



Community Training Manual on Trauma Awareness and Psychosocial Support

For Trauma Affected Communities in South Sudan



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How the Manual is Organized

Introduction, Goals, Purpose and Objectives followed by:

Part I—Assessment

Trainings require a prior assessment, asking What, When, Who, Where and How questions. This is done to determine how the needs of training participants are related to the topics offered, and for the trainers to develop the most efficient training process to meet those needs.

Part 2—Preparing for a Training

After the completion of the assessment, trainer self-preparation is the next stage. Various steps in this preparation process are described, including both psychological and strategical preparation. A number of practices are outlined for trainers to follow.

Part 3—Overview of Training Topics

The range of topics is substantial and summarized to aid in selection for doing a training, based on the assessment. Essential topics related to trauma, resilience and peacebuilding are translated into several South Sudanese languages and local Arabic and found in Annex 3.

Part 4—Training Process

As part of the detailed training preparation, the training space is determined and made welcoming, and time-frames determined. Participants are engaged from the outset regarding their expectations and involvement in a successful training process.

Part 5—13

Beginning with Part 5, a suggested 5-day training outline is presented, including topics, definitions, time-frames, training strategies and exercises. It is expected that 2-3 topics will be presented each day reflecting the needs determined by the assessment.

Part 5: Understanding violence and its sources as causes of trauma

Part 6: Individual and collective trauma, symptoms, responses & psychological First Aid

Part 7: Individual and collective resilience for transforming trauma

Part 8: Psychosocial Support after violent events

Part 9: Peacebuilding in South Sudan, including traditional practices

Part 10: Trustbuilding to transform relationships leading to healing

Part 11: Restorative Justice, putting right wrongs and harms

Part 12: Gender differences related to trauma and Gender-based Violence

Part 13: Forgiveness and Reconciliation for trauma healing and peacebuilding

Part 14—Radio Programming

The development of radio programming in local settings to address trauma, resilience and peacebuilding and related issues is essential to reach the widest number of people in South Sudan. Training participants will explore the practical steps in this programming process.

Part 15—Facilitation

Facilitation is defined and principles and skills, such as unbiased listening and structuring participant engagement, are fully examined for presenting a successful training. Qualities and practices of a good facilitator are explored and the development of a workable presentation plan is emphasized.

References

Annexes

Although the materials in this manual have been developed for a 5-day training of Community Volunteer Counselors by Psychosocial Facilitator trainers, they are also meant for shorter trainings or presentations made to government officials, educators, peacebuilders, religious and traditional leaders.

”

Ubuntu speaks of the very essence of being human. My humanity is caught up, is inextricably bound up, in yours. A person with ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed, or treated as if they were less than who they are

”

Desmond Tutu

Introduction

The manual will explain and give examples about types of traumas, trauma awareness, resilience and peacebuilding; and how each contribute to the recovery, healing and well-being of individuals and communities in South Sudan. Also, their critical role in restoring the dignity and hope of the South Sudanese people—and by extension, help prevent future conflicts. To put these critical issues into context, an overview is provided regarding the causes and results of trauma on the people of South Sudan, along with how psychosocial support and peacebuilding practices provide the means to address these issues.

South Sudan emerged out of multiple decades of colonialism, religious differences, wars, splits between liberation groups and conflicts over natural resources, most notably oil. Alongside these divisions and fighting, dedicated people worked for peace which in 2005 led to a Comprehensive Peace Agreement. In 2011 South Sudan declared its independence. But the wars and divisions continued within this new nation leading to civil wars of 2013 and 2016, intercommunal conflicts, factional fighting, and deadly cattle raids. Added to these human-created issues, a range of natural disasters took place, from flooding to devastating drought and related famine. All these life-changing events adversely impacted the psychological well-being of the citizens of the country; and been major factors in economic, political and relational instability. This instability continues, allowing for more domestic abuse and violence between communities and among militant groups at local and national levels.

Historically and up to the present time, the people in South Sudan have experienced high levels of violence leading to tens-of-thousands of deaths and traumatized individuals. Millions of people have been displaced inside the country or are living in camps as refugees in the foreign countries in the world. A June 2015 study commissioned by UNDP and South Sudan Law Society (SSLS) indicated that 41% of survey respondents exhibited symptoms consistent with a diagnosis of Post-Traumatic Stress Disorder (PTSD); and 63% of respondents reported that a close family member was killed at some point in their lives; and 41% reported that they have witnessed a friend or family member being killed. While the death and physical destruction caused by violence are immediately apparent, the psychological scars and trauma are less visible and often neglected, which if not addressed can fuel further cycles of violence (UNDP, 2020).

To begin to break these cycles of violence and the psychological stress and trauma they cause, it is essential that development and peacebuilding efforts in South Sudan are trauma-informed and resilience focused. When the health and well-being of the people is enhanced, their ability to contribute to the rebuilding of their communities and society is greatly improved. The unfortunate reality over the last decades is that these cycles are ongoing and people continue to suffer. For example, youth, who are 51 percent of the South Sudanese population (Southern Sudan Census, 2010), experience high levels of illiteracy, poverty, inadequate life skills as well as addiction to drugs and alcohol. Also, with limited education and few employment opportunities, they are often targeted for recruitment by armed groups. Addressing the needs and aspirations of the youth is therefore an important aspect of a long-term prevention and development strategy.

Gender based violence, that has historic roots in society and been amplified by war and ongoing violence in South Sudan, is another serious issue and challenge. Statistics indicate that 65% of women have been exposed to violence, with sexual gender-based violence the most common. Of

these, 51% are spouse and intimate partner violence (WHO, 2021). Among the violence against women and girls, early childhood marriage is a critical issue, with its aim of gaining monetary benefits from doweries. Sexual violence is widespread, particularly during armed conflicts, with the rate of sexual violence against women and girls estimated to be three times higher in conflict settings than globally, with 21.4% of women and girls in such settings experiencing sexual violence over the course of their lifetimes (JICA 2021 Report on SGBV in South Sudan). Statistics like these are unlikely to represent the full extent of the problem, with under-reporting of incidents a recognized phenomenon to the stigmatization that such violence causes.

Sexual violence has devastating consequences for victims/survivors, their families and wider communities. Consequences include physical harm such as death, injury, HIV and other sexually transmitted infections. Also, unwanted pregnancy and related health complications, including those linked to abortion. The psychosocial and mental-health effects of sexual violence can include trauma, depression, feelings of guilt, shame and fear. Sexual violence can also affect the survivor's family and members of the wider community, particularly if the act of violence was witnessed by others, which can cause increased tensions and lead to a loss of access to informal and formal support structures and networks. The economic impact can also be devastating if survivors lose access to livelihoods and means of subsistence (WHO, 2021).

When it comes to decision making and peacebuilding initiatives, women's visibility and power remains limited due to negative gender stereotypes, toxic masculinity, patriarchy, gender-based violence and lack of economic and livelihood independence (Mark, 2015). Sexual violence against men and boys is another tragic reality, but experienced less frequently than women and girls. Examples from South Sudan indicate that overall, 9% of men in Juba and 6% in Rumbek reported having experienced some type of sexual violence, including: rape, attempted rape, unwanted touching or being forced to undress (IRC, 2017).

It is clear that the violence and its traumatic effects impact people both physically and emotionally. Death, injury, sexual violence, malnutrition, illness, and disability are some of the most threatening physical consequences of high-levels of violence, while post-traumatic stress disorder (PTSD), depression, and anxiety are some of the emotional effects (Rathi, 2016). The terror and horror spread by the violence of war disrupts lives and severs relationships and families, leaving individuals and communities emotionally distressed. Elbedour, Bensel, and Bastien (1993) called the helplessly victimized children and families caught in the experience of war as the "collaterally damaged" population.

Furthermore, emotional suffering related to war may occur not only due to direct exposure to life-threatening situations and violence but also through indirect stressors, such as injury to or death of relatives or caregivers, economic hardships, geographic displacement, and continuous disruptions of daily living (Jensen & Shaw, 1993). To come out from such situations, South Sudan has to recognize and embrace the important strategies of psychosocial support, trauma awareness and healing, peacebuilding through dialogue, and forgiveness and reconciliation. These strategies will greatly aid in breaking cycles of violence, leading the nation towards a just and sustainable peace.

The Trauma Healing and Psychosocial Support manual is meant to practically aid this peace and reconciliation process in South Sudan—doing so through trainings and community interventions conducted by UNDP's Psychosocial Support Facilitators and Community Volunteer Counselors.

Goals

The UNDP Psychosocial Facilitator, and the Community Volunteer Counselors they train in psychosocial support and trauma awareness, have a central goal of engaging people in their context in a manner that respects their value system regarding ‘wholeness.’ This means the integrative relationships between people, God, ancestors, and nature. As noted by Kamwaria and Katola (2012) regarding this African worldview: “Health is a state of complete well-being based on a way of living, conduct and behavior in relation to the others. It gives due respect to the dignity of the person and brings about a link of the person with God, ancestors, community, and environment.”

This system of wholeness is complimented through trainers and counselors encouraging community members to take responsibility of their own healing and transformation process. It requires honoring community agency (local resources and capabilities); including acknowledging and working with indigenous traditions and building relationships with local and external partners to complete this integrative process.

A further goal is to share as clearly and contextually as possible how trauma impacts the brain, body and spirit (both individually and collectively); and that the use of trauma recovery and resilience practices can open a path to healing; and potentially overtime, reconciliation. Moreover, it is essential that psychosocial support trainers and community counselors share the importance of how trustbuilding, restorative justice, peacebuilding, and development practices are important contributions to this healing and social change process.

Purpose

The training manual acts as a guide for Psychosocial Facilitators to conduct a five-day training for Community Volunteer Counselors. The emphasis is on psychosocial support, not clinical healing, which is the domain of professional psychiatrists and psychologist. The manual is also a resource from which other trainings, presentations and interventions about trauma awareness, healing and resilience, peacebuilding and related topics can be developed. What resources are used for these trainings will be determined by an assessment of the situation and needs of the people in their context. Examples, beyond a five-day training, could be a shorter training, e.g., a 2-day training for teachers and religious leaders, a 3-hour presentation to local or regional government officials or a relevant intervention by the psychosocial facilitators of another kind, such as radio presentations on GBV, trauma awareness and building trust.

