whereby women and girls are more at risk (Bukania and Wieland 2017: 1). Adding a different perspective Roberts *et al.* (2009: 2) suggest that the transition from home to displacement shelters often causes substantial psychological, moral, and social suffering. If the living conditions needs are not properly addressed in the short term; this can lead to long-term mental health and psychosocial problems on the displaced populations.

Addressing psychosocial issues is all the more difficult in that the stressors are constantly present, and part of the population is convinced that some of the issues would dissipate once certain underlying stressors, such as war and hunger, are dealt with (Bukania and Wieland 2017: 1). The mental health situation of the population is challenging to alleviate when they do

not see any improvements in the political, economic, and social arena (Bukania and Wieland (2017: 1).

4.6 Trauma in Protection of Civilian Sites

The prevalence of PTSD and trauma in the PoCs have been found to be significantly high in the PoCs (HPCR International 2008: 1). Referring to the psychological damage Astill-Brown (2014: 3) describes large sections of the population as living in an atmosphere of fear and insecurity due to prolonged fighting and brutal killings. In support UNMISS (2015: 12) adds that the residents of South Sudan's PoC sites "have, without exception, been profoundly impacted by the human rights and humanitarian law abuses and violations that have characterised South Sudan's conflict; their homes have been looted or destroyed, their livestock stolen, their businesses ruined". The report by (Amnesty International 2016: 19) suggests that "though the protection of UN peacekeepers has undeniably saved lives, it has not brought an end to their experience with violence; civilians have been injured, abducted, and killed within or in the immediate vicinities of UN bases". The report mentions that PoCs have been affected by gunfire, shelling, targeted attacks and numerous cases of rapes and abductions of IDPs who venture outside of PoC sites in search of livelihoods (Amnesty International 2016: 19). The seven years of confinement in the PoCs coupled with conflict-related human rights violations and abuses present an additional challenge. Amnesty International (2016: 38), posits that unprecedented visible levels of trauma have been exacerbated by the lack of access to education and health care including psychosocial services, a monotonous diet, overcrowding and poor water and health sanitation services impeding recovery from trauma. Amnesty International (2016: 20) notes that one has to contend with rampant criminality, interclan fights, domestic disputes, and high rates of mental illness within the PoCs. To prevent the country from further sinking, trauma healing is vital in ending the cycle of violence (Ibreck and Pendle 2016: 19). The obstacles to a lasting peace can be attributed to the trauma that the South Sudanese have experienced for decades as a result of the protracted conflict (Amnesty International 2016: 20).

The violence in South Sudan is fueled on multiple levels by the dissolution of the fabric of society, which has led to increased severity in conflict dynamics. The PoC sites are microcosms of this in that there are elevated levels of criminality, such as abuse of drugs and alcohol, conscription of children, sexual and gender based violence, and early marriage in sites that are meant to be havens of protection. Whilst NGOs and the UN are focused on emergency

response, little attention is paid to trauma healing and skills-based psychosocial support that could potentially interrupt the conflict dynamics and end the cyclical nature of the violence. In healthy functioning societies, there is an inherent capacity for integrating social experience and traumatic events; however, when there has been displacement and confinement, like in the POCs, the traditional protective factors are overwhelmed and ineffective.

The study is of interest to the researcher because, in addition to high levels of trauma and PTSD, relationships among the various communities residing in the PoC sites are at an unprecedented low. Amnesty International (2016: 19), reported on how the South Sudan conflict has magnified pre-existing divisions and rivalries, that have metamorphosed into cycles of revenge, marginalisation, rapes and ethnically motivated attacks and counter-attacks. As reported in BBC News (2014 cited in Luedke 2016: 15), “a sexual violence survivor told a reporter that ‘[i]t’s a war revenge thing, revenge war; where you go and do something that has been done to your people, thus the distrust and enmity that pervade these relationships provide a stark reminder of the threat that the conflict poses to social cohesion and long-term peace in South Sudan” (Luedke 2016: 15). Within the IDP populace dwell the majority of victims and witnesses of gross human rights abuses.

4.7 The Effects of Trauma on the IDP Populace in PoCs

Exposure to traumatic events, displacement and deprivation of essential goods and services is an important causative factor in creating psychological disturbance among internally displaced persons in the PoC. Traumatic experiences can be adverse effects to the survivor; therefore, Deng, Sharma and Pritchard (2015: 50), emphasise the importance of examining how the legacy of political conflict psychologically impacts victims and is a detriment to the victim’s ability to recover and rebuild lives. The social and psychological impact of conflict needs a more comprehensive interrogation. Hamber (2004) states, “trauma symptoms form in a spiralling process and at the core of this process is the immobility or freezing response”. According to Levine (1997: 77) this freezing response is part of an organism’s response to threat and acts as part of a united defense system to either fight, flee or freeze. Levine (1997: 77) stresses that “trauma comes in many forms and there are vast differences among people who experience trauma, but the similarities and patterns of response cut across the variety of stressors and victims, so it is very useful to think broadly about trauma”. Deng, Sharma and Pritchard (2015: 50), further assert that it is necessary to interrogate the social and

psychological impact of conflict in a much more profound way; therefore, this research, specifically this chapter, attempts to do just that.

Traumatic events experienced by displaced individuals and groups, such as exposure to protracted conflict, violence, and loss, can significantly impact over time. Herman (1997: 35) articulates that trauma, loss, uprooting, poverty, disruption of typical patterns of living, decreased economic position, political persecution, family separation, and uncertainty about the location and safety of loved ones are all symptoms of psychologically forced displacement. Herman (1997: 35) suggests that living conditions in refugee and internally displaced camps are appalling, thus producing problems of chronic stress, depression, and hopelessness, among many others, due to a complete breakdown of social structures and social support systems. The implication is that after being forced to abandon their homes, many internally displaced persons feel vulnerable and stripped of their self-worth and human dignity. For this reason, psychosocial intervention is part of the humanitarian imperative to restore self-sufficiency or autonomy, social status, and economic sufficiency (Wessels 2007: 1).

The PoC residents have been exposed to a variety of stressors. The people in the PoCs have experienced “successive traumatic episodes and immense social disruption and many are survivors of extreme violence, including massacres and rape: a recent survey found that 96.9% of residents in Bentiu PoC and 97.6% in Juba PoC reported that their household had been a victim of one or more violent crimes in the past five years, with most of them being conflict-related between 2013 and 2015” (Wessels 2007: 1). Ibreck and Pendle (2016: 3), in support, describe how the continuous displacements and cycles of violence have negatively affected the PoC residents resulting in loss of family, loss of assets such as land, and the collapse of basic public services such as health and sanitation, loss of access to food and livelihood opportunities. In concurrence, Deng, Sharma and Pritchard (2015: 16) note that rural dwellers who became residents in the PoCs had been capable of self-sufficiency due to their small-scale agricultural activities, however, in the PoCs they had to rely on assistance from humanitarian organisations. Furthermore, the previously urban population was robbed of their autonomy through loss of employment and other forms of labour since they could no longer freely move and work in Juba ultimately affecting relatives and families who were dependent on their salaries. Both the previously urban population and rural dwellers are now entirely dependent

on the goodwill of others (Ibreck and Pendle 2016: 18). All these multifaceted challenges have the potential to fuel interpersonal conflict and domestic violence (Ibreck and Pendle 2016: 18).

The presence of mental health problems among internally displaced people contributes to difficulties in coping. Trauma can cause social divisions that form the basis of historical myths, which can become the central part of a group's identity in a way that incites further divisions in the future. According to Ibreck and Pendle (2016: 18), this can happen consciously or unconsciously. Interviews of internally displaced people in South Sudan conducted by Amnesty International revealed that internally displaced persons experienced common symptoms associated with PTSD and depression, such as angry outbursts or aggressive behaviour, nightmares, trouble concentrating, guilt or shame and suicidal thoughts. The internally displaced people attributed these mental, physical, emotional, relational, and spiritual impacts to the human rights and humanitarian law abuses and violations that they had witnessed or experienced. Deng, Sharma and Pritchard (2015: 16) make reference to a study conducted by the South Sudan Law Society (SSLS) and the United Nations Development Programme (UNDP), that found that 41 per cent of the 1,525 respondents across six states and Abyei, exhibited symptoms consistent with a diagnosis of PTSD. Furthermore, the data revealed high levels of trauma exposure in the sample population, with 63 per cent of respondents reporting that a close family member had been killed at some point in their lives and 41 per cent reporting that they had witnessed the death of a friend or family member. Additional findings in the 2015 survey by SSLS in Malakal PoC site found that "53% of respondents exhibited symptoms consistent with a diagnosis of PTSD" (Amnesty International 2016). According to the cross-sectional survey among adult residents of the capital of South Sudan, Juba, over 90 per cent of respondents had been through one or more traumatic events, 51.5 per cent had been directly involved in a combat situation, and 49.6 percent had witnessed the murder of family or friends (Deng *et al.* 2015: vii). Based on this research study, it is evident that there is a high prevalence of PTSD symptoms among PoC residents due to exposure to different kinds of traumatic events.

The findings from the above study are consistent with the literature. In concordance with previous research, Lien *et al.* (2016: 2) refer to a 1985 study by Mitchell and his colleagues. The study found that mice locked in a box in which they were exposed to electric shocks and then released, the mice returned to those same boxes when they were subsequently stressed

and where their trauma took place (Lien *et al.* 2016: 2). The authors concluded “return to familiar patterns of behaviour was non-associative (i.e., uncoupled from the usual reward systems)” (Lien *et al.* 2016: 2). This conclusion has significant implications for peacebuilding; when violence is the status quo, people consistently return to their comfortable violent environments despite knowing that these environments are detrimental to their health and well-being. The long confinement and the traumatic experiences of people in the PoCs can trigger violence.

The effects of trauma may not only affect individuals but may be transmitted intergenerationally to offspring and across communities. Therefore, a failure to deal with factors that propagate traumatic effects in one generation may lead future generations to extend violent and abusive cycles to entire families, groups, and communities what Volkan terms *transgenerational transmission* (Giller 1999: 1). Therefore, unresolved trauma can become generational if no efforts are put to address it (Zelizer 2018: 2). Subsequently, transgenerational transmission can extend the cycle of violence across generations and promote psychological, environmental, and social suffering for individuals and groups (Giller 1999: 1). As demonstrated by Ibreck and Pendle (2016: 18) “trauma-induced social divisions can form the basis of historical myths that can come to be a central part of group identity and these myths can be activated consciously or unconsciously and ignite conflict in the future”.

4.8 Addressing Legacies of War / Decades of Conflict and Effects on the Psychosocial Aspect / Legacies of Insecurity

Prolonged conflict can lead to a range of negative outcomes for individuals, groups and their descendants. To effectively address the legacy of conflict it is necessary for practitioners to have an awareness of its psycho-social dimensions, and addressing these aspects is healing work in essence (Van der Kolk, McFarlane and Weisaeth 1996: 292). The symbiosis between these aspects is also mentioned by (Hamber 2004: 2), who emphasises the need for victims of conflict to regain their sense of belonging in society. Awareness of how conflict perpetuates within individuals and manifests in one’s values and behaviour is necessary because everyone is accountable (Hamber 2004: 2). The psychological and social aspects of the conflict are intertwined and interdependent.

Hamber (2004: 2) expands on Sigmund Freud's (1915) notions. In *Thoughts for the Times on War and Death*, Sigmund Freud (1915: 2) wrote that:

“[War] strips us of the later accretions of civilization, and lays bare the primal man (sic) in each of us. It compels us once more to be heroes who cannot believe in their own death; it stamps strangers as enemies, whose death is to be brought about or desired; it tells us to disregard the death of those we love”.

Van der Kolk, McFarlane and Weisaeth (1996: 292) state that “a psychosocial approach recognises that trauma work following political violence requires the social and political context to be addressed at the same time as individual psychological needs”. Therefore, the conflict in South Sudan has been brutal with killings, rape, forced recruitment of children, mass displacement, and the destruction of livelihoods, creating wounds in society that will take decades to heal (Frontier Economics 2015: 5). The more the violence is prolonged, the more it spreads in South Sudan, the more intense it becomes, and the more difficult it will be for the South Sudanese people to socially, psychologically, and economically transform and prepare for durable peace (Frontier Economics 2015: 5). Referencing the conflict in former Yugoslavia, Kappeler (1994, cited in Hayes 1998: 38) notes that “people share in the responsibility of this war and its violence in the way they let war and violence grow inside of them, that is, the way they shape their feelings, their relationships, and their values according to the structures and the values of war and violence”.

Tension is perennial, as extreme levels of fear and suspicion breed survivalist communities comprising rebel movements, local militia, urban criminal gangs, and cattle rustlers, all of which pose a primary security challenge in South Sudan. Inter-communal violence is rampant, with all perpetrators having a shared understanding of the weaknesses of the justice and security sectors in South Sudan that allow for impunity. The deep-seated hostilities are exacerbated by the extent to which the government has been involved in exclusionary practices that allow ethnic backgrounds, rather than national policy interests, to influence decision-making (Hutton 2014: 18).

The report by Reeve (2012: 8) observes that the past decades, characterised by pain and trauma of brutal conflict have undoubtedly played into the extraordinary cruelty in the current conflict, with many Southerners agreeing that it is worse than the 1993-2005 war. Trauma and social norms are related to violence in South Sudan: the legacy of civil war is a society in which the majority of people have some form of post-traumatic stress disorder. HRW (2014: 5) expresses

how the spread and intensity of violence in South Sudan were fuelled by the legacy of decades of civil war and perennial inter-communal conflicts between communities in the south. Appalling acts of violence, against the elderly, women, and children, have become normalised. Acts of vengeance and a lack of respect for human life are fuelled by anger and desperate circumstances. Disconcerting is the fact that children are impacted as victims of direct violence or as bystanders to inter-communal conflict. Lijn (2016: 34) notes that “some schools are implicated in the perpetuation of trauma and violence through sexual assault at school, the lack of safe facilities, and incitement by teachers to participate in violence. The “attitude of some groups – and of South Sudan’s current leaders – has been shaped by those experiences of violence, conflict, and revenge” (Astill-Brown 2014: 8).

Violence is an inherent quality in humans which finds expression in times of conflict. In this respect, one’s energy in times of peace can be used positively to create a psycho-social environment that can suppress any impulses lurking within that can potentially lead to destructive behaviour. The conflict in South Sudan since December 2013 had devastating effects on thousands of lives, placing nearly a third of the entire population at risk of famine. The conflict has been brutal, with rape, forced recruitment of children, and mass displacement being the main features, creating a wound in society that will take decades to heal. The kind of social, psychological, and economic transformation needed to achieve lasting peace will be more difficult to create the longer the violence persists (Frontier Economics 2015: 5).

In light of this reality, the judgement that peacebuilding strategies need to be long-term has impetus. Peacebuilding strategies must follow a vision of how a peaceful South Sudan might be organised and built over a generation, and informed by a realistic assessment of the obstacles and disincentives to a positive, sustainable peace in the medium term (Reeve 2012: 8).

4.9 Reconciliation and Trauma

The significance of reconciliation is underlined by the need to overcome individual and collective trauma passing from one generation to the next. Reconciliation is seen as necessary because people have been ravaged by war and violence, their healing is as necessary as the reconstruction of burnt-out villages Jeong and Lerche (2002 cited in Astill-Brown 2014: 8). Addressing trauma healing needs and reconciliation will avoid the risk of an escalated return to violence. Reconciliation in deeply divided communities has to go beyond the signing of

peace treaties but also requires adjustments at a more fundamental psychological level. It is not conclusive whether medical approaches to the diagnosis and treatment of post-traumatic stress disorder in individuals are relevant for transitional justice and reconstruction processes on a national level.

It is argued that little is known about exactly what healing means to traumatised people and whether particular reconciliation efforts do indeed constitute healing (Barsalou 2008: 3). The distinctions between *reconciliation* and *healing* can be blurred in discussions of transitional justice; moreover, each of these concepts holds assumptions that should be investigated more closely. Reconciliation describes coming together; it is the antithesis of falling or growing apart, and "there is a normative and almost moral aspect as the coming together (or re-coming together) of elements that should be together", unlike its less common relative, conciliation; reconciliation connotes the coming together of elements that were once united but have been torn asunder – a return to or recreation of the status quo ante, whether real or imagined (Dahl 2009: 56).

While reconciliation is extremely difficult to work towards, let alone attain, it seeks to heal the wounds of conflict (Galtung 2001: 4). However, some scholars have already pointed out the problems associated with the concepts of closure as well as healing. The concept of closure is often mentioned but under-analysed regarding its role in the reconciliation process. Contradicting Galtung, Dahl (2009: 61) stresses that closure connotes a certain finality to the process, which may be dangerously misleading, especially given the tendency for conflicts to erupt even decades later. As summarised by (Dahl 2009: 61), "processes of closure and healing – psychological and medical concepts that are used most often in reference to individuals rather than communities – are poorly understood when they are used to describe the social dynamics in societies emerging from violent conflict". It is difficult to define these processes in practical or quantifiable terms and problematic to apply them to widely different cultures. The term reconciliation frequently describes processes by which societies recover from trauma, administer justice, and engage in social reconstruction; but a precise definition of reconciliation and how it occurs remains challenging.

Some authors state that time is a healer. According to Barsalou (2001: 4), "time heals, as the heat of the emotions associated with remembered trauma subsides slowly over time as people generally become accustomed to the changed reality". Van der Kolk *et al.* 1996 mention that

“physicians and other health care workers try to aid the passive “time heals” process via various interventions”. However, Dahl (2009: 61) disagrees, urging that unhealed trauma is carried down generation to generationally in families, communities, and entire nations. Scholars and practitioners have noted important distinctions between *healing* and *curing* (Hooker and Czajkowski 2013: 14). One way to highlight the differences is to consider what the ideal types of “healing” or “cure” might look like. Max Weber, a principal architect of modern social science, provided an analytical tool to investigate how and why real-life expressions fall short of an artificial ideal (Weber 1949: 63). Weber (1949: 63) suggests that:

as the stronger of the two terms, *curing* would indicate that a previously afflicted organism now shows a complete absence of ill health also, the individual would show the same or perhaps an even better level of functionality than before the illness, *healing*, therefore, would likely not be as *complete* as a *full cure*.

“the organism would demonstrate, over time, adequate functioning despite previously sustained injuries and these basic insights are not particularly startling, but they may provide a useful starting point for further analysis... Setting controversy aside, common discourse regarding *healing* transitional societies through *reconciliation* suggests that many observers and practitioners consciously or unconsciously embrace the psychological framing of transitional justice, even though proof that it effectively promotes healing or reconciliation remains elusive” (Dahl 2009: 62).

Healing is essential for preventing future violence and for reconciliation to occur. Staub and Pearlman (2001 cited in Brahm (2004a: 1) argue further that reconciliation is a prerequisite for groups to live in coexistence with each other. Reconciliation necessitates that victims and perpetrators accept the past, see each other's humanity and mend relationships. Closure of unfavourable relations and reconciliation of society can only happen when trauma healing or its transformation includes all participating sides: victims and perpetrators. Brahm (2004a: 2) states that trauma healing efforts should be directed not only to victims but there should be the inclusion of perpetrators, and those witnessing the violence and genocide. There are more diagrams and processes described by different authors, in which trauma, reconciliation, and recovery are addressed – also, this interrelation is evident in the field, in each post-conflict environment.

A different perspective is put forward by Novakovic (2013: 2), who notes that reconciliation and healing processes are intertwined and imperative to the prevention of future violence. However, too often, trauma work may be misunderstood if not misused as a shortcut for reconciliation processes. Indeed, the aim is much broader than simply avoiding revenge.

Therefore, “psychological healing is essential for victims of trauma to regain a sense of dignity and self-worth, and to carry on with their lives, feelings that are necessary for citizens to successfully contribute to a democratic society” (HPCR International 2008: 2).

4.10 Empirical Evidence of Community-Based Healing Processes

4.10.1 Cambodia

HPCR International (2008: 2) noted that a program was designed in 1995 to implement the community mental health approach of the Transcultural Psychosocial Organization (TPO), with the aim of the identification, prevention, and management of psychosocial problems. Describing the project, HPCR International (2008: 2) notes that the project involved developing interventions that enabled individuals and communities to overcome the effects of traumatic events. The approach was community-oriented, and the team sought to find culturally appropriate solutions aimed at:

1. strengthening local resources to identify and manage psychosocial problems, by offering training;
2. creating awareness concerning psychosocial and mental health problems, by producing appropriate materials and training local health workers and NGO staff in psycho-education;
3. adding appropriate new skills at different levels, including mental health clinics at the provincial and district levels;
4. forming villagers, chosen from those who had been trained and proven to be the most effective in the pilot phase of the project, into teams, to refer families and provide psycho-education; and
5. forming self-help groups, where women and men could find a ‘niche’ in village life and a safe place to speak about their emotions.

The approaches adopted by the intervention are detailed as follows:

1. Training: This step aimed to enable the Cambodians themselves to identify and manage psychosocial problems. Building on the existing relations in the village, the team would begin organising training for interested helpers in the community, and group work came almost automatically. The next step was defined by the type of village entered and consisted of psycho-education for anyone interested and/or individual casework aimed at strengthening local resources for help, or individual casework to build a basis for a group approach. The people who were already in a position to assist families in distress were identified. They were teachers,

village chiefs, monks, some of the traditional healers, staff of government agencies, NGOs, the public health sector, and ordinary villagers. They were offered training. Curricula developed on different levels were developed especially for the Cambodian situation and laid an emphasis on realistic possibilities (Yoder 2005: 32).

2. Counselling: The approach offered the core group a set of basic social skills, such as listening skills, for helping in general. Furthermore, the very basics of counselling were expected to be of use for people working with vulnerable clients.

3. Self-help groups: In developing self-help initiatives at the community level, group sessions were used as the first step (Yoder 2005: 32). The group approach was primarily a response to the sheer quantity of people needing help. However, it was also a chance to reinforce an important message, namely that people can effectively help themselves and do not need an extra layer of psychosocial workers to do it for them. Group work also provides an opportunity to search for meaning in, or an acceptable explanation of, the events of the past and the present. Exchanging opinions on this fosters cohesion and becomes a force for mutual empowerment. People were selected from the same social strata. Women in comparable positions discussed their problems, often for the first time in their lives, because they found themselves in a safe setting that was not automatically available in communities marked by displacement and isolation. All women experienced the groups as a welcomed possibility to discuss problems they thought no other women in the same situation would have been willing to listen to.

4.10.2 Rwanda

Interventions in mental health and psychosocial support that take the form of trauma healing in emergency settings are inadequate. There is little literature or documentation of trauma healing efforts in situations of violence and ongoing fighting. Most documented efforts involve trauma healing in the aftermath of war and disasters. Regardless, these cases are relevant to this research, due to their community-oriented approach (Yoder 2005: 10). Staub *et al.* (2005: 2) in their journal *Healing, reconciliation, forgiving and the prevention of violence after genocide or mass killing: an intervention and its experimental evaluation in Rwanda*, describe a theory-based intervention that they developed to promote healing and reconciliation in Rwanda. Staub *et al.* (2005: 2) investigated the concept of reconciliation and the necessary prerequisites for reconciliation after violent conflict, genocide, or other intense subnational violence, with a special focus on trauma healing. During the intervention, they used a

community centered approach and worked with facilitators from local organisations. The facilitators designed a nine-day training program with psychoeducational and experiential components in close coordination with the community they were working with (Staub *et al.* 2005: 2).

The approach addressed a number of areas:

1. Understanding genocide: “this intended to deepen the understanding of people’s actions and help participants to learn about similar ways in which others have suffered and to examine and come to see that commonalities in the roots of such violence can help people see their common humanity with others and mitigate the negative attitude towards themselves”.
2. Understanding the effects of trauma and victimisation and paths to healing: this allowed for the investigation of the characteristic symptoms of PTSD, traumatic grief, and the profound effects of traumatic experiences on the self, as well as how this might be used to aid healing." Respect, information, connection, and hope were portrayed as crucial factors for healing in the framework used. Respect, information, connection, and hope are all key parts of healing, according to the constructivist self-development theoretical framework.
3. Understanding basic psychological needs: basic needs such as security, trust, esteem, positive identity, emotions of efficacy and control, positive relationships to other people, a comprehension of reality and one's own place in the world, and transcendence (or spiritual needs) can lead to groups turning against one another. The fulfilment of basic human needs is a crucial part of healing.
4. Sharing painful experiences in an empathic context: this section of the training program was hands-on and focused on healing through writing, painting, or thinking about one's painful experiences during the genocide, then sharing them in small groups with group members responding empathically to each other's stories. The trainees were also taught how to respond empathically. "
5. Vicarious traumatisation: vicarious traumatisation is a detrimental effect on the helper that can occur as a result of working with trauma recovery and reconciliation, and it should not be overlooked." The purpose was to provide participants with a framework for understanding their own experiences as helpers, as well as to promote mutual support and self-care.

Programme effectiveness:

Evaluation results of the program indicate positive results from the intervention. The program helped reduce trauma symptoms, building bridges and inculcating a positive attitude towards members of other groups (Staub *et al.* 2005: 329). The Tutsi and Hutu participants in the

integrated group showed a more positive orientation—or a greater readiness to reconcile, which was not the same for the other groups (Staub *et al.* 2005: 300). Additional findings by Staub *et al.* (2005: 300) also suggest that the program was able to statistically control the disparities among the groups, with lower trauma symptoms and positive orientations towards each other for those who were in unified groups that consisted of both the Tutsi and the Hutu. The participants in the other two groups reported an increase in trauma symptoms. The positive outcome of the program was noticeable two months after the treatment in comparison to participants in the other two groups.

The intervention had both of the expected effects, reducing trauma symptoms, and enhancing acceptance of, or a positive orientation toward, the other group, and this can be taken as an indicator of healing, to make violence by groups toward each other less likely, as well as to enable people to lead better lives. The programme also indicated some degree of reconciliation, or at least increased readiness to forgive (by members of the groups upon acknowledging their actions and asking for forgiveness) and reconciling. Staub *et al.* (2005: 330) findings suggest that “items that indicate that forgiveness is conditional on acknowledgement by perpetrators of their actions and on apology or regret by them, suggest that for participants forgiveness after the genocide requires mutuality and put in other words, their inclination is toward a constructive form of forgiveness, or toward reconciliation” (Staub *et al.* 2005: 330).

While Staub *et al.* (2005: 330) did not conduct a systematic evaluation study of the efforts mid to long term, initial observations and informal evaluations suggest that the intervention led to positive results. The findings of the study reported by Staub *et al.* suggest that this approach to healing and reconciliation may be useful in settings other than Rwanda, where people are struggling with the aftermath of intractable conflict, mass killing, or genocide (Staub *et al.* 2005: 330).

4.10.3 Liberia and Sierra Leone

In the refugee camps of Guinea, a program developed by the NGO called the Center for Victims of Torture (CVT) was used in a trauma-counselling program for Liberian and Sierra Leonean refugees (Yoder 2005: 24). CVT was founded in 1985 in Minneapolis, Minnesota, as the first torture-treatment center in the United States; the program by CVT “integrated contemporary expressive therapy techniques with indigenous healing practices (e.g., songs, cultural stories, drama, drawing, dance/movement, letter-writing, and rituals)”. Yoder (2005: 24) notes that “in

aftermath of war atrocities, symbolisation – a process where an experience or emotion that has been unexpressed is given form – can provide survivors with a sense of relief and solace and can attenuate isolation by permitting traumatic experiences to be shared with and acknowledged by others”.

CVT’s treatment model included a combination of:

- a. training of refugee paraprofessional counsellors,
- b. clinical services,
- c. social activities,
- d. training of community leaders and other service providers, and
- e. community awareness campaigns.

The main component of the CVT treatment was clinical services that incorporated relationship-based supportive group psychotherapy, followed by individual and family therapy (Yoder 2005: 24). Yoder (2005: 24) accentuates how the clinical interventions guided by a trauma recovery three-stage model of (safety, mourning, and reconnection), adapted to the realities of the refugee camp setting, and the theoretical foundations included elements of psychodynamics, relational/interpersonal, cognitive-behavioural, narrative, and expressive/humanistic psychotherapies” (Yoder 2005: 24). In addition, basis of the treatments were the psychological benefits that came by as a result of symbolic forms (e.g. drawings, drama, songs) and “a variety of arts-based approaches were used in CVT’s counselling sessions and in CVT’s community awareness campaigns and modalities included drama, drawing, cultural stories, songs, dance/movement, expressive writing, and rituals and the specific approach was tailored to the backgrounds and needs of the clients” (Yoder 2005: 24).

For instance, the vast majority of women were illiterate, unschooled, and unable to read or write, therefore unable to draw with a pencil (Yoder 2005: 24). Therefore, the women’s groups preferred approaches that did not involve writing but relied on songs, movement, drama, and oral storytelling (Yoder 2005: 25). Hence, children were the majority in the refugee schools therefore children preferred to participate in activities that involved drawing and writing. In addition, because CVT endeavoured to build capacity among its paraprofessional counsellors, it seemed important to choose methods that could be replicated after CVT’s departure from the camps and upon the clients’ repatriation (Yoder 2005: 25).

Programme effectiveness:

A review of the wide variety of songs used in the counselling groups indicated that “songs served a variety of psychological and social functions: to welcome newcomers; express grief and sorrow; convey messages about acceptable and unacceptable behaviour; renew energy; help people to get to know each other, bring about calmness and relaxation and foster an attitude of faith, hope, persistence; encourage peace and reconciliation and inform about important historical events” (Stepakoff 2016: 310). The CVT program found out that “supporting clients in developing a capacity to choose more specific verbal representations of their internal states would contribute to a sense of relief and a possibility of being more accurately understood by others and the medium of language could give form and containment to otherwise overwhelming sensations and emotions” (Stepakoff (2016: 312). Stepakoff (2016: 312) added, clients valued the opportunity to compare and contrast their reactions with those of their peers, as well as to learn practical methods for dealing with these difficulties more effectively (such as mindful breathing and other grounding techniques).

The clients expressed appreciation of these coping tools and reported continuing to utilise them even after the group cycle ended (Stepakoff 2016: 310). Stepakoff (2016: 310) describes how the program's signature feature was a blend of Western and African methodologies, with paraprofessional group counsellors who were themselves Liberian and Sierra Leonean refugees living in the camps ensuring that therapy methods were culturally acceptable. It was found that painful memories and experiences cannot be completely erased however the pain can be eased by participation in group counselling sessions, and the availability of safe spaces where one can freely express their grief, fear, anger, shock, and despair (Stepakoff 2016: 311). Individuals and groups gained a sense of equilibrium and the readiness to live once again in the aftermath of expressing their grief (Stepakoff 2016: 311).