Objectives

The manual explains trauma awareness, resilience and peacebuilding, and how they help in the recovery and healing process of individuals and communities in South Sudan. Also, their critical role in restoring the dignity and hope of the South Sudanese people—and by extension, help prevent future conflicts. Furthermore, the manual:

-  points out the importance of doing assessment to determine the sources of violence and its impact on individuals and society; as well as other causes leading to high stress and traumatization
-  offers a clear understanding of the cycle of violence in regard to chronic and everyday violence in the country
-  provides resources and application methods regarding trauma awareness, psychological first-aid and resilience in order to develop the best psychosocial support trainings, presentations and interventions in communities—and at other levels of society
-  provides additional resources of change regarding peacebuilding, restorative justice, GBV, forgiveness, reconciliation, trustbuilding, deep listening, and story-telling. Also, dignity, facilitation skills, and radio programming, indigenous knowledge and practices, and partnership development
-  offers understanding and application of resources as part of providing a holistic approach to psychosocial support work—one that is locally owned and managed
-  explains how unjust systems and structures are major causes and ongoing contributors to stress and trauma, therefore the need for psychosocial support in helping break cycles of violence
-  makes clear the difference between ‘guidance’ and ‘counseling’ in doing psychosocial support work
-  examines the importance of self-reflection and self-care in the care of others; and tools that enhance this care

The Training Manual

Part 1: The Role and Practice of Assessment

It is important to know what kind of training or presentation is required. Therefore, an assessment of the context and related needs of the various ‘stakeholders’ must be done before a training or significant presentation takes place. If not included, it is difficult to know what tools and methods are necessary to meet the needs of the participants. (To be clear, this type of assessment is not as comprehensive as doing a rigorous conflict analysis of a major conflict, but it is nevertheless critical in order for a meaningful trauma awareness, resilience and peacebuilding training or presentation.)

What is Assessment?

A practical process for examining and understanding the reality of the situation and needs of the people in a particular context; and understanding the situation from a variety of perspectives in order to offer the most meaningful training/intervention.

Why do an Assessment?

To understand the basics of the background and history of the situation as well as a current events. To identify the relevant individuals and groups involved, not just the main and obvious ones.

When is Assessment done?

The assessment should be carried out before the training takes place. If that is not possible, then done the morning of the first day of the training. This will be a limited assessment, but still necessary to help the trainers know what is needed from their trauma awareness, resilience and peacebuilding ‘toolbox’ to best meet the needs of the trainees—or others in the community or region to whom a presentation is being made.

Who does Assessment?

The Psychosocial Facilitator Support training team tasks at least two people to gather information noted above. Interviews of local priest, community leaders, traditional and women leaders, and teachers are probably the most effective ways to do this in most circumstances. Focus groups are another way to gather information. UNDP partners in each context are another source of information. Keep in mind, that trainings are made up of participants from different contexts who will share unique issues needing to be addressed from those contexts.

How is the Assessment processed?

Once those doing the assessment complete it and note the various needs expressed, the entire psychosocial support training team will process the information to determine how the 5-day training and related training tools can best meet the needs of the participants.

Potential Assessment Questions

1. When you leave the training what do you hope to take with you?
2. What topics do you want to cover based on your needs?

3. What are the major causes of violence and related trauma in your community?
4. What keeps your community 'strong' or resilient?
5. What gives you hope?

(These are potential or suggested questions. Some may be appropriate for the context you are training in, but it will be necessary to develop assessment questions that best fit this context.)

Another type of assessment is also important: An evaluation of the knowledge of participants regarding the subject matter of the training—prior to and after a training. A pre- and post-evaluation model can be found in Annex 1



Part 2: Preparing for a Training

Why should Psychosocial Support Facilitators trainers thoroughly prepare for trainings? This question can be answered in multiple ways, but it is clear that trainers will be engaging people who have experienced difficult circumstances that lead to high stress and trauma and therefore this reality requires special preparation and care. Trainers are also meant to bring a sense of hope and possibility of change to training participants—in order for them to pass on these values to others. And to be able to recognize and draw out courage in others in order to open space for story-telling, which can be a form of deep sharing of anger and pain. Some of the following values and practices can help this important process:

- Taking care of oneself in order to take care and be present for others. This ‘Self-Care for Other-Care’ is a starting point, but must be extended to ‘Team Self-Care,’ in order to build a creative and resilient team. One that can collectively provide an emotional safe space for training participants.
- Valuing others is an essential factor in preparing for and carrying out a training. This is done through respect for others, honoring their dignity and being ‘present’ for others on the team and especially for training participants.
- Practicing silence individually and collectively as a team is also beneficial, as is using deep breathing techniques, and respecting and celebrating each other’s gifts. These are a few suggestions to consider and team members are encouraged to build on them. (See Annex 2 for Self and Team Care for a more ideas and practices regarding Self and Collective care.)
- Other important values and practices are:
 - Listening deeply
 - valuing and practicing confidentiality
 - being trauma sensitive
 - being trustworthy
 - practicing self (and collective) reflection—and the related use of silence
 - respecting gender equality
 - being honest
 - showing courage
 - being innovative

These and other values and related practices go a long way in building a community of trust, safety and hope during the lead-up to the training process, as well as during the training and in the follow-up phase. Furthermore, these are important ingredients for helping everyone involved in psychosocial support work to understand and practice trauma awareness, resilience and peacebuilding.



Real listening is a kind of prayer, for as we listen, we penetrate through the human ego and hear the Spirit of God, which dwells in the heart of everyone. Real listening is a religious experience. Often, when I have listened deeply to another, I have the same sense of awe as when I have entered into a holy place and communed with the heart of being itself.

Morton T. Kelsey, Through Defeat To Victory

Part 3: Overview of Major Topics

The following topics will be covered in the 5-day training—recognizing that this is a comprehensive list that can be modified based on what the assessment indicates is needed. It is the assessment that determines what topics are presented in the training. There is no need to share the entire list with trainees, but it is important to share on day-one of the training the topics that will be covered in the training.

Topics	Expected Outcomes
Psychological Trauma	A comprehensive understanding of trauma as an emotional wound that is painful and harmful to both the individual and community, with potential ongoing psychological and social impact.
Types of Traumatic Stress	Gaining a broad awareness of the multiple types of traumatic stress, caused by war, sexual abuse and the trauma that results from structural violence. Violence, itself will be fully examined for an understanding of its role in causing trauma and conflict—and their roles in causing further violence.
Long-term Traumatic Response	A deep understanding about how trauma ‘holds on’ in the individual and collective body over time. That for most people, communities and even societies, trauma doesn’t just go away, it has to be acknowledged and addressed.
Trauma Recovery/Healing	A comprehensive understanding of various trauma recovery methods and acquiring requisite skills such as creating safe spaces for story-telling, listening deeply to and acknowledging pain and helping meet basic human needs. Examining the important traditional practices of healing/recovery.
Deep Listening	An expanded understanding about the importance of listening to the words and physical expression of traumatic pain and how this important skill provides essential information in trauma recovery leading to healing.
Self-Reflection and Care	A greater understanding of the importance of taking time to think about one’s role, and the values and principles that inform this role. Other essential elements of self-care include getting enough rest, spending quality time with family, and if so inclined, nurturing one’s spiritual life.
Resilience: Individual and Community	A comprehensive understanding of resiliency as something greater than just surviving trauma, but finding the ability to “bounce back” and thrive under difficult circumstances of traumatic stress.

Peacebuilding	Gaining a more comprehensive understanding of the multiple and interdependent elements of peacebuilding, including psychological and emotional trauma and recovery. These intangible factors need to be addressed alongside the tangible factors of the peacebuilding process such as rebuilding infrastructure and developing livelihood projects.
Restorative Justice	Developing a deeper understanding and appreciation of community-based justice as a means to support the rights and well-being of all its members.
Trustbuilding and Dignity	Discovering the importance and means of relationship-building through honoring the dignity of others and learning important values and steps of the trustbuilding process, such as beginning with oneself, being reflective, practicing kindness, patience and humility.
Forgiveness and Reconciliation	Understanding that forgiveness and reconciliation are part of a usually long process that begins with a comprehensive understanding of the issues that lead to division and harm; and first addressing those harms to open the way to choosing to forgive—potentially leading to reconciliation.
Radio Programming	Determining how to develop radio programs that creatively provide insight into the techniques and practices of sharing about trauma awareness, resilience and peacebuilding and related topics.
Facilitation	Understanding the art of facilitation and the related skills of listening, acknowledgement and empowerment; and, demonstrating a set of principles and values of an objective and people-focused leader.

Part 4: Training Process

In terms of preparing to do a training, it can't be overemphasized that detailed preparation must be done to determine what needs to be taught—based on the assessment. It will also be helpful to begin by asking participants their expectations for the training—related specifically to the subject matter, i.e., psychosocial support, trauma healing, resilience and peacebuilding.

The training venue must be turned into a space that is welcoming to the participants. Be creative by bringing colorful clothes, flowers, and other items to the training space, to create a sense of calmness and safety. Of course, prior to this, local officials and elders (remembering gender sensitivity) must be contacted and brought into the process ahead of time. Some will be invited to be opening and/or closing speakers.

A clear and realistic timeframe needs to be developed and Ground Rules/Guidelines discussed, with most Ground Rules suggested by the participants on the first day of training. Some Ground Rules might be:

- Listening respectfully
- Respecting other participants views and opinions
- Practicing confidentiality
- Asking clarifying questions
- Starting and stopping on time
- Turning off mobile phones
- What else?

Determine how participants will introduce themselves (and how trainers will do this)? Make this time as creative as possible. Some suggestions:

- Ask participants to get into pairs and say who they are, where they come from and why that want to be in the training. Each person will have one minute to share with his or her partner, then they will take about 30 seconds each to introduce their 'partner' to the entire group.
- Or, have participants state their names and where they come from and ask them to say one thing that they are hopeful for today or in general as they go through life.

Psychosocial Support Trainers may also want to find ways to engage participants throughout the training by asking someone each day to be the time keeper, and two or three people to take charge of the 'space' to keep it in order and 'beautiful' in whatever way they choose.

Also, an individual who will organize energizers; and a person or two to give a brief summary (in the local dialect if appropriate) of what where the learning(s) of the day. Use imagination, good will and humor in these and other areas in order to engage participants.

Finally, make sure there is time for the post-evaluation and proper closing ceremony at the end of the training. This will send off the participants in a respectful and meaningful way.

Part 5: Training for Community Counselors: Topics and Outline

What follows in Parts 5-15 is a five-day training outline for Community Volunteer Counselors. The topics, and order presented in this manual, along with methods, time frames, and materials are offered as suggestions for doing the training. What topics are used in the actual training will vary based on the pre-training assessment. Also, real-world stressors or traumatic events that occur just prior to or during the training may be factors in what is presented and in what order.

The above being the case, it is helpful to begin the training with some foundational understanding of violence and its sources--since various forms of violence, either human created or the result of natural disasters are usually experienced as traumatic events, causing psychological and social problems. Trainers are encouraged to start by explaining violence and its sources, and ask training participants their understanding of violence and what causes it?

Understanding Violence and its Sources

Purpose of this section

- To understand violence and chronic violence and their relationship to high stress and trauma
- To examine the various relationship between violence and power, e.g., Gender-based Violence (GBV); and those who use the 'gun' to harm and control others
- To explain the "breaking of the cycle of violence" and ways to exit this cycle as an important part of the process of trauma recovery

Guidelines

Present the Context and Attitude Triangle (Figure 1) by drawing a simplified version of it on flip-chart paper. Discuss the different types of violence and how power is used in negative ways to cause harm and manipulate people and their identities. Break out groups may work well here, asking training participants to discuss different examples of violence and how they understand the misuse of power in each one.

Time frame

This section should take between 1.5 and 2.0 hours (All time frames may have to be altered based on the assessment or emerging circumstances.)

Materials

Flip-chart paper, markers and tape. A handout for each participant of the "Trauma Healing Journey, Breaking the Cycle (of Violence).

Violence Triangle

Violence is critical to understand in regard to trauma awareness, resilience and peacebuilding. It is a complex subject that requires a sensitivity to context, attitudes, behavior and structures (Fisher, et al., 2011). The model below (Figure 1) presents this complexity:

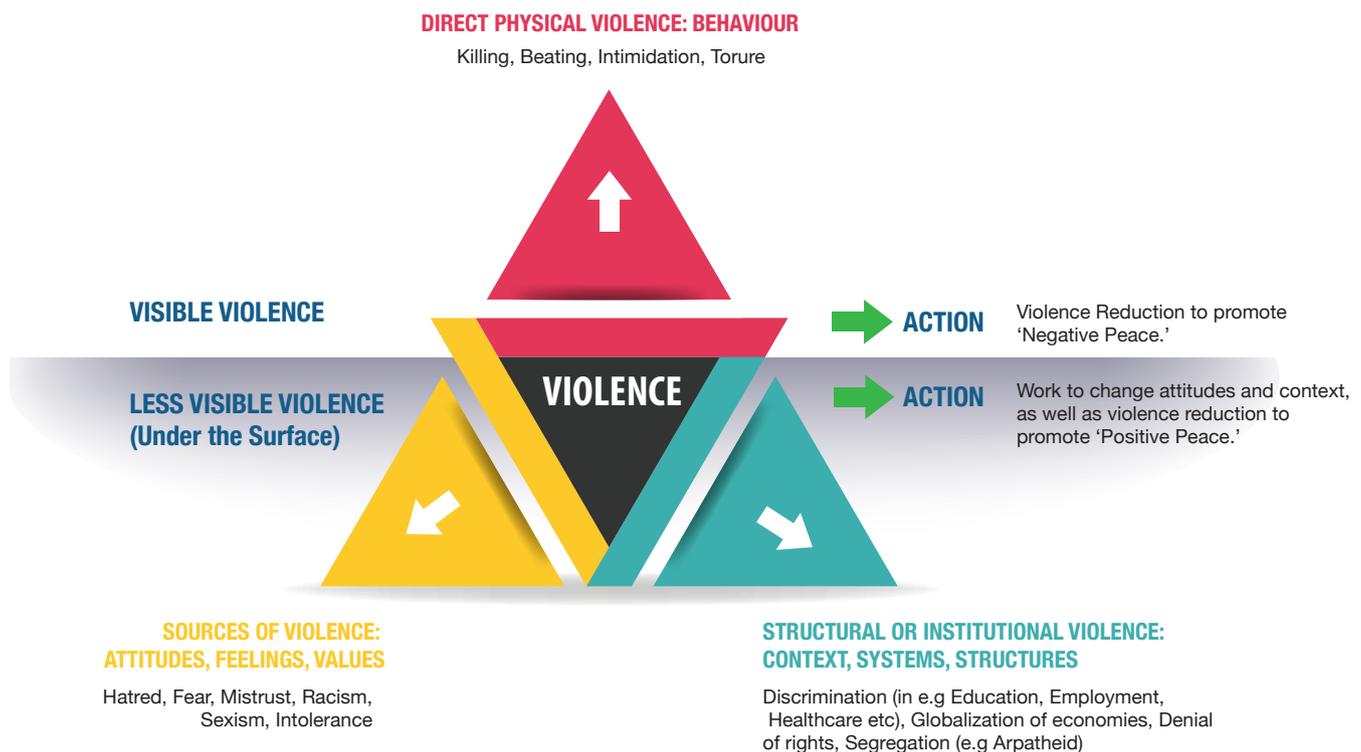


Figure 1: Adapted from Fisher, et al., 2011

Figure 1 shows that violent behavior and war, as important as they are due to the trauma responses they cause, are only a small part of a conflict or highly destructive and unjust situation. It is the less visible sources of violence such as hatred, fear, mistrust, sexism, GBV, violence against youth, structural and institutional violence that are what cause conflict, its related violence and traumatic responses. According to Adams (2014), this violence can be considered chronic when it is generated by multiple macro-level processes which include the following:

- extreme poverty and growing perceptions of social inequality
- historical legacies of conflict
- migration and displacement
- the persistent weaknesses of many new democracies and the failure of security-oriented political reforms
- organized crime and illicit trade
- the socially destructive impact of classic urbanization policies and certain kinds of economic development

Furthermore, Adams notes that chronic violence, is a systemic process that affects every aspect of human development and is reproduced via the interaction of macro-level processes and individual, social and civic behaviors, practices, and attitudes.

It is those in power positions in homes, communities, religious institutions, businesses and governmental bodies who often wield power in manipulative and destructive ways doing violence that regularly harms people, diminishes trust and equality between individuals and groups, and in so doing weakens the natural bond between people and their environment. It is this misuse of power by certain leaders at all levels of society that indicate they are leading from the shadows and not from the light (Palmer, 2000).

To move from violence, in all its forms, to peace it is important to pay close attention to the psychosocial realities of people impacted by violence, and put into practice peacebuilding processes that address misuse of power and work toward transforming structures and systems that enhance the livelihoods and well-being of all people. Psychosocial support helps individuals and groups deal with stress and trauma and builds on existing individual and community resilience. This type of support is essential to meaningfully change processes that allow sustainable peace and just outcomes to take place.

Where does environmental ‘violence’ fit into this discussion, such as floods, typhoons, and drought? Also, what is the difference between violence that is initiated and carried out by humans and that which is caused by nature?

Exercise

Form break-out groups and ask three questions: 1. How do you understand violence, both on individual and collective levels? 2. How does environmental ‘violence,’ caused by natural disasters, differ from violence caused by humans? 3. Who is causing the violence in their (participants’) communities—and what is the ‘source’ of this violence? In the plenary, list responses on flip-chart paper and facilitators add additional comments regarding violence, chronic violence and any further information from the behavior, context and attitude triangle (Figure 1).

Trauma Healing Journey, Breaking the Cycle of Violence

Figure 2 below, Trauma Healing Journey, Breaking the Cycle, helps us understand violence in another way since it illustrates how we might respond to violence. It also points to a way out of violence toward the possibility of reconciliation. Furthermore, it shows that recovery and healing proceed or come before forgiveness and reconciliation. *(There may be exceptions to this order based on an individual or group’s worldview and/or related religious beliefs. This is not the case in most recovery journeys and will be addressed in Part 13.)*

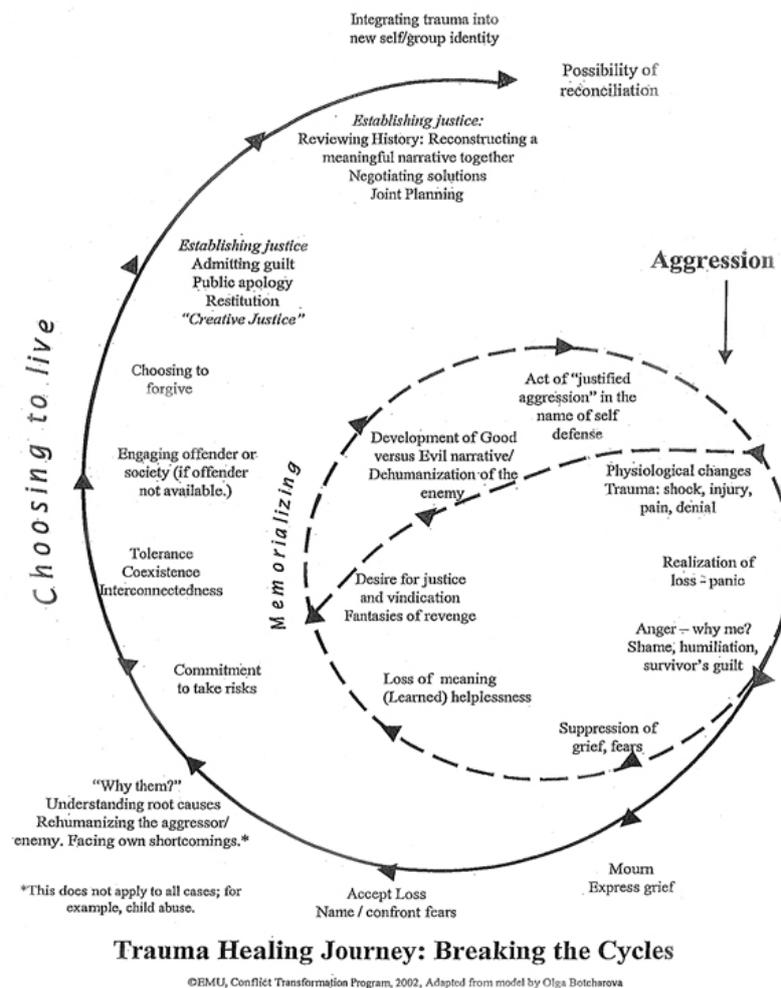


Figure 2

Exercise

Give the Handout of the Trauma Healing Journey model to training participants and have them study the inner cycle of the model, starting with the Aggressor arrow. Ask them to reflect in silence for a minute or two and then indicate (point to) where they are on either one of the inner cycles—since there are two inner cycles. Note that they may be at the point of desiring revenge or 'stuck' in the inner-inner cycle, remaining a 'victim.' It is important that they place themselves somewhere on either of these inner cycles. Of course, they may have found a way out of these cycles and are now on the healing outer path or outer cycle. If this is the case, ask: How did you find your way onto the healing path?

- Discuss the importance of knowing how violence can cause someone to desire and/or seek revenge or how it causes a person (or community) to remain a victim (who of course is also a survivor of the aggression/violence).
- Let participants know that the cycles will be revisited later in the training in order to look more closely at the outer cycle or healing path and how forgiveness and reconciliation become possibilities.

Part 6: Individual and Collective Trauma

Purpose of this section

- To understand individual and collective trauma and its relationship to high stress
- To explain the various types of traumas
- To share the impact of trauma on the body and brain
- To identify South Sudan as a “Multiply Wounded Society”
- To begin the trauma recovery journey through story-telling

Guidelines

Present definitions of trauma (and psychosocial trauma), as well as types of traumas and trauma responses. Training participants will be encouraged to speak about these issues from personal experience throughout the presentation—in other words, to tell their stories of pain, fear and anger. To deepen the sharing there are two exercises called “River of Life,” and “Symbols of Trauma” to allow participants to process their own experiences more fully. It will be up to the trainers to determine which exercise fits best based on the assessment. If the exercise “Symbols of Trauma,” is used, it is recommended that the “Symbols of Hope” exercise is used near the end of the training. Examples and explanations of both exercises are found in Annex 3.