4.10.4 Somalia

Strategies for Trauma Awareness and Resilience (STAR) emerged in the aftermath of the attacks of 11 September 2001 in the USA. In the wake of the attacks, the Church World Service provided a grant to the Eastern Mennonite University's Center for Justice and Peacebuilding (CJP) to support community leaders dealing with impacted communities (Yoder 2005: 43). SOYDEN (Somali Youth and Development Network) translated and contextualised the *Village*

STAR curriculum for use in multiple districts in Somalia under the name *Quraca Nabadda* (QN, Tree of Peace).

Van de Put and Eisenbruch (2004: 2) note that the *Quraca Nabadda* program brought together women from different walks of life in the villages to convene and share their stories about the trauma and harms that they had experienced at an individual and community level. Van de Put and Eisenbruch (2004: 2) explained that “trained facilitators used a colourful set of painted cards that depicted various situations and that were strategically placed on a snail model made from rope; this large snail model showed different kinds of trauma, the cycles of violence, and breaking free on the healing path – where a number of the various actions and processes for addressing trauma were listed”. The participants engaged in the following:

- Promoting trauma awareness and resilience
- Doing justice
- Making meaning
- Building secure, sustainable communities
- Transforming conflict

According to the National Disaster Interfaith Network, the STAR curriculum draws on and extends practices related to trauma, justice, peacebuilding, spirituality, and security:

- Trauma healing often focuses primarily on the mental health of individuals. STAR relates body and spirit to trauma healing, addressing its significance for groups and communities.
- Justice usually entails legal systems. STAR presents principles of restorative justice that engage individuals and communities in redressing harms that have been done.
- Peacebuilding generally attends to community-level concerns. The STAR curriculum extends peacebuilding to individual and national levels, integrating the value of breaking cycles of victimhood and violence.
- Spirituality is often disconnected from trauma healing. STAR identifies holistic spirituality as a key component in healing trauma at all levels.
- Security commonly refers to national security and the duty of governments to protect their citizens. STAR pushes beyond homeland security to look at global human security.

Program effectiveness:

The use of the STAR methodology was successful in Somalia, testimonials from participants mentioned that the STAR program was liberating in that it provided the much-needed stabilisation of their emotional and physiological responses to trauma (Van de Put and Eisenbruch 2004: 16). Strengthened by this awareness, participants began to engage their counterparts and they arranged meetings and negotiations with parties with whom they had been or were engaged in violent conflict. The trauma awareness gained from the program provided them with the knowledge to address trauma. Through the program and knowledge of the cycles of violence, they were empowered to use tools and processes introduced by STAR to encounter the other—listening to their story and applying appropriately adapted aspects of conflict transformation, restorative justice and joint development project implementation (Van de Put and Eisenbruch 2004: 15). The project was a success at the community level, inspiring leaders to initiate efforts for nationwide adaptation of the program, intended to enhance reconciliation processes in Somalia (Van de Put and Eisenbruch 2004: 15). In addition to addressing the trauma and harm experienced by individuals and communities, *Quraca Nabadda* proved to have generated prospects for self-reliance and resilience building, particularly equipping them with the social capital needed to transform conflicts (Van de Put and Eisenbruch 2004: 15). As a result of the programs the participants formed networks, repaired and forged relationships, and gained knowledge and awareness of processes to address trauma, all contributing to improving the capacity of communities to respond to harms and challenges (Van de Put and Eisenbruch 2004: 15). When individuals and communities at the grassroots respond effectively to trauma and increase their capacity to engage future threats and challenges, peacebuilding efforts at regional and national levels have a more solid basis for success.

4.11 Summary

This chapter sought to define trauma healing. Notwithstanding the emerging evidence of individual and collective consequences of trauma, many authorities agree that strategies to address trauma are insufficient and almost non-existent. The discussion also remains fundamentally detached from the overall peacebuilding community. The importance of trauma healing is a fundamental and often unheeded area. The chapter developed points on why trauma healing should be present and explained the effects of unhealed trauma.

If the linkages between trauma and direct violence are in an early stage of development, the connections between indirect forms of violence and trauma have yet to emerge. The researcher does not wish to argue that trauma healing is a panacea. Notably, it can work with other forms of peacebuilding: alternative development, community building, meeting basic needs, addressing root causes, transforming structures that perpetuate injustice, etc. Trauma healing shares similar values with development and peacebuilding; participation, ownership, giving communities agency, meeting basic needs, promoting human rights, opposing structural and direct violence, long-term commitment to the process, sustainability, building local capacity, empowering communities, healing, and reconciliation. The importance of community-based trauma healing by no means negates the value of more specialised clinical interventions for highly traumatised individuals whose symptoms do not subside with the support rendered as a result. Staub *et al.* (2005: 3) suggest that equipping communities, groups and individuals with tools and skills to transform their lives is at the juncture of peacebuilding, trauma healing and trauma healing. However, since it has been largely overlooked as an integral step in that process, it merits further study. Though there is a scarcity of academic literature on the subject of trauma and conflict transformation, it is patent that an understanding of trauma informs the principled response to a conflict or post-conflict situation. Restoring, healing, and strengthening communities is one of the most effective ways to build peace and mend traumatised people and break out of cycles of alleged intractable violence. The chapter also elaborated on the trauma experienced by people living in the PoCs.

PART FOUR

CHAPTER 5: PARTICIPATORY ACTION RESEARCH

“It isn’t enough to talk about peace. One must believe in it. And it isn’t enough to believe in it. One must work at it.” – Eleanor Roosevelt

5.1 Introduction

Participatory action research was used in this study. This chapter explores the Participatory Action Research (PAR) framework its definitions, history, values, advantages and disadvantages. This chapter also provides the relevance and benefits of the PAR framework to this research study, highlighting qualitative research methods, defining different types of qualitative research used, and illustrating their relevance to the study.

5.2 Definition of Participatory Action Research

There are many definitions of the PAR approach which share common elements. Participatory Action Research is a subset of action research, involving collective inquiry and action to effect change in a community or program (Gillis and Jackson 2002: 264). It is a collaborative process that involves researchers and participants working together for purposes of research, education, and action geared toward social transformation (Wadsworth 1998: 2). The participants though marginalised and delegitimised carry perspectives and wisdom about their history, culture, and concerns (Kesby, Pain and Kindon 2007: 9). Chevalier and Buckles (2013: 28) concur, highlighting that PAR calls for the active involvement of community members and researchers at every phase of the process with value placed on community-based expertise, and results from the investigation made accessible and understandable to the community and public at large. This empowering aspect of PAR, fosters the capacity of the participants to describe and analyse their problems and bring about change (Vollman, Anderson and McFarlane 2007: 33). It is a democratic process whose emphasis on the participation and inclusion of the oppressed naturally brings people together for action, reflection, theory and practice (Bradbury and Reason 2006: 1). As a philosophy that embodies the concept of self-determination, PAR

affords the local people an opportunity to participate meaningfully in the analysis of their solutions, which is necessary to achieve sustainable development (Attwood 1997: 2).

The study employed PAR as it gives the marginalised and the oppressed, those concealed by decades of conflict, a new awakening and perspective on their reality. PAR allows them to be agents of change because it is embedded in social relationships where participants and researchers can produce new knowledge and insights into how political, social, economic, and familial contexts in communities may impact daily life (McIntyre 2002 cited in MacDonald 2012: 38). McTaggart (1991: 169) and MacDonald (2012: 38) discuss the ambiguities that arise around the meaning and description of PAR, and whether it is the same as “Participatory Research” or “Action Research”. MacDonald (2012: 38) explains that this confusion arises as PAR is a framework developed through its use in multiple fields. McTaggart (1991: 169) concludes that PAR developed as a means for improving and informing collective, economic, and cultural practices, which in principle, is a group of activities where individuals from the grassroots, middle and top-levels collaborate for the larger good. The PAR framework, therefore, is premised on collaboration, participation empowerment, reflection, emancipation and transformation. PAR inspires action and reflection, theory and practice, seeking solutions to particular social problems and bringing about change.

5.3 History and Origins of Participatory Action Research

Authors have different interpretations of the origins and history of PAR. However, the origins of PAR trace back to the work of Kurt Lewin (1944), a Prussian psychologist and Jewish refugee from Nazi Germany who is considered the founder of action research and credited for coining the term ‘action research’ (Gillis and Jackson 2002: 3). There is consensus by MacDonald (2012:37) and Chevalier and Buckles (2013: 11) that action research traces to Kurt Lewin’s ground-breaking work in organisational development and studies. McNiff and Whitehead (2011: 36) suggest that Lewin embodied the philosophy that advocated for inclusion and decision making of the marginalised, their ability to participate provided the needed motivation.

Chevalier and Buckles (2013: 11) concur with McNiff and Whitehead (2011: 36) and mention that in his paper entitled *Action Research and Minority Problems*, Lewin coined the expression ‘action research’, defining it as research on different forms of social action to bring about social

change and transformation. Kurt Lewin (1946) used the term ‘action research’ to describe a research process in which concepts are established by collective practical interventions and actions that increase the community’s autonomy (Stull and Schensul 1987 cited in Fox 2003: 88). Lewin’s approach to group dynamics, experiential learning, and research directed toward solving social problems is key to understanding the beginnings of PAR (Chevalier and Buckles 2013: 11). Lewin specifically highlighted the sequential process which allowed for action and reflection by both the researcher and participants (Fisher and Ball 2003: 209-210). It is now often referred to as the iterative cycle of action and reflection, or ‘spiral science’ (Kesby, Pain and Kindon 2007: 9). Rather than taking a linear approach PAR involves a flexible, cyclical step of planning, acting observing and reflecting (Lewin 1946: 202).

MacDonald (2012: 37) highlights the influence of the development of PAR on Paulo Freire (1972), an adult educator and philosopher and a leading author of critical pedagogy. Freire challenged social hierarchies and demanded participatory approaches that broke down dominant and power centered relations. MacDonald (2012: 37) explains that Freire’s participatory action research was concerned with empowering the poor and marginalised members of society on literacy, land reform analysis, and the community.

Hall 2005, cited in (Kesby, Pain and Kindon 2007: 10) argues that Marja-Liisa Swantz pioneered in the term ‘Participatory Research’ to describe her work integrating the skills and knowledge of the community into locally-driven development projects in Tanzania. In addition, several waves of movements have helped the advancement and evolvement of PAR. With the first followed by a second wave in the 1980s, particularly in organisation development (Kesby, Pain and Kindon 2007: 10). The third wave advocated for emancipatory approaches, and the fourth wave was social movement-oriented.

5.4 Epistemology of Participatory Action Research

In this study, understanding the thought process of traumatised people in the PoC sites in South Sudan demanded not only a method that offered room for discussion and reflection but also an epistemological stance that cast the marginalised at the center of solving their problems. The various methods within PAR allow for discussion and reflection; their democratic nature gives a voice to the voiceless, allowing them to extract meaning from their experiences. To undertake PAR, researchers must assume participatory and democratic processes, which demands that

the researcher and participants be reflexive and explicit about the perspective from which knowledge is coming. The inclusive nature of PAR assures the authentic participation of the oppressed and marginalised, provides room for self-reflection and focuses on the community as the locus of control; its ultimate principle is that problems are solved by affected populations (McTaggart 1989 cited in MacDonald 2012: 39). This same view framed the basis upon which I employed PAR as a method for testing assumptions and ideas and assisting participants to analyse and reflect on their situations and solutions.

Selenger (1997 cited in MacDonald 2012: 39) identified seven components to the PAR process, including:

Community problems originate in the community and are solved by community members;

PAR involves social improvements and thus assists community members;

Community members are involved in all aspects of the process;

Community members gain greater knowledge of how to solve problems;

PAR as a scientific method and community involvement assists in generating more accurate knowledge;

The researcher is both a researcher and a participant.

Accelerating trauma healing in the PoC sites in South Sudan requires a method that can enhance the community's knowledge of trauma, allowing them to explore and reflect on that knowledge and how it relates to their future. PAR's success is not only in producing quality information but also rests on power relationships and the extent to which participants' capacities, skills and knowledge can be developed and enhanced through the research (Cornwall and Jewkes 1995 cited in Kesby, Pain and Kindon 2007: 10). Whyte (1991: 20) maintains that in PAR, participants explore and reflect on their knowledge actively unlike other conventional models of research where participants are merely subjects.

5.5 Participatory Action Research Framework

The PAR approach provides the groundwork for exploration and inspires authenticity and transparency through critical reflection. Minkler (2000: 91) describes PAR as a framework involving an iterative fact-finding process, premised on action and reflection. Koch *et al.* (2002 cited in MacDonald 2012: 37) mention that "PAR offers a radical alternative to knowledge

development in its mandate to remain a collective, self-reflective inquiry for the purpose of improving a situation and in one's action enquiry, one would identify a matter of concern, try a different approach to finding solutions, reflect on what is happening, and in the light of one's reflections, try a new way that may or may not be more successful". This study chose a method whose success hinges on this process of action-reflection, participants observe, reflect, act, evaluate, modify and move in new directions; as soon as they arrive at a provisional point where they feel that things are satisfactory, that point itself raises questions and it is time to begin again (McNiff and Whitehead 2011: 8). Since the process tends to be cyclical, it is often referred to as an action-reflection cycle, as depicted in Figure 5.1.

McNiff and Whitehead (2011: 8) state that a hypothetical PAR plan encompasses the following:

- An assessment of what is going on.
- Identify a problem or issues.
- Establish the road map.
- Put the plan into action.
- Monitor or observe the action or outcome.
- Evaluate and reflect on what is happening.
- Test the validity of accounts of learning.
- Revise plan based on the learning.

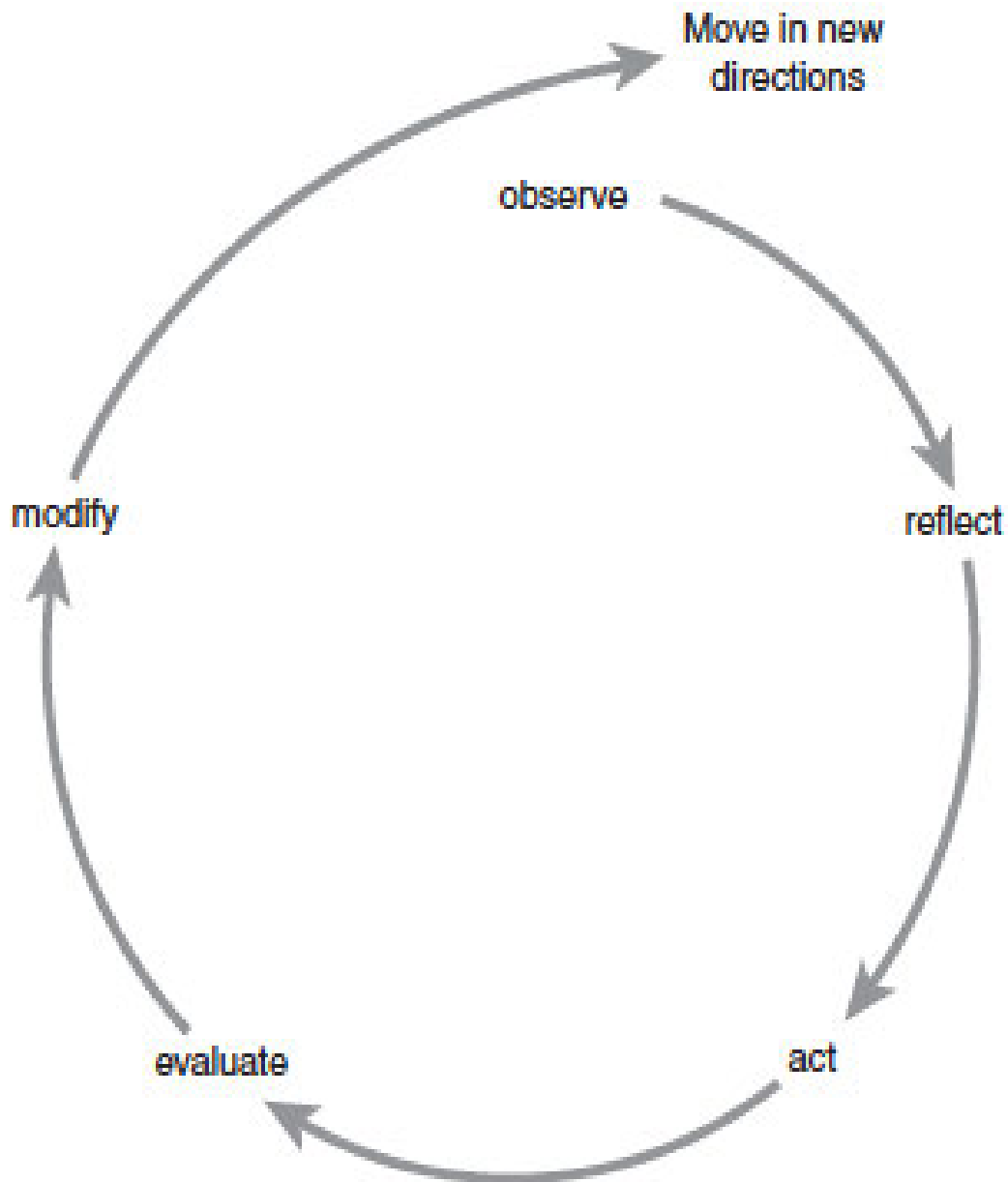


Figure 5:1 Action-reflection cycle (McNiff and Whitehead 2006: 40).

Chevalier and Buckles (2013: 11) add that the initial step in the action-research spiral is diagnosis to identify a problem and why action is required. In action research, “shifts in understanding create the possibility of movement and support the formulation of an overall idea or plan of action to dismantle the existing mindset and overcome defense mechanisms and inertia” (Chevalier and Buckles 2013: 11). Chevalier and Buckles (2013: 11) explain that the cycle is in constant motion and decisions regarding immediate steps lead, in turn, to a new cycle resulting in modifications and transformations. Lewin (1946: 206) explains that the iterative motions continue as needed and action under research prepares the last phase of

reflection, a closing of the spiral as new plans ‘freeze’, if the action was effective then the process starts again. As demonstrated in the model, the cycle is a spiralling coil that focuses on the community needs and transformation of the way things are done.

5.6 Participatory Action Research Challenges

While PAR has several strengths, it presents considerable challenges for the researcher and participants. MacDonald (2012: 37) shares a challenge with PAR related to the diversity in the meanings of PAR and the interchangeable use of terms such as *action research*, *PAR*, and *participatory research* that may be confusing for novice researchers. Gillis and Jackson (2002 cited in MacDonald 2012: 37) emphasise that PAR requires that the researcher invests time in knowing the community and is sensitive to the participant’s needs. Gillis and Jackson (2002 cited in MacDonald 2012: 37) caution that PAR involves collaboration and participation of community members which poses a challenge to research as working with communities is not easy. There is often no buy-in, and the community may not want to partake in the research. Furthermore, participation fatigue may set in and those who invest time in the project may struggle with motivation and commitment for various reasons.

Another challenge for PAR is the varying opinions and values, making it challenging for participants to agree on a position or have a consensus on the way forward. Communities are not homogenous, and participants have different abilities, which can lead to competition and power dynamics; for this reason, it is necessary to ensure that the version of what entails community needs and values reflects a group’s needs (Gillis and Jackson 2002 cited in MacDonald 2012: 37). To avert this, Gillis and Jackson (2002), recommend sensitivity and responsiveness to the different forms of leadership for the research team and a requirement during different phases of the research project.

Another criticism is on perceptions that PAR is a ‘soft’ and unscientific method of research that lacks theory, and researchers not familiar with it may challenge those employing the PAR methodology to legitimise their research (Young 2006: 501). MacDonald (2012: 37) concurs and adds that those using the PAR methodology may have to prove legitimacy to more conventional researchers who are used to working with close-ended research designs. Greenwood and Levin (1998: 5) reminded researchers that there is a “general lack of access to a sufficiently comprehensive and balanced way to learn about the diverse origins, theories,

methods, motives, and problems associated with this complex field”. As highlighted using the PAR method has advantages and disadvantages; before its use, the researcher must consider if the pros outweigh the cons.

5.7 Data Collection in Participatory Action Research

PAR uses several methods for data collection. For problem solving and triangulation, Streubert and Carpenter (1995 cited in MacDonald 2012: 41) recommend the using of more than three PAR methods for complementarity and to transcend the weaknesses of each. Stringer and Genat (2004 cited in MacDonald 2012: 41) state that, methods like focus group discussions, in-depth- interviews, participant observation and field notes, diary and personal logs, questionnaires, and surveys are effective methods of data generation employed in PAR. This research utilised, focus group discussions, participant observation, and interviews explained in Chapter 6.

5.8 Summary

Participatory action research serves as the foundation for this study.. In working with vulnerable people, affected by conflict, it is necessary to use collaborative approaches to enable people to learn from each other and come up with solutions on their terms using their images, language, or culture. The researcher chose PAR which demands placing the community at the forefront of interventions, which is critical for trauma healing. PAR allows for a thorough monitoring and evaluation process through reflective cycles. While PAR has its pitfalls and negative consequences, its efficacy is determined by how well or poorly it is designed and implemented.

CHAPTER 6: RESEARCH DESIGN, METHODOLOGY, AND DATA COLLECTION METHODS

“An indicator is naturalistic if it derives (preferably spontaneously) from the subjects: world of meaning, action, and discourse – it is not imposed on that world by the observer.” – Norman Denzin (1978: 103)

6.1 Introduction

This chapter is a discourse on the research design, the various approaches and research methodology. In this chapter, the general design of the research and the methods used for data collection are explained in detail. It includes the methods of data analysis used such as qualitative data analysis. The chapter discusses the main research paradigms used and provides justification for each paradigm. Ethical considerations that direct the research are discussed, including their importance to the research.

In recognition of the prolonged confinement, cycles of repeated violence, limited psychosocial support services, and the dire need for trauma healing in protective environments, the study sought to analyse the nature, extent and causes of trauma for IDPs in PoC sites. It further sought to design and test a culturally-relevant participatory action research intervention strategy that can be used to solve the ill effects of trauma.

The specific objectives were to:

1. To identify the nature and underlying causes of trauma for IDPs in PoC sites.
2. To identify the residual effects of trauma and how they have destroyed the social fabric in PoCs.
3. To explore the correlation between trauma, peacebuilding, and violence/conflict.
4. To strengthen the community's ability to leverage skill sets needed for trauma healing with the affected community, to identify and develop a skills-based intervention that can be utilised for trauma healing in communities affected with protracted conflict.
5. To carry out a preliminary evaluation of the short-term outcome of the trauma healing intervention.

6.2 Research Design

To obtain accurate and authentic results, the type of research selected should be supported by the research design. A research design conveys the strategy or schedule adopted to collect evidence and analyse the findings from which conclusions are drawn (Brewerton and Millward 2001: 52). Research design enables one to effectively address the research problem, it is the blueprint and structure of the relevant project, the plan of how the research problem will be addressed (Mouton 1996: 175).

This study was conceived as a participatory action research based on empirical studies. The researcher had limited knowledge of participatory action research that was gained through her 'Research Methods' course during her graduate studies. However, after the researcher was granted admission to the Durban University of Technology (DUT), for PhD studies, the researcher's lecturers expanded on PAR. Subsequently, the researcher conducted additional research on PAR and discovered how empowering and community-oriented it is.

PAR is appropriate to the researcher's doctoral studies because, as Brydon-Miller, Greenwood and Maguire (2003: 24) argue, it is action-oriented, community-situated, and grounded in practical community needs and learning, as opposed to serving scholarly interests alone. The researcher's objective was to learn from the participants' experiences and include them in the undertaking of her research which was provided by using a PAR approach. As Dawson (2009: 17) elaborates, in action research, the researcher does not 'do' research 'on' people but works in close collaboration with them as a facilitator to improve a situation in a particular setting. Action research in this study was used as a vehicle for social change (Druckman 2005: 314), through which the participants' views were to inform the direction of the project by devising and implementing an action research plan. For baseline data, the researcher conducted 13 focus group discussions, five key informant interviews, and ten in-depth interviews.

Prior to the research, the researcher had worked intermittently in the PoCs for an international non-governmental organisation doing community-based protection. The organisation utilised participatory methods, which sought to promote collective action and address pertinent protection concerns. The organisation consistently endeavoured to strengthen community capacity for protection and response to violence and reduce the prevalence and impact of key Sexual Gender-Based Violence (SGBV) and Child Protection concerns. All activities were

designed to respond appropriately to the immediate security needs of civilians while supporting the resilience, adaptive capacity, and recovery of communities from violence and insecurity. PAR falls within the 'do no harm' category and, guided by humanitarian principles, the researcher could not think of any other method that would allow her to carry out her research while ensuring that emphasis was placed on the dignity of the participants.

The research problem (trauma healing) was identified on the basis that it is one of the most urgent needs in the PoC sites and that it genuinely seeks to help the IDP populace in PoCs to solve the ill effects of trauma in a culturally sensitive manner. Trauma is perhaps the single largest obstacle to their ability to function normally and participate fully in their families, communities, and future. The researcher, therefore, chose participatory action research because it could empower participants to reflect on their problems as well as to make an effort to address the problems. PAR focuses on voice and everyday experiences and not rigid facts (Young 2006: 501).

Through the conversations and the ideas of the participants, the researcher managed to learn directly from their experiences. The researcher learned about the wider historical, social, and political contexts that shaped their traumatic experiences. Little information has been documented concerning the effects of trauma and how trauma healing can change the course of conflicts in IDP/PoC settlements in South Sudan. Following suggestions by Denscombe (2002: 27), the study sought to provide recommendations for good practices that will solve persistent issues. I took heed of Kindon, Pain and Kesby's (2007: 11), guidelines, which suggest that both researchers and participants can reflect on and learn from the action and proceed to a new cycle of research/action/reflection; together they develop context-specific methods to facilitate these cycles. As such, together with the participants, the research team identified pertinent issues or situations in need of change and then initiated plans that drew on capabilities and resources to precipitate relevant action. Furthermore, Kindon, Pain and Kesby (2007: 11) underpin that PAR is an iterative cyclical process that involves research, action, and reflection. The findings were assessed, redesigned, and retested in line with the action-reflection cycle.

6.3 Action Research

The study utilised participatory action research by involving the affected community in making sense of their reality. The study's fundamental goal was to devise community-based solutions to reduce violence and promote trauma healing.

To produce practical knowledge that increases the well-being of the PoC residents, I worked with an action group that was drawn from the community, Juba PoC 3, to design and implement a training intervention as Reason and Bradbury (2001: 2) advise. The participatory action research method is explained in detail in Chapter 5.

I reviewed all the relevant literature, prepared, and administered focus group discussions, and in-depth interviews including ongoing observation with the help of a research assistant who resides in the PoC. Subsequently, I brought together participants for sharing of findings. The action group was to emanate from the participants who had been interviewed and were part of the sharing of findings. Purposive sampling was used to identify the initial group including the action group members because the research would benefit from people who know about trauma, peacebuilding and community engagement. I invited eight members made up of both females and males to become the action group. Only a few members of the action group were fluent in English, as they primarily spoke Arabic and Nuer. The translation was provided by the research assistant when necessary to guarantee that we all understood each other.

Craig (2009: 3) emphasised the collaborative quality of action research and its focus on empowering communities and its ability to effect positive change. The eight action group members were included in the decision-making process and were regarded as teammates. Through the collaboration, together we designed, implemented and evaluated an intervention strategy that incorporated training, trauma-informed peer support and dialogue as expounded upon in Chapter 8.

The entire process was participatory whereupon I was mainly a facilitator whose role was to guide the process to ensure that the aims of the study and the research objectives were met (finding a solution to the trauma problem). An in-depth discussion of the formulation of the project intervention is contained in Chapters 6 and 8. The action group members were instrumental in the evaluation process, and this is elaborated in Chapter 9 which provides the short-term outcome of the intervention process.

The project comprised of interconnected activities: *group formation, planning, training, implementation, monitoring progress, and evaluation.*

Formation of the group: Eight participants who consisted of women (four) and men (four) became the action group. The action group had prior knowledge of trauma issues and their effects on the community. Participants named their group *Maal*, which means peace in Nuer. The formation of the group is further discussed in Chapter 8.3.

Planning: A meeting was held with the action group to decide on actions and project interventions. The intended objectives were decided, and parameters were set. It was agreed that trauma training would be held including peer-to-peer support.

Training: The action group received training in trauma which incorporated the STAR principles in ensuring the action group understands cycles of violence, generational trauma, trauma healing and community-oriented approaches to breaking free from cycles of violence and trauma. The details of the training are elaborated in Chapter 8:6.

Implementation: Trauma-informed peer-to-peer support was provided to community members who were identified as most in need. The intervention project is discussed in detail in Chapter 8. A dialogue session was held to clarify all the contentious issues and shed light on some topics.

Monitoring and evaluation: Monitoring and evaluation took place during the training and throughout the different intervention stages. An evaluation workshop was held at the end of the intervention project to measure the extent to which the objectives of the intervention had been met. The evaluation process is discussed in Chapter 9.

6.4 Research Methodology

The research methodology is the route or path through which researchers conduct their research. It is about how a researcher methodically designs a study to ensure valid and reliable results. Dawson (2009: 23), describes research methodology as the philosophy or standard guiding the research. Kothari (2004: 8) adds that research methodology does not only encompass research methods but also consists of the justification of the design choices in addition to illustrating why the chosen methods are the best fit for the research aims, such that the validity and reliability are capable of being evaluated either by the researcher or by others.

In other words, methodology delves into the reasons why a research study has been undertaken, which approaches and designs have been adopted, how the research problem has been defined, and why a particular technique has been used to identify, process, and analyse the study information, and a multitude of other similar questions are usually answered when on references research methodology (Kothari 2004: 8).

Quantitative and Qualitative Methods:

Research methods are broadly divided into qualitative and quantitative methods. Therefore, the research method used can be either quantitative or qualitative, or both. There have been complex discussions and arguments centered on the subject and differences between qualitative and quantitative methods. Cassell and Symon (1994: 7) note that qualitative methods are distinguishable from quantitative ones because they are generalisable; are more in-depth; are none statistical; have an emphasis on subjectivity rather than objectivity; are unstructured or semi-structured in the process of conducting research; exploratory rather than conclusive; and finally, have an explicit recognition of the impact of the research process on the research situation. Many authors agree that quantitative approaches are numerical, statistical, iterative, and graphic, whereas qualitative approaches are descriptive, rich, non-numerical, and based on relationships (Cassell and Symon 1994: 7). The distinctions in the qualitative and quantitative approaches are presented in Table 6.1.