Remember to refer to the previous discussion on violence. Trauma and violence are interdependent. Misuse of power at multiple levels cause both. Also, revisit the Trauma Healing Journey model (Figure 2) to discuss how one moves from the inner victim cycles to the healing path. This movement is often done through recognizing where one is on the inner cycles and becoming aware that there is a way out of these victim cycles. Then one has to choose to leave the inner cycles, usually with help from others and having some trauma awareness understanding.

Time frame

This is a large section with much important information, so take the time necessary to cover the subject matter. Therefore, this section should take a full day or be spread across two days, for example the afternoon of one day and the morning of the next.

Materials

For the River of Life, half-sheets of flip chart paper for each participant. Have multiple markers or pencils of different color available. Tape.

For Symbols of Trauma, ask participants prior to the training, to bring from their homes something that represents a symbol of the pain, fear, anger of a traumatic event. It can be anything from any stage of their lives. If they don't bring the symbol, have them draw it before the exercise begins. (Also, have participants bring a symbol of hope for an exercise at the end of the training.)

A small table will be needed as will one or two colorful pieces of fabrics to put on it. Also, a candle and a 'talking piece' that indicates that the person who holds the talking piece is the focus of attention. In other words, everyone is meant to listen deeply when the person who is holding the talking piece is speaking.

What is Trauma?

Psychosocial facilitators and community volunteer counselors benefit by knowing the link between trauma and high stress and related social implication. This nexus between the psychological and social aspects of society and trauma reflects the interaction between the emotional, mental, spiritual, attitudinal and behavioral [and] the relational, traditional and cultural spheres or environments of [people] (Dandaura Suma, 2013). And as Baingana (2005) points out, trauma in a psychosocial context impact "people's relationships, feelings, behavior and development."

Under this rubric, trauma occurs through experiencing or witnessing an event—or a series of events over time—that involve actual or threatened death or serious physical, psychological and sociocultural impact on individuals and large groups of people. To be clear, not everyone who experiences a life-threatening event will be traumatized, that is have physical or emotional symptoms of trauma. How they respond to the event physically and emotionally in the short and long-term will determine if they are traumatized or not.

It is also helpful to note the difference between the psychosocial understanding of traumatization

and the clinical one, where the former indicates the high impact of the crisis on the psychological and social well-being of an individual or community/society; and the latter indicates clinically significant distress in an individual, usually requiring professional care (Hart, 2020).

The meaning of 'trauma'

In Greek, traumata-, trauma means wound, an alteration of trōma; akin to Greek titrōskein to wound, tetrainein to pierce (Merriam-Webster). Therefore, we are able to say that trauma refers to being wounded—physically, cognitively, emotionally, and spiritually. According to Levine (1997) trauma is shocking, painful or harmful—and it happens when one's ability to respond to threat is overwhelmed.

The range of woundedness noted above also manifests at the group or community and society-level due to social structures and cultural norms and practices being disrupted or destroyed and/or group identity highly challenged or injured (Alexander, 2004).

As noted above, not everyone who experiences a life-threatening event will be traumatized, that is have physical or emotional symptoms of trauma. How they respond to the event physically and emotionally in the short and long-term will determine if they are traumatized or not. An example would be: Two people experience the same violent event and one has a severe physical and emotional reaction, starts shaking and is not able to think clearly or focus on what is happening; and the other person is calm, clear thinking and focusing on what to do next. At least in the moment only one person is traumatized—although the non-traumatized person may later experience symptoms of trauma. Or this person may not experience these symptoms due to many factors such as previous experience of life-threatening events, support of others, personality-type, and a range of other characteristics and circumstances. To be clear, the way each person responded is the correct response by that individual. There is no wrong way to respond.

Questions for Participants in Plenary Discussion

- What is the word for 'trauma' in the local dialects represented in the training? If there is no word or phrase in their language, how is it understood in the local context?
- What types of violent and other shocking events have happened in the past or are currently occurring in the training participant's communities that may have caused people to be traumatized? (Types of traumas are discussed in the next section, but it is important for the training participants to first speak to this issue from their own experience and in their own 'voice.')

Types of Traumas

In a war, environmental/natural disaster, or in violent domestic situation, the following trauma responses are possible—keeping in mind that individuals and communities respond in multiple ways to these events.

It is suggested that the trainers initially select 3-5 types of trauma responses (below) to share, drawing on (but limited to) what they said in the above plenary discussion. It is important to not overwhelm training participants in the early stage of training with all trauma types. Other types of traumas can be shared later when appropriate.

- **Acute Trauma**—when trauma responses such as hyper-activity, inability to sleep, confusion, feeling disconnected from self and surroundings, avoidance, numbness, and inability to focus. With the proper support, these responses last about 30 days.
- **Severe trauma**—with similar responses to Acute Trauma lasting longer than 30 days
- **Post-Traumatic Stress Disorder (PTSD)**—Feeling of fear, helplessness and horror. Caused by the brain's inability to process a traumatic experience—lasting longer than six months. (PTSD is a Western medical concept which may not apply elsewhere due to cultural factors and different worldviews).
- **Secondary Trauma**—Responses to the event occur as a result of seeing a traumatic event unfold; or listening to another person's traumatic experience. Also known as vicarious trauma.
- **Participatory Trauma**—Occurs when a person (or group) participates in intentionally hurting other people. In other words, the perpetrator is traumatized along with the victim/survivor. Also known as PITS or Perpetration Induced Traumatic Stress.
- **Developmental trauma**—Trauma related to problematic/violent childhood attachment issues. (This should be linked to Adverse Childhood Experience (ACE) information which is found in Annex 5.)
- **Transgenerational Trauma**—Trauma that is transferred from the first generation of trauma survivors to the second and further generations via complex traumatic stress reactions or related cultural and contextual mechanisms. These can be unconscious cues or messages from adult to child, through actions, stories, rituals, silence, etc.
- **Historical Trauma** — when trauma crosses generations—often many generations and usually involves a specific cultural group that has been systematically oppressed.
- **Shared Trauma** — when large numbers of people respond to a traumatic event, such as a pandemic, natural disaster, community violence, war or death of a leader or well-known person.
- **Cultural Trauma** — When a natural disaster, war/genocide destroys part or all of a culture of a particular group of people, e.g., the Rwandan genocide.
- **Structural Trauma** - When a part of a community or society lives in unjust political, economic, or social conditions that put them at a significant disadvantage to others.
- **Environmental/Natural Disaster Trauma** — When floods, typhoons, and earthquakes, and large-scale fires cause the general population to fear for its safety and well-being. This wide-spread events often cause anxiety, depression and even anger at God for allowing the disaster to take place.

Most of the above types of trauma responses stem from events that can cause a what is known as “Long-term Traumatic Response.” This is when trauma ‘holds on’ in the individual and collective body over time. For most individuals, communities and even societies, trauma doesn’t just go away. It has to be acknowledged, properly addressed through psychosocial support practices, and mental health interventions. Also, the underlying causes of these traumatic events need to be uncovered and effectively dealt with in order to prevent them from occurring again, i.e., breaking the cycle of violence. This is where peacebuilding, which is discussed in Part 9, plays an essential role.

What is Stress?

Stress is generally considered to be synonymous with distress and defined as “physical, mental, or emotional strain or tension” or “a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize.” <https://www.stress.org/what-is-stress>

Types of stress include:

- **Acute Stress** — The tension, strain and pressure experienced when faced with a demand or expectation that gradually or suddenly challenges the ability to cope with or manage life. It is the most common type of stress—and may be positive or negative.
- **Episodic Acute Stress** — When acute stress happens frequently.
- **Chronic Stress** — If acute stress isn’t resolved and begins to increase or lasts for long periods of time, it becomes chronic stress.
- **Cumulative Stress** — Prolonged exposure to numerous daily aggressions, even minor ones, which may lead to anxiety, depression, deep emotional wounding and burnout.

Examples of Life Stress:

1. The death of a loved one
2. Loss of one’s home in a flood or fire
3. Divorce
4. Loss of a job or inability to get a job
5. Increase in financial obligations
6. Getting married
7. Moving to a new home or being displaced
8. Chronic illness or injury
9. Emotional problems such as depression, anxiety, anger, grief, guilt, shame, low self-esteem.
(See Annex 3 for definitions of these and other terms used in Part 6)
10. What else causes stress?

There are many similarities between Stress, Chronic Stress and Trauma since the body and brain reactions are outside their normal response range as the result of the impact of external pressure and abuse.