Table 6.1: Qualitative versus quantitative research

Criteria	Qualitative Research	Quantitative Research
Purpose	To understand & interpret social interactions.	To test hypotheses, look at cause & effect, & make predictions.
Group Studied	Smaller & not randomly selected.	Larger & randomly selected.
Variables	Study of the whole, not variables.	Specific variables studied
Type of Data Collected	Words, images, or objects.	Numbers and statistics.
Form of Data Collected	Qualitative data such as open- ended responses, interviews, participant observations, field notes, & reflections.	Quantitative data based on precise measurements using structured & validated data-collection instruments.
Type of Data Analysis	Identify patterns, features, themes.	Identify statistical relationships.
Objectivity and Subjectivity	Subjectivity is expected.	Objectivity is critical.
Role of Researcher	Researcher & their biases may be known to participants in the study, & participant characteristics may be known to the researcher.	Researcher & their biases are not known to participants in the study, & participant characteristics are deliberately hidden from the researcher (double blind studies).
Results	Particular or specialized findings that is less generalizable.	Generalizable findings that can be applied to other populations.
Scientific Method	Exploratory or bottom-up: the researcher generates a new hypothesis and theory from the data collected.	Confirmatory or top-down: the researcher tests the hypothesis and theory with the data.
View of Human Behavior	Dynamic, situational, social, & personal.	Regular & predictable.
Most Common Research Objectives	Explore, discover, & construct.	Describe, explain, & predict.
Focus	Wide-angle lens; examines the breadth & depth of phenomena.	Narrow-angle lens; tests a specific hypotheses.
Nature of Observation	Study behavior in a natural environment.	Study behavior under controlled conditions; isolate causal effects.
Nature of Reality	Multiple realities; subjective.	Single reality; objective.
Final Report	Narrative report with contextual description & direct quotations from research participants.	Statistical report with correlations, comparisons of means, & statistical significance of findings.

(Source: Johnson and Christensen 2008: 34).

The qualitative method was the most suitable approach for this study because it places emphasis on the subjects and allows for flexibility. Qualitative methods were suitable because they strive to understand the human behaviour and reasons for behaviours (Langridge 2004: 64). Qualitative methods are subjective in nature and place emphasis on the informant's perspective. Mouton (1996: 130) postulates that the most striking characteristic of qualitative research is the fact that the researcher attempts to understand people and describe their problem from the point of view of those experiencing it and the emphasis is on an insider perspective instead of an outsider perspective as such qualitative research is also referred to as *naturalistic research*.

Mouton (1996: 130) explains that the concepts generated in qualitative research are distinct and reflect the world of the subjects in an accurate manner. He suggested that qualitative analysis should focus on the following:

- understanding rather than explaining social actions and events within their particular settings and contexts;
- remaining true to the natural setting of the actors and the concepts that they use to describe and understand themselves;
- constructing, with regards to the social world, stories, accounts and ‘theories’ that retain the internal meaning and coherence of the social phenomenon rather than breaking it up into its constituent components; and
- presenting contextually valid accounts of social life rather than formally generalisable explanations (Mouton, 1996: 168).

The researcher chose the qualitative approach as it enabled her to tap into the tangible experiences of the IDPs by providing an abundance of rich descriptive data. Qualitative analysis is also contextual in approach and gives significance to the specific plight of individuals in PoC set-ups rather than generalising their plight to that of IDPs in other contexts. Mouton (1996: 169) suggests that in qualitative analysis, the researcher recreates the self-understanding of individuals by working closely with the subject. The subjects give meaning to their own experiences. The qualitative approach permitted the researcher to study the issue in-depth and detail, allowing the exploration of attitudes, behaviours, and experiences; hence the researcher chose it.

6.5 Target Population and Sample

A population is a specific group that you will collect data from. Burns and Grove (2010: 213) define a population as the entire group that meets the eligibility criteria in a study. As of October 2016, the total number of PoC residents biometrically registered was 38,874 individuals, or 14,925 households. There is a significant multi-ethnic minority, but the vast majority of the IDP population in PoC 3 is of Nuer ethnicity. The ethnic composition of PoC sites is sensitive, and because killings are often ethnically motivated, data on ethnic identity remains uncollected.

The researcher purposefully balanced the population of IDPs in the site in terms of ethnicity, while acknowledging that the Nuer would inevitably be the dominant group. PoC 3 was set up in 2013 and was selected because it was the largest of the UN House PoCs and divided into ten zones. The study population for this research involved female and male IDPs aged between 18 and 50. The researcher chose this age group to avoid working with children as they are a highly vulnerable population, and furthermore, when looking at the age breakdown of the residents of

the PoC, the majority of women fall within this age bracket. Everyone living in the PoC was affected in one way or another by the conflict and at a risk of trauma. The sampling approach was based on the assumption that all the people living in the PoC were affected directly or indirectly due to the extent and evolving nature of the armed conflict leading to their prolonged confinement to date. It was not possible to find someone who has not been affected by the conflict in the PoC. Furthermore, the sample encompassed those who had witnessed the death of their loved ones; victims of sexual violence, torture, and detention; witnesses; and people who had faced various traumatic experiences.

Participants for the in-depth interviews were purposively selected and some were selected through snowball sampling. As noted above, a total of ten participants constituted the in-depth interviews, with six females and four males. The sampling methods used are described in the paragraph below. The sample of the FGDs was expected to have 56 participants, with a maximum of seven people per focus group discussion; however, some participants invited friends or neighbours along and the sample size increased to 84 participants. Of the 84 participants, 46 were female and 38 were male, with the ages ranging between 18 and 50. This population was representative of the larger population of the ten zones that constitute PoC 3. The focus group discussions involved the action group participants. The action group was composed of eight participants. An additional eight participants were instrumental in evaluating the short-term outcome of the intervention.

The key informants were selected through a combination of purposive and snowball sampling to yield valid and reliable information. Humanitarian organisation officials and local leaders of the PoC 3 site were also part of the study population with a representative from the community policing rescue team, community leaders, chief of community traditional courts, and women representatives in high committees. I targeted Team Leaders from humanitarian organisation's that implemented projects in PoC 3. This was also the same with the community leaders as they were embedded in the community. Two Team Leaders from humanitarian/aid organisations were used as key informants to contribute to the explanation of outcomes and to sought consensus regarding the issues highlighted by the PoC residents. The organisations names will not be revealed for anonymity. A community leader including a representative from the Community Policing Rescue Team also served as a key informant; the Rescue Team is part of the security organs entrusted with enforcing law and order in the PoC. A woman leader from

the High Committee, a community structure that has overall leadership of the PoC was a key informant and the chief of the community traditional court a structure that is an expression of customs and beliefs that presides over disputes and resolves disputes in accordance with cultural values also served as a key informant. This sample was selected to adequately answer the research questions in an attempt to address the problem of trauma in PoC 3 because it mirrored the population and closely represented the characteristics of the conflict affected IDP in terms of gender, age, geography, ethnicity, settings, and different degrees of exposure to violence.

Table 6.2: Summary of participants

Category	Sampling technique	Sample and gender	Ethnicity
Women from community	Snowballing	46 females	3 Bari, 2 Anyuak, 41 Nuer
Men from community	Snowballing	38 males	2 Bari, 2 Anyuak, 34 Nuer
Humanitarian Partners	Purposive	2 (1 female and 1 male)	International
Community Policing Rescue Team	Purposive	1 male	Nuer
High Committee	Purposive	1 female	Nuer
Community Leader	Snowballing	1 male	Nuer
Chief of the community traditional court	Purposive	1 male	Nuer

(Own source)

Sampling Method

It was impossible to collect data from every resident in the PoC; sampling methods had to be employed. Dawson (2009: 23) highlights that probability samples and purposive samples are the two major types of samples whose use depends on the research methodology, area of focus, and the researcher's choice.

Table 6.3 presents a comparison of the sample methods.

Table 6.3: Comparison of sample methods

Probability Samples	Purposive Samples
The researcher is interested in finding out about national detention rates. To ensure everyone has an equal opportunity he uses a simple random sample . The researcher would have to make sure that he obtained the name of every school in the country for this method to work properly.	The researcher decides that he wants to interview a sample of all pupils within a school, regardless of whether they have been in detention or not. He decides to use a quota sample to make sure that all groups within the school are represented. By using this method, only those pupils present at the same time and in the same place as the researcher have a chance of being selected.
The researcher wants to find out about national detention rates this requires visiting each school. To cut down on travel costs, he decides to use a cluster sample . Using this method, geographical 'clusters' are chosen and a random sample of schools from each cluster.	The researcher is interested in carrying out semi-structured interviews with pupils who have been in detention over the past year. He decides that a snowball sample would be the most appropriate method. He happens to know a pupil who has been in detention recently and so speaks to her, asking for names of other pupils who might be willing to talk to him.
The researcher has decided that he wishes to conduct a structured interview with all the children who have been in detention within a year at one school. He decides to use a quasi-random sample or systematic sample . Using this method, he chooses a random point on the list and then every third pupil is selected	The researcher has heard of a local school that has very few detentions, despite that school having a detention policy. He decides to find out why and visits the school to speak to the head teacher. Many interesting points arise from the interview and the researcher decides to use a theoretical sampling technique. Within this sampling procedure, he might choose to sample extreme cases which help to explain something, or he might choose heterogeneous samples where there is a deliberate strategy to select people who are alike in some relevant detail.

<p>The researcher decided that he wishes to concentrate on the detention rates of pupils by subject choice and so decides upon a stratified random sample. Using this method, the researcher stratifies his sample by subject area and then chooses a random sample of pupils from each subject area. However, if he found that there were many more pupils in the arts than the sciences, he could decide to choose a disproportionate stratified sample to make sure that his data are meaningful.</p>	<p>The researcher is a teacher himself and decides to interview colleagues, as he has limited time and resources available to him. This is a convenience sample. Also, at a conference, he unexpectedly gets to interview other teachers. This might be termed haphazard or accidental sampling.</p>
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Source: Dawson (2009: 23)

Purposive sampling relies on the researchers' discretion to purposely select certain groups or individuals for their relevance to participate in the study. The researcher purposely selects and leaves some members. Good judgement combined with an appropriate strategy allows the researcher to obtain a representative sample that effectively meets the researchers' objectives (Gray *et al.* 2007: 105).

During the researcher's stay in South Sudan, she worked with an international NGO and had the opportunity to work closely with the PoC residents prior to this research. The researcher had previously worked with PoC 1 and PoC 3 residents. The research took place in Jebel UN House PoC 3. The researcher's knowledge of the PoC 3 dynamics and structures informed her decision to utilise purposive sampling to select key informants who were involved in the trauma healing activities. The sample was purposive for the key informant interviews and FGDs because the selected participants had clarity on the nature, extent, causes, and consequences of trauma in PoC 3; more details of the key informants are in Chapter 6.4. Some of the FGD participants were also interviewed in depth and became part of the action team. These participants represented the entire wider community of the study area because they had been affected either as survivors of sexual and gender-based violence, or they had witnessed massive atrocities in PoC 3. They were informed on the nature of the study. Purposive sampling helped the researcher to recognise women and men who were taking an initiative to transform their community. Purposive sampling was used to identify the initial group of participants. The researcher targeted men and women coming from different ethnicities, religions, sectors,

regions, occupations, marital statuses, and different degrees of exposure to violence. Purposive sampling was combined with snowballing sampling.

Snowballing helped the researcher to identify individuals beyond the initial pool. IDP women and men who agreed to participate comprised the focus group discussions after signing consent letters. The participants notably challenged the researcher as well and asked her why she was not interviewing the traditional court leaders. They argued that many issues that happen in the PoC as a result of trauma go through the courts, and it was worthy that the researcher also hears from the traditional courts on the nature and extent of trauma and how it has left a devastating toll on the PoC population. Consequently, the researcher met the chief who presides over the traditional court to gain an understanding of the common issues over which the court presides.

6.6 Data Collection

PAR utilises a range of data collection methods and the data collection methods were qualitative. The qualitative method was appropriate because it recognises the use of techniques that allow for the articulation of words and views through discussion. Through the data collection methods I sought to understand the experiences of the IDPs residing in the PoC and deduce meaning based on their perspective and the information shared. Mouton and Marais (1988: 58) explain that, data collection is assembling data from all relevant sources passively or receptively. The data came from a variety of sources. The researcher kept in mind two types of data, namely, primary, and secondary, while deciding on the method suitable for the study. Kothari (2004: 95) highlights that secondary data is second hand information which has gone through many statistical treatments by others such as journals and books, and the primary data, on the other hand, are those which are original ideas collected afresh by the researcher from various sources such as case studies or surveys. In essence, primary data is original and first-hand whereas secondary data is simply a compilation of information collected by someone else earlier. This study uses secondary and primary sources to enable triangulation of data.

6.6.1 Secondary Sources

Secondary sources were used to investigate the history of South Sudan and to explore trauma and trauma healing. Secondary resources and an investigation of what has already been done or discovered appear in Chapter 1 and Chapter 2. The researcher used books, publications, data available on the internet, journal articles, reports, news sources, the google scholar engine and

documents from the Durban University of Technology Library and public libraries. One of the most noticeable advantages of using secondary data analysis is its cost-effectiveness. Because someone else has already collected the data, the researcher does not need to invest any money, time, or effort into data collection. While secondary data sources have many advantages such as cost effectiveness and the breadth and depth of data it provides, they can be laborious and might require researchers to work with a data collection tool that is not appropriate for their goals.

6.6.2 Primary Sources

Primary sources comprise data generated by the researcher, such as surveys, interviews, and experiments, that help the researcher understand and solve the study topic. This study utilised focus group discussions, key informant interviews, in-depth interviews, dialogue sessions, and participant observations to collect primary data. Primary data is frequently reliable, authentic, and objective and addresses the researcher's needs and differs from secondary data.

a. In-depth Interviews: In-depth interviews were selected due to their ability to elicit a rich and detailed understanding of what happened to the IDPs. One of the objectives of the study was to establish the nature and underlying causes of trauma for IDPs in PoC sites. In-depth interviews were intended to collate the perspectives of the participants on what they thought was the root cause of trauma. The in-depth interviews also enabled the identification of the residual effects of trauma and how they have destroyed the social fabric in PoCs as shown on the interview guide (Appendix E). Boyce and Neale (2006: 5) maintain that in-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation. In-depth interviews are useful when one wants detailed information on a person's thoughts and behaviours or wants to explore new issues in depth, and the interviews are often used to provide context to other data (such as outcome data), offering a more complete picture of that which has happened and why (Boyce and Neale 2006: 5). They are useful because they provoke vivid perspectives of the IDPs' stance on trauma issues. In-depth interviews were used to supplement the focus groups because, in some cases, IDPs or participants were not comfortable talking openly in a group. The researcher also used it because she wanted to distinguish individual (as opposed to group) opinions about the trauma

experiences and impacts. The researcher realised that in-depth interviews add authenticity and extensiveness into the research as they penetrate the soul of the PoC IDPs.

The interviews were held between 23 June 2018 and 26 February 2019 in PoC 3 in Juba, South Sudan. The interviews were recorded using a recorder with the permission of the participants upon signing consent forms. The questions acted as a guide and facilitation was necessary to stay within the realms of the topic. As reflected on in the interview guide (Appendix E), the interviews were meant to investigate the journey and experiences of the IDPs in the PoCs. The interviews were also valuable in evaluating the short-term outcome of the intervention.

The data collection was interrupted for nearly two months due to a conflict in the PoC between Nuer of different clans. The Bul Nuer from Mayom County, and the Bul Nuer from Rubkona; both are situated in Unity State. On Sunday, 12 August 2018, one youth from Rubkona County (Leek Nuer) stole a cell phone. He was apprehended by the community police and given lashes as punishment for the crime. His father came to the community center and saw that a man from Mayom County (Bul Nuer) was in charge and slapped him. The next day the Bul Nuer retaliated, which escalated into a fight between the two communities. The Bul Nuer claimed that the fighting escalated due to the Rubkona targeting the Bul Nuer, however, the Juba PoC 3 community insisted that the Bul Nuer escalated the fight. The people from Rubkona left PoC 3 on Tuesday, 14 August 2018, but were allowed back after putting down their weapons. However, the entire PoC 3 community, with influence from the other Unity State counties, chased out the Bul Nuer. Most of the Bul Nuer were men and boys, but there were also some women, children, and elderly totalling 1,500-2,000 people. Youth from both sides were armed with sticks, machetes, spears, knives, and other weapons and engaged in exchanging stones and aggressive behaviour.

The conflict resulted in the death of a Bul Nuer youth and about 30 critically injured persons. The majority of the injuries involved fractures due to the use of blunt objects, but five people were injured through the use of grenades and one was injured from a gunshot. The temporary shelters that the Bul Nuer had built in the Weapon Free Zone were also burnt and they were eventually expelled from PoC 3 to Mangaten IDP settlement. While the conflict started due to a personal issue between members of two communities, historical grievances and political motivations sustained the conflict. The Bul Nuer claim that they have been blamed and targeted

since the inception of PoC3. The PoC 3 community, on the other hand, claims that historically, the Bul Nuer have been causing conflict and creating and provoking clashes.

b. *Focus Group Methods*: As a supplement to other types of primary qualitative research, the focus group method provided a more in-depth exploration of the study's objective, looking into the causes and extent of trauma in the PoC and generating dialogue on the community's thoughts on the solutions. Brewerton and Millward (2001: 80) observe that the focus group involves data collection from an assembled selected group of respondents who generate data in a focused manner through guidance from a moderator/ facilitator to gain an in-depth understanding of social issues.

The focus group method was used as a forum to explore PoC residents' attitudes, notions, beliefs, and issues from their viewpoint. Considering the group processes is integral to this research and the focus group provided that opportunity. Albrecht, Johnson and Walther (1993: 54) concur, noting that the major strengths of the focus group, as opposed to only the individual interviews, is that it allows groups with similar experiences to come together and agree or disagree or discusses given topics/issues in-depth thus, fostering communication with others. The researcher carried out 13 FGDs, which included 46 females and 38 males (as mentioned in Section 6.4), to gain their collective views on their experiences and how they had been affected, all at a time and place convenient to the participants. Like the in-depth interviews, the focus group discussions explored the journey and experiences of the IDPs in South Sudan (Appendix F).

c. *Dialogue Sessions*: The researcher opted to use dialogue sessions as it came highly recommended by the action group to conclude the intervention. In dialogue sessions, participants challenge and stimulate each other's understandings of truth, values and norms, and learning embeds within communicative actions (Dirckinck-Holmfeld, Nielsen and Danielsen 2000: 29). This was necessary for discussing contentious issues with to stimulate mutual understanding and to encourage learning from various perspectives and viewpoints. The dialogue was not an easy process as it required time; participants were interviewees in the focus group discussions and the action group. The action group and participants interviewed in in-depth and focus group discussions were in the dialogue sessions. The researcher also used dialogue which is qualitative research to ensure that the affected community collaborated

towards solving contentious issues that facilitated or inhibited trauma in the PoC. More information on the dialogue process is in Chapter 8.8.

d. Participant Observations: I used participant observation as one of my methods for gathering data for the qualitative study. Observations were used in this research because they enable the researcher to understand human action and the social process by entering, as far as possible, the worlds of those whose behaviours they are trying to understand (Gray *et al.* 2007: 180). Participant observation lets one see the world as others see it – in their terms and in their natural and social settings. Furthermore, the researcher used participant observation because it allowed her to immerse herself in the situation alongside the IDPs in the PoC. Brewerton and Millward (2001: 96) noted that the researcher became an accepted member through exposure and involvement in the IDPs social setting and a lack of preconceived ideas. The behaviour, attitudes, and emotions of the IDPs were under observation. Appendix H provides details of the participant observation guide. Participant observations were employed throughout the entire research process. It was through the regular implementation of activities for the researcher's previous organisation, which involved monitoring food and non-food item distributions, and attending community meetings and cultural events. In addition, the researcher worked closely with the participants in various activities and used that opportunity to observe their interactions with each other, their surroundings and their interaction with things. The observations enabled the researcher to see the IDPs in their natural setting and to understand their relationships, interactions, emotions, attitudes, and coping mechanisms. The researcher took note of all observations and wrote descriptions of the context in detail; these contributed to the analysis and outcome of the findings. Interactions and other subtle forms of communication were observed and recorded. The researcher observed how the IDPs spoke to each other and communicated different emotions through verbal and non-verbal means and how they spent their time/ activities.

The study findings from the focus group discussions, in-depth interviews and observation revealed several psychological symptoms. Consistent themes emerged across the different primary sources of data collection with participants in the focus group discussion and in-depth interviews describing PTSD symptoms such as anger, irritability, mistrust and nightmares, aggression, avoidance, forgetfulness, and hopelessness. Participants in focus group discussions may have censored their personal experiences, yet, the vividness of the descriptions and the

raw intensity of the emotions expressed, indicated that participants were open about their experiences. The in-depth interviews and focus group discussions enabled me to achieve objectives one, two, and three. I was able to identify the underlying causes of trauma and the effects of the trauma on the IDPs. I also explored the interlinkages between trauma, peacebuilding, and violence. The testimonies and narrations in the focus group discussions, key informant interviews and in-depth interviews provided a wealth of information coded and presented into themes. The observation confirmed the stories of suffering, loss, and pain I listened to. By observing the IDPs and noticing the depleted coping mechanisms, I achieved objectives two and three as I managed to identify the residual effects of trauma and its impact on the social fabric. I established the correlation between trauma, peacebuilding, and conflict. The dialogue also met objective four, leveraging the community's skill sets needed for trauma healing. It was an effective intervention that offered a platform for discussing trauma-related issues that affect the IDPs.

6.7 Recruitment of a Research Assistant

One bilingual research assistant (speaking the Arabic and Nuer languages) was hired on a part-time basis for this study. An additional assistant was also hired to assist the main research assistant with the process including logistics. It was not difficult for the researcher to find a competent research assistant since she knew the humanitarian actors in the PoC as well as some community members. Once it became known that the researcher was hiring, she received quick support. Due to the sensitivity of the research, the researcher ensured that she only interviewed women. The researcher selected her research assistant because the latter had received trauma healing and psychological first aid training in addition to being in the final stages of her university studies. She was also keen on having research experience and she seemed to understand the researcher's topic relatively easily as compared to the rest of the candidates. In addition, she was more articulate in English as compared to the others. A Nuer interpreter was also hired for the mobilisation, translation, and transcription. The researcher ensured that she trained all of them on ethics, research, confidentiality, interviewing, and responding to trauma. The researcher emphasised the use of appropriate words, maintaining a physical presence and key body language to make people feel relaxed, and reinforced that they are in control of their encounters. Furthermore, it was compulsory that all research assistants sign an agreement of confidentiality.

6.8 Data Analysis

This study used qualitative data analysis, encompassing a wealth of descriptive data, collected through participant observation, in-depth interviewing, and focus group discussions. Marshall and Rossman (1999: 150) describe data analysis as administering order, structure, and meaning to data collected. In support, Louis, Lawrence and Keith (2007: 461) explain qualitative data analysis as the “process of making sense of research participants’ views and opinions of situations, corresponding patterns, themes, categories and regular similarities”. Thematic analysis was used to look at the patterns of meaning in from the data set interview and focus group transcripts. The thematic analysis entailed grouping that body of data according to similarities and to themes. Following the fieldwork, the relevant data was categorised according to the research objectives and then coded into patterns and themes. These themes are reduced to manageable proportions and coded according to their rate of recurrence from the responses obtained. Relevant text or segments of text that express a similar idea or repeat ideas are grouped into abstract themes. Upon identifying the themes, they are linked to theoretical constructs based on the theoretical framework and further organised into theoretical narratives that tell the story of the subjective experiences of the participants (Auerbach 2013:1).

The steps that were followed in the data analysis are described in the sub-sections that follow.

6.8.1 Transcription

With the consent of the participants, the focus groups, interviews, and dialogues were note-recorded and tape-recorded, and subsequently transcribed. Non-verbal cues and other forms of communication such as silence or expressions were included in the transcript as silence was depicted as communicating emotional distress or other information. Other gestures were transcribed as they also conveyed substantive information not found in speech, thus giving added meaning to the spoken words during the discussions.

6.8.2 Organising Data

The researcher first edited the raw data to detect mistakes and to ascertain if the data was complete. Furthermore, the researcher ordered all the text that was written as abbreviations or shorthand for the purposes of accuracy in order to pave the way for coding. The researcher also organised the data into easily retrievable sections and divided the field notes into sections

identified by date or by context, and assigned interviewers pseudonyms, as per (Lacey and Luff 2001: 8) and (Sandelowski 1995: 371) that one should first look at the raw data.

6.8.3 Familiarisation

The researcher started listening to the tapes that were recorded in English, reading and re-reading the data transcriptions and making memos and summaries before the formal analysis began.

6.8.4 Coding

Coding enabled me to fine-tune the data and make meaning out of the data that I had gathered. As such coding is necessary for efficient analysis and easy interpretation of the collected data into meaningful and cohesive information. Kothari (2004: 123) mentions that coding must be systematic and rigorous i.e., a class for every data item should be assigned to categorise data extracts. Therefore, the researcher carried out preliminary coding to explore perceptions of trauma and possible interventions for recovery.

6.8.5 Classification or Themes

The researcher reviewed the transcripts repeatedly and rigorously, allowing for the development of themes. The recurrent themes were developed into a framework or process that can be used for trauma healing in situations of protracted conflict. Content analysis was conducted for thematic coding.

6.9 Validity and Reliability

Validity and reliability refer to checking data to see that the items and the instructions make sense to the respondent. Mouton and Babbie 2001: 123), state that validity is a concept that measures how well an empirical measure adequately predicts what it is intended to measure. The researcher used focus group discussions, semi-structured interviews, in-depth interviews, and participant observation methods to ensure that there was consistency in the information produced and that what was being reflected in the data is valid. Triangulation was used for credibility purposes for the verifications of the findings. Lacey and Luff (2001: 27) articulate that triangulation is a technique used to gather and analyse data and involves the use of multiple methods to create a more in-depth picture of the situation being investigated. Questions applied in the interviews and focus groups are directly related to the study's research questions. At the

end of the research study, the data were tested for more credible and defensible results by applying the very same pre-test questions in the form of an interview guide to the research group. The findings were reported back to selected key informants and participants to confirm if the themes truly reflected the experiences of PoC residents. The content from the workshop/pieces of training was also used to triangulate information.

One can describe a study as reliable if it is consistent and can be replicated by another researcher, as well as the ability of the researcher to collect and document information clearly and articulately (Koshy 2005: 159). Mouton and Babbie (2001: 119) concur that reliability is concerned with repeatability, and the ability of the same object to consistently yield the same results over repeated test periods. Consequently, the researcher asked the respondents relevant questions and ensured that all questions were clear. The researcher used a pre-test sample in carrying out interviews with two participants and a focus group discussion with three participants to ensure that there was consistency in the gathered information. The questionnaire was piloted on three people who did not form part of the main study. They helped inform the researcher of ambiguous questions. Through this, the researcher also enriched her instructions to ensure that they were clear.

6.10 Ethical Considerations

A primary consideration in any research study is to conduct the research in an ethical manner. Smith (2008: 56) advocates for professionalism and strict adherence to ethical standards in planning and conducting research. Therefore, the researcher has a moral and professional obligation to be ethical even when the research subjects are ignorant or not concerned about ethics. This section will therefore detail the steps that the researcher took to minimise the harm to the participants.

The Faculty Research Committee confirmed approval of the researcher's research study and ethical clearance on 23 October 2017. According to DUT standards, the researcher's ethics level was ranked as 2, therefore the researcher did not need further ethical clearance. The researcher followed the DUT ethical guidelines of research before going to the field and throughout the study. A gatekeeper's letter from the Camp Management Committee was sought after the researcher had attained ethical clearance from DUT. Prospective research participants were fully informed of the procedures and risks involved in the research and gave their consent

to participate. Before any instrument was administered to any participant, informed consent was sought from that participant. The researcher ensured voluntary participation, anonymity and confidentiality, and the 'do no harm' policy for all participants since they are likely to be re-traumatised.

The participants freely participated in the research process. The researcher let them know that their participation in the study was voluntary and it was their decision to partake in the study. Subsequently, the researcher asked the participants to sign a consent form to avoid allegations of forceful information collection. Every participant received a consent form laying out the purpose of the research and ethical considerations. The form described the purpose of the study, the risks, the benefits, the right to waive some questions if they chose to do so, and the right to withdraw from the interview at any time without giving the reasons why.

Since the action research encompassed female IDP participants, who are the most likely victims of horrific sexual violations and several human rights violations, the researcher recognised that the research might induce psychological distress as the participants narrated their traumatic events that they endured. Measures that were focused on mitigating the probability of re-traumatisation during the research were put in place. The researcher ensured that a) someone with knowledge of working with victims of violence was always available, when necessary and if needed, to provide skilful counselling for the affected participants free of cost; b) participants could omit questions that rendered them uncomfortable; c) participants could withdraw at any stage; d) her research assistants had received mandatory Psychological First Aid (PFA)/counselling training and that they would be familiar with the trauma concept; e) participants had the right to stop the study if they felt an infringement on their privacy or could not continue with the study for one reason or the other; and f) the participants were asked by the researcher to set ground rules to guide the discussion and training workshops, among which included respect for oneself and for others, expecting the best from others, thinking before reacting, and aiming for peaceful relations among participants.

It was anticipated that the study's focus on trauma healing would reduce psychological risks during the interviews. Therefore, to ensure no harm, the researcher debriefed the participants on trauma healing as the main component of the intervention project, emphasising that it was meant to reduce the incidents of trauma thus creating a peaceful society. To a certain extent, the integration of trauma healing was beneficial. Only one man and two women exhibited signs

of distress during the interviews when describing horrendous events. The distress was ephemeral as it vanished with measures such as listening carefully and with sensitivity, being non-judgemental, and speaking to the participant in private in the case of the women who were in an FGD. Support was readily available, however, affected participants were not interested in follow-up support sessions. There was a follow-up visit to the affected participants in the case they needed a referral to trained mental health specialists.

In terms of confidentiality, it was paramount that the privacy and well-being of the participants were protected at all levels of the research. To maintain confidentiality, the researcher used pseudonyms for all the participants and changed identifiers. This is mainly because of the complexity of the information given by the participants, and one of the ethical principles is not to bring any harm to the respondents, especially in a contextually challenging place such as South Sudan where there are constant, deliberate attacks on civilians based on ethnicity. The researcher also assured the participants that all their responses would be entirely for the purpose of the research and that all the collected information would be kept in the safe custody of the university, which would dispose of it after a specified period (five years, as per the DUT ethical guidelines). Interviews were held within a time and place of convenience for all participants. Interviews were held with IDPs, community leaders, and workers of the humanitarian agencies involved.

6.11 Summary

This chapter has explained how the research was carried out in this study. The researcher has indicated that PAR was the principal research design on which the research was premised. The data analysis process was detailed in the chapter. In addition, ethical considerations that guided the conduct of the research were discussed. The validity and reliability of the research were also outlined. The chapter provides a wide-ranging account of the entire research process. The researcher has also reflected on her learning process through this research journey. The discussion in the following chapters will discuss the data analysis and findings.