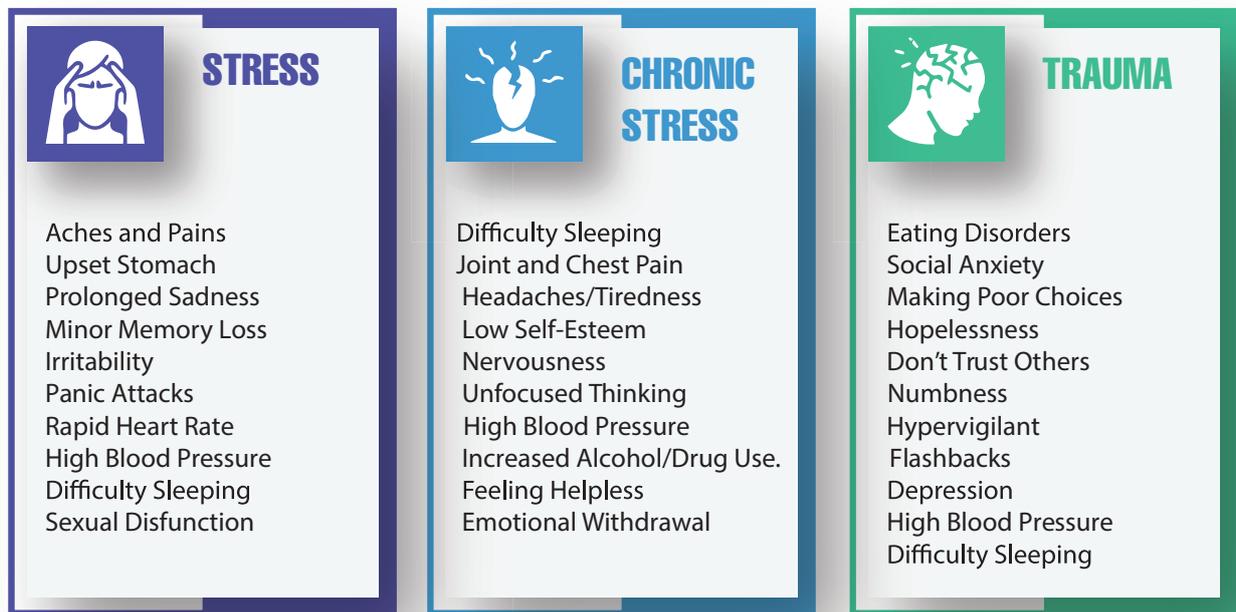
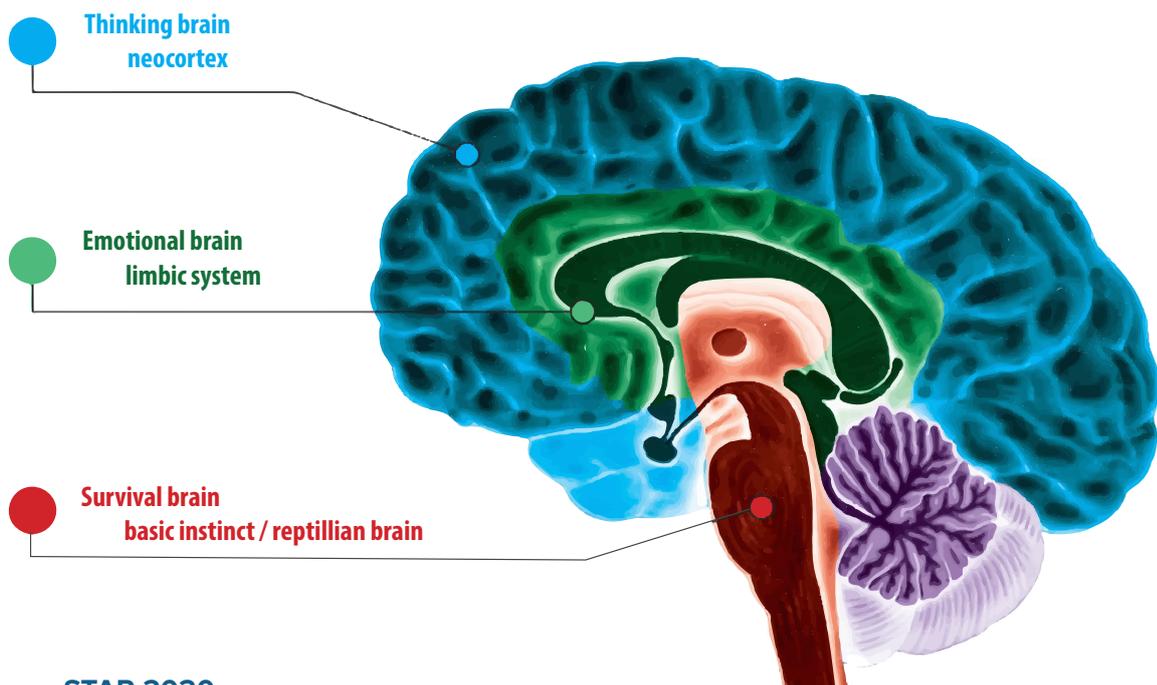


Figure 3

The Brain and Trauma

The middle prefrontal cortex keeps the 3 parts of the brain (Cerebral Cortex, Limbic System and Brain Stem) integrated and working together.



When this balancing of brain function occurs, it enables registering and regulation of body sensations, and allows for attuned communication and emotional stability. Also, the elimination of fear is dealt with, and response flexibility, insight, empathy, and morality are aligned.

When trauma occurs, it disorders the normal function of the brain, negatively influencing the reactions of the emotional and instinctual brains. Rational thinking is significantly disrupted (STAR 2020).

High disruption and underactivity of the rational thinking/neocortex area of the brain and overactivity of the emotional and instinctual/subcortical areas of brain usually implies that an individual is highly stressed or traumatized. This leads to chronic stress, vigilance, fear, and irritation.

When this happens, it is difficult to feel safe, and have the ability to calm down and/or sleep well. At the same time, individuals who are traumatized may notice difficulties with concentration and attention, and often report they can't think clearly.

It is not just the brain that 'holds' chronic stress, and feeling less safe, but the body as well. The brain and body are not separate—they are connected by a large nerve, called the "Vagus Nerve" that connects the brain to major organs throughout the body, such as the heart, lungs, and stomach. So, when someone says they don't 'feel' safe' or they have a 'hole in their heart' due to the loss of a love one, both the brain and the body are communicating that to them.

Therefore, survivors of trauma will complain that they feel incapable of managing their emotions. For example, if something shocks them, they may experience a rapid heart rate long after the shocking experience is over, or may have a hard time "just letting go" of minor annoyances. Even when they want to calm down and feel better, they just can't. This is in large part due to disruption of the limbic or emotional/feeling part of the brain and the body's response to it showing up in different organs of the body.

The following table gives types of potential responses to traumatic events by individuals and groups.

Conditions	Responses
Emotional	<ul style="list-style-type: none"> • Difficulties regulating emotions such as anger, anxiety, fear, shame, sadness and grief. Feelings of helplessness and hopelessness, Numbness, or detaching emotions from thoughts, behaviors, and memories. • Bodily symptoms or dysfunctions that result from emotional distress, also referred to as somatization. Changes in brain development and neurological functioning.
Physical	<ul style="list-style-type: none"> • Hyperarousal, including issues such as muscle tension, lower threshold of startle response, high blood pressure, poor digestion and difficulties sleeping. Also, hypoarousal, including feelings of numbness, depression, brain fog, exhaustion and fatigue. • Feeling alienated, shameful, and different from others. • Triggers, or a stimulus that sets off a memory of trauma.
Cognitive	<ul style="list-style-type: none"> • Flashbacks, or reexperiencing a traumatic event, nightmares, and hyper-vigilance. • Dissociation, depersonalization, and derealization. These experiences all help distance the individual from distress they are experiencing. • Reenactment, by which survivors relive and recreate a past trauma in their present life. Self-harm and self-destructive behavior, substance abuse.
Behavioral	<ul style="list-style-type: none"> • Revenge killings, suspiciousness, and emotional outbursts. • Domestic violence and anti-social acts. • Avoidance of people, places, or situations that cause anxiety or fear. • Pulling away from loved ones.
Interpersonal	Difficulty trusting others or forming supportive relationships.
Spiritual	Emptiness, loss of meaning, and direction, mistrust, doubt and cynicism, and even anger at God.
Communal	Lack of collective initiative due to a sense helplessness. Little to no trust among community members. Increased mental health issues and transgenerational transmission of pain and hopelessness.

Adapted from Substance Abuse and Mental Health Services Administration (2014). A treatment improvement protocol: Trauma-informed care in behavioral health services. <https://bit.ly/2r4ibw0>.

Exercise

In plenary ask participants what physical and emotional responses they have had to difficult, potentially traumatizing events; or physical or emotional responses seen in others? How do they understand the spiritual effects of traumatic events in their lives? And the effects of traumatic events on their community and society?

(Let them respond to these questions and if needed add: There may be a spiritual sense of emptiness, doubt, loss of direction, feeling unforgiving, even anger at God. On the societal level there may be high rates of drug and alcohol use, high crime rate, lack of respect by youth for elders, or a deeper disrespect for women by men. Also, higher rates of mental health issues in society and misuse of power at multiple levels.)

It is always important to keep in mind there can be a positive or creative response to shocking events that can cause trauma in individuals and communities. These are based on the resilience of individuals and where people help others in need. This is particularly true after natural disaster, but can also occur in war and post-war settings. Beyond these responses there can be what is called 'Traumawisdom.' This is where people become 'Traumawise' after having experience a range of violent events. This usually occurs when individuals (and possibly groups) are well along the trauma recovery or healing path. According to Hart (2006),

”

'Traumawise' refers to those people who have been traumatized and, overtime, go through a creative recovery or healing process that helps them become significantly more insightful about themselves and the world around them. [These] people...gain wisdom, 'Traumawisdom,' from their experience which enables them to better see what brought on the trauma, i.e., its root causes.

People with such wisdom often aid others with their trauma recovery and healing issues and become peacebuilders with a strong emphasis on justice—since they understand what causes violence leading to trauma and know that these causes are deeply unjust in multiple ways, and usually rooted in oppressive systems and structures.

Exercise

Choose either the “River of Life” or “Symbols of Trauma” Exercise. Explanation and materials for each exercise found in Annex 3. Keep in mind that each person will respond differently to sharing their life journey and/or traumatic experience. Some may not reveal their deepest pain, anger or even hatred, and some may not be willing to share at all. Every response or non-response is appropriate.

Emotional responses will no doubt occur during both of these exercises, so trainers should discuss this possibility prior to the training and how they will address them—trainer's responses included. Emotions can be uncomfortable, yet they are important for healing to take place. For this reason, the creation of a safe and trauma-sensitive training environment is essential.

General responses to the effects of stress and trauma

- If there are strong emotions as the result of high stress or trauma, an individual, with the help of others, can cry, practice deep breathing and relaxation techniques, dance, laugh, use art and drama activities, story-telling, keep communicating with others, take life a little slower than usual and seek professional counselling when necessary.
- A range of other practices can help as well, such as managing one's time, doing activities that one use to enjoy, start or join a work project (communities often find that building something that benefits everyone, can be healing). Eating and sleeping well are important, as is drinking plenty of water.
- Spiritually, prayer and meditation are helpful as are rituals related to the church or mosque or traditional ceremonies, such as 'water sprinkling' as a sign of blessing, or traditional dancing, spiritual prayer by spear master, dedication of white sheep, or cow and many more that may be context specific.

Dealing with emotions during a training

How to engage a workshop participant who has become emotional after sharing a personal story of pain; or after hearing others share their pain—their traumatic experiences? What psychosocial facilitators/trainers do in these situations is based on how well they have prepared for them. What has the trainer (or team) done to center oneself through breathing techniques, silence, and prayer? Has there been a discussion about how and who will address the emotional pain or anger of a workshop participant? Or, maybe several participants having emotional issues at the same time? How psychosocial facilitators/trainers respond is modelling for the community counselors in how they might respond in their community settings. Some of the actions to take (and pass on to the counsellors) include:

1. Taking time to comfort the person. This may mean that the trainer pauses the exercise in progress and verbally says to the individual or individuals in pain, "take your time, we are with you." This respect and compassion go a long way in helping those in pain to 'self-regulate.' Self-regulating means getting out the tears or anger in order for the person's brain and body to get into a more stable place—where their heart rate and breathing stabilize.
2. That the training space is established as a 'safe space' allowing this type of care to happen more easily. Gender-sensitive care is essential in this space.
3. If need be, one of the trainers can accompany a particular distressed person outside or to another room to sit with the individual and be prepared to deeply listen when the person is ready to talk.
4. It also might be best to stop the training and give everyone a break. Be specific about the timeframe of the break—probably no more that 20 minutes, but the situation will determine what is needed, i.e., more or less time.
5. Whenever it is decided to 'restart' the training process, acknowledge what happened and be clear that emotions are a normal part of responding to trauma related stories shared in a safe environment such as a training.

6. Thank everyone for the patience regarding what just happened and remind them that trauma is held in the brain and body and may be 'triggered' by what people said or heard others say. Ask someone to pray or start a song that will help the group to 'self-regulate' and become ready to continue the training process.
7. Remember to check in shortly after the training with the people who emotionally expressed their pain. This follow-up is another compassionate response and it might lead to an understanding that the individual needs further help such as professional counselling or from other resources, like a women's circle that addresses GBV and/or rape or a veteran's or men's church group that has been established to deal with anger and pain.