The methods employed in the research were quite effective; the focus group discussions and the interviews generated rich information as the participants were open about their experiences. The ethical considerations enabled me to minimise the potential harm or distress to the participants. Interviewing traumatised interviewees has its challenges; the chilling and vivid

narrations affected my psyche as elaborated in the secondary trauma section contained in Chapter 10.6, where I situate my own experiences with the research. The action component of the research design consisted of an intervention by the action group, which effectively in reduced trauma in the PoC.

PART FIVE

CHAPTER 7: PRESENTATION OF FINDINGS

“We are all eating each other”: Trauma in the PoC

“It may be that the part of us that was struck and hurt can never forgive, and that strangely, forgiveness never arises from the part of us that was actually wounded. The wounded self may be the part of us incapable of forgetting, and perhaps, not actually meant to forget, as if, like the foundational dynamics of the physiological immune system, our psychological defenses must remember and organise against any future attacks – after all, the identity of the one who must forgive is actually founded on the very fact of having being wounded.” – David Whyte- 2015

7.1 Introduction

The impetus of this chapter comes from the focus group discussions and interviews with the participants. It is the first of the proceeding chapters where attention is on the transmission of the accounts from the focus group discussions, in-depth interviews, and key informant interviews held with the participants. Ten interviews and 13 focus group discussions were held from 23 June 2018 to 26 February 2019 in Juba PoC 3 in South Sudan. Interviews were also held with humanitarian staff. All the presentations were aligned with the study objectives. In this chapter, the researcher presents the primary findings and the analysis of the relationship between trauma and conflict in the PoC sites in South Sudan. Observations were also key in further elaborating this document. The researcher presents the participants’ narratives alongside the context of the PoCs and the personal viewpoints of the participants based on their experiences. The researcher captured their statements in direct citations, taking care to be sensitive to their feelings and their ascription of meanings. The findings were used to design and implement an appropriate intervention together with the action group. The names of the participants were omitted intentionally to ensure that the study conformed to ethical standards.

The findings are presented in the next chapter. The key findings or themes include PTSD symptoms, justice, aggression, and religion.

Table 6:3 Transcript’s identification codes

The data collected was politically sensitive and some of it personal, therefore, it had the potential to put the lives of the participants at risk if mishandled. For this reason, each participant was allocated a transcription identification code. The transcripts were apportioned for ease of reference and the table below is an example of the coding.

Table 6:3 Transcription Identification Codes

Transcript codes and key	Number in each category	Translation
FGA-P1	84	Participant number 1 in focus group A.
IP1	10	Participant number 1 in in-depth interview.
AGP1	8	Participant number 1 in action group.
K1P1	6	Key informant participant 1.
PI	22	Participant 1 who received trauma informed peer-to-peer support from the action group.

Source: own data

7.2 “I witnessed systematic killings of children and women”: War and Trauma

While acknowledging the different experiences that the PoC residents had undergone during and after the crisis, the researcher explored with the participants how their experiences, and how the events leading to the crisis and their confinement had shaped them. This exploration provoked many testimonies that revealed horrific experiences, which were deeply disturbing and overwhelming. The participants constantly expressed facing direct exposure to violence or witnessing violence. Many participants spoke about how 2013 began as a political issue and

eventually escalated into a violent conflict where people faced ethnic violence. For example, IP2 mentioned that:

Many of my people were killed in December 2013; our sisters and mothers were gang-raped, and what happened to me personally is that when the war started, I ran on my own and my husband and my children scattered in different directions. Soldiers captured me and for two years I was tortured, and sexually violated and I was cooking for them. One day I managed to escape and ran to UNMISS Bor PoC; that is how I survived.

IP2's statement illustrated the devastating impact of the conflict and how the effects outlasted the incident itself. Some of the participants attributed trauma and the PTSD that they have to their experiences during the conflict. IP5 mentioned that:

It is in 2013 when the crisis began. Some people (especially this community) were targeted based on their ethnicity; up to now, people still feel insecure because many lost their loved ones. My brother was killed, and I saw many other members of my community being killed. Hence, we ran for our lives and came to this camp. The incidents that took place left some people traumatised, especially those who lost their dear ones.

K1P2 in responding to the question on the impact of the conflict mentioned that "the conflict was not simply between politicians, but it was due to deep-rooted unhealed wounds and unaddressed trauma".

According to some of the participants, sharing and narrating their experiences is essential for their healing. If they do not speak about their experiences with family and colleagues, the process of healing does not occur. This is consistent with findings in literature. Writing about sharing stories, Blanch *et al.* (2012: 71) mention that "when peer supporters shift the context of their relationships with women survivors from the question 'What is wrong with you?' to 'What happened to you?' they emphasise storytelling". Telling another human being about what has occurred in one's life can be an integral part of healing from trauma and serves as a foundational basis for new stories about what the future holds (Blanch *et al.* 2012: 71). Blanch *et al.* (2012: 70) add, "sharing personal stories can communicate that it is possible to move beyond the circumstances of one's life and it sends a message of hope: If you can, I can!"

Having mentioned the power of sharing experiences, as highlighted by the participants, it is necessary to state that re-thinking through memories of trauma can trigger strong emotional and physical reactions and thus be distressing. In some cases, it triggers flashbacks, as noticed

in some participants who became visibly distressed when sharing their experiences based on the emotions they exhibited. Sharing experiences makes one realise that they not alone and that one is emotionally and physically strong through listening to another's pain.

One of the most significant stressors highlighted by the participants is the aggression from neighbours based on ethnicity. FGC-P5 commenting on the causes of trauma stated:

On the night of the 18th of December 2013 when the war broke, my Dinka neighbour shot me on my leg, so I escaped to the bush. I slept in the bush for three days and was rescued by the UN peacekeepers during a patrolling. They found me in the bush and took me to the Protection of Civilian Site (PoC) Bor. That is how I lost my leg.

FGAP3 added that:

One woman lost her mind when men in military uniform gang-raped her two daughters and executed them because they were screaming. Afterwards, they raped her son until he passed on. That woman is never the same again.

Most participants emphasised that the deep-rooted animosity shown towards the Dinka was because of what they had been through, that which they had witnessed, and their current status quo in the camp. Even though the conflict was initially a result of political divisions, it has led the situation to metamorphose into divides between the Dinka and the Nuer ethnicities. It has eroded the trust and harmony between the two such that the impact will reverberate years after the broader conflict has been resolved. This phenomenon was described by Sandu (2014: 50), who argued that the worst conflict is political; when personal pursuit for power by politicians is converted into a national issue, drawing ethnicities and tribes into conflict. The link between the country's ethnic composition and the political rivalries is evidently at the root of the conflict in Juba and South Sudan since December 15, 2013 (Sandu 2014: 50). The mass killings of the Nuer people by the Dinka paramilitary groups in Juba during the wake of a dispute between President Kiir and his former deputy Machar in late 2013, were used as a pretext for the origin of the outbreak of the war, which at first was only a political dispute (Kulang and Ogbonna 2018: 268).

7.3 “I wake up in the middle of the night and begin to run”: Intrusive PTSD Symptoms

The negative effects of the conflict may also cause lasting damage to IDPs ability to form healthy relationships, self-esteem and confidence. Prolonged exposure to trauma has led some

of the IDPs to have feelings of hopelessness and melancholy. The continued violence has had a major impact on the psychological well-being of the people in the PoC. Many of the participants reported symptoms of PTSD and a feeling of hopelessness.

IP5, a survivor of the violent attacks and sexual violence, stated that people at the PoC had significantly changed since the conflict. She has hallucinations, nightmares, and insomnia: “I have vivid nightmares where people are being killed. Sometimes, I wake up in the middle of the night and begin to run thinking that I am being attacked”. She added that other people close to her have stopped taking care of themselves and have become less social: “I greet them in the morning and do not get responses at times. They talk alone and this might be leading to madness”.

Questioned about aspects of their life (financial, emotional, political, spiritual, physical, psychological) that had been affected by the traumatic experiences, some participants reported stress, loss of weight, and health deterioration. FGA-7 stated

I lost a lot of weight due to overthinking and my health has deteriorated significantly because I am not eating well. I have a feeling that everyone is my enemy and thus have developed violent tendencies.

AP6 and other survivors who participated in the study revealed experiencing psychological distress due to the killings and sexual violence that they had witnessed. AP6 stated that the memory of what had happened during the crisis had led to paranoia. She also speaks to herself more often:

Since I lost my children, I have been a loner. I spend most of my time on my own because when people see me, they say a lot of bad words. They say that God has cursed me for losing all my children. To avoid their bad-mouthing and negative talks about me, I stay at home, and I cry at night every day because I remember my children. In addition, I often find myself talking alone in the street.

FGDB-P5 describes seeing many people talking to themselves in the PoC and describes them as having mental issues due to the conflict. He also describes:

One of my neighbours went to take a bath in the river on the morning of 16 December. Then the government soldiers came to his home and killed all the family while he was bathing. The soldier left and they didn't know that the father was taking a bath. After he came from his bath, he found all the family members were killed and from there he ran to the UNMISS camp only with a towel. From there on he hasn't been his usual self; he is suicidal and lost his concentration.

The people in the PoC have also reported an increase in alcohol and drug abuse and this is affecting their quality of life and that of family members. During the discussions, forgetfulness was also evident several times. Recollections and hallucinations of past occurrences also led to major gaps in the memory and the narration of stories. The recollections of the past have left other IDPs trapped in the past terror rendering them incapable of focusing on the present and moving.

11 participants interviewed mentioned memory loss after the crisis, which has also impacted their relationships with family and friends. To emphasise the effects of trauma, IP10 mentioned that:

Nowadays I forget a lot; I even forget to do key household chores for my children. I forget the simplest of things and I am only reminded at times when it is too late. For example, last week I forgot to cook dinner for the family. I only remembered that I had to cook when my children asked for their dinner. This is something I would not normally forget. In addition, sometimes you see someone who is just sitting alone or talking alone as if someone is sitting with them and talking to them too. People have run mad in this PoC; I have cousin who sat for his South Sudan high school examination in 2015, unfortunately, in July 2016, he lost his mind and undressed in front of people in the market after hearing that his elder brother was killed in the vicinity of the Presidential Palace. Ever since that day he hasn't been the same person.

In responding to the signs and effects of trauma FGDB- P6 highlighted that he is sleeping notably longer and is often forgetful: "I forget the time I am supposed to be going to work and that has caused a lot of problems with my boss".

FGDB-P6 also gave a narration where a woman was in an outdoor bathroom. Her child started crying while she was in the bathroom. Upon hearing the child's cry, she walked out naked from the shared bathrooms going to her house. According to the participants, the woman thought that she had worn her clothes, citing forgetfulness as one of the ways in which the community is impacted by the conflict.

Some of the PTSD symptoms reported in addition to the ones stated above include anxiety, feelings of guilt, nervousness, frustration, unexplained anger, feelings of loneliness and worthlessness, frequent crying, difficulty in concentrating, forgetfulness, and confusion.

7.4 “I resort to violence quickly”: Aggression

Anger and aggression are predominant features that were highlighted by the IDPs. Many of the participants indicated having feelings of irritability and a short temper in the focus group discussions and interviews that were held. This also surfaced in the training and dialogue sessions. The IDPs stated being physically violent to family, friends, and other community members, thus creating a rift in relationships as well as exacerbating tensions.

IP6 mentioned that he was shot in the leg during the conflict and recounted witnessing hundreds of deaths. IP6 recounted that he suffers from nightmares and other signs of psychological distress including isolation, increased signs of aggression, and sleep disturbances:

Since the war, I prefer solitude and avoid being around people at all costs. I have become aggressive, and I find myself fighting with people easily. Moreover, I have difficulties falling asleep. I have also discovered that I now have an unusual appetite. I have lost hope in everything.

It was observed that an accumulation of stressors and unresolved problems were particularly overwhelming to the participants. Further, they triggered the aggressive tendencies in the IDP community in the PoC. Increased reports of inter-clan fights and general hostility among the PoC residents towards each other have been the consequence of unresolved trauma. There are increased fights reported by women at water points. There is also increased theft in the PoC. For example, FGDB-P10 narrated an incident where an older woman was aggressive at a water point:

One day I went to fetch water and I met an older woman at the borehole. As a way of respect, I said, ‘mum may I help you fetch you water. Immediately, she slapped me hard on my face. I was surprised and confused about the reasons she had slapped me because I did not know what I had done wrong. She slapped me because I had called her ‘mum’. She snapped and told me do you think a woman of my age can give birth to a girl like you? From there I realised that many people are dealing with a lot of issues in the PoC.

FGDA-P3 described how she is still haunted by the experiences that she went through and added that she becomes annoyed with people very easily. She does not like receiving advice from anyone anymore: “When people try to advise me, I resort to violence quickly and for no reason. Moreover, I get disgusted by the way people talk, people dress, and the way people carry themselves”.

In elaborating on the effects of trauma IP5 mentioned that;

People in the PoC are incredibly aggressive, for example, if you are walking in the street and someone steps on your feet instead of that person apologising, they can fight you. For example, there is an increase in violence between women at water points.

Speaking about how she shows increased signs of aggression, IP11 mentioned that “I talk to myself nowadays and I beat my children for no reason at all”.

In other similar discussions during the dialogue sessions held with the participants, similar deliberations relating to PTSD were had. The participants noted that many people were resorting to violence as a means to address issues. An increase in the number of rape and domestic violence cases was also described. The participants mentioned that many people are increasingly losing patience, adding that “most of the people have run mad”. IDPs were reportedly fighting over a wide range of issues; from the use of resources such as water to leadership issues, with tensions also visible in the churches. They also reported increased drug abuse by both female and male IDPs.

In summing up the complexity and connectedness of issues around the many inter-clan conflicts in the PoC AGP8 also mentioned the following,

There are lots of inter-clan fights due to impregnating girls or leadership issues. If you go to the water point, you see young girls fighting older women who are old enough to be their mothers and grandmothers just because of water. There is rampant drug and alcohol abuse; the strange thing is that you see young girls and young boys, including women, heavily intoxicated.

FGDC-P9 mentioned that conflicts between two people or even children escalate to become inter-clan conflicts that affect an entire camp. For example, in mid-January 2019, one person was killed, and three others were critically wounded following fighting between IDPs at PoC 3 in Juba. Fighting between two children quickly escalated and became communal violence, leading to the disruption of the activities of humanitarians for over two weeks and also the expulsion of an entire clan.

7.5 “This did not exist in our culture” – Alcohol abuse

The researcher observed that in an effort to manage the unpleasant symptoms of PTSD, many of the IDPs resort to alcohol and drugs. The researcher witnessed IDPs in the early hours of

the morning, including women with babies on their backs, passed out from intoxication. There was widespread use of local alcohol leading to the neglect of babies, older persons, and other vulnerable individuals. Alcohol and drug abuse have bred dysfunctional relationships among the IDPs. Youth are also using other illicit drugs impairing the IDPs' capacity to function well.

In response to the question 'What aspect(s) of your functioning was/were unaffected by the trauma?'; in a group discussion, FGDB-P9 mentioned that:

Sometimes I see people fighting for small things, particularly women. Many times, I see people talking alone in the streets like crazy people. There are many gangs; even girls have formed gang groups. I always see women smoke and drink alcohol a lot. This is something that did not exist in our culture before the conflict. In addition, also abortion and divorce in the PoC are on the increase.

KIP3 commenting on the same stated that;

A lot of theft, drug abuse, gender-based violence and many more things are happening. I cannot mention them all. Some people are now eating from the garbage/trash as a result of their mental state as they struggle to cope with the events of the violence.

7.6 “The senseless killing left me with nothing”: Forgiveness

While the participants spoke about their experiences, the concept of forgiveness came up multiple times in the conversations. The impact of the war was specifically devastating to women due to the prevalence of sexual violence and rape. Women were raped and gang-raped in front of their children, husbands, and family as they were forced to watch in public. Women were forcefully subjected to sexual slavery even after the massacres had subsided. The cumulative result of numerous shocks possibly exacerbates the psychological impact on the affected population, and this seems closely related to the concept of forgiveness.

IP12 narrated:

The war took my husband and left me a survivor; I will never forgive those who killed my husband or those who raped me in front of my children and my husband. Please can I take five minutes; I don't like to talk about the incident ...(crying)... the same thing happened to my community. Dinkas displaced them across the country, many women were raped, and men were instantaneously killed. The government has done many horrible things.

IP14 speaking about her experiences as an IDP on the PoC noted that:

In 2014, in March, two of my children were killed at the same time. Immediately I had a heart attack, and I was taken to the hospital where I was admitted for one month. My remaining three children were supporting me; however, they were also killed last month. I lost all my five children because of the conflict; I cannot forgive anyone, it's a terrible and heavy loss. I am now on my own, with no children and no husband and I can never find the strength to forgive anyone.

FGDC-P7 emphasised that he is not ready to forgive and forget many aspects due to the circumstances that led to the death of the people to whom he was close. He mentioned that:

My community is displaced; our mothers, sisters and daughters were raped; and we were targeted for killing. I lost two of my brothers – they were killed in front of me that day; I will never forget when I lost my brothers, and their children and wives were left without husbands... I do not like to remember. After all, it makes me hate the Dinka tribe and forgiveness for me is not in the picture because everything that happened in my eyes is still vivid.

However, other studies emphasise that forgiveness is shown in relation to the extent and severity of incidents that expose people to trauma. According to Doran *et al.* (2012: 3):

“The severity of trauma and degree of exposure has been identified as variables that moderate the psychological impact of trauma and the likelihood of developing PTSD, with more severe and chronic trauma having a more devastating impact”.

The conversation with the participants revealed that people's trauma stems from many causes. Some individuals attributed their trauma to the sexual violence that they had experienced or witnessed, and others attributed it to the witnessing of killings or the loss of loved ones. Other IDPs attributed their pain to the loss of livelihoods and the inability to lead meaningful lives in the PoC. Furthermore, the discussions on forgiveness revealed that the sentiment of forgiveness is relative to the pain and wounds that people have endured. Those who mentioned the concept of forgiveness in their conversations brought it up in conjunction with the amount of pain that they had endured. Forgiveness is a personal choice requiring victims to be introspective, face their mental and emotional wounds, and come to terms with what happened. The researcher discerned that forgiveness depends on the degree of the wrongs and should not be forced on trauma victims by society. Survivors often carry with them a sense of guilt for surviving the events that led to their trauma.

I maintain that those who have been exposed to trauma should be allowed to heal in their own time, the choice to forgive or not to forgive should be solely theirs. It is important to ensure that victims are central to their healing and recovery. Forgiveness should be defined only in

the eyes of the victims and not by the societal and cultural lens. Forgiveness also requires that the perpetrator express remorse at the barest minimum; without remorse, forgiveness is difficult. A culture of forgiveness rests on the implication that betrayers and abusers are entitled to forgiveness, meaning that they can be enraged and victimise others, but should their victims choose not to forgive, this reflects a flaw in the victim and not the abuser (Switaj 2014: 2). In any case, as (Switaj 2014: 2) adds, “coerced forgiveness – a forgiveness granted because it is believed to be the only virtuous or healthy thing to do – breeds resentment” and merely paves over rage or the desire for vengeance. Switaj (2014: 2), explains how the concept of forgiveness overlooks the strength in a choice to not forgive, and that this in itself can be a legitimate response to an offender’s continuing actions and place in society. Switaj (2014: 2) adds, “the absence of forgiveness implies neither a desire for revenge nor a lack of enlightenment, and assuming otherwise minimises that which forgiveness truly means”.

Harris (2017: 1) agrees and bemoans the fact that in the aftermath of traumatic incidences, there exists an unspoken expectation on the victim to *move on*, *forgive* and *let go*; further describing this as outside pressure to be somewhere one is not, in which case forgiveness would ‘feel so foreign’ to the victim and cause them to ‘freeze’, ‘withdraw’ ‘feel like a failure’ or completely give up on themselves.

Harris (2017: 1) continues,

... instead, we must encourage people to be free of everything that doesn’t feel *true* to their journey – mindful of course of the delicate line between *untrue* and *uncomfortable* – but trusting more often than not our systems will communicate their needs and their boundaries around this singular process.

Forgiveness is the mental, emotional, or spiritual process of releasing feelings of anger and resentment towards another person for their offenses, no longer desiring or demanding punishment or restitution. Studies have demonstrated that going through this process results in lower levels of post-traumatic stress and psychiatric morbidity, and the failure to forgive one’s perpetrators have also been shown to exacerbate psychological suffering (Doran *et al.* 2012: 2). Justice also plays a big role in paving way for forgiveness and is further elaborated on later in this chapter.

7.7 “God does not hear our cries”: Religion and Spirituality

From the discussions, it was noted that the presence of stressful events influences religious belief. Many people experienced a modification in their religious beliefs, their surroundings, and the world in general after the harrowing events. When participants spoke about religion and spirituality, they presented differing views. Some of the participants expressed the use of positive religious coping as a way to find meaning and healing in traumatic situations, whereas other participants emphasised the spiritual struggles that they were facing and their inherent doubt concerning the existence of God based on the highly unpleasant experiences that they have undergone.

Exposure to psychologically disturbing events may lead to a radical shift in one’s spirituality, leading one to either preserve or alter previously held religious beliefs (Seirmarco *et al.* 2012: 11). Tran *et al.* (2012: 522) outline “21 positive and negative methods of religious coping and examples of positive coping strategies include benevolent religious reappraisal, defined as redefining the stressor through religion as benevolent and potentially beneficial; religious forgiveness, defined as looking to religion for help in shifting from anger, hurt, and fear associated with an offense to peace; and seeking support from a clergy or members”. Negative coping mechanisms include the concept that people will be punished by God for their wrongdoing, in which case one waits for God to take control or is confused about God’s relationship with the situation (Pargament *et al.* 1998: 525).

Benefits and drawbacks of religious coping mechanisms have been associated with positive and negative psychological adjustment to stress (Ano and Vasconcelles 2005: 465). If one believes that one is being punished by God, the probability of returning to religion is less likely, whereas someone else may perceive that without God’s help, one wouldn’t have survived the event and one is more likely to turn towards religion (Falsetti, Resick and Davis 2003: 396).

FGD-P10 in a focus group discussion in response to the question that focuses on trauma manifestations mentioned that;

I lost my house, my brother. I used to be a choirmaster, but I don’t know what happened to me; I have not been to church for three years now. I don’t go to church because I feel like God does not hear our cries and see our suffering. Why waste my time going to church when I do not see the light?

IP2 in an in-depth interview reiterates IP5’s statement by stating that:

Since the incident that happened to me, I have stopped going to church, I don't like my sisters to go to church and if my children happen to go to church, I beat them seriously, because for me it is a waste of time. If God really exists, why doesn't he bring peace? Why is he not stopping the war in South Sudan? Some pastors left their practice, and some left the religion altogether.

Critical to the magnitude of injuries to one's soul is the issue of religion. Five people highlighted that they have disengaged from religious activities due to the overwhelming feeling that they have. IP11 in an in-depth interview mentioned:

The war reduced us to nothing. Economically, those who were stable before now became vulnerable and need assistance to cope in their daily lives. Politically, people are divided, and their allegiance is no longer on reality or truth but ethnicity or position based; many people have become physically disabled due to the conflict. Spiritually, those who were God-fearing have become less attentive to their religious vocations and have begun to live secular lives. I am one of them who finds little meaning in going to church.

IP19 who was interviewed reiterated that:

I am now on my own, economically challenged and without a job, and this is the same with many people in the PoC. I have two brothers; one is with the government and the other is with the opposition so they cannot talk to each other even though they are brothers. When it comes to spirituality, I don't get time to go to church; even though I am not busy, I do not even feel like participating in the activities done by women in the church. I don't participate and I think this is because of the impact of that war.

Guilt and shame are potential triggers to distressing intrusive recollections of the traumatic experience and subsequently result in withdrawal and the avoidance of trauma reminders (Litz *et al.* 2009: 696). Traumatic experiences may shatter the most devout followers' faith in a "just" God, alter one's spiritual and religious beliefs, and challenge meaning and purpose in life. The person's religious beliefs are a guiding factor to one's intrinsic religious motivation, which is an inherent purpose for religious participation (Tran *et al.* 2012: 314). Tran *et al.* (2012: 314) note that "for example, an individual may be motivated to do community work as a result of his or her religious belief that helping others is "good" and instantiates a religious principle". This is described by Seirmaco *et al.* (2012: 13), who posit that "bereavement from traumatic loss, which commonly entails feelings of purposelessness and futility about the future may exacerbate the sense of meaninglessness that may underlie the decrease in the importance of religion among the bereaved".

Every individual has a way of dealing with traumatic experiences. Some expressed finding solace in religion. The ability to find meaning in the traumatic event is critical to recovery, and post-disaster meaning-making can be facilitated through spiritual practices. In some populations recovering from trauma, emphasis has been on incorporating spiritual practices and cultural rituals and traditions into the process (Doran *et al.* 2012: 3).

When asked which aspects of her functioning were unaffected by the trauma, FGP8 mentioned that “My faith was unaffected, I still go to church for prayers every Sunday – that is the only place and way I derive strength”. FGDB-P8 states that “My faith in God almighty is still intact. I know He took my children for a reason and one day we will meet again with them, although I am left alone, lonely and helpless. God is with me”. IP17 stated that “I committed myself to God, so we have many activities as women, and we have bible sharing sessions so the church plays a big role in my life. It’s the reason I am still alive today”.

FGDA-P3 also mentioned that religion has transformed her life and has given her hope in the amid all the chaos. She stated:

Our community is very good; they have supported me. I was suicidal and was almost hanging myself. When the community discovered this, they came and reminded me of the sin I was about to commit. From the day I heard of the death of my children, the church community has been supportive to me up to today. Ever since that day I have offered myself to God almighty because I know he has some great plans for me. The church is still contributing positively and reduces the stress, and when you go for services, you come back fresh.

IP10, a survivor of the December 2013 crisis, narrated in an in-depth interview:

On the 16th of December 2013, we were trying to flee to UNMISS to escape the killings. Consequently, I was arrested by the government soldiers and found myself in jail; six of us were in custody. On the fourth day, the soldiers mentioned that it was the day of our execution. In the morning, the military came into our room and took three men and killed them. My fear increased as I saw my friends murdered in front of me. I looked up and prayed to God questioning why we had to all die on that day. After a while, the commander came to the police station and ordered them to get rid of the dead bodies. I threw myself among the dead bodies, I pretended to be dead and afterwards, I managed to escape, and this is my story of I evaded death.

From the discussions, the participants mentioned that they have withdrawn from the spiritual circle, and some questioned the existence of the higher God, thus losing their faith. Several participants also mentioned the lack of interest in the church and all religion-related activities.

7.8 “I am no longer in good books with my children”: Shattered Relationships

Discussions with the participants indicated that the psychological toll that the conflict has so far inflicted on the IDPs is critical. Asked about what aspect(s) of functioning was/were unaffected by the trauma, thirteen participants highlighted that they had lost the ability to trust humanity irrespective of whether they are family, friends, or enemies. This has significantly led to deterioration in the relationships that they have in the community. This has been caused by the inability to listen, inability to trust, and the inability to concentrate and show affection. Allegiances to the different factions, i.e., government and opposition, have also altered the IDPs’ ability to trust each other due to perceptions that one is an enemy or sell-out if one is supporting the government.

FGDA-P6 took shelter in the PoC from December 2013 to date. She witnessed government soldiers killing women and children. She has been separated from her children since the conflict. She described that most of her friendships and relationships were broken:

This conflict has broken relationships and has caused divisions in the household. The war has affected people and has divided loved ones especially, family members. I am no longer in good books with my children, all my friendships have been broken and I lost my faith in people.

IP7, who also survived the bloodbath during the conflict, stated that he had also developed trust issues. He suffers from insecurity and believes that people want to harm him:

I do not trust people. I always don’t believe in their words, and I feel insecure when I am with many people in my room. I think that they might harm me or steal from me. Politically I have separated from my elder brother because he is working outside with government, so there is no good communication with him. I always do not trust him; even if I visit him in Juba, I feel insecure.

FGDC-P8 added:

Our family has split into two because of politics. Our elder brother is in the bush as IO-opposition and his family stays in the camp, while the young brother is staying in Juba and is working for the government. Their relationship has been destroyed and they do not speak to each other. This division between the two brothers has also trickled into the family and we are all now divided.

Some of the PoC residents are increasingly withdrawn from family and important relationships and have become numb to their surroundings, leading to feelings of detachment. Many IDPs

emphasised their loss of passion and the inability to place value in things and inability to love anything as a reaction to that which had happened to them. According to humanitarian workers interviewed, suicide was on the increase. Some of the PoC residents do not see any good in humanity and are constantly on high alert to avert danger. The belief is that the world is a dangerous place, hence the need to be proactive in identifying threats. This in turn has led to depression and a loss of interest in socialising or showing up at events. If left unchecked, this downward spiral can lead to suicidal thoughts and other harmful thoughts and practices that can be debilitating to recovery.

7.9 “We see our offenders walking as if nothing happened”: Justice and Reparations

What continues to enrage the participants was the fact that they had been confined to the PoC for more than six years and the perpetrators who killed their families and those who are accountable for the heinous acts were still moving freely while they remained enclosed, restricted, and struggling to find meaning out of life. The participants felt that the inability to address the injustice was a major hindrance to their healing. They highlighted that justice was a prerequisite for their healing.

FGDB-P11 responding to the question on what is necessary to overcome trauma mentioned:

Justice is a key to my recovery and that of my people and for the country to flourish. There are injustices everywhere, and the causes of these injustices are a lack of accountability and lack of good leadership. Human rights are constantly being violated; there is rampant corruption and abuse of authority. The lack of law enforcement has meant that those who wronged me are enjoying their liberty at the expense of my suffering. There is no justice in South Sudan and without it, there will be no peace. All those responsible for wronging us need to be held to account for their crimes.

AGP2 whose property was now occupied by alleged state security mentioned:

Peace will never prevail until there is justice. We need our houses to be returned to us since they have been occupied by those who are against us. There must be a fair trial of all the wrongs that have taken place. The laws must be enforced and those who raped our daughters, mothers, wives and sisters and looted our houses must be taken to court. Without this happening, we will never live in harmony.

FGDA- P5 talking about what needs to be done for healing to take place added:

As long as the wrongs are unaddressed, we will never forget what has been done to us. Justice needs to be taken into consideration for us to move on. There is no justice, and it has been many years since the December 2013 crisis. There are no steps taken thus far to make sure that there is justice. Without justice there is not going to be peace.

During the dialogue session, the participants noted the need for the following as a prerequisite for peace to reign:

- Compensation for those who had lost their property and a sense of self
- Dialogue
- Justice
- Equitable sharing of resources
- Reconciliation and unity

To emphasise the need for healing, one woman mentioned the following in an in-depth interview:

It hurts to see your offender moving freely and no justice prevailing. I have become worse, and my sisters have become worse, because we see our offenders walking as if nothing happened. If there is justice, the wounds in me might be healed.

The findings were consistent with existing literature, Kizilhan and Neumann (2020: 2) argue that when violence subsides, the best methods of restoring justice remain contentious and an absence of justice is an obstacle for survivors to process their traumatic experiences. Kizilhan and Neumann (2020: 3), also note that in the aftermath of violence and war, injustice has to be addressed to restore hope. Continuing injustice perpetuates long-term consequences of violence. The trauma of many survivors is maintained by a lack of resources, persistent unjust treatment, and the absence of justice mechanisms (Kizilhan and Neumann 2020: 3). Schirch (2004: 51) posits that restorative justice processes can serve either as an alternative or as a supplement to state-based criminal justice systems. Machakanja (2010: iv) notes that for individual and national healing to occur it is essential for transitional justice processes to present credible accounts of the past violations and acknowledge past violations. Only in the aftermath of truth-seeking and understanding what happened can healing and reconciliation be achieved. Machakanja (2010: 8) adds that there are multiple perspectives and arguments on whether justice should be retributive or restorative. Many scholars instead argue for retributive and restorative justice mechanisms to be combined, and use of a wide array of processes like individual prosecutions, reparations, truth-seeking, acknowledgement, forgiveness and

institutional reforms. This argument is valid because peace without justice is not sustainable, just as justice without durable peace remains elusive. Yoder (2005: 7) argues that most times it is assumed that justice will repair the damage caused by the wrongdoing and lessen the pain, sometimes it does, but often it does not. Sometimes justice can satisfy an abstract sense of what is right while failing to help victims heal or break out of the cycles; fighting for justice can turn victims into offenders. Yoder (2005: 7) adds that trauma transformation and breaking the cycles of violence can be a lifelong and painful journey requiring consistent work on a personal and collective level.

7.10 “I used to have a good job and a good salary”: Livelihoods

As a consequence of being in the enclosed camp, the IDPs were stripped of their livelihoods. All the IDPs rely on humanitarian support for the provision of food, shelter, water, and sanitation. The loss of livelihoods has also caused immense suffering among the IDPs. Despite humanitarian aid being provided, most of the IDPs felt that they had been stripped of their livelihoods. The researcher met many people in the PoC who used to hold high positions in the ministries but who are now jobless due to the conflict.

Discussing the effects of trauma, KIP1 highlighted that:

This trauma has many causes: when people came to the PoC they left everything behind, and they ran for survival. However, the situation in the PoC is difficult. Most people have lost their loved ones. Many have become jobless and are now hopeless, as they no longer see any clear future of their own. The skilled cannot use their skills to support themselves. Furthermore, there is a lack of food or nutritious food, it is overcrowded in bathrooms or toilets leading to poor hygiene. To compound the situation, their peace agreements are not holding.

The loss of status aggravated the loss of livelihood. Some PoC residents were chiefs and ministers, while others had high-level jobs in different sectors. The conflict reduced their worth and positions in society. The inability to provide for themselves and their families shattered their sense of identity and self-esteem, adversely affecting their mental health. Mental health challenges became an added burden to those grieving the loss of their family members. Kumar and Willman (2016: 1) posit that in conflict-affected settings, “exposure to violence occurs within a larger context of adversity and chronic stress, such as the loss of livelihoods, displacement, exclusion of vulnerable groups, or the stress of regularly seeing one’s perpetrators”. Kumar and Willman (2016: 1) maintain that “these stressors exacerbate negative

mental health impacts from direct exposure to violence by draining coping resources and to some extent, standard development interventions, such as restoring service provision and livelihoods, can be expected to have a natural, positive impact on psychosocial well-being, and by extension, development outcomes”. Presently, several organisations are exploring the best ways of integrating psychosocial support into project design (Kumar and Willman 2016: 1).

IP23 mentioned:

I used to work in the Ministry of Education. I had a good salary but now I am just an IDP without a job, so now I sell okra in the market to support my children. This is because there is no peace; if peace comes, I hope to get my job back.

7.11 “I dance so hard and sing my soul out”: Resilience and Recovery

To make sense of the events, experiences, and occurrences, the PoC IDPs used a wide range of mechanisms to strengthen resilience and recovery. In describing their recovery following the conflict, most participants spoke primarily about drawing from their resources or support from family, friends, and church.

To reduce stress, the participants mentioned engaging in traditional dancing. IP1, responding to the question focusing on how the community had been able to triumph despite what happened stated that

Every Sunday I attend the cultural dance. We dance every Sunday evening. I dance so hard and sing my soul out sometimes until I cry. This washes away my sorrows and makes me look at myself including my surroundings in a positive way. Dancing also gives me hope; the social fabric has been eroded in the PoC. However, with cultural dancing, we reawaken our culture, our values, and our traditions. Even though our souls are dead, that part remains alive.

To boost one’s mood and overcome the distress, IP11 mentioned:

I engage in sporting activities. I play sports with my colleagues. Besides passing time this helps me to forget about the war for a while. It is also a distraction and keeps me away from criminal behaviour and gangs.

FGDB-P12 mentioned engaging in educational activities as a way of coping. Educational activities improved their optimism; it made them hope for better lives. IP8 mentioned:

I always have hope that one-day peace will come, in my community young people as well as older women and men are being encouraged to go back to school. Going back to school allows us to overcome problems better.

Complementing that remark IP8 stated, IP14 mentioned:

We have monthly gatherings where the community elders encourage the community on how to forget about what happened and mostly encourage young people to study hard so that when peace comes, they will be able to take care of themselves.

A considerable number of participants also spoke about obtaining support from family and close relatives and friends. For the participants, being around the people one cares for, and loves is important for healing. It was a much-needed source of comfort, support, a shoulder on which to cry, and good company. IP16 said that:

What has been helpful for me is spending time with the ones I love; I can cry out loud and I can lose my mind in front of them. They also went through the same experiences as me, so they understand me. We can discuss anything. Having them around makes it easier to get through hardships.

Monteiro and Wall (2011: 234) suggest that “in the African worldview, dance is a conduit of individual and community healing and in particular, rituals involving dance play an essential role in relieving and treating symptoms of psychological distress, as well as neutralising and lessen the impact of psychological trauma”. In many societies, the noted benefits of dance, and the impact of related cultural processes, operate without an awareness of their mechanics; but have been observed and researched as valuable therapeutic by-products in themselves (Monteiro and Wall 2011: 234). Traditional African dance is a form of ritualistic and spiritual healing practice addressing a range of ailments with underlying belief that in the community, mind and body must be incorporated into ritual systems to facilitate healing, as well as transform and empower the individual and the group (Monteiro and Wall 2011: 234).

7.12 “As long as we do not talk to each other, the conflict will continue”:

Dialogue

The participants also mentioned the importance of dialogue to bringing about peaceful change. They also added the need for self-reflection, analysis of the roots of the conflict, and the means for sustainable peace. AGP6 stated how:

there is a need for community conversation; both the victims and the offenders should come together. The genesis of the crisis that resulted in looting, destruction and loss of lives should be discussed. The offenders should come to their senses, and we as

traumatised individuals should receive counselling for the trauma so that the peace process is not spoiled.

KIP4 in a key informant interview commenting on what resources, experiences or understandings are needed to be taken into recognition for trauma healing to take place stated that,

We hope that peace comes. However, before we can be integrated into the community, dialogue has to take place for reconciliation and peace to last. We need assurance that this is not going to happen again because it has wasted the life of an entire generation. Children have grown up in the camp and they know nothing but confinement, overcrowding and suffering.

To bring about sustainable peace, FGDC-P12 also alluded to the importance of dialogue, stating that:

there should be a dialogue between the Nuer and the Dinka. Only dialogue will guarantee our exit from the PoC. As long as we do not talk to each other, the conflict will continue.

Such a dialogue was not feasible at the time of writing the thesis due to the confinement of the IDPs in the PoC and the need for confidence-building as a basis for dialogue. However, after the intervention project, the action group members decided to have a dialogue session to discuss difficult subjects or topics that arose during the course of the intervention. The dialogue sessions are discussed in Chapter 8.8

7.13 Observations

The observation carried out throughout the research period aimed at understanding the behaviours of IDP men, women, and children with PTSD, including behavioural and social attitudes. I approached the participants including the action group and asked whether they would be open to observation, and they were constantly reminded whenever observation was being carried out. An observation guideline was used to assist with the observations (see Appendix H). According to ethical requirements, participants were aware when under observation. They were notified in interviews, group meetings, sessions, training, interactions and visits, as explained in section d in Chapter 6.5.2. Observation points were written in real time, however, at times I jotted down the notes after observations to avoid being intrusive depending on the circumstances. I observed routines in the PoC at the food or non-food distribution points, around shelters, at the market, around facilities and in the streets. Through

my interactions with the IDPs, I also made observations. Speaking with the IDPs on their various concerns and issues enabled me to make more reliable observations. I wrote down them on paper whenever I could. To ensure high quality in data collection, I strengthened my familiarity with the environment and social setting by spending time in the PoC and observing the setting.

I included the research assistant in the observations to avoid researcher bias. She took notes, and wherever there was a need, we compared observations and agreed on them.

Findings from the observations are necessary to understand the dynamics in the PoC. It was observed that some PoC residents suffered from PTSD symptoms that are a result of their experiences. Many community members had depleted their coping mechanisms and were exhibiting signs of aggression, while, some of the community members who went through similar experiences showed resilience and adaptation despite the multiple stressors. Some became active members and focal points of the church and community. Based on the observations it was noted that attending some of the sessions and peer support contributed to the increase of connections between the community members, thus reducing feelings of isolation. The findings from the interviews and observations suggest that the intervention project increased participants' self-esteem by providing an outlet and a platform to share experiences and forge new friendships. The action group was to identify an appropriate intervention which is context specific. However, this was not a smooth process as the action group had similar experiences with the target group. The project was short, and more observation could have produced rich information.

7.14 Summary

The chapter revealed the paths that the IDPs have taken since the inception of the December 2013 crisis. The chapter went through the IDPs journey from the time of displacement to their current existential reality. The findings indicate that the IDPs have exhibitions of psychosomatic stress associated with PTSD, such as nightmares, aggression, avoidance, forgetfulness, and hopelessness. The symptoms were ascribed to their exposure to and witnessing sexual violence, detention, killing, displacement, and hardships. The findings also demonstrate that despite the experiences that the PoC residents have undergone, there is still resilience to deal with that which has happened and address the trauma. The pre-intervention

outlook details the need for trauma healing for PoC residents. The upcoming chapter presents the findings and the analysis of the interventions on which the researcher embarked in collaboration with a group of eight participants in PoC 3 who were part of the initial respondents interviewed in the in-depth interviews and focus group discussions.

CHAPTER 8: TRANSFORMING TRAUMA THROUGH CAPACITY BUILDING AND DIALOGUE

“Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand.” – Confucius, 450 BC

8.1 Introduction

The objective of this chapter is to present and discuss the intervention strategy that the researcher designed in coordination with the action group. The intervention aimed to accelerate the trauma healing of the IDPs in the PoC affected by the conflict. This chapter's core objective is to decipher a peacebuilding model that is culturally relevant and bottom-up. Traditional trauma treatment focuses on the individual, overlooking the extent and magnitude of trauma to a group in conflict situations. The argument advanced in this chapter is that community-focused trauma interventions deviate from individualised treatment by sustainably preventing trauma. A community-based model is specific to the context and can provide the communities with the resources and skills needed to cope with traumatic events; this has social and financial implications.

The chapter explores alternatives that can be effective in trauma-focused interventions for the South Sudanese context. Thus, the chapter details the various undertakings of the action group. The needs of the participants and the mental health interventions necessary to reduce the psychological impact of the conflict on the PoC residents determined the intervention strategy. Gaps in the literature and findings also informed the intervention, and as discussed in the preceding chapters, community-focused interventions support resilience and healing by drawing on local expertise, knowledge, resources, and experiences. The action group was drawn from the in-depth interviews and focus group discussions with the affected PoC residents during the pre-intervention stage. Dialogues were held with the participants, leading to a consensus on the need for trauma training.

8.2 Research Location and Context

The research was carried out in one of the six PoCs in South Sudan, namely, Juba PoC3. Naomi, Rachel and Alice (2019: 2) describe PoCs as an exceptional invention that has saved lives amid recurrent violent incursions into the sites and intense violence situated in the PoCs since their establishment. Similarly, UNMISS and PoC community leaders have had immense challenges to uphold law enforcements in the PoCs due to UNMISS' mandate and legal limitations. Naomi, Rachel and Alice (2019: 2) note that the struggle "is also related to the social conditions of uncertainty, trauma, and deprivation which afflict the everyday lives of residents of the PoC and other South Sudanese, and the socio-legal legacies of successive wars".

The departure from the PoCs is likely to result in renewed fighting or different types of tensions with other community members. The houses and the land of many of the PoC residents is occupied by unknown people in Juba town, and the process of reclaiming that land or rebuilding their lives will be painful and tedious. The need for the intervention was therefore necessitated by the past, ongoing experiences, and the future of the PoC residents upon exit.

8.3 Action Group Formation

Subsequent to the collection of data, the researcher met with some of the participants who were in the focus group discussions and in-depth interviews with an intention to plan the next steps. It was made known to the participants that an action group of not more than ten people was to be formed.

An action group of eight was formed under the name *Maal* meaning 'peace' in Nuer. The group was composed of 50 per cent males and 50 per cent females to ensure that there was gender parity. It was key to ensure that there is gender representation in the action group because the experiences of men and women are all unique and both sexes have been affected by the conflict. Therefore, if trauma is to be addressed, it must be directed towards both sexes. In addition, both sexes need to work towards the same goal. The enrolment of the action group was based on the principle of voluntarism and inclusivity. It was important to closely analyse the dynamics within the PoC and create a mutually-inclusive group that promotes the notion of peacebuilding. Table 8.1 presents the participants' bio-data in terms of gender.

Table 8.1: Participants' bio-data (gender).

Gender	Number of participants	Percentage
Female	4	50%
Male	4	50%
Total	8	100%

Source: Own data.

Since the project aimed to benefit the entire community, inclusivity took into account factors like ethnicity, gender, location, and the ability to affect change. According to Crevier *et al.* (2014:2) “women are twice as likely as men to develop a posttraumatic stress disorder (PTSD)”. Men and women experience different types of trauma, both in their personal and professional life, with women at a younger age being exposed to more intense-impact trauma, e.g., sexual violence-related trauma and also more than men (Van Der Merwe and Vienings 2001: 1). Women have been shown to reach out more for social support, with the absence of social support being the most consistent predictor of the negative outcome of trauma. Furthermore, women have been proven to benefit more from psychosocial support in comparison to men in the reduction of PTSD symptoms (Hu *et al.* 2017:135). This is because women are more expressive and invest time in seeking solutions yet men stay in denial.

Women are more likely to be victims of potentially traumatic events such as sexual assault, child sexual abuse, attempted, sexual coercion, and intimate violence resulting in the high prevalence of PTSD in females (Hu *et al.* 2017:135). In the severe phase, women normally score higher in comparison to men on acute subjective responses, e.g., threat perception, peritraumatic dissociation, and known predictors of PTSD and; women are more resilient to stressful situations and have progressed differentially to support these different behaviours (Van Der Merwe and Vienings 2001: 1). Therefore, to fully achieve the intended impact and reach out to different community members, the researcher needed to ensure that the action group was gender- and sex-sensitive.

The group was kept small in size due to the sensitivity of the information concerning trauma. It allowed for the selection of dedicated individuals who have transferable skills and potential to impact change without doing more harm to the community. The group also represented a

variety of sectors within the PoC. It is worth noting that the action members willingly accepted to form the experimental group.

Eight participants took part in the action group and their bio-data, in terms of age, is presented in Table 8.2.

Table 8.2: Participants' bio-data (age).

Age range	Number of participants	Percentage
18-25	1	12.5
26-30	2	25
31-35	2	25
36-40	2	25
41 and above	1	12.5
Total	8	100%

Source: Own data.

Participants within the 18-25 age range constituted 12.5 per cent of the action group, including those who were 41 and above. Participants who are in the 26-30 and 31-35 age range each constituted 25 per cent of the action group. It was imperative to involve young people as change agents in their communities. The goal was to provide the action group, composed of both young people and adults, with the skills and knowledge needed to engage in trauma-informed support to peers: community members may prefer to speak about their trauma experiences with someone of their generation. The role of the peer supporters was to share experiences with their colleagues in the PoC and support each other's healing and progress while building authentic relationships with each other. In addition, the peer supporters were to be positive role models and help reduce symptoms of trauma to their peers and minimise traumatisation.

8.4 Planning the Intervention: Inception Workshop

After completing the review of literature, interviews, and focus group discussions, I identified a team with whom to share my findings. The major findings from the baseline data that was gathered from the pre-intervention phase were presented to the participants. The initial meeting

to present and discuss the findings was held on 21 February 2019. On 9 and 10 March 2019, the researcher met with all the eight participants to plan an intervention strategy. The purpose of the meeting was to solicit the views of the participants based on the findings and gaps in order to discuss practical and evidence based ways to accelerate trauma healing in the PoC. The inception workshop was to help the action group develop key questions that needed discussion and brainstorming as a collective, as well as develop parameters for the action group.

The small number of participants was to facilitate the development of unity and trust among group members more easily than would be possible with a larger group. It was also intended to make participants feel more secure and encouraged to participate more actively. The day began with a few brief introductions. I explained my role as the facilitator in the group and proceeded to outline the meeting's purpose as planning for activities/actions that would help to address the trauma problem in the PoC. The base findings of the study were presented to the participants. These were presented in the form of a discussion with the main themes put down on a flip chart.

After that, participants were asked to brainstorm on the research findings and share ideas on how the group could best achieve the goal of reducing trauma in the PoC. Several suggestions were made and recorded on the flip chart. What was particularly encouraging about the planning process was that, despite their differences, all participants agreed that something needed to be done to improve the situation.

To launch and trigger the discussions based on the presented findings, the researcher's questions to the group included:

- How can we as people who have been affected by violence and exposed to trauma help fast-track trauma healing in the PoC?
- What can we do to promote local initiatives that foster resilience?

Subsequently, various ideas were brought up until there was a unanimous agreement on the intervention strategy. The group set objectives and the main ones were aligned with the study's fourth objective – to strengthen the community's ability to leverage skill sets needed for trauma healing – and the fifth objective – together with the affected community; to identify and develop a skills-based intervention that can be utilised for trauma healing in communities affected with protracted conflict, as given in Section 1.5 of Chapter 1. The action group agreed

to further analyse the findings, agree on an action plan, implement activities, and evaluate preliminary short-term outcomes. The researcher took the lead in providing the structure and the necessary resources, and was also responsible for facilitating meetings and activities in coordination with a co-facilitator from the action group. The inclusive and joint learning processes embedded in action research, which I followed, aided in minimizing conflicts among the eight action group members. We treated each other as teammates, and we shared a common goal of devising a strategy that would address the trauma problem in the PoC.

The action group highlighted the need to provide trauma-informed peer-to-peer psychological support to the affected community members. There was consensus that instead of the community members relying on humanitarian organisations to provide psychological and mental health services, it would be beneficial to build the community's capacity to address mental and psychosocial issues. The provision of trauma-informed, peer-to-peer support to the most affected community members was adopted as the main intervention. The choice of adopting the peer-to-peer support was based on the need to build relationships grounded on support, common experiences and growth. The action group members set out to challenge the community to move beyond victimhood, to tell their stories and transcend the culture of violence. Support can have an effect on the way the community responds to situations they face as they make sense of their past, present and future. This is consistent with the literature, Mead and Macneil (2004: 4) argue that those with similar experiences are better able to relate to each other and are best placed to provide authentic empathy. Mead and Macneil 2004: 4) articulate that

...it is also not uncommon for people with similar lived experiences to offer each other practical advice and suggestions for strategies that professionals may not offer or even know about; maintaining its non-professional vantage point is crucial in helping people rebuild their sense of community when they've had a disconnecting kind of experience.

Therefore, a training was to be designed that would enable the action group to provide peer support and reduce psychological impacts at a community level, taking into account the culture and the context in the PoCs. Training for the action group would be essential because understanding trauma is a key ingredient to the successful implementation of trauma interventions. The objective of the training would be to provide knowledge and skills for a more in-depth understanding of trauma and methods that help the community move forward.

It was also decided that since the PoC residents were exposed to repeated trauma, Psychological First Aid (PFA) was a skill critical to the action group. Trauma-informed practices were ideal for designing an intervention to address the unique needs and exact vulnerabilities of the people exposed to trauma in the PoC at individual and community level.

During the intervention process, there were contentious recurring themes; the action group decided that the controversial issues warranted further discussion. Subsequently, a dialogue session was held to discuss contentious topics and delve deeper into their meaning and implications. Even though dialogue had not been part of the intervention plan, it was agreed that it was important to unpack the issues through dialogue sessions. These sessions were held between 22-23 November 2019. More information on the dialogue sessions is contained in Chapter 8.8.

8.5 The Way Forward

A training session was to be conducted to enhance the knowledge and skills of the action group to assist people living with trauma. Trauma-informed peer support was to be conducted after the action group had gained the necessary skills, knowledge, and confidence. PFA skills would be imparted to them during the training to deal with emotions that might arise during the process.

The role of the peer mentors was to support the community in trying to make sense of their feelings in the PoC. Peer-to-peer support was necessary to build the resilience of the PoC residents to adjust, endure, and rebound amidst the difficulties endured. Affected PoC residents were likely to relate more and trust in talking to their peers who had gone through similar situations, unlike the case with a stranger. Activities that would be conducted related to trauma support and included sensitisation, awareness raising, and offering support to those most in need. It was agreed that a group secretary would date and document the interventions carried out and perform further actions for following up. Moreover, the participants would meet monthly to discuss successes, key challenges, and action points, and also to interact as a team.

Pinderhughes, Davis and Williams (2015: 26) propose that increased community resilience can reduce the risks associated with trauma, promote positive social norms and lead to a reduction in violence, thus underpinning the need for community healing and reducing trauma-inducing conditions.

Table 8.3 presents the steps taken in the action research.

Table 8.3: Steps taken in the action or intervention process.

Dates	Activity	Number of participants	Purpose or theme
23 June 2018 - 26 November 2018	Pre-intervention interview and focus group discussions	84	To gain information and insight on the situation and experiences of the PoC residents.
28 February 2019	Initial meeting	20	Initial meeting to plan for the way forward after data collection.
1 March 2019	Presentation and discussion of findings	20	Triggering the formation of an action group with an intention to initiate the planning of an intervention.
9 and 10 March 2019	Inception workshop	8	Developing parameters for the action group.
15-17 March 2019	Meeting with research assistant	1	Designing of training package to ensure that it fits the needs of the participants.
29-31 March 2019	Trauma training	8	Capacity building for change.
1 April 2019 - 15 November 2019	Action (Peer Support)	8	Acting together as change agents.
22-23 November 2019	Dialogue session	12	We explored concepts of justice and forgiveness in healing and peacebuilding. Discussions were held on the bare minimum that was required for forgiveness and peaceful coexistence.
1 February 2020 - 28 April 2020	Post-intervention interviews and workshop; follow-up reflection workshop with both the action	16 (8 action group + 8 participants/clients who received	Outcome evaluation of the intervention.

	group and the participants who received peer-to-peer support.	trauma support).	
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Source: Own data.

8.6 Intervention Process: Trauma Training

8.6.1 Pre-training Preparations

The themes and training focus areas were determined based on the received and expressed learning needs of the participants and feedback from the inception workshop. Topics that emerged from the inception meeting requiring further discussion were also incorporated in the training. Together with the co-facilitator/research assistant, the researcher decided on the training modality that would best fit the needs of the participants while complementing the research objectives. The researcher met with the research assistant for three consecutive afternoons to decide on the delivery mode and how they could divide and share the responsibilities and tasks. They met on 15, 16 and 17 March 2019. The researcher chose a research assistant who had exposure to and experience with the trauma discipline. In addition, the research assistant had undergone trauma training based on the STAR modality; it was easier to assign each other tasks. The researcher and assistant selected a day to go through the contents of the training and adapt it to the needs of the audience. The researcher wanted to ensure that the training captured practical examples and was delivered in an understandable way. The researcher and assistant reminded each other that they were merely facilitators and not trainers, and that the training was to be as participatory as possible. The researcher and assistant prepared all the necessary flip charts and logistics.

8.6.2 Training Methodology

The training was conducted over a period of three days combining theory and practice in a highly participatory and interactive manner. It took place from 29-31 March 2019 and was scheduled to start at 8:30 am to 4:15 pm every day. The training ended at 4:15 pm to allow the researcher to travel from the PoC back to her residence early to reduce the security risks and to allow her to stay within the curfew time stipulated by her organisation. Particular attention was dedicated to creating a strong learning environment, which values prior knowledge of the participants and offers them an opportunity to share their practical experiences. The

participants were a key resource of the training. It was participant-centered, and they worked together in large group discussions, with the main group being divided into two smaller groups, in guided plenary sessions. The goal of conducting the training was to provide peer supporters with the comprehension, means, and resources fundamental to engaging in culturally responsive, trauma-informed peer support.

8.6.3 Training Objectives

The objective of the training was to ensure that by the end of the training, the action group would have:

- Basic knowledge on the different types of trauma and how these relate to their community;
- Assessed the connection between unhealed trauma and cycles of violence and how the cycles of unhealed trauma and violence operate within the contexts of the individual, community, and society;
- Practical tools to identify ways to integrate strategies and understand how healing can occur through healthy relationships, such as peer support;
- Recognised and assessed practical ways to build resilience to support individuals and groups on their trauma-healing quest through finding personal and general resilience strategies that set the stage for genuine reconciliation;
- The basic skills for conducting psychological first aid; and
- Awareness of how trauma-informed peer support increases resilience.

8.6.4 Strategies for Trauma Awareness and Resilience

The action group was trained in trauma training based on the *Strategies for Trauma Awareness and Resilience* – the STAR training, which Yoder (2005:7) describes as follows,

STAR integrates concepts from traditionally separate fields of study and practice: traumatology (including neurobiology), human security, restorative justice, conflict transformation, peacebuilding, and faith/ spirituality” (Yoder 2005: 7). ... It was developed after the Center for Justice and Peacebuilding (CJP) at Eastern Mennonite University, and Church World Service, the relief and development agency of 38 religious groups, worked together to better equip religious and civil society leaders for dealing with traumatic situations in the aftermath of events on September 11, 2001, by the Center for Justice and Peacebuilding (CJP) at Eastern Mennonite University, and Church World Service

I decided to use the pre-existing STAR package rather than develop a package resulting from the data collection. This is mainly because STAR is a complete package that combined all the

elements needed to achieve the objectives. The STAR approach has been adapted in different situations and using it all together is a three-part model called *The Trauma Healing Journey: Breaking the Cycles of Victimhood and Violence*. I based my intervention on this approach because STAR is practical and enabling, and provides collaborative transformational systems to not only address individual and community trauma healing needs, but also build resilience and facilitate individual and community engagement, healing, and reconciliation (Mansfield 2017: 266). Most importantly, it is accessible to individuals from diverse personal, educational, and professional backgrounds.

The STAR model, ‘Breaking Cycles of Violence, Building Resilience’, depicted in Figure 8.1, is also casually known as the ‘snail model’ and links unhealed trauma with conflict and cycles of violence.

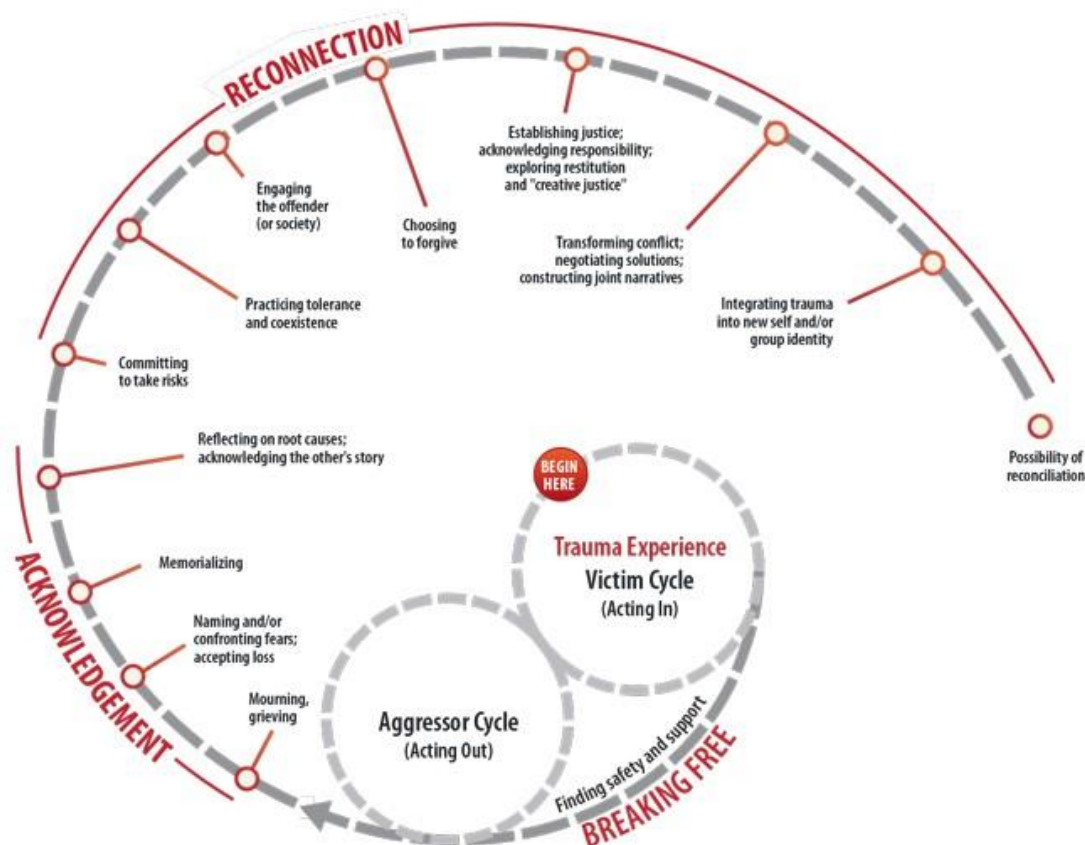


Figure 8.1: The ‘snail model’ from Strategies for Trauma Awareness and Resilience (Mansfield 2017: 266).