Psychological first-aid

Many of the skills set forth in the above sections on dealing with emotional pain apply to what is called psychological first-aid, or the aid that is given to men, women and children in the immediate aftermath of a traumatic event. "Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping" (NCTSN 2006). Also, this aid can be given after killings, floods or other violent circumstances that usually impact more than one person, such as a family or community, and requires a compassionate and focused response that according to WHO (2011) involves:

1. Offering a humane, supportive response to suffering [for people] who may need support because of the suffering experienced.
2. Assessing needs and concerns.
3. Addresses basic human needs such as food, water, medical support and information.
4. Listens to people but not pressuring them to talk.
5. Comforting and helping calm people.
6. Helping people connect to information, services and social supports.
7. Protecting people from further harm.

It is also important to know that psychological first aid can be done by compassionate people who are patient, caring, good listeners, and who honor the dignity of others, not just by professional counsellors. Being 'present' with people is essential in psychological first aid; and listening to them when they want to speak—not immediately debriefing them about what happened, or asking them to tell their stories and feelings. That can come later as psychosocial facilitators and community counselor set up safe spaces for trainings and story-telling.

It is out of these 'safe spaces' that people who have been traumatized can begin to share their painful experiences, as well as start the process of taking control of their own recovery process. In regard to the latter, they need other people's help initially regarding care, resources and services, but it will be up to individuals and communities themselves to continue on the path of recovery from their trauma. (Checking in with them from time to time to determine their progress is important. And in special circumstances, individuals may need professional help. Referring them to professional mental health or other experts is an essential part of psychosocial support.)

Characteristics of a Traumatized Society

After the River of Life or Symbols of Trauma exercise, it will be important for training participants to begin to see how violence and related trauma impact their communities and South Sudan in general. Have the training participants address the issues and related questions below. It is suggested that this be done in small groups where training participants name these wounds and record them on flip-chart paper. Encourage the groups to use ‘brainstorming’ for this discussion—so all voice and ideas are heard.

- ④ Trauma, whether a natural disaster or a war, leads to a society being multiply wounded. In what way is South Sudan a multiply wounded society?
- ④ Members of a multiply wounded society need to mourn and do so in multiple ways. What are some of the ways that mourning takes place in South Sudan? And might take place in the future due to all the suffering experienced in the past and currently?
- ④ Most people need to talk about their immediate losses, but often have as great a need to talk about ones never voiced before (personal, communal or political). What losses might these be? (Childhood and/or sexual abuse for example, the loss of a love one, the loss of one’s village due to last-year’s flooding.)
- ④ There are societies where people keep silent about their trauma. Why is this the case?
- ④ Vamik Volkan (2004) suggests that all massive disasters threaten affected individual’s sense of basic trust and this, in turn, creates shared anxiety and social regression. Why is basic trust threatened? Who is responsible for creating this lack of trust? How does this lead to shared anxiety and social regression (where society is poorly functioning or barely working)?
- ④ Volkan warns that societal responses vary “depending on the causes of disasters” and that “natural disasters should generally be differentiated from those caused by deliberate human actors. Why is this the case? What is the difference between the response to natural disasters like floods, and human created disasters like war? What has this response been in South Sudan? (This question was asked in Part 6, but discuss it again here since it is critical to understand these differences in order to provide the best psychosocial response.)
- ④ Difficult questions remain: How can these ‘multiple wounds,’ be addressed separately or collectively if society has unjust and unequal structures, politically, economically, and physically? How does South Sudan deal with these multiple wounds? Who is responsible to deal with these wounds?

Part 7: Individual and Collective Resilience: Towards Trauma Recovery and Healing

Purpose of this section

- To understand individual and collective resilience
- To examine how resilience supports individual health and growth after trauma
- To learn from the Community Resilience Wheel what community members and leaders can do to support trauma recovery
- To review and build onto traditional resilience methods to enhance recovery toward healing

Guidelines

Present definitions of resilience, and encourage discussion regarding traditional resilience methods and how these traditional practices help in the trauma recovery process. Small groups may work well here. As an ending exercise, give a handout of the Community Resilience Wheel and have participants add their own ideas to the Wheel.

Time frame

The section on resilience should take 2-3 hours

Materials

Handout of the Community Resilience Wheel

What is Resilience?

Resilience at an individual and collective level is the capacity to bend and not break. It is the individual's as well as the community's capacity to creatively confront high stress and trauma by drawing on the available assets and resources. This resilience power can be used to face adversity and adapt to challenges in order to bring about changes leading to physical, emotional and psychological stability and well-being.

Individual resilience

Individual health and resilience are important for community resilience because healthy, socially connected, prepared individuals make for stronger communities. Ones that are better able to withstand, manage, and recover from disasters. To be resilient, individuals should try to:

- Live a healthy lifestyle and learn skills to manage stress: Drink plenty of water, exercise and get enough sleep. Eat as well as possible, sing and dance, do art.
- Maintain connections to meaningful groups like families, members in places of worship and volunteer organizations
- Be informed, educated, and able to help neighbors, family, and friends whenever possible.
- Engage in community or neighborhood activities such as celebrations, rituals, singing and dancing.

Community Resilience

At the community level, this means strengthening public health and healthcare systems, as well as rebuilding infrastructures and economic systems.

Each crisis situation, well analyzed, will determine what is necessary to meet the needs of individuals and large groups of people. To do this means knowing what community assets are available in terms of civic leaders, traditional elders, women's groups, youth clubs, and so forth. In other words, what and who are strengths in the community and how can these strengths be utilized to benefit everyone?

Resilience also stems from the partnerships that are developed within the community—for example, across organizations, business, and sport clubs. Also, those relationships with external partners or organizations that provide physical and mental health support, or offer agricultural and economic aid. Also, instruction on financial management as well as a range of other supports that enhance the strength of the community.

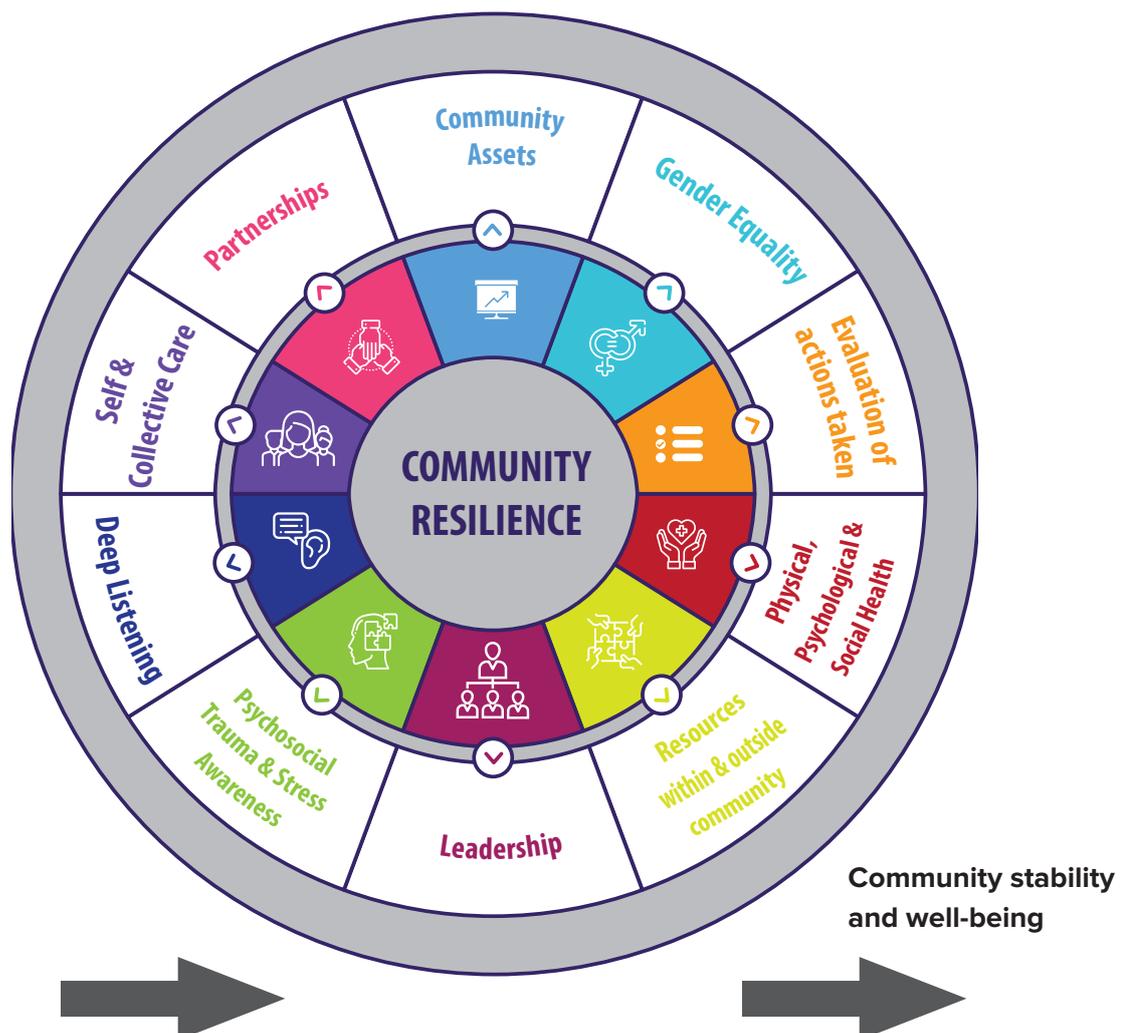


Figure 4: Hart 2022

A resilient community is socially connected and takes collective action on a regular basis and especially in times of crisis, whether natural or human-made. Such a community has developed the resources to meet these collective needs—having identified both men and women as well as youth who have particular gifts or assets. A resilient community also identifies leaders who lead from the light and not the shadows; and this community promotes the dignity and well-being of all its members.

Exercise

The Community Resilience Wheel (Figure 4) is a model that needs to be modified for each context. Sections of the Wheel include suggestions, but it is up to the training participants to add their own ideas in order to build a resilient community, one that is critical for trauma recovery and eventual healing to take place in their context. There is a handout of the Wheel (as well as a handout of a blank Wheel) and group work is suggested for this exercise. Have participants add their own ideas and experiences about what makes a resilient community. Each group discusses their ideas in plenary.



Part 8: Psychosocial Support

Purpose of this Section

- To examine meaning of psychosocial support
- To provide an understanding of how psychosocial support interfaces with trauma recovery and resilience processes
- To point to the principles and practices of psychosocial support
- To distinguish between psychosocial support and professional psychological counseling
- To examine the importance of partnerships for achieving psychosocial support

Guidelines

Define and describe psychosocial support, its principles and practices, with discussion. Draw or project the chart Psychosocial Support vs Psychological Counselling. This and the following chart on what to do and not do as psychosocial counselors needs sufficient discussion due to their importance in offering psychosocial support—as is knowledge about how to create partnerships and point to and encourage the use of various resources.