During the STAR training, the participants learned the definitions of trauma, including the effects of trauma on the emotional, cognitive, physical, spiritual, and behavioural levels. There was also a topic on unhealed trauma and breaking the cycles of victimhood and violence. This training also covered PFA, which involves compassionate, supportive, and practical help to fellow PoC residents suffering repeated trauma. PFA allows peers to help other peers who are experiencing distressful events. The training used group discussions, plenary discussions, and practical ways to enhance the capacity of the participants. At the end of the training, the participants reported that they had gained a wealth of knowledge and skills that helped them to support their community effectively concerning the trauma. The training can be broken down into three broad topics.

8.6.5 Session 1: Trauma Overview and Definitions – Types and Effects of Trauma

The definition of trauma and the types of trauma were elaborated upon. Participants learned the effects of trauma such as emotional, cognitive, spiritual, behavioural, and physical trauma.

To further the discussion of the impact of the crisis on individuals, group work was conducted where the participants were divided into two groups to identify the spiritual, social, physical, social, and economic effects of the crisis. After this, each group presented their outputs, with some of the main effects being recorded in Table 8.4.

Table 8.4: Participants’ responses to trauma definitions and effects.

Aspect	Participants’ responses	Additional inputs from plenary discussions
Spiritual	<ul style="list-style-type: none"> • AGP3 – When going through tough situations, you can call for God’s help. • AGP7 – It can let the person isolate himself from others. • AGP2 – Questioning the ability of the highness power you believe in. 	<ul style="list-style-type: none"> • Withdrawing from the spiritual circle. • Loss of faith. • Lack of interest in the church activities (prayers) and spiritualising everything

	<ul style="list-style-type: none"> • AGP4 – Experiencing a sense of emptiness. 	
Physical impact	<ul style="list-style-type: none"> • AGP2 – Frequent headache or pain. • AGP8 – Trembling of neck, hands, neck pain. • AGP1 – Abnormal appearance • AGP3 – Diminished ability to perform tasks. • AGP4 – Not cooperative. • AGP5 – Careless. • AGP3 – Trauma. 	<ul style="list-style-type: none"> • Back pains, sweating. • Sweating hands, feet, dry mouth • Stomach pain, frequent urinating. • Poor performance, constant tiredness. • Weakness. • Increased or decreased appetite
Socio-economic impact	<ul style="list-style-type: none"> • AGP6 – Uncooperative • AGP3 – Silence. • AGP5 – Shame • AGP6 – Hatred. • AGP1 – Feeling unhappy. • AGP7 – Physical change. <p>Economic</p> <ul style="list-style-type: none"> • AGP8 – Loss of function • AGP2 – Loss of job. • AGP4 – Less income. • AGP8 – Poor financial management. 	<ul style="list-style-type: none"> • Isolation. • Problems in communication. • Increased smoking, drug and alcohol use. • Engaging in risky behaviour. • Reduced work productivity. • Little interest in appearance • Dropping out of school. • Irritability.

8.6.6 Session 2: Unhealed Trauma, Cycles of Violence, and Resilience

The participants learned that unhealed trauma is closely linked to the cycles of violence. The cycle of violence is set in action when unhealed trauma is not addressed. If attention is not paid

to trauma, the PoC residents might find themselves on both the victim cycle and the aggressor cycle. Participants expressed that they did not know the tools for addressing trauma on a personal and communal level. By the end of the session, the participants understood conflict transformation and restorative justice.

The 'river of life' exercise was introduced to the participants with the hope of using visual narratives, both positive and negative, to let people reflect on their life journeys. It enabled them to tell their stories of the past, present, and future. The participants drew their lives, likening them to a river, using different settings to present the ups and downs of their lives. The goal of the exercise was to move participants away from focusing only on the negative; through the exercise, they realised that they have gone through happy times, which were to be cherished. The river of life also helps survivors to place the events that happened to them in sequential order, since trauma causes confusion and splinters memories.

Figure 8.2 depicts the river of life, as presented by AGP3.

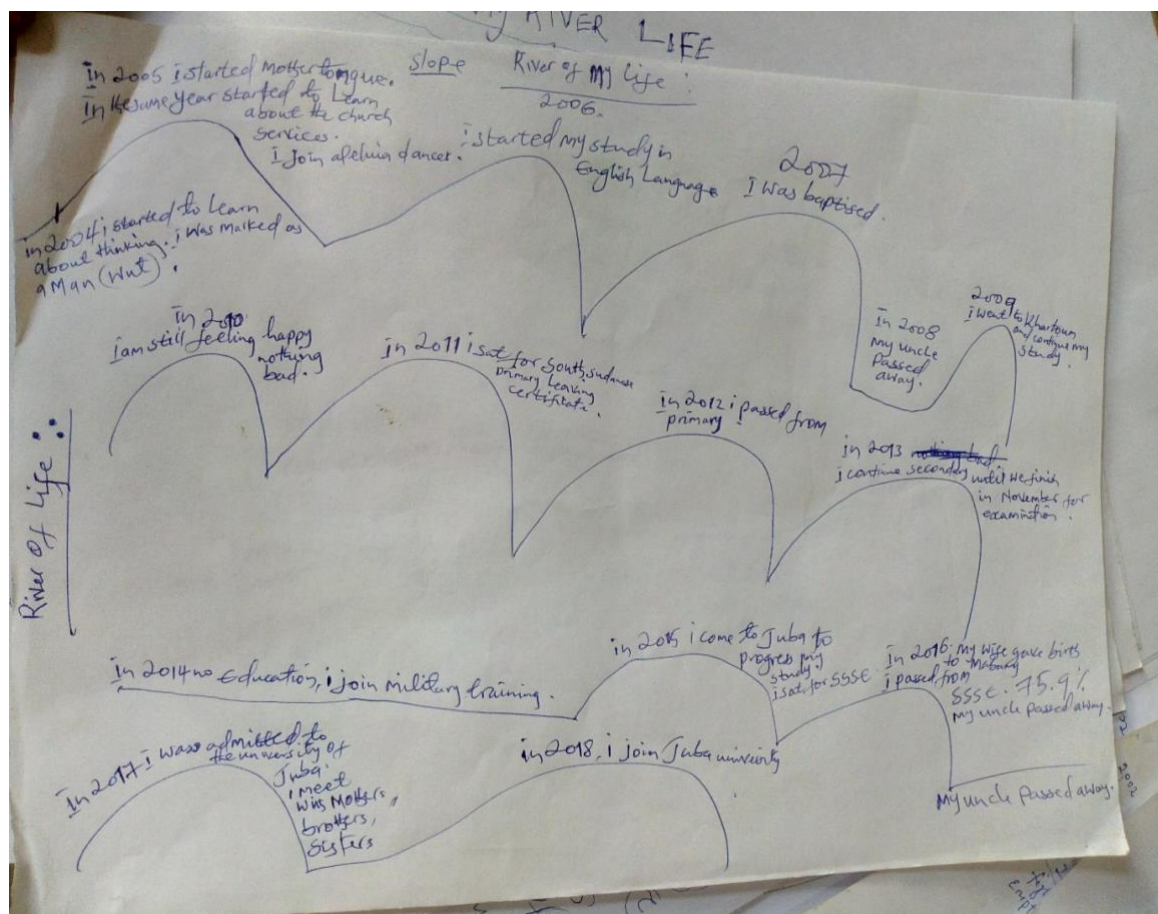


Figure 8.2: River of life, as depicted by AGP3.

8.6.7 Session 3: Psychological First Aid

Psychological First Aid (PFA) is a supportive intervention to initially respond to the psychological needs of children, adolescents, adults and families. Psychological first aid (PFA) “is an approach for providing basic psychological support to people in acute distress and the PFA is a framework used in post-crisis settings to help people experiencing acute distress and it does this in a way that respects the dignity, culture and capacities of others” (Schafer, Snider and van Ommeren 2010: 245). Psychological First Aid is designed for use in the immediate aftermath of an initial traumatic event to help those in distress (Allen *et al.* 2010: 509). The principles and techniques of PFA “meet four basic standards: consistent with research evidence on risk and resilience following trauma, applicable and practical in field settings, appropriate for developmental levels across the lifespan, and culturally informed and delivered in a flexible manner” (Allen *et al.* 2010: 509). In concurrence, Everly *et al.* (2006: 131) note that PFA is emerging as the crisis intervention of choice in the immediate wake of a disaster or critical incidents such as trauma and mass disasters.

Colleagues or community members in the frontline can provide PFA in the form of emotional support to community members of different ages and backgrounds to stabilise people in distress.

The aim of the session was to:

- Increase awareness in recognising signs and symptoms of PTSD,
- Increase the skills needed to reduce psychological distress and trauma,
- Develop practical and emotional skills important in peer-to-peer support of trauma-exposed individuals, and
- Elaborate on the impact of trauma on the body, mind and soul.

Participants shared their experiences at the start of the session, what they do and how they respond when a person approaches them for assistance. Some of the responses were; lending a listening ear, allowing the person to tell their stories, maintaining confidentiality, and referral to an organisation where necessary. They were further asked what they thought that PFA was and the responses included; helping the people and giving initial support to a person before referral to the appropriate agency for further assistance. After processing the responses, the facilitator took the participants through the definition of post-incidence support as any

immediate or long-term support that can be either emotional/psychological or practical care support.

Psychological first aid, an initial step in providing post-incident support, was defined as an evidence-based approach to assisting children, youths, adults, and families in the immediate aftermath of disaster and crises. The facilitator emphasised that psychological first aid is devised to decrease the initial distress caused by traumatic events and to promote immediate and long-term coping. Psychological First Aid was established for disaster and violence survivors who experience a broad range of initial reactions that are psychological, spiritual, physical and behavioural in nature (Allen *et al.* 2010: 509). Some of these reactions will cause enough distress to interfere with adaptive coping, and support from compassionate and caring disaster responders may help recovery. In addition to the definition, the facilitator further expounded on whom, when, and where PFA is applicable by showing them some pictures, which allowed them to have further discussion.

The training bolstered the participants' ability to provide support psychological first aid following a critical incident to their peers. The participants reported that they were privileged to be part of the training and that it had changed their prejudices towards mental health. In addition to being timely, they reported that the training helped increase their abilities to make long-lasting impacts.

8.7 Trauma-Informed Peer Support

For communities and people to navigate through grief and recover from individual and generational trauma they ought to have an outlet to release their feelings. The action group members decided to conduct trauma-informed peer-to-peer support as the major intervention. Sunderland and Mishkin (2014: 13) refer to a *peer* as an equal, someone who has a shared understanding of one's experiences, such as people who have survived sexual and gender-based violence, cancer, torture, or being widowed. Sunderland and Mishkin (2014: 12) describe how the people who are in peer support, can relate to each other because they had more or less similar experiences, such as experiencing loss or trauma, or being given a psychiatric diagnosis and receiving behavioural health services.

Blanch *et al.* (2012: 13) add that support helps build a sense of community, and unity and helps express the type of understanding and encouragement needed to focus on recovery and

wellness. Sunderland and Mishkin (2014: 12), endorse the notion that sharing experiences with another person who has lived with similar problems, provides an opportunity to learn together how to move past the trauma. Sunderland and Mishkin (2014: 12) added that peer support programs provide a sense of empowerment and can be an effective prevention strategy in addition to being life challenging. Research also indicates that peer support can help a person gain control over their symptoms, reduce hospitalisation, offer social support, and improve their quality of life (Sunderland and Mishkin 2014: 12).

8.7.1 Establishing Guidelines

Creating and conducting peer-to-peer support required careful thought into how the support would look like, who was going to be the recipient and what needed to be done. I merely acted as a facilitator during the process and some of the questions posed to the group include; what do we want to do and what do we expect to change as a result of our intervention? During the planning and reflection exercise, some of the action group members mentioned that:

AGP3- I expect to make positive changes in the community and create safe spaces for healing.

AGP6- With the intervention, my goal is to establish connections with and for others and to ensure the well-being of the people in my community.

In laying the foundation for the peer-to-peer support the action group had established guidelines due to the sensitivity of the intervention and the need to create emotional safety. There was consensus that it was a shared responsibility to adhere to the following guidelines to ensure the safety of the people being supported and also maintain the effectiveness of the group.

Below are the guidelines that were agreed upon:

- **Confidentiality** – It was agreed that establishing confidentiality is fundamental and all the action group members were to observe confidentiality because the people they were going to support were prone to be vulnerable and reveal details about their lives that should not be known by other community members. The information discussed in with individuals and in group setups was not to be shared without permission or consent.
- **Respecting boundaries**- The action group members agreed that when providing peer-to-peer support it is essential to listen without judgement, avoid interrupting people and

respect people's ideas and views. The action groups members were not to impose their spiritual, emotional, religious, and intellectual ideas on the people they were supporting. Their focus was to provide emotional and social support including practical help.

The action group decided to adopt the following principles to guide the trauma-informed support:

- Non-judgemental
- Empathetic
- Honesty
- Respect
- Communication
- Listening
- Voluntary

The above was set as guiding principles for the trauma-informed peer-to-peer support conducted by the action group. The trauma-informed support requires sensitivity and incorporation of multiple principles for it to be effective.

The group agreed to meet PoC residents in churches and other platforms that were conducive to having such conversations in an uninterrupted manner and with confidentiality. The groups also conducted home visits for individuals who did not like sharing their experiences in groups and also for vulnerable individuals such as the disabled and the elderly who have challenges walking to an agreed venue. The awareness-raising took place in churches and the community to inform the community members of the existence of the group. The action group also had the independence to identify people who they thought needed the most help and seek their willingness to participate in one-on-one/individualised support to allow them to heal and, at the same time, develop relationships.

8.7.2 Expectations

Expectations put in place included attending regular weekly meetings to share experiences, learn from each other and encourage each other. The action group members were to meet each other informally and provide each other support where necessary. It was expected that as peer supporters the action group members would regularly meet the people they were supporting in

safe spaces. As peers providing support, they ought to look after themselves in order to avoid vicarious trauma.

The action group reported that the peer support offered them a solid base to help effect change in the community. The work that they did helped establish real connections and relationships. Some considered peer support as a powerful gift that transformed broken people and shifted relationships. One action group member stated that she was much more aware of herself and the people around her and attentive to many intricacies that she would have otherwise ignored had she not had the privilege to provide support to people:

AGP 3 stated that:

Intentional support training gave me a gift. It provided a powerful shift in my perception of some long-standing issues within myself that are life-changing.

Check-up visits: The action group members conducted periodic check-up visits with the community members who were supported to establish if there was any measurable change in attitude and feelings as a result of the intervention. Positive gains were reported and were credited to the group and one-on-one sessions. The sessions led the peer supporters through a process of introspection as individuals in addition to enhanced self-healing. Some of the participants highlighted that they gained valuable skills due to the trauma intervention.

AGP5 emphasised that:

The peer-to-peer support deepened my knowledge and understanding of the effects of trauma on people. It made me appreciate the depth of the damage that can be done to a person as a result of trauma including the resources available to transcend the trauma.

AGP6 mentioned that she also went through a healing process mentioning that;

The peer support program was healing not just to the people I supported but to myself as an individual. I need the community and the community needs me; we should work together to extract ourselves from the depths of despair.

AGP2 commenting on the gains of the peer support program mentioned that;

I believe that the program has made me a better person, it has supported me in my own growth and widened my perspectives on why people behave in certain ways. I believe that I am headed in the right direction in life.

8.8 Dialogue for Meaning

After the training and trauma-informed peer support, the action group presented areas of contention that needed to be unpacking. Most participants in the focus group discussions and interviews highlighted emotionally laden experiences and views regarding the conflict, albeit differing opinions on some aspects, such as justice and forgiveness. The action group specifically recommended further discussion of the topics for more insight and to allow participants and other community members to come together and share their experiences and find common ground to facilitate healing. Therefore, to develop new viewpoints on key themes that stood out during the intervention process dialogue took place post intervention based on data collected from interviews.

King (2014: 426), maintained that having a safe platform to speak and be heard helps foster trust, strengthen relationships, and restore balance for those affected by civil war and other extreme forms of violence. King (2014: 426) argues that essential to intergroup learning and the healing process is the ability of the facilitator to create an inclusive and meaningful safe space for healing. King (2014: 426) also describes how bringing together members of opposing groups for mutual healing may be useful for other social processes, such as forgiveness and reconciliation. Lederach (1995: 10) notes that conflict transformation processes should be embedded in culture and must respect and draw from, the cultural knowledge of the people. Dialogue is embedded in the South Sudanese culture and therefore promotes grassroots healing. Bohm, Factor and Garrett (1991: 3), explained that “the word dialogue is derived from two roots: *dia*, which means *through*, and *logos*, which means *the word*, or more particularly, the meaning of the word the image it gives is of a river of meaning flowing around and through the participants and any number of people can engage in dialogue – one can even have a dialogue with oneself – but the sort of dialogue that we are suggesting involves a group of people seated in a circle talking together” (Bohm, Factor and Garrett 1991: 3).

Subsequently, a dialogue session was held for three successive days that focused on the interrelated themes of justice and forgiveness in relation to peacebuilding, as shown in Table 8.3 in Section 8.5. The researcher played the role of a facilitator without providing much structure to the process. No firm rules can be laid down for conducting a dialogue because its essence is learning as part of an unfolding process of creative participation between peers. The researcher’s main role was to provide a safe space for the participants to engage in difficult

conversations regarding their experiences and deduce the meaning of what justice, forgiveness, and healing meant in their healing journey.

The meetings were organised with as little pre-planning as possible. One or more team members guided the meeting. The leader then offered an open-ended question asking who would like to talk and what would be best to talk about. The form of the questions was not pre-planned; on the contrary, by listening carefully to each speaker, the leader generated each subsequent question from the previous answer (e.g., by repeating the answer word-for-word before asking the subsequent question, or by incorporating the language of the answer into the language of the subsequent question). The process needs to proceed gradually to provide space for the rhythm and style of each participant's voice and to ensure that each person feels supported to speak openly. Most participants were involved in the discussion of each emerging theme. The meetings focused on ensuring that everyone had an opportunity to speak and was listened to. There were no questionnaires or structured questions to guide the process. The participants dictated the pace, allowing them to debate and find a consensus on contentious issues as a way of trauma healing.

The meetings provided careful focus on ensuring that everyone had an opportunity to speak and was listened to. There were no questionnaires or structured questions to guide the process. The process moved naturally at a speed that was determined by the participants. It allowed for the participants to debate and find a middle ground or consensus on the contentious issues as a way of trauma healing.

The Dialogue Session

The dialogue session ran for two and a half days, with small breaks and icebreakers in between. The session started with ground rules to set the pace for the discussions. Icebreakers stimulated conversations and helped ease deep conversations by establishing a sense of comfort in talking to each other.

Some of the rules agreed upon in the discussion included:

- Listening and respecting the views of others.
- No interruption when someone is talking.
- Confidentiality post the dialogue sessions.

- Patience

There was a time slot for laying down hopes and fears where all the participants expressed one hope and one fear for the dialogue session. Some of the hopes and fears revealed included:

AGP2: I hope to be able to learn from the experiences of others.

AGP6: To be able to come to terms with my inability to forgive the people who wronged me

IP5: To understand how the two themes are interrelated to peacebuilding.

In terms of fears, some participants mentioned the following:

IP3: Raise my voice due to anger and disagreement.

AGP7: Painful memories that will arise as a result of the violence.

AGP2: Being judged by others as result of my viewpoints.

The dialogue session helped to deepen the participants' understanding of the effects of traumatic violence and the role that justice and forgiveness play in trauma healing. To start the conversations, a simple question was asked: *In what ways do justice and forgiveness contribute to the healing process?* Information on the participant's views on justice and forgiveness are discussed in Chapter 7.

FGDA-P1, a survivor of the 2013 crisis, recounted an event where he had escaped death, leading him to question the purpose of life and how the incident had made it impossible for him to forgive. The participant recalled:

FGDA-P4 shared similar sentiments:

I am trying to heal despite my inability to forgive. The war took all of my family, they took something precious from me, and no one should expect me to forgive because this affects me to the core. Forgiveness does not change what happened to me.

FGDA-P3 stated:

I differ from the view that the perpetrators need to be punished for what they did. I am tired of this war; how long will we continue like this. I think a dialogue with them and their admittance that they did us wrong is the most important thing. It will give me peace in my mind and allow me to live side by side with the offender.

FGDB-P10 mentioned:

Forgiving has enabled me to let go of my anger and bitterness. I have been happier since the day I decided to let go of my pain. Forgiveness set me free and I would encourage everyone who has not done that so far to try to walk the path and see where it takes them.

Other participants mentioned that an apology was what they needed rather than punishment pointing toward restorative justice. They needed an apology and recognition that they had been wronged because no amount of punishment could undo what had happened to them. They felt that an apology would relieve the weight since no amount of punishment would bring back their loved ones. In addition, some participants mentioned that they had forgiven people who had offended them for their peace and sense of self, as it helped them transcend their pain of trauma. Other participants forgave offenders because it was the right thing to do. After all, the Bible stresses forgiving those who have wronged one.

Restorative justice is a theory of justice that seeks to repair the harm caused by conflict, which can transform people and relationships. Yoder (2005: 65) points out that restorative justice focuses on the harm done and provides an opportunity for those harmed and the offenders to communicate and play a part in repairing the damage. Restorative justice is more focused on needs: the needs of victims affected by an incident, the needs of communities, and the needs of offenders (Zehr and Gohar 2003: 10). The fundamental principles are that justice requires different categories of people to work towards restoring victims. Those most directly involved and affected should have the opportunity to participate fully in the response programme and the role of government would be to preserve a just public order as well as secure and safe social and political spaces, while the role of the community would be to build, nurture and maintain a just peace (Machakanja 2010: 13). Such collaborative encounters would create opportunities for victims/survivors, offenders, and community members to discuss their personal experiences of atrocities and their impact and opportunities for meaningful contribution to their own lives and society (Machakanja 2010: 13). Yoder (2005: 63) however adds that,

often there is an unspoken assumption that justice will restore a sense of normalcy and relieve pain, sometimes it does, but often it does not; sometimes justice can satisfy an abstract sense of what is right, while failing to help those who have been harmed to heal or break out of the cycles. This is not to suggest that individuals and groups should not seek justice rather, it is an acknowledgement that the needs that trauma and violence create are complex, and there are limits to the healing the justice system can provide.

The dialogue session brought in elements of religion, anger, and punishment. There was a consensus that if trauma is left unchecked, it can lead to a destructive path. Some participants believe forgiveness and restorative justice are needed for trauma healing to take place, recognising that it does not happen overnight. It takes much hurt and thinking to decide to forgive eventually. It was found that individuals decide to forgive for different reasons. Some of the participants chose to forgive due to their spirituality, inner peace, and compassion. Forgiveness set them free and gave them a positive outlook on life. Despite the positivity, forgiveness and justice should not be prescribed as a critical requirement for healing to take place because people have the right to define what healing, forgiveness, and justice looks like to them and what is best for their recovery. In terms of justice, discussions need to be held to restore relationships and pave the way for reconciliation and peacebuilding.

The action group made a specific recommendation to further discuss the contentious topics in order to gain more insight, as well as allow participants and other community members to come together and share their experiences to facilitate healing. As a result, the dialogue was implemented following the intervention process to develop new perspectives on key themes that emerged during the intervention process. The dialogue discussed some of the themes in the presentation of findings in chapter 7. Central to the discussion was the theme of forgiveness. It was agreed in the discussion that forgiveness was necessary to redress the collective and individual harm and acknowledged that it is not easy to forgive intentional wrongs. However, the dialogue concluded that it should remain a choice and should not be forced upon anyone. Persuading those without interest in forgiveness, as in the Rwanda context can breed animosity. The theme of religion and spirituality was discussed in the dialogue, and it closely intertwined with the concept of forgiveness. The dialogue agreed that spirituality and a belief in a higher being contribute to breaking the cycle of violence. Trauma changed the religious beliefs of some of the IDPs as indicated in Chapter 7.7. As a result, the dialogue discussed the notion that religious beliefs support people recovering from trauma. It discouraged people from abandoning the religion. Justice and reparations were a prerequisite for sustainable peace. The intrusive PTSD symptoms discussed in dialogue were consistent with the findings laid out in Chapter 7.3. Aggression was a theme that came under discussion, concluding that the ongoing perpetration of violence was strongly linked to aggression, driving violent behaviours and aggression in the PoC.

8.9 Summary

The interventions carried out by the action group strived to enhance community participation in peacebuilding efforts. The intervention that was undertaken allowed for inclusivity and gave a voice to the action group members. The study demonstrated how community activism and support (among others) could increase the resilience of communities. From the training, peer-to-peer support, and dialogue sessions, the members noted that community-oriented peacebuilding efforts were empowering and beneficial in reducing the instances of trauma. Community-based interventions are successful because they promote mental health, improve social relationships, protect human rights, and reduce stigma (Kohrt *et al.* 2018:7).

The action group consisted of only eight members, and despite being small in number, they challenged the notion that trauma healing was a top-to-bottom approach. In support of this approach, Falkenburger *et al.* (2018:5) emphasise that to recognise and address community-level trauma, PoC residents must take the lead in designing and implementing change plans through equitable participation and accountability among stakeholders. Falkenburger *et al.* (2018:5) add that “acknowledging past harms, honouring community knowledge, ensuring sustainability, setting realistic expectations, and creating clear ways for residents to get involved encourage accountability and foster thoughtful and sustainable work”. Kelly and Davis (2020:4) conducted a literature review analysing over twenty community-based trauma healing models used during and after a conflict and found that most are different in approach however they provide mental health support, reduce tensions, and promote a sense of belonging.

Through trauma-informed peer support, the eight action group members set precedence and an example that, as a community, they can carve their own space for individual and community healing. This community-based intervention is encapsulated in John Paul Lederach's Pyramid Model of conflict transformation, which emphasises the importance of coordinating peacebuilding activities between and among the various leadership levels – the top, middle, and grassroots leaders of a post-conflict society. The peace-building process primarily entails training or dialogue programs at the grassroots level of society, such as local peace commissions, community dialogue projects, or trauma healing (Lederach, 1997). Thus, Lederach's proposed peace-building model seeks to bring civilians together by fostering trust; it necessitates and encourages intergroup communication, interaction, and cooperation. This

model also advocates for encouraging the local community to develop and drive its own peacebuilding and development activities, which is a significant step forward in reconciling differences, building a sense of belonging, trust, mutual respect, and, ultimately, societal cohesion. The study employed a locally-driven intervention mechanism that encouraged the active participation of the affected population to participate in its own peace-building and development of trauma initiatives as a means of achieving sustainable peace.

The project intervention helped build the resilience of those who received peer to peer support. In light of the intervention and according to Lederach, change is achievable when peace is built from the ground up by empowering war-torn communities, taking into account and incorporating the cultures and traditions of conflict communities into the peace-building process, and simultaneously involving grassroots in decision-making activities.

This 'thesis' theoretical framework is heavily based on the work of conflict transformation theorist and practitioner John Paul Lederach. Lederach is a strong supporter of creative and artistic approaches to peacebuilding in divided societies that see local people as stakeholders and active agents of change. He refers to moral imagination as the faculty required for the creative transformation of conflict. This type of imagination is activated by four disciplines: envisioning a web of relationships that includes enemies, practising paradoxical curiosity, making space for creative acts, and being willing to risk. The study project intervention and the peer to peer support provided is one example of an intervention that provides the space to help affected communities heal; the action group stepped outside their everyday lives and conflict-habitation patterns and explored creative processes.

The trauma training increased the capacity of the action group and Lederach (2005:124) stresses the potential for innovation in protracted conflict settings, one that “expends an equal amount of time supporting people in trusting and developing their capacity to invent and create adaptive processes responsive to real-world situations and shifts”. The moral imagination is about the pursuit of creative ideas to generate constructive change in a community and the action group did just that.

The conversations regarding justice, forgiveness, healing, and peacebuilding that took place from 22 to 23 November 2019 provided the group members with an opportunity to reflect on their journey. It is a step in the right direction in the recognisably long journey towards

peacebuilding efforts – a necessary step to curb violence and promote peaceful coexistence. The actions taken by the group have the potential to address trauma from below. It is essential to underscore that trauma healing is a long journey, and this study does not claim to fix everything, instead, it creates the space for conversation and strengthens the capacity of the community to take the steps needed for trauma healing and peacebuilding to take place with a strong focus on sustainability. While this study highlights the trauma, recovery, and healing of the PoC 3 residents, its intervention project is not intended to curtail their challenges. Instead, it seeks to focus on the resilience portrayed by the PoC 3 community and how resilience can be accelerated and strengthened.

CHAPTER 9: SHORT-TERM EVALUATION OF THE INTERVENTION

“Peace is not merely a distant goal that we seek, but a means by which we arrive at that goal.” – Martin Luther King Jr.

9.1 Introduction

The previous chapter outlined the intervention coordinated closely with the action group. It described the approach taken by the action group. The intervention was to support the recovery of trauma victims. It focused on the training of the peer support group and the emotional and social support, encouragement, and optimism provided to community members who share a collective experience. It was necessary to evaluate whether the training and the trauma-informed peer support had met its objectives. This evaluation would allow us to gauge the effectiveness of the intervention. Therefore, Chapter 9 presents the evaluation outcome. It discusses the participants’ perspectives on the training. Training evaluation was pre-training and post-training to determine new knowledge and new skills imparted to participants and to ascertain the opinions of the training contents and methods.

The researcher conducted a pre-training evaluation to assess the knowledge and skills of the participants on trauma and trauma healing. The post-training-evaluation assessed the training effectiveness and whether the participants had transferred the knowledge and skills in effecting change in the community and their personal lives. The participants progress ensured that they would be ready to listen to, support, and encourage the community. During training implementation, the researcher periodically asked the participants to explain and summarise the main points to ascertain if they had understood the training context. Furthermore, the evaluation determined behavioural and social changes from peer support. Success stories, as well as the challenges and lessons learned throughout the entire intervention, were reported.

9.2 Defining Evaluation

An evaluation was necessary to determine and understand how well the intervention met its objectives. Federica (2006: 73) and Scriven (1991: 139) suggest that the evaluation process is important to solve problems, build knowledge and determine the worth of an object. Notable are Scriven's (1991: 139) terms used to refer to this process or part of the evaluation, which include: "appraise, analyse, assess, critique, examine, grade, inspect, judge, rate, rank, review, study, and test". The use of social research methods to investigate the effectiveness of social intervention programs is known as evaluation (Rossi *et al* 2018: 28). It is intended to be useful for improving programs and informing social action aimed at alleviating social problems by drawing on the techniques and concepts of social science disciplines. Evaluation is a type of inquiry that seeks to answer critical questions about the effectiveness of a program, process, product, system, or organisation (Russ-Eft and Preskill 2009:6). It is typically carried out for decision-making purposes, and the findings should be used by a variety of stakeholders. Chen (2015:6) further elaborates that program evaluation is the systematic collection of empirical data and contextual information about an intervention program—specifically, answers to the questions what, who, how, whether, and why questions that will aid in evaluating the planning of a program, implementation and or efficacy. In this study, the aim was to investigate the training process in a quest to determine whether it had achieved its intended objectives. The evaluation was also carried out to examine the outcome of trauma-informed peer support on peacebuilding. The summary of the findings of the intervention is presented in Chapter 10.