Time Frame

This section should take approximately 2.5 hours

Materials

Flip-chart paper, makers and tape

What is psychosocial support?

Psychosocial support is concerned with the social, emotional and physical well-being of individuals and groups of people who have suffered from different forms of violence and resulting stress and trauma. It is often paired with mental health support (MHPPS), helping people reduce anxiety and isolation, thereby reducing stress in order to begin the trauma recovery process (ICRC, 2016). UNDP psychosocial support facilitators and trainers expand on this by training people in understanding and practicing resilience, learning peacebuilding, restorative justice, trustbuilding techniques and integrating traditional healing methods into the process of change. The training also provides participants with insights into the causes of violence leading to high stress and trauma and what can be done locally as well as on a societal scale to mitigate these causes.

Principles of psychosocial support

- a sense of safety
- calming and caring
- self-and community well-being
- social connections
- honoring dignity
- respecting local values and worldviews

- local ownership of the recovery and (re)building process
- hope and a vision for the future
- Practices of psychosocial support
- Preparing to engage and be present for people—in trainings and in the community in general.
- Doing trainings that explain stress, trauma, resilience and peacebuilding.
- Offering stress and trauma exercises, e.g., symbols of trauma and river of life. The stories that are shared are part of the recovery process.
- Sharing information and resources that help communities ‘own’ their recovery and healing process.
- Emphasizing community-based projects such as cultural and education activities, sports, craft projects and a range of other projects and activities that give people meaning.
- Working with individuals to find professional help regarding mental health issues.
- Pointing communities towards engaging external partners related to livelihood, development and other needs that enhance community well-being
- Establishing the importance of the involvement of women, youth and traditional leaders in healing and reconciliation processes.
- Supporting individuals, families and communities in their search for meaning in difficult and distressing times, with an eye towards a future of meaning and dignity.

Exercise

In small groups have training participants expand on these lists of psychosocial principles and practices related to meeting needs and addressing well-being in their specific contexts. Have participants be specific about why each issue is important and how it might happen in their community. Each group makes a list and gives at least one why and how example. The list is put on flit-chart paper and discussed in plenary—and then posted on the training room wall.

Difference between psychosocial support and psychological counselling

In the charts below there is a clear distinction made between the psychosocial support a person offers and psychological counselling done by a highly trained professional, who works mainly with individuals who are traumatized and/or dealing with depression, and other deeply troubling psychological problems.

SUPPORT vs COUNSELLING

It is a process that is a part of the journey of Trauma Healing	Focuses on Trauma Healing as a therapeutical intervention
Advice and information given by someone more experienced or qualified, connecting people with other specialized resources	Professional advice given by a qualified psychologist
Contributes to raise Trauma Awareness, what contributes to Trauma Healing	Contributes to Trauma Healing once there is Trauma Awareness
Someone trained in Trauma Awareness can provide guidance to others	Only professional psychologists can work on Trauma Healing
Uses non-judgmental and compassionate listening as a tool to deal with trauma	Uses different types of therapeutical tools to address trauma
Provides psychological support by linking people to specialized resources	Offers a specialized intervention on trauma

What a Psychosocial Counsellor Does	What a Psychosocial Counsellor Does not do
Contribute to Trauma Awareness	Heals Trauma
Offers non-judgemental and empathetic listening	Offers a therapeutical intervention
Offers psychological support and guidance	Offers professional counselling support
Connects people to psychosocial resources	Offers professional counselling services

Psychosocial Support Partnerships and Services

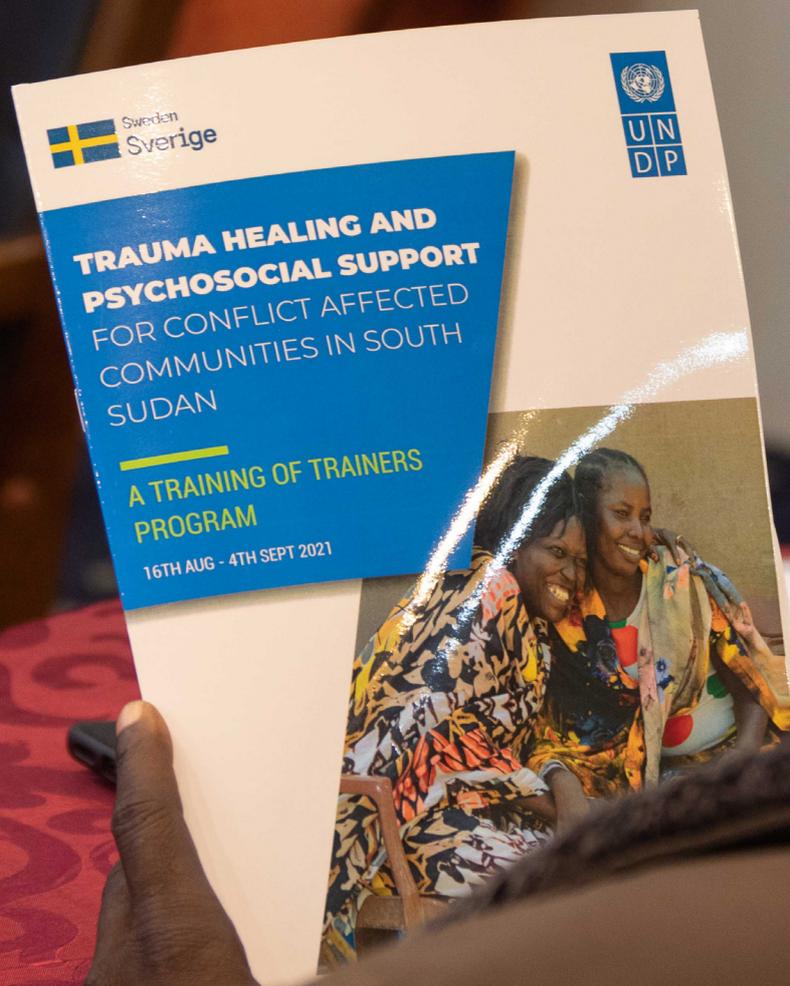
UNDP in South Sudan has numerous partners that psychosocial support facilitators and community counsellors can draw on and encourage communities to utilize. These partners are engaged in livelihood and development, as well as peacebuilding and provide a range of other resources that can be helpful in enhancing the well-being of individuals and communities traumatized by war, natural disaster, gender and youth violence, and so forth. Also, UNDP knows of other potential partners and services across the region that can be of help to individuals and communities in need. In this regard, the psychosocial facilitators and community counsellors are themselves aware of UNDP and potential partners and regional services available, as are the people themselves in each locality.

Psychosocial facilitators during trainings and community visits and community counselors during their interaction in communities, should be prepared to provide information regarding referral pathways. This important information and related advice are central to psychosocial work leading towards trauma awareness, resilience and peacebuilding.

Services as resources for trauma recovery and peacebuilding can similarly be identified and approached by individuals and communities. This includes mental health counselling, conflict mitigation, GBV support, restorative justice, arts-based program for children and adults and many other services that can help in the process of transformation of some of the pain and fear of high stress and trauma.

Exercise

Have participants give examples of partnerships that already exist in their communities. Talk about how these partnerships were established and maintained as well as what the challenges have been regarding these partnerships. Have trainees also talk about psychological, mental health and other related services/resources that exist in their regions and how they have or could use them? Discuss why partnerships and services are important for psychological and mental health and other types of support. Psychosocial facilitators trainers should not be too quick to make suggestions about partners or services, let the training participants first generate a list of potential partners and services—then add what you know, and say why you think partnerships and services are essential for psychosocial and other types of support.



Part 9: Peacebuilding in South Sudan

Purpose of this Section

- To examine the meaning of peacebuilding and the ‘ubuntu’ factor
- To explore how peacebuilding interfaces with psychosocial support (and other disciplines)
- To examine how local and traditional peacebuilding works in South Sudan
- To begin to see how peacebuilding and psychosocial support have a place in the larger society.

Guidelines

The trainers can begin by presenting the overall picture of peacebuilding (Figure 5), speak to the importance of trauma awareness and resilience and encourage a discussion about local and traditional peacebuilding practices. As part of the larger peacebuilding framework, discuss how the other parts of the Wheel, i.e., development, justice, education and leadership concerns can be incorporated into the peacebuilding discussion, since all these issues and others need to be constructively and creatively addressed to enhance the physical, emotional health and well-being of South Sudanese people.

Time Frame

This section should take approximately 2.5 hours

Materials

Flip-chart paper, markers and tape



Peace needs to be relevant to South Sudan’s reality and making peace takes time, courage, and awareness of the context and culture

Dr. Martin Agwella

Life in Africa is centered around community and its members relationship to each other and their environment. Peacebuilding efforts need to consider these relationships and respect this system of ‘wholeness’ that shapes the worldviews of people. That being the case, peacebuilders who understand this worldview reality, can offer concepts and practices that may not have originated locally, but are sensitive to local worldviews. Central to this sensitivity is the honoring of the dignity of all people in their particular cultural context (Hicks, 2011).



Dignity is a feeling of inherent value and worth. When we honor another person’s dignity, we honor our own.

Donna Hicks

All is not well regarding this wholeness worldview and related cultural practices in Africa, including South Sudan (Aqwella, 2021) due to:

- Many wars, major acts of violence, manipulation of identities and misuse of power—even as ‘ubuntu’ is the underlying philosophy of a great number people on the African continent. ‘I am because we are’ reflects this philosophy that speaks to a deeper understanding of ubuntu that indicates that ‘I have my humanity through you and vice-versa.’ The natural environment is also part of this interdependence (Chibvongodze, 2016).
- Such critical ‘ubuntu’ interdependence has been lost in South Sudan due to the disempowerment of elders and the loss of respect of traditional authority—replaced by the gun in the hands of mainly youth, supported by their commanders. Cattle have become more important than people and cattle and animal theft in general have produced an epidemic of revenge.

Multiple other factors also prevent ubuntu from being lived out fully in South Sudan, from poverty and judicial practices, with the tensions between customary and modern judicial systems, to identity politics and the misuse of the gun for personal gain. Due to these factors, it has been important to introduce numerous and diverse peace processes in South Sudan at all levels of society—in communities, schools, businesses and government. To enhance these peace building process, psychosocial support is an essential, since decades of killings, misuse of power, and dishonoring the dignity of others has caused deep personal and social trauma and massive insecurity.

According to Lopez (2018), “High levels of trauma are a matter of national security.” Until the psychological and social, as well as economic needs of the South Sudanese people are met, and a government system/structure (along with local structures) are put in place to sustain these important needs and rights, security in South Sudan will remain unrealized, and the well-being of its people will continue to suffer while peace remains elusive.