9.3 Purpose of Evaluation

The definitions given in the previous section illustrate that evaluations are for different purposes. The researcher's evaluation was on the outcome rather than the impact. It focused on what should be measured rather than providing baseline data/figures. Boothroyd (2018: 3), stresses that impact or outcome evaluations are undertaken when one wants to understand the success and effectiveness of a project and whether the objectives have been met. The purpose evaluation was to determine the effectiveness of the short-term outcome intervention, that is, the training and the peer support. The aim was to analyse and learn which elements had achieved their objectives and which ones had failed their purpose as per action research.

Some of the questions that the researcher addressed include the following:

- Was the action group that underwent trauma training more likely to support their peers in an effective manner as a result of the training?
- Did the intervention's implementation result in changes in knowledge, attitudes, and skills among the members of the target population?
- Did the program have any unintended (beneficial or adverse) effects on the target population (s)?
- Did the action group put what they had learned into practice (transfer of training) to their work in the community?

The dependability of the intervention was ensured through the evaluation of outcomes and the triangulation of information.

9.4 Evaluation Indicators

Action research is a reflective process that prompts positive change by integrating research, action, and analysis. Therefore, indicators are part of the evaluation process that helps to establish whether actions have a positive effect. Parsons, Gokey and Thornton (2013: 6), posit that indicators can be quantitative or qualitative measurement markers that determine whether implementation activities are happening as intended or program objectives are being achieved. The intervention was conducted to augment ways in which the PoC residents can support each other in reducing the effects of trauma and increasing recovery. This section highlights the outcome indicators which were used in ascertaining the significance of the project. The research purpose was to stimulate positive change among the participants. Outcome evaluation was measured by indicators contained in Table 9.1.

Table 9.1: Outcome evaluation indicators measurement methods (Source: Researcher).

Indicator	Methods
1. Extent to which the community is reporting positive changes or changes in attitude.	Group discussions, Reports
2. Number of success stories in the community reported by the action group.	Group discussions, Interviews

3. Extent to which the action group utilises the knowledge and skills acquired from the training.	Group discussions, Reports
4. The participants gain the knowledge and skills required to reduce trauma in the community.	Pre- and post-evaluation
5. Proportion to which the communities feel supported and understood.	Group discussions, Reports

9.5 Intermediate Training Evaluation

As the facilitator of the training, the researcher's role was to guide the participants and ensure that the objectives of the training were met. Therefore, to ensure that the training was progressing as expected, the researcher had to redirect the participants where necessary and moderate some discussions in the event of deviation from the pertinent objectives. The training was however participatory, and the participants took ownership of the discussions. Brief training evaluations took place in the morning when participants summarised the key topics they had learned throughout the previous day. The information was useful in modifying some aspects of the training because it revealed areas that required in-depth explanation. Adjustments were made mid-training to ensure that the training's objectives were met.

9.6 Pre- and Post-test

The researcher trained a total of eight people who would become part of the action group, of whom 50 per cent were female and 50 per cent were male. The training sessions were evaluated by the use of a pre-and post-test as part of the action research evaluation. The pre-test contained eight questions on trauma and the related topics. At the end of the training, the same eight questions were provided to all the eight participants to fill out; as an assessment of the extent of knowledge gained and to gauge the trainings effectiveness. The pre-test enabled the researcher to understand the expectations of the participants from the intended training. The pre-test also enabled the researcher to modify the training so that its objectives were aligned

with the expectations of the participants. The pre-test and post-test are contained in appendix I and appendix J.

There was a significant improvement in the knowledge gained after the post-test was administered as compared to the pre-test. Of the eight training participants, only three obtained scores between 6 and 9, while the remaining five had scores of 6 and below on the pre-test. The post-test saw an improvement in the pre-test where all eight participants obtained scores of 9 and above, indicating the increase in knowledge of trauma that can be attributed to the training. The post-training was useful in assessing the impact of the training and the degree of satisfaction of the participants. The participants confirmed having gained significant knowledge and skills through the training, showing a shift and change in comparison to the pre-test. Table 9.2 presents the pre-test and post-test variable catalogue.

Table 9.2: Pre-test and post-test variable catalogue.

Variable	Pre-test		Post-test		
Action Group	Score	Percentage	Score	Percentage	Difference
	46	44.2%	78	72%	27.8%

Table 9.2 shows that there was an increase of 27.8 per cent in the post-test scores of the action group as compared to the pre-test scores. The difference presented in the scores between the pre-test and post-test shows the evidence that the action group benefited from the training and that the sharing of experiences in the training was instrumental. The increased score corresponds to an increase in knowledge and skills. It is unclear whether the knowledge and skills will be retained over a long period.

9.7 Reflection Workshop (Peer-to-Peer Support)

The reflection workshop was held to evaluate the trauma-informed peer-to-peer support. The reflection process and discussion were held with the action group and some of the participants who received peer to peer support. Particular focus was placed on the action group's perceptions of how the intervention affected the people they supported, the experience of providing the support, and their views on the impact made. The evaluation for the trauma-

informed peer support was carried out only after the intervention was complete (see Table 8.3). The evaluation was conducted two months after the completion of the project intervention. Performance indicators that were observed after the intervention are listed in Table 9.1 in Section 9.4. A workshop was arranged with the action group to discuss and measure the impact of the intervention. Open discussions were held to draw their thoughts on the intervention outcome revolving around the same themes.

In addressing the challenge of trauma in the PoC and providing trauma-informed support to the participants, AGP2 of the experiment group responded:

Supporting the community and having those personal conversations with people I supported made me realise my potential and serves as a confirmation that I have a lot to give to my community. We have been through the same experiences, and that puts me in a position where it makes it easier for them to open up and discuss without feeling judged. I am proud that this opportunity came by.

AGP1, mentioned that:

The whole experience has shown me that we have so much to give to each other as a community. It has made me realise my calling as an individual. I came to the realisation that change does not need to come from outside. The positive words and behaviour coming from the people I support made me realise that we have the power to change ourselves and the community.

9.8 Reflection Meetings With People Who Received Peer Support

Discussions were held with the recipients of the trauma-informed peer support to consider the intervention results. The goal was to have an understanding of how they rated the services that were being provided. To measure the outcome of the intervention the people who received the peer support were asked a number of questions such as:

- Why did you attend the peer support sessions?
- What was the best thing about the peer support group?
- Would you recommend peer support to other community members?
- What changes would you advise for the peer action group?
- Was the peer support beneficial and in what ways?

One of the participants, P1, who received the trauma-informed support commenting on why he attended the peer support mentioned that

The one distinct overwhelming attribute that emerged from the people who received peer-to-peer support was the feeling of belonging and safety.

P1 stated that;

What makes it comfortable for me is that I am interfacing with someone who understands what I have gone through and probably knows exactly what I feel. It reminds me that I am not alone in this struggle, and I need to get better to be able to reach out to some people who need this kind of support too.

P13 commenting on the same said that;

I needed to fix and mend not for myself but for my children, my wife, my brothers, my sisters, and my community.

The above testimony shows that the intervention project by the action group led to attitude change and a sense of belonging and purpose. P7, who received support from the action group in response to the question on the benefits of peer support mentioned that:

I feel like massive weight has been lifted off my head, I have someone who understands what I go through and who provides the much-needed empathy. Their suggestions and comments show me that I am not alone in this journey. I realised that our journey is similar, and that is reassuring.

The experience of the peer-to-peer support was valuable, building a ladder with which they could heal. In this regard P10 said;

The hatred and anger that I felt has considerably shifted, it was consuming my social, physical, emotional and spiritual life.

Community members who were not part of the program and had some knowledge of the program used descriptors such as 'powerful', 'life altering', and useful. PC12 commenting on the peer support program said:

I am deeply grateful for the support my daughter has received from the program including the support from other community members. The program has shown us that there is a possibility to heal. My daughter feels like she belongs and is part of something and is understood as compared to being shunned. She has opened up more ever since she started receiving peer-to-peer support. I hope the program can continue touching lives.

The participants regarded the trauma healing process as one that could be replicated to reach out to more people in the community. The peer-to-peer support needed to continue for a lengthy period to be an effective peer-to-peer support program. P5 said:

I underestimated how people in the PoC needed such a program, thank you so much for dedicating all your time to helping out people. I sincerely wish you could reach out to more people in the community. I did not think that my friend could believe in herself anymore. It is like bringing light into a dark room. She lost a lot over the years and such a program has the potential to turn our longstanding sorrows into joy.

The testimonies by the participants, in addition to the project intervention findings which are detailed in Chapter 10, highlighted the impact of the intervention and how the project added value to the lives of the community in the PoC. Generally, the participants included in the action group were satisfied with the intervention, mentioning that the benefits were on a personal and community level, with emphasis on the need for such projects to reach more community members. Improved attitude and increased social networks are all small incremental steps that contribute toward addressing the trauma problem. Though this was a reliable method of evaluation, it is an intermediate measure and does not suffice in measuring desired long-term results. The limited research period of the project did not allow for long-term measurement. In addition, the small sample could not suffice to voice the experiences of all the community members who participated in the peer-to-peer support. With the evaluation conducted, it is challenging to have a definitive answer on the extent of the impact, however, based on the responses received, we can conclude that being part of the peer-to-peer program provided an outlet, increased connections and reduced feelings of aggression and isolation. Participants who attended the program reported a reduction in potentially damaging behaviour such as aggression.

The peer researchers believe that they had a profoundly positive impact in reducing the impact of trauma on the people whom they supported. They reported a shift in behaviour and attitude by the people who received assistance, noting that it was a process, and more follow-ups would be needed for sustainability and change to occur.

The healing process of an individual depends on their situation, experiences, and other variables. Some of the people targeted by the program exhibited risky behaviour such as unsafe substance abuse as a trauma response. Upon attending the program the participants and the peer support group reported a decrease in harmful behaviours and less consumption of locally brewed alcohol. From the participant observations, substance abuse did appear to reduce in those who received direct support. However, it is challenging to draw a definite conclusion based on the limited research timeframe. Change of behaviour and attitude is a process that

takes time, and though the action group was motivated to continue with the peer-to-peer support, it is highly unlikely that they would continue with the program in the absence of sustainable resources.

9.9 Summary

The chapter noted how the trauma training, trauma-informed peer support, and dialogue session achieved their intended objectives though time was a limitation to the outcome evaluation. While the project ran for a limited period, and the participants preferred a long-term approach, its evaluation illustrated that the projects undertaken were challenging and necessary, with positive outcomes. The participants and community hope that the peer-to-peer support sessions reach a more significant number of community members. Trauma and its consequences are recognised widely in clinical practice; however, there are only a few interventions aimed at addressing trauma with families and communities on a systemic level. The interventions described in this study are a pertinent example of empirical-based evidence of the effectiveness of community-based interventions in addressing trauma at a collective level. Mental well-being, receptivity to assistance, and symptoms of post-traumatic stress disorder, anxiety, and depression were all improved by the project intervention.

Individual trauma-focused treatment may not be possible in South Sudan, especially in PoC areas where people have been affected by conflict and mental health resources are scarce and limited. Psychosocial support, on the other hand, highlights the larger social context of trauma and the need for community-level support and healing, promoting recovery through the rebuilding and strengthening of social support mechanisms, like this project intervention, proved acceptable, impactful, and sustainable.

It's worth noting that there is a considerable vacuum in the literature on the effectiveness of psychosocial community-based interventions. More evidence on their effectiveness is needed, as well as an examination of the mechanisms that impact how these interventions work or do not function. With that said, I believe the study objectives were met as highlighted by the participants, community, and study findings. The project increased the capacity of the community to respond early to trauma exposure. For effective trauma interventions communities, should immediately respond, support the affected community, and reach out to those most affected by trauma. Efficient early identification of those at risk and community-

based early intervention is necessary for building the resilience of affected communities and breaking the cycles of violence; untreated trauma leads to repeated cycles of violence.

The project was beneficial owing to the action groups' assistance in building a trauma response intervention that assisted the community in making sense of their reality. The interventions in this study emphasise the affected populations' strengths and resources while revealing resiliency stories rather than defeat stories. It allowed survivors to support one another and assisted individuals in trauma healing following the repeated exposure to violence and loss. In essence, the study found that community-based interventions aid trauma healing. This strengths-based approach marks a departure from pathology-based approaches that view trauma only as a disorder (Herman, 1997). Instead, affected communities are encouraged to reconnect with others and are given the authority to seek the resources they require to heal.

The study recommends the integration of traditional methods of trauma healing for holistic trauma healing to take place as described in the findings. People who are unable to express themselves verbally can find symbolic and embodied expressions of their suffering and hopes for the future through the arts. To address universal themes, dance/movement therapy can draw on folk dance and specific cultural forms. The arts can "assist us in rediscovering not only the meaning of life, but also the purpose of our individual and collective experience... for ways to re-create ourselves as a species, so that we can finally break the cycle of violence that has plagued our history" (Walsh 2001: 17).

CHAPTER 10: CONCLUSION AND RECOMMENDATIONS

“It was as if the last day, as people say in the Bible, that there will be a last day, that Jesus Christ will come, and whatever on Earth will be judged. That was my imagination. I thought that God felt tired of people on earth here, felt tired of the bad deeds, the bad thing that we are doing, yet God is watching on us. I thought God got tired of us and he want to finish us. When I think of it back... it was so bad anyway. You can even think of - you can even regret why you were born. Why you were born. Now I wonder, I'm now again wearing clothes, feeling very happy, and so anyway, everything has an end. Has an end. Even if there's problem in Sudan still maybe one time, one day, one minute it will come to an end”– John Bul Dau - 2006

10.1 Introduction

The study is based on the apparent need for addressing trauma in internally displaced camps in South Sudan and the researcher’s desire to contribute to and learn from their journey. This chapter provides an outline of the study’s aims, objectives, methodology and approach utilised. The chapter also provides an overview of the limitations, findings, and contributions to knowledge. Finally, the conclusion, recommendations, and areas for further research are presented.

10.2 Restatement of Aims and Objectives of the Study

The overall objective of the study was to analyse the nature, extent, and causes of trauma for IDPs in PoC sites and to design a culturally-relevant participatory action research intervention strategy that can be used to solve the ill-effects of trauma. The motivation of the study derived from the recognition of all the internally displaced individuals who have fled their homes and remain in insecure, protracted situations and heavily populated shelters. Internally displaced persons in the PoCs have been experienced traumatic events before, during, and post their flight; many exhibit signs of psychological distress leading to cycles of violence.

The motivation for this study stemmed from gaps that were found in intervention approaches in South Sudan. While several humanitarian organisations are engaged in peacebuilding efforts, there is a gap in trauma interventions leading to recurring violence. South Sudan continues to be affected by violence, and communities remain fragmented to date. The cycles of violence link with trauma, yet the trauma receives little attention. Affected populations must be at the forefront of their own healing in order to effectively build the resilience of conflict-affected communities. By acknowledging the protracted conflicts, cycles of violence, and the non-existent psychosocial support services in protective environments, the study's overall objective was to accelerate trauma healing through an appropriate intervention strategy.

To achieve the study's aim, the specific objectives of the study, as stated previously in Section 1.5 of Chapter 1, were:

1. To establish the nature and underlying causes of trauma for IDPs in PoC sites;
2. To identify the residual effects of trauma and how they have destroyed the social fabric in PoCs;
3. To explore the correlation between trauma, peacebuilding, and violence/conflict;
4. To strengthen the community's ability to leverage skill sets needed for trauma healing with the affected community, to identify and develop a skills-based intervention that can be utilised for trauma healing in communities affected with protracted conflict;
5. To carry out a preliminary evaluation of the short-term outcome of the trauma healing intervention.

10.3 Methodology and Theoretical Framework of Analysis

To explore various perspectives on peacebuilding and complex concepts regarding the IDP settings, the researcher used two theoretical frameworks. Lederach's peacebuilding pyramid theory which places focus on the 'bottom-up' approach to trauma was used to develop a framework for understanding the internally displaced persons' plight and trauma status and to critique the philosophies centered on trauma. Community-based methods of trauma healing are essential to strengthen the efforts for recovery and resilience. To learn directly from the IDPs and to deepen the understanding of their traumatic events and experiences, the researcher employed the use of Lederach's contemporary framework of moral imagination. The moral imagination draws on the ongoing experiences of the IDPs, the relationships that they have among and between each other, and the resilience in the community to bounce back and heal

in order to break the cycles of violence. Combining and linking Lederach's peacebuilding theory and the Moral Imagination theory within the IDP context provided an exhaustive and distinct standpoint for reviewing the IDP issues.

The peacebuilding paradigm is the central motivation of the study. Lederach's peacebuilding pyramid theory consists of three levels that detail the actors in a peacebuilding situation. The model highlights the importance of relationships in the prevention of violence at the top, middle, and bottom levels. At the top level are the key political and military figures; the middle level consists of religious, business, civic, and political leaders with substantial influence; and at the bottom level are the masses that feel the brunt of the conflict more, yet they are crucial in bringing an end to violence. In relation to the theoretical framework, the issues identified acknowledge Lederach's (1997) view that those at the grassroots level have a role to play in building lasting peace. Lederach's work exemplifies a bottom-up approach, soliciting not just engagement but a contribution from the grassroots.

The pyramid suggests focusing more on the mid-level actors in conflict resolution since they are connected to both the grassroots and the top levels. At the apex is the top-level leadership, and in this study, this comprises the PoC leaders and the national government. The study did not have access to the national government due to security and political implications in addition to the sensitivity of the study. Lederach (1997) highlights that the people at the apex have influence and power in comparison with other actors. The top-level leadership is exposed to media and needs to be careful when taking action as their actions and movements are known by the people (Lederach 1997: 40). This study worked with the middle level such as community leaders, chiefs and humanitarian organisation leaders. In the middle range are persons who function in leadership positions within a setting of protracted conflict, but whose position is defined in ways not necessarily connected to or controlled by the authority or structures of the formal government or major opposition movements (Lederach 1997: 41). The middle level are an important link between the top and the grassroots level as they have access to both levels. They are influential and capable of effecting change through the connections they have. In this study, the community leaders, NGO leaders, academics and chiefs; some who were participants and key informants are part of the middle level according to Lederach's peacebuilding pyramid.

Conclusively, at the bottom of the pyramid is the grassroots leadership level who represent the masses. Programs that are implemented at a grassroots level are characterised by their attempts

to deal with the enormous trauma that war has produced (Lederach 1997: 55). War at this level is experienced with great immediacy, both in terms of violence and trauma endured and in so far as people live in close proximity and continued interdependency with those who were once, and may still be, perceived as enemies (Lederach 1997: 55). The main focus of the research was the grassroots level leadership, who in this study comprised the action group members, conflict survivors and also peacebuilding actors. The participation of grassroots level leadership and the action group members helped amplify the voices and stories of hope of those that are most affected by the conflict, asserting their role in peacebuilding efforts.

The researcher also used Lederach's (2005) conceptual framework of moral imagination as a guiding theory. It was pertinent for the study as it brings up persistent questions on how communities can transcend cycles of violence while still living in those violent communities. Lederach (2005) emphasises the importance of human webs and authentic relationships in peacebuilding and reconciliation. He outlines the four key peacebuilding aspects as relationships, curiosity, creativity, and risk and likens peacebuilding to a spider's web by highlighting the importance of building strong webs and linkages between people. These theories were consistent in elaborating and putting the research together.

When I think of my profession, as a peacebuilder, the description by John Paul Lederach in "The Moral Imagination" comes to mind as a direct representation of myself, the volunteers, and other peacebuilders. Lederach (2005) describes our vocation as the "identity which stirs inside, calling out to be heard and calling out to be followed". During this study, as I was listening to the volunteers discussions on what motivated them to serve their community, I appreciated the importance of local approaches to peacebuilding. Our vocation, as peacebuilders, reveals that we are consistently on a journey toward discovering, constantly seeking to understand who we are and the virtues that we possess to support humanity, and its broader goal of sustaining peace in societies. This research study exemplifies the moral imagination through its project intervention that highlights relationships, curiosity, creativity and risk; and building the core of peacebuilding in Lederach's paradigm.

The theoretical framework affirms that solutions should neither be forced from above nor imposed by the outside but should be community-based. According to the peacebuilding literature, the top, middle, and grassroots levels all need to be involved. There is broad consensus in the literature that community-based approaches are effective in peacebuilding

processes. Haider (2009: 4) and Lederach (1997) agree that locally-driven approaches empower locals and include them as key partners by giving them direct control over the project cycle through processes that emphasise inclusive participation and management. At the heart of community-based approaches is the idea that local communities are better placed to identify, develop, and sustain solutions to their problems (Haider 2009: 4). Waldman (2008: 4), posits that,

there is a clear need for community peacebuilding, a participatory, bottom-up approach, based on the premise that people are the best resources for building and sustaining peace... Such an approach aims to strengthen community capacities to resolve disputes peacefully; to develop trust, safety, and social cohesion within and between communities; and to promote inter-ethnic and inter-group dialogue. The means of achieving this is through building the capacity of communities, to resolve disputes through mediation, negotiation, and conflict resolution; supporting civil-society involvement in peace and development; and promoting peace education... It is not a fixed or defined activity, but adapts to local circumstances and seeks to incorporate peacebuilding values, skills, and techniques into broader governance and development work.

Therefore, locals should be given the space and the needed support to actively participate in the peacebuilding process. Feelings of exclusion by locals can contribute to the emergence or continuation of violence. As a result, particularly in societies emerging out of protracted conflict where stability is necessary for social reconstruction, targeting local people as agents of peacebuilding takes on particular importance (Danesh 2008: 3). Matyók, Senehi, and Byrne (2011: 168) highlight that one task for the peace and conflict studies community is to conduct additional research and document peacebuilding initiatives conducted by locals to present stronger evidence and discourse of locals as peace agents. It is crucial and pertinent to involve the locals in conflict resolution processes (Bennett, Karki and Nepal 2012: 10).

10.4 Summary of Research Methodology

The studies used multiple methods to learn from the South Sudanese IDPs regarding their experiences, exploratory research gathered baseline data and authenticated outcomes from the focus group discussions, in-depth and face-to-face interviews, and discussions. Several chapters analysed the viewpoints of different authors to understand the realities facing the South Sudanese IDPs living in protective sites.

The researcher utilised action research to complement the literature review because it is community-oriented and seeks locally-driven solutions. Action research seeks an increased understanding on the part of those most directly affected by the conflict and displacements in addition to allowing for the process of iteration to come to an appropriate conclusion. This study is qualitative; therefore, the researcher gathered data from in-depth interviews and focus group discussions using purposive and snowball sampling. The data was organised thematically for the analysis of the findings. The ensuing part of the action research was to strengthen the capacity of local PoCs and to use locally based trauma-informed teaching approaches that are inclusive for the internally displaced persons to break the cycles of violence. The study findings indicate that PTSD symptoms and the IDPs in the PoC continue to experience violence. The key findings or themes from the research included war and trauma, PTSD symptoms, justice, aggression, substance abuse, spirituality, shattered relationships, livelihoods, dialogue, resilience and recovery as described in Chapter 7.

10.5 Limitations of the Study

This research intended to fill the gaps in the literature review, particularly the dearth of research on traumatic experiences and trauma healing for IDPs in protracted conflicts. The research has significantly added to this knowledge; however, there are several limitations owing to the methodology and design of the study.

The distinctiveness of the sample has conceivable room for limiting the generalisability of the study outcomes. Despite presenting insights into the trials and tribulations of the lives of IDPs, the PoC set-ups are unique to South Sudan, and represent a small fraction of those displaced in South Sudan. Regardless, it is worth noting that the experiences of the IDPs are unique and offer significant contributions to a broader understating of trauma resilience and recovery during protracted conflicts. There are six PoCs in South Sudan; however, this research took place only in Jebel, Juba; UN House PoC 3. The researcher recognises that increasing the sample size to more than one PoC site and a broader context would have enhanced the depth of the study. However, this was not possible as travelling across states in South Sudan is challenging and expensive due to lack of infrastructure and physical constraints. Persistent insecurity due to armed conflict, sub-national violence and roadside ambushes compound the situation. While working in South Sudan the researcher relied on air movement provided by United Nations Humanitarian Air Services (UNHAS). UNHAS remains the main option of

travel for the entire humanitarian community within South Sudan. UNHAS facilitates and ensures safe and regular air services for all humanitarian workers while adhering to strict protocols in obtaining landing clearances from various parties. The research was carried out in Juba PoC 3, despite there being five other PoCs across the country. There are several contextual similarities with other PoCs; however, these are not cast in stone and therefore, the small sample size limits the generalisability to other PoCs. While the likeness and interconnectedness are undeniable, the unique context must be taken into consideration. Despite these limitations, the research will contribute to policy, humanitarian and social work, and research on a global level.

There is limited literature on PoCs since they are relatively new; therefore, it was a struggle to access conventional literature on trauma and trauma healing in the PoCs. The PoCs are new and unique to South Sudan, and few studies have been conducted thus far. Trauma in South Sudan remains less researched. The mainstream literature is in the form of reports and policy papers produced by the UN and humanitarian organisations. The information could be limited in scope, breadth and in serving the interests of the concerned entities – in recognition of this, the researcher relied on triangulation and various data collection methods.

This research aimed to fill the gaps found in the literature review, particularly the scarcity of research on trauma and trauma healing in PoCs. However, the study encountered challenges in accessing literature on PoCs and trauma in South Sudan. Most of the literature is in report format, leaving room for bias. However, data triangulation was carried out to overcome the limitation. Interviews were also useful in validating the findings.

Another potential limitation of this study involved language differences. The researcher had to rely on a research assistants for translation and transcription of recordings into English. This involved another research assistant for re-translation and for reliability purposes. However, ensuring that the research assistants had received prior training in trauma, trauma healing, and PFA minimised the errors in translation or transcription because the research assistants were conversant with the field.

In addition, due to the patriarchal/male-dominated culture, women in South Sudan are not often outspoken in the presence of men. Some of the FGDs were held in mixed groups, and women may have restricted themselves from speaking and sharing some painful experiences. However,

the study used face-to-face, in-depth interviews with women which minimised the gap that might have been created. Notwithstanding the limitations, the participants and the action group mentioned that the research enriched their knowledge and skills to recover from trauma and also to support their peers in resilience building and breaking away from cycles of conflict.

The research was carried out in Juba PoC3, despite there being five other PoCs across the country. There are several contextual similarities with other PoCs; however, these are not cast in stone and therefore, the small sample size limits the generalisability to other PoCs. While the likeness and interconnectedness are undeniable, the unique context must be taken into consideration. Despite these limitations, the research will contribute to policy, humanitarian and social work, and research on a global level.

It is worth noting that this research was also suspended for nearly two months as a result of the continuous tensions and fighting. In mid-August 2018, personal conflict between two members of different ethnicities of the Rubkona County (Leek Nuer) and Mayom County (Bul Nuer) escalated in the PoC into a fight between the two communities in Juba PoC3. Due to existing tribal grievances, along with political motivations to dominate the power structure in PoC3, the conflict resulted in the displacement of 1,500 to 2,000 Bul Nuer to the Weapon-Free Zone (WFZ), the death of one person, 30 critically injured civilians, and 176 total injuries along with the suspension of most humanitarian services. The weapon-free zone constitutes a 200-meter perimeter around the outside of the PoCs which is cleared of vegetation and in which weapons are prohibited. It permits effective patrolling by UNMISS around the PoC sites. The conflict resulted in human rights violations of both communities, as a result of the conflict life-saving assistance such as water provision was suspended for several days and emergency food was provided only in limited capacities. Furthermore, women, children and families were separated, pregnant women and those needing medical services were deprioritised due to the need for emergency medical response for people under direct threat of violence.

10.6 Secondary Traumatic Stress – My Own

As a preface, I would like to point out that foreknowledge of potential risks emanating from sensitive interviews is vital but inadequate to mitigate the risk of secondary traumatic stress. Therefore, a deliberate plan is necessary to reduce the impacts of trauma on the researcher. This section situates my experiences within the existing literature on secondary trauma. I have

attempted to place my own experience in the context of literature on secondary traumatic stress and vicarious trauma. In this piece, I present my personal experiences and reflect on my journey. I do not, by any means, claim to provide a comprehensive reflection of my study and its linkages with trauma; however, I hope that my account may be compelling to other researchers who intend to conduct sensitive research, particularly relating to trauma.

Working in the unarmed civilian protection field in South Sudan afforded allowed me to work on the frontline and directly interact with communities affected by war. I worked at the height of an emergency crisis undertaking protection in emergencies where I listened daily to first-hand experiences of displaced communities. I spent a significant amount of time with them, understanding the context, and engaging to understand the risks they face, the threats and their capacities. My protection of civilians related work also involved finding ways to prevent, mitigate, or end potential and actual risks faced by the affected communities. I advocated for the rights of communities affected by war, ensuring the standard delivery of humanitarian assistance in a safe and dignified manner.

In the process, I listened to narratives where groups and individuals often narrated their stories and experiences. During my early encounters with displaced communities in South Sudan, I was overwhelmed by the horrific first-hand narrations. When listening to the affected communities, I needed to restrain myself and appear strong in their face to minimise distress and re-traumatisation. However, in my tent I would break down and cry most nights. Crying was a necessary outlet for me to de-stress and promote my well-being. I also witnessed incidences that increased my distress, for example, I was caught up in a crossfire between two fighting communities. Weeks and months after the incident, the graphic images and sounds from the injured still impacted my well-being. Such is an example of one of the many moments that compromised my emotional well-being.

Due to my substantial years of experience working with humanitarian organisations and closely with communities, I understood the effects of sensitive work and secondary trauma. Subsequently, I considered myself a seasoned aid worker who understood the risks involved and had what it takes to undertake such sensitive research. In addition, I had access to reputable psychosocial support services during the entire study. This support and understanding were not enough to safeguard me from the effects of listening to the stories and experiences of the PoC residents. I underestimated the toll that that the research would have on my psyche. However,

I meticulously arranged psychosocial support for the participants during the interviews and activities to manage distress. I did not fully utilise the support services that were available to me because I did not immediately establish the impact that the recollections and stories shared would have on my psyche.

Listening to distressing stories, never gets easier with time. During the interviews, individuals and groups shared traumatic events, including rape, killings, torture, and the abuse they underwent or witnessed. Stories of significant pain and loss remained etched in my memory for weeks, while some memories may last a lifetime. evoking unexpectedly strong emotional reactions. I remember watching a documentary about the torturous journey of the civil war and three South Sudan lost boys titled '*God Grew Tired of Us*'. This memoir deeply moved me emotionally. I needed to weep, to express the suppressed grief I had from witnessing these horrific stories through the work I had been doing.