A small number of peacebuilding programs in South Sudan have taken seriously the importance of psychosocial support and mental health work in meeting the needs of the people. UNDP is a primary leader in integrating this support into its peacebuilding and development work, helping donors, other NGOs as well as government officials learn about psychosocial support and practice to enhance the well-being of the South Sudanese people. UNDP psychosocial support facilitators provide training to volunteer community counselors throughout the country, and they in turn work with multiple communities to share psychological support and peacebuilding information, skills and intervention strategies.

Workshop trainers can begin by presenting the overall picture of peacebuilding (Figure 5), speak to the importance of trauma awareness and resilience and encourage a discussion about local and traditional peacebuilding practices. As part of the larger peacebuilding framework, discuss how the other parts of the Wheel, i.e., development, justice, education and leadership concerns can be incorporated into the peacebuilding discussion, since all these issues and others need to be constructively and creatively addressed to enhance the physical, emotional health and well-being of South Sudanese people.

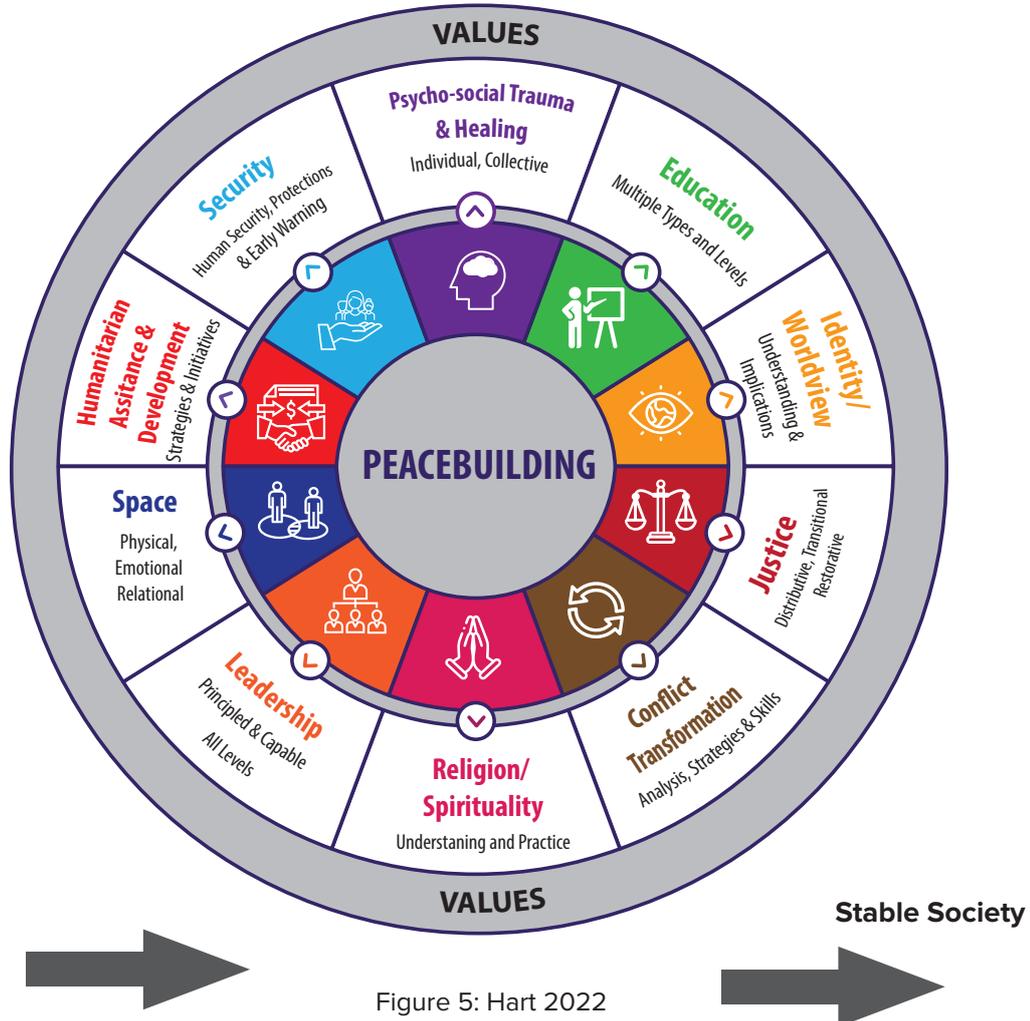


Figure 5: Hart 2022

What is Peacebuilding?

Peacebuilding can be defined by the fact that it is not just a top-down approach to change, but a process that works strategically at all levels of society and...

- Depends on a rigorous assessment of the situation, whether a war, community or intercommunal violence and other high-levels acts of violence that turn the lives of people upside down.
- Promotes just and sustainable social, economic and political structures and relationships that are contextually and culturally focused
- Concerns short-term responses to complex and violent conflicts and long-term responses to build the capacity of communities and societies, not allowing them to drift back into similar violent situations.

Peacebuilding uses a range of concepts and tools that include assessment, mediation, negotiation, dialogue, education and psychosocial support which includes trauma awareness and resilience building. But peacebuilding goes beyond this since...

- It integrates all the elements of the Peacebuilding Wheel and more—such as advocacy and social activism.
- It is not limited to post-war or post-violent situations. Peacebuilding starts during a war or inter-communal violence in order to help stop them; and is used to strengthen societies and communities after these conflicts.
- It is part of stable societies in general to help them develop economically, politically and socially, culturally and in many cases, spiritually.

Principles and Values of Peacebuilding

- Culture and context (social, political, economic and environmental) inform peacebuilding.
- Gender equality and engagement (mainstreaming) is assumed in peacebuilding—even when culture and context have not previously considered these issues. Integrating this assumption takes patience and persistence.
- Values of peacebuilding include building trust, meeting human needs, and respecting the rights, dignity and beliefs of all persons.
- Other important values include empowerment, non-violence, interconnectedness, responsibility and accountability (CJP Peacebuilding Palaver, 2007).
- Reconciliation can be seen as an underlying value, as part of the peacebuilding process, or a potential outcome of this process.

These peacebuilding principles and values inform, support and promote human security, dignity, well-being and growth of people impacted by different levels and forms of violence.

Local and Traditional Peacebuilding in South Sudan

There is a close and interdependent relationship between local-oriented peacebuilding practices that have been brought into community by government or NGO actors and long-term traditional peace practices that are rooted in local culture. Comprehensive studies of these methods and practices in South Sudan indicate the importance of taking a holistic approach to local peacebuilding, that include, “working with religious [and traditional] leaders, media, civil society groups, local authorities and other influential interlocutors, that will help promote social cohesion” (CARE, 2020). This cohesion can come through:

- Dancing, singing, celebrations, rituals and women’s circles also are contributing factors that promote social cohesion.
- Art-based projects and projects that bring communities together as part of a peace accord after intercommunal violence. An example of this would be building a medical clinic together that serves both communities.
- Sports activities between communities in conflict to enhance social cohesion.
- Radio programming in local languages that air dramas on problem solving in the home and community.
- Radio programming related to conflict resolution and peacebuilding.

An example of this last point is Search for Common Ground’s Talking Drum studio in Liberia, which produced *Blah-Tana*, meaning ‘Crossroads’ in the Kpelle language. The title refers to the “country’s journey from war to peace and the steps taken to transform communities ravaged by violence into places of hope.”

In addition to Talking Drum’s ongoing programming related issues such as gender-based violence, youth empowerment, health-care resourcing and conflict resolution and peacebuilding, the radio program addresses “issues of democratic governance, active citizenship, natural resource management, security sector reform, and many more,” (<https://www.sfcg.org/talking-drum-studio/>).

UNDP in South Sudan, through its trainings, radio programming and partnerships with peace committees takes seriously local and traditional peacebuilding understandings and practices, paying close attention to worldviews regarding the ‘integrative relationships between people, God, ancestors, and nature.’ This is done with the recognition that war and related traumatizing factors such as displacement, ongoing poverty and hopelessness, have upset the delicate balance between people, God, ancestors, and nature.

Yet, this worldview still has an underlying importance for the people of South Sudan. Therefore, spiritual and religious rituals and celebrations require sufficient attention in local and traditionally oriented peacebuilding and their role in the psychological and spiritual healing of the people. Peacebuilding, as indicated in the Peacebuilding Wheel (Figure 5), cannot turn toward security and the well-being of community and society members without a sensitivity to these and other important change factors.

Exercise

In small groups, have training participants draw a line down the middle of flip-chart paper and on left side list local peacebuilding practices such as sports and radio programs or religious celebrations they are aware of in their communities or regions. On the right side of the line, list the more traditional/indigenous practices that they have seen practiced in their communities (some items on both sides of the line may be the same).

Get them to discuss—still in small groups—what items on their lists have worked well for building peace and why. Also, what other practices are needed on each side of the line, based on their current understanding of peacebuilding? Discuss their findings in plenary (and remind participants that their ideas regarding local and traditional peacebuilding and related psychological and spiritual healing should be considered for their action plans that they will develop at the end of the training.)

Exercise (2)

An additional exercise on these themes can be planned for presentation the following day. Do a group brainstorm with all training participants and make a list about local peacebuilding or traditional practices—drawing of the first exercise. From the list, have all the training participants chose three practices and ask people to volunteer to be part of their group of choice. Overnight, each group meets separately to practice their role-play presentation for the next day. After each role-play demonstration, the presenters of the role-play will lead a discussion with their audience, and ask: 1. How did what you witnessed represent a local peacebuilding or traditional peacebuilding practice? 2. How does this practice help in the emotional healing of trauma? 3. How do these practices shown in the role-play open paths for healing and reconciliation?



Part 10: Trustbuilding

Purpose of this Section

- To examine trustbuilding and its relationship to peacebuilding
- To explore how trustbuilding interfaces with psychosocial support
- To examine how to become a trustworthy person
- To explore why and how to build trust

Guidelines

Begin by asking, “What is Trust?” and “How do you know that a person is trustworthy (can be trusted)? Some trustbuilding activities to begin with can also be helpful in explaining trust. Use exercises on trust that the trainers are familiar with and/or draw on some from the link below. This will begin an exploration of what trust is and who can be trusted, moving toward the larger questions and practices of trust in communities.

Time Frame

This section should take approximately 1.0 hours

Materials

Blank Trustbuilding handout based on Figure 6 and trustbuilding exercises (see <https://www.tinypulse.com/blog/team-building-activity-trust> for trustbuilding exercises that can be used in the training.)

What is trustbuilding?

Trustbuilding is essential for building peace, and like peacebuilding it requires that psychological and social needs are met, or at least that the processes of change in these areas have begun. The Trustbuilding Wheel (Figure 6) provides insight into community or societal trustbuilding. Of course, trustbuilding begins with individuals asking: Am I a reliable and trustworthy person? Can people count on me in good and bad times? If the response to these questions is ‘no,’ or ‘I don’t know,’ then it is important to take steps to find some answers.