The lost boys were an estimated 30,000 Southern Sudanese children who fled violent conflict in 1987 and trekked over 1000 miles for months into Ethiopia. Most of the boys and (some girls) were between 5 and 15 years old. They fled their villages, walking through the treacherous wilderness and East African desert and into Ethiopia. Thousands of children died due to starvation, dehydration, exhaustion, attacks from lions and other wild animals, poisonous plants, and drowning crossing rivers; many were in the crossfire of warring parties. Survivors were named *Lost Boys* by aid workers after Peter Pan's lost boys. In 1991, violence broke out in Ethiopia, forcing the young refugees to flee again. They were pursued by the Ethiopian government and armed militia using heavy machinery such as tanks. Under attack and in a frenzy, the boys walked back into Sudan across the Gilo River, where over 2000 drowned. Northern Sudan forces attacked the lost boys by shelling, tanks and gunshots, forcing the boys to flee again. In 1991, after walking for about a year, survivors began trickling into Northern Kenya and settled in the Kakuma refugee camp. The lost boys survived incredible horrors, and they remain haunted by the tragic deaths and destruction and are coping with residual trauma.

In 2016, shortly before I began my PhD studies, I embarked on a trip to Pittsburgh, United States of America (USA), where I met and interacted with some lost boys and girls who had been resettled there by the UNHCR. Their documentary '*God Grew Tired of Us*' was filmed there, and this became part of my inspiration in forming ideas for my studies.

During this study, my closest friend pointed out several times that I was becoming increasingly withdrawn. It dawned on me that I was experiencing some signs and symptoms consistent with vicarious trauma. The symptoms I experienced throughout the research process resemble those reported by other researchers engaged in sensitive work, including anxiety, irritability, hyperarousal and disconnection from others (Dickson-Swift *et al.* 2009: 73). Vicarious trauma and secondary trauma are terms often used interchangeably. Baird and Kracen (2006:181) state that vicarious traumatization refers to the process of change in professionals who continuously engage empathetically with victims of trauma or traumatic material of their clients, such as graphic videos, case files and narration of events. Secondary traumatic stress refers to psychological symptoms acquired through indirect exposure to trauma through a first-hand account (Baird and Kracen 2006:181).

My disconnection was made worse by fear of the novel coronavirus, COVID-19, and the need for social distancing. Even when I was outside South Sudan, I was hypervigilant and anxious. Any sudden sharp and loud noises, such as tyre bursts, were startling. Transcription of interviews was one of the most challenging phases of my studies. I was psychologically impacted by transcribing the interviews; the process significantly contributed to my writer's block. For nearly six months, I had difficulty making sense of my research and writing to make the needed progress. I often sat at my desk, rereading the transcripts but unable to proceed with my writing. I feared that I could not adequately document the participants' actual experiences on paper, and it took a lot of conversations with those close to me to clear my thoughts and start writing again.

On a positive note, the research amplified my sense of appreciation and optimism. I appreciate my surroundings more and count my blessings. I have become more empathetic and strive to help people wherever I can. To deal with the secondary trauma coupled with stress that emanated from COVID-19, I have sought psychosocial support including practising deliberate self-care like walking and travelling. My intention in documenting the effects of my research on my psyche is for other researchers to develop an awareness of the potential emotional and psychological effects of engaging deeply with others. I am aware of the negative impacts of such work, however, after such profound encounters and stories, I am more resolute to continue supporting communities devastated by war, hoping I can bring change to those whose lives have been affected. I will continue searching for a balance despite the drawbacks.

10.7 Summary of Findings

This section delves into the findings of the study synthesised according to the overall and specific objectives. The findings are contextualised to illuminate the voices of the participants and are also based on the literature. In addition, the section describes the rationale for conducting the research. The findings from the research complement and increase the understanding of trauma among IDPs. Each objective is listed below:

- *Objective 1:* To establish the nature and underlying causes of trauma for IDPs in PoC sites:

At the very inception of the violence, there were colossal violations of human rights on a massive scale. The population, caught up in the violence, was directly targeted as the conflict faltered along ethnic lines. The first objective of the study, to establish the nature and underlying causes of trauma for IDPs in PoC sites, was achieved. The findings of the study show that trauma is of concern to the PoC 3 residents due to the high prevalence of traumatic events as a result of protracted conflict. The PoC residents have exhibitions of psychosomatic stress associated with PTSD such as nightmares, aggression, avoidance, forgetfulness, and hopelessness. The symptoms are ascribed to their exposure to and witnessing of sexual violence, detention, killing, displacement, and hardships. All of this leads to a vicious cycle of violence, in which aggression is continually replicated and transmitted. The research findings were tested against the theories (Chapter 2) to see if these were valid.

- *Objective 2:* To identify the residual effects of trauma and how they have destroyed the social fabric in PoCs:

The objective was met in Chapters 3 and 4. The chapters presented the literature on trauma and the effects of trauma in the PoCs. It was noted that trauma comes in different forms and also affects people in varying ways. Trauma does not only have an effect on individuals but also distresses society at large, leading to generational trauma. Failure to deal with the effects of trauma may lead to cycles of violence and diminished functioning at an individual and a group level. Chapter 7 described the continuum of trauma exposure, examining the consequences of trauma exposure to the community in the PoC. The PoC residents have experienced multiple traumas which have led to dysfunctional individuals and negative coping mechanisms. The presentation of findings in Chapter 8 paid attention to the

transmission of the accounts from the in-depth interviews, focus group discussions, and key informant interviews held with the participants. Ten interviews and thirteen focus group discussions were held from 23 June 2018 to 26 November 2018 in Juba PoC 3 in South Sudan. The interviews provided a wealth of information on the effects of trauma and how it has affected the standard of living for PoC residents using their own voices and perspectives.

- Objective 3: To explore the correlation between trauma, peacebuilding, and violence/conflict:

The study contributed to the debate on the connection between trauma, peacebuilding, and conflict. This objective was met in Chapter 3. The study findings indicate that trauma bequeaths generational trauma and cycles of violence. Often victims become aggressors if their trauma is unaddressed, and there are no efforts to transform the conflict and bring communities together. The deeper and more extended the trauma is, the more challenging it is to break the patterns of violence. Furthermore, the study outcomes note that trauma healing is a crucial aspect of sustainable peacebuilding. In Chapter 7, the participants made it clear during the interviews that due to the trauma, they harbour anger, which often turns into aggression towards family, friends, and community members thereby sustaining the conflict spiral. Trauma healing is, therefore, a prerequisite for peacebuilding and the restoration of relationships. The relationship between trauma, peacebuilding, and conflict is interlinked and mutually interdependent. Neglecting one aspect makes it impossible for communities to stay in peace.

- Objective 4: To strengthen the community's ability to leverage skill sets needed for trauma healing with the affected community, to identify and develop a skills-based intervention that can be utilised for trauma healing in communities affected with protracted conflict:

The objective was met in Chapter 8 where, through the intervention process, the community/action group received training to increase their understanding of trauma and for them to be able to assist other community members to recover and heal. The training strengthened their knowledge and skills to set the pace for community-based trauma healing. Case studies of locally-driven efforts of overcoming the effects of traumatic events were showcased. These presented culturally appropriate solutions for Cambodia, Somalia,

Rwanda, Liberia, and Sierra Leone. In Cambodia, through training, self-help groups, and counselling it was noted that women and men found a safe place to talk and this was proven to be the most effective way of providing psychosocial support to the affected communities. The case of Rwanda illustrated that interventions in psychological health in emergency settings are inadequate because they are not community-centric. In the aftermath of intense violence based on the genocide against the Tutsi in 1994, working with community groups was a precondition for reconciliation. In Liberia and Sierra Leone, it was demonstrated that when used in combination, social activities, capacity-building activities, community awareness campaigns, and clinical services are more effective in trauma healing. The Somalia project additionally demonstrated the importance of community-driven projects by highlighting the importance of peacebuilding at a community level in breaking cycles of victimhood and violence. The four case studies highlight that inclusive community-led interventions are the most effective way of resolving conflicts and restoring and healing traumatised communities.

The objective was met as described in Chapter 8, where the intervention is undertaken together with eight participants who formed the action group in Juba PoC 3 is discussed in detail in Juba PoC3. The group was 50 per cent male and 50 per cent female to ensure that there was gender equality. A three-day training was held for the participants to equip them with the necessary skills needed to transform their communities. The action group became trauma-informed peer supporters in their community by offering group and individual support to people who needed it. The action group is considered a community-based change agent whose role is to increase the resilience of other residents in the PoC and promote trauma healing. The chapter noted that the intervention undertaken by the action group was context-specific and culturally relevant. It was a consistent and necessary tool to pave the way for peacebuilding, and despite how small the group was, there were definite gains with potential multiplier effects in the community. The chapter noted how the interventions also strengthened relationships amongst community members in addition to creating a conducive environment for speaking out.

- *Objective 5:* To carry out a preliminary evaluation of the short-term outcome of the trauma healing intervention:

The preliminary evaluation of the short-term outcome of the trauma healing intervention was carried out and therefore detailed in Chapter 9. The purpose was to implement an

intervention that focuses on building the resilience and recovery of people who are exposed to and struggling with trauma-related issues. To gauge the effectiveness of the intervention, there was a necessity to evaluate whether the training and the trauma-informed peer support had met its objectives. The preliminary evaluation of the intervention was a way of determining whether the action group strategy had been successful in providing the community members with knowledge, skills, and the optimism needed to overcome trauma and break the cycles of violence. The pre-test and post-test designs were used to evaluate the action group and measure the degree of transformation following the intervention. A test was administered before the training followed by a post-test after the training. The group of eight individuals constituted the action group. All eight participants received the pre-test and post-test. There was a remarkable improvement in the knowledge gained during the training as demonstrated by the post-test. Intermediate training evaluation was also administered to ensure that the training was progressing as expected. The reflection workshop was held with the specific purpose to evaluate the effectiveness of the trauma-informed peer-to-peer support through an action group and experiment group with a particular focus on their perceptions of the intervention project and dialogue sessions held.

10.8 Implications of the Findings

The study has highlighted the traumatic experiences of the IDPs, how this is linked to peacebuilding and conflict, and the possible interventions to stop the conflict spiral. This section will, however, focus on factors beyond this study's research findings and consider what measures need to be taken to address trauma and conflict in the PoCs. The section, therefore, offers suggestions for social work and humanitarian practice in light of these implications. This study also challenges the assertion that trauma is to be addressed only in the post-conflict reconstruction stage. Most organisations and institutions focus on implementing trauma healing activities post-conflict rather than amid protracted conflict. This has contributed to a perpetual cycle of violence, as in the case of South Sudan, as illustrated by the literature and data analysis.

There are literature gaps regarding the extent of trauma in South Sudan and ways through which resilience can be built between and among the community members. Existing literature on the PoCs has focused more on narrating and documenting the conflict, how the PoCs have come into existence, as well as the daily struggles of the PoC inhabitants; and this is mostly in the

form of reports and policy papers. This study, however, bridges the gaps in literature by providing possible solutions through transformational activities that can create an enabling environment for peacebuilding in the PoCs.

The significance of this study stems from the fact that it is one of the first to elaborately focus on the psychological effects of armed conflict exposure among internally displaced persons in PoCs in South Sudan. The spotlight on PoC 3 IDPs also draws attention to the significant level of uncertainty and vulnerability that these IDPs suffer. There is an immediate need to provide psychosocial support to this vulnerable population. If the negative impacts of conflict exposure have to be addressed, mental health treatments and programs focused on increasing resilience factors among individuals are a must.

10.9 Contribution to New Knowledge

The contribution of this study to peacebuilding was achieved by bringing about change through participatory action research. Participatory action research brought depth and relevance to the study due to its capacity to empower local communities to generate solutions to issues in their locality. Together with the participants, the research team created an intervention plan that can be replicated by humanitarian actors and researchers. This plan involved building the capacity of the action group participants to carry out trauma-informed peer support activities in their community. In addition to the training, the action group implemented peer-to-peer support sessions and raised awareness of trauma in their community. Through the intervention research, the findings proved that communities have the potential to support trauma healing at both the individual and societal levels. The intervention increased trauma awareness amongst the IDPs and their need to identify and deal with underlying issues. In addition, I hope that my research will add value to the ongoing conversation and evolution of PAR.

There are gaps in the literature regarding the severity of trauma in South Sudan and strategies for fostering resilience within and among the community members. The existing literature on the PoCs has mainly focused on narrating and documenting the conflict, how the PoCs have come into existence, and the daily struggles of the PoC inhabitants; in the form of reports and policy papers. This study, however, bridges the gaps in the literature by providing possible

solutions through transformational activities that can create an enabling environment for peacebuilding in the PoCs.

Examining the PoC residents' exposure to violence, PTSD, and the personal and social factors that contribute to their healing were the primary goals of this study. The study's findings also contribute to the ongoing discussion about the normalcy of PTSD symptoms following exposure to extremely traumatic events; this debate centers on whether to de-pathologise and normalise survivors or to diagnose them with a mental illness like PTSD. The study reveals post-traumatic stress symptoms in the PoC, but raises doubts about whether these symptoms should be classifiable as a disease, given how functional the PoC residents are. The study also warns against notions of vulnerability in civil wars and instead indicates a norm of healing and resilience. The study's findings provide information for redefining concepts and theories on community reconstruction after armed conflicts while responding to the need to revise popular notions on trauma and resilience. Practitioners dealing with war-affected populations must avoid labelling all symptomatic individuals as non-resilient. Furthermore, the study makes a unique contribution by deviating from the normative emphasis on human suffering during the civil war and giving prominence to trauma healing and resilience.

The findings of this study may also help to understand the effects of civil war and how trauma healing is conceptualised in affected populations, which may aid in the planning of psychosocial interventions for war-ravaged communities. Furthermore, identifying factors associated with psychological trauma will assist clinicians and other health professionals working with traumatised populations in their efforts to foster resilience in trauma survivors. Experts can use this information to direct their work in the field, promoting resilience, problem-focused coping, and offering social support.

The findings also reveal potential risk factors for the PTSD after traumatic events. This information may help survivors who are at risk of developing symptoms. The participants' responses varied greatly on what constitutes trauma and trauma healing, showing how assessing the different needs of affected populations amid a crisis is necessary. By focusing on participant-oriented and innovative ways of fostering trauma healing and resilience, these participants have provided the reader, the public, and fellow South Sudanese with a better understanding of what PoC residents experience before, during and amid the conflict.

The significance of this study stems from the fact that it is one of the first to elaborately focus on the psychological effects of armed conflict exposure among internally displaced persons in PoCs in South Sudan. The spotlight on PoC 3 IDPs also draws attention to the significant level of uncertainty and vulnerability that these IDPs suffer. There is an immediate need to provide psychosocial support to this vulnerable population. If the negative impacts of conflict exposure are to be addressed, mental health treatments and programs focused on increasing resilience factors among individuals are a must. This study confirms the interplay of social and personal factors in trauma healing. The study's intriguing conclusion was that individual and group experiences adversely influenced the PoCs residents mental well-being underscoring the significance of collective experiences in studies of trauma healing and resilience.

10.10 Areas of Further Research

The study is qualitative and therefore cannot be generalised to other IDP settings. However, further research can be carried out utilising the same tools and methodologies to determine whether the same results would be achieved. Further research with the same action group can be conducted to determine the long-term impacts of community-based trauma-informed interventions to promote peacebuilding. Trauma healing processes are complex, particularly where there is repeated exposure to traumatic events; therefore, the research would benefit from a multi-faceted exploration that goes beyond community-based interventions. Although this study was qualitative, quantitative research approaches could be applied in the future to gain a statistical understanding of the extent to which individuals in the community are affected by trauma exposure.

Future research can employ an exploratory sequential mixed methods design; qualitative inquiry followed by quantitative inquiry to understand the trauma experiences and explore potential trauma healing interventions. In this regard, a combination of qualitative and quantitative methodology would allow for both an in-depth analysis and statistical approach to widen and deepen the contribution to the trauma and peacebuilding field for people displaced as a result of the conflict. The resilience of individuals and communities affected by deep-rooted violence has not been adequately studied nor given equal prominence as their distress and afflictions thus, it remains a largely overlooked and under-explored component of conflict transformation processes amongst individuals and communities. Additionally, demographic variables such as age, gender, and employment can be used or expanded to seek new outcomes.

10.11 Conclusion

Despite the crippling effects of war and the need to highlight the plight of those affected by conflict, this study does not intend to document the ravages of the war in South Sudan. Instead, the study aims to illuminate the capacity for resilience in the middle of protracted conflicts and to emphasise the opportunities for restoration, healing, and peaceful co-existence in South Sudan. Trauma healing is vital for individuals and communities to be able to regain their self-worth amid and after protracted conflict, and it was apparent in this study that communities have the capacity to recover and transform their conflicts. The major challenge in South Sudan has been that there are extremely few interventions and resources directed toward psychosocial and mental health needs. The study suggests that in the event of a large-scale crisis, community-based trauma healing should be considered for resilience building and violence prevention. However, those who continue to exhibit symptoms beyond the designated level should be directed to individual counselling. According to conventional opinion, early intervention is preferable to late intervention.

The action group highlighted in this study, including the participants' views and thoughts, substantiated that community-based approaches are essential in trauma healing and breaking the conflict spiral. The inclusion and involvement of the local people created a sense of self-worth, ownership, and dignity. Through this action research, the researcher contributed to efforts to tackle the effects of trauma in South Sudan. The trained action group provided trauma-informed support for IDPs with high levels of PTSD, and this was effective. The action group used their language to communicate with the trauma-affected members, which boosted the intervention's effectiveness. There was renewed confidence, and for many, a desire to see themselves as something other than victims. The utilisation of lay community and peer-to-peer support members may have contributed to the success of this project which saw a report in improvements in mental health and a reduction in PTSD symptoms like anxiety and depression.

Although the brief outcome evaluation has its challenges, I can still make recommendations based on study findings on the effectiveness of these interventions. These findings can be transferable to other contexts, although, I urge that implementers/ practitioners design projects that promote community inclusion, whether in the form of community members delivering interventions or acting as change agents. Finally, I recommend that researchers adopt mixed

methods approaches that combine qualitative and quantitative methods for a more comprehensive outcome.

The study confirmed that it is important not to underestimate people's resilience and ability to recover from catastrophic circumstances. We have witnessed that resilient individuals are capable of not only recovering from adversity but also finding meaning in their difficulties, thereby transforming their lives and the communities in which they live. Apart from individual trauma treatments that may be required in specific cases/circumstances, interventions can occur on a numerous things that can be done on a personal and community level to assist people into regaining their confidence and sense of control. It is necessary to better understand and encourage the role of trauma-exposed communities in self-managing their mental health.

This exploratory study uncovered a wide range of requirements and gaps in trauma assistance for IDPs, indicating a pressing need for interventions for this underserved group. A trauma-informed approach would provide an instrumental framework in developing interventions for these severely traumatised populations as both victims and perpetrators, taking into account trauma as a central element of IDP experiences and surroundings. The study's findings add to our understanding of the relationship between trauma, violence, and peacebuilding, and call for a more comprehensive approach to trauma healing that goes beyond PTSD therapy and interventions in clinical settings. This complex issue could be addressed by implementing interventions that target the specific requirements of this demographic, such as peer support and discourse to work toward violence prevention.

By involving the community, the community can help those affected by conflict improve their mental health outcomes. Attentiveness to contextual elements can help to eliminate stigma and enhance accessibility and scalability. While community-based interventions to address mental health problems in conflict settings appear reasonable and pragmatic, more evidence of their effectiveness is needed, as well as an examination of the mechanisms that impact how these interventions work or do not function.

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Appendix A: Interview Schedule

Focus group discussions

Groups composition	Number of focus group discussions
Group of community women	3
Group of community men	3
Group of Women and men	3
Group of youths	2
Church group	2

In-depth interviews

Groups composition	Number of focus group discussions
Men	4
Women	6

Key Informant Interviews

KII participants	Number of focus group discussions
Representative Community Policing Rescue Team	1

Community Leaders	1
Chief, Community Traditional Courts	1
Women representatives in High Committee	1
NGO/Civil Society Organization (CSO)	2

Appendix B: Letter of Information

Dear Sir/ Madam,

Thank you for taking interest in my research. My name is Tandiwe Ngwenya. I am currently undertaking a doctorate degree in peacebuilding at Durban University of Technology. I wish to provide information about my research study so that you may have a clear understanding of what it is about.

The title of my study is: " FROZEN IN TIME: ACCELERATING TRAUMA HEALING IN PROTECTION OF CIVILIAN (PoC) SITES IN SOUTH SUDAN".

In recognition of the prolonged confinement, limited psychosocial support services and the dire need for trauma healing in protective environments, the research aims to engage in a participatory action research project with Internally Displaced Persons (IDPs) in PoCs aimed at helping the IDPs heal from trauma. The overall objective of the study is to analyse the nature, extent and causes of trauma for IDPs in PoC sites and design an intervention strategy that can be used to solve the ill effects of trauma.

Your participation is voluntary and you may withdraw anytime as there will be no adverse consequences or penalty towards their decision. The sessions will be in a calm environment of not more than an hour per session. The research is intended to engage 25 participants, largely female. I will hold a survey of the interviews with a sample of 6 participants engaged in a focus group discussion and 2 participants in interviews to test the research instruments. You may be part of the interviews, focus group discussion or action group, measures that this research will apply. You will be requested to participate freely and at your own places of convenience.

If you breakdown during interview session, you will be given time to cool down before the interview session is proceeded at your time of convenience. The interview can be postponed until you feel able to continue with the discussion.

You will not be paid for participating in the study and you will not be expected to pay anything to take part in the study. I will not use your name when reporting on focus group discussions; your answer will only be seen by me. However, if you participate in an action team, everyone

will know you. I would like to assure you that no injury or harm will be caused to you since I will ensure that anonymity and confidentiality are maintained at all levels to protect you from any harm.

Should you have any problems or queries, please contact me (+11 955119481.), or my supervisor, Dr. Sylvia Kaye: Peacebuilding Programme, Durban University of Technology, sylviaak@dut.ac.za) (031-373-6860, +2772-070-3603) or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

Thank you,

Sincerely

.....

TANDIWE NGWENYA

Appendix C: Consent Letter



Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Tandiwe Ngwenya about the nature, conduct, benefits and risks of this study – Research Ethics Clearance **Number: 2**
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research, which may relate to my participation, will be made available to me.

Full Name of Participant Date Time Signature / Right

Thumbprint

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher Date Signature

Full Name of Witness Date Signature

(If applicable)

Full Name of Legal Guardian Date Signature

(If applicable)

Appendix D: Gatekeepers Letter



APPENDIX C

GATEKEEPER'S LETTER

Faculty of Management Sciences
Department of Public Management &
Economics

Camp Management,
ACTED
Juba, South Sudan.

Date: 2nd of October 2017

Dear Sir/ Madam,

RE- PERMISSION TO UNDERTAKE RESEARCH AT POC 3 SITE

My name is Tandiwe Ngwenya. I am currently undertaking a doctorate degree in peacebuilding at Durban University of Technology. I wish to provide information about my research study so that you may have a clear understanding of what I intend to do.

The title of my study is: "Accelerating trauma healing in Protection of Civilian (PoC) sites in South Sudan".

In recognition of the prolonged confinement, repeated cycles of violence, limited psychosocial support services and the dire need for trauma healing in protective environments the research aims to engage in a culturally appropriate participatory action research project with Internally Displaced Persons (IDP's) in PoC's aimed at helping the IDP's heal from trauma. The overall objective of the study is to analyse the nature, extent and causes of trauma for IDP's in PoC sites and design an intervention strategy that can be used to solve the ill effects of trauma.

My motivation to carry out this research comes from my years of working in different PoC's across the country and having noticed the destruction of the social fabric overtime and some of the challenges IDP's face especially the issue of trauma, I picked interest in the issue and I am mainly interested to help in addressing it.

Participants will be notified that participation is voluntary and can withdraw from the study at any time. In addition, confidentiality will be maintained, as their names will not be used in the study.

Your permission to undertake the research would be greatly appreciated.

Should you wish to discuss the study further, please feel free to contact me or my supervisor.

Yours faithfully

Tandiwe Ngwenya.
Tel. +211 955119481
Email. tandigwen@gmail.com

Dr. Sylvia Kaye:
Supervisor,
Tel. 031 373-6860, +2772-070-3603
Email. SylviaK@dut.ac.za

Permission Granted

ACTED Approve access
to UN HCR PoC.

Elliot Ball

ACTING CAMP MANAGER
4/10/17.



Appendix E: In-depth Interview Guide

Full Name of Legal Guardian (If applicable) Date Signature

Date:

Time:

Introduction

Introduce myself and purpose of the interview. Thank respondents for their participation. Outline ethical consideration and ask for permission to tape record the session. Assure participant of confidentiality. State that the audio records will be listened to by the researcher (myself) and that the records will be stored in a secure place. Ensure that the participants are at ease to begin the discussion and ask for any further questions before the session begins.

Introductory questions

1. In your own view, what is trauma?
2. How do you define your experience as IDPs in the PoC site? (*Probe on what happened to you or your community*)

Key questions

3. How has the civil war impacted you and the community around you? (*Probe on what happened and how it affected their ordinary lives*)
4. What are the causes of trauma in this community?
5. When did you first become aware of this trauma?
6. How have residents in the PoC manifest trauma? (*Probe: on specific examples?*)
7. What aspects of your life (economic, political, spiritual, physical, psychological, emotional, etc.) have been affected by traumatic experiences?
8. What are the undetectable effects of this trauma? These may be things that are recognizable to you but may not be evident to others.
9. What are current intervention measures to overcome trauma?
10. What aspect(s) of your functioning was/were unaffected by the trauma?
11. How, in spite of what happened, have you (or your community) been able to triumph?

Concluding questions

12. In your view what do you think is necessary to overcome trauma? What do you (or your community) need to heal? What will that make happen for you?
13. What resources, experiences or understandings need to be taken into recognition for trauma healing to take place?
14. Is there anything else you would like to add?

Thank you!

Appendix F: Focus Group Guide

Introduction

Introduce myself and purpose of focus group. Thank respondents for their participation. Outline ethical consideration and ask for permission to tape record the session. State that the audio records will be listened to by the researcher (myself) and that the records will be stored in a secure place. Ensure that participants are at ease to begin the discussion and ask for any further questions before the session begins.

Introductory questions

1. In your own view, what is trauma?
2. How do you define your experience as IDPs in the PoC site? (Probe *on what happened to you or your community*)

Key questions

3. How has the civil war impacted you and your community around you? (Probe on what happened and how it affected their ordinary lives)
4. What are the causes of trauma in this community?
5. When did you first become aware of this trauma?
6. How have residents in the PoC manifest trauma? (Probe: *on specific examples?*)
7. What aspects of your life (economic, political, spiritual, physical, psychological, emotional, etc.) have been affected by traumatic experiences?
8. What are the undetectable effects of this trauma? These may be things that are recognizable to you but may not be evident to others.
9. What are current intervention measures to overcome trauma?
10. What aspect(s) of your functioning was/were unaffected by the trauma?
11. How, in spite of what happened, have you (or your community) been able to triumph?

12. Concluding questions

13. In your view what do you think is necessary to overcome trauma? What do you (or your community) need to heal? What will that make happen for you?
14. What resources, experiences or understandings need to be taken into recognition for trauma healing to take place?
15. Is there anything else you would like to add?

Thank you!

Appendix G: Key Informant Interview Guide

Date:

Time:

Introduction

Introduce myself and purpose of the interview. Thank respondents for their participation. Outline ethical consideration and ask for permission to tape record the session. Assure participant of confidentiality. State that the audio records will be listened to by the researcher (myself) and that the records will be stored in a secure place. Ensure that the participants are at ease to begin the discussion and ask for any further questions before the session begins.

Introductory questions

1. In your own view, what is trauma?
2. How do you define your experience as IDPs in the PoC site? (*Probe on what happened to you or your community*)

Key questions

3. How has the civil war impacted you and the community around you? (*Probe on what happened and how it affected their ordinary lives*)
4. What are the causes of trauma in this community?
5. When did you first become aware of this trauma?
6. How has trauma been manifested by residents in the PoC site? (*Probe: on specific examples?*)
7. What aspects of your life (economic, political, spiritual, physical, psychological, emotional, etc.) have been affected by the traumatic experiences?
8. What are the undetectable effects of this trauma? These may be things that are recognizable to you but may not be evident to others.
9. What current intervention measures are in place to overcome trauma?
10. What aspect(s) of your functioning was/were unaffected by the trauma?
11. How, in spite of what happened, have you (or your community) been able to triumph?

Concluding questions

12. In your view what do you think is necessary to overcome trauma? What do you (or your community) need to heal? What will that make happen for you?
13. What resources, experiences or understandings need to be taken into recognition for trauma healing to take place?
14. Is there anything else you would like to add?

Thank you!

Appendix H: Observation Guide

- 1) Behaviours of IDP men, women and children
- 2) Consumption of substances
- 3) Emotional behaviours
- 4) Attitudes of IDPs towards other ethnicities
- 5) Communication gestures of IDPs
- 6) Maintain a matrix on the reports on violence and criminal activities
- 7) Social interactions of IDPs with family and friends
- 8) Pay attention to mental disorders
- 9) The set-up of the settlement (are the conditions conducive and increasing trauma)
- 10) Other negative coping mechanisms or destructive behaviours
- 11) The extent to which children and PoC residents have access to everyday and emotional support services
- 12) The PoC resident's extent of interaction with the school and other support services
- 13) Unusual aggression
- 14) Reenacting trauma events

Appendix I: Pre-test

Trauma healing and PFA training

Workshop

Day 1: Pre-test

1. In your words describe the definition of (1) Trauma (2) Psychological First Aid
2. What are some of the signs of and symptoms of trauma?
3. List 4 effects of trauma?
4. What is the connection between trauma, peacebuilding and conflict?
5. Trauma is a western idea and therefore does not require addressing?
 - ☐ True
 - ☐ False
6. What are some consequences of unhealed trauma?
7. How would you describe the role of: i) Peer-to-peer support; ii) Community support groups?
8. I am confident in my ability to implement trauma informed peer support
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree

Appendix J: Post-test

Trauma healing and PFA Training

Workshop

Day 3: Post-test

9. In your words describe the definition of (1) Trauma (2) Psychological First Aid
10. What are some of the signs of and symptoms of trauma?
11. List 4 effects of trauma?
12. What is the connection between trauma, peacebuilding and conflict?
13. Trauma is a western idea and therefore does not require addressing?
 - ☐ True
 - ☐ False
14. What are some consequences of unhealed trauma?
15. How would you describe the role of: i) Peer-to-peer support; ii) Community support groups?
16. I am confident in my ability to implement trauma informed peer support
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree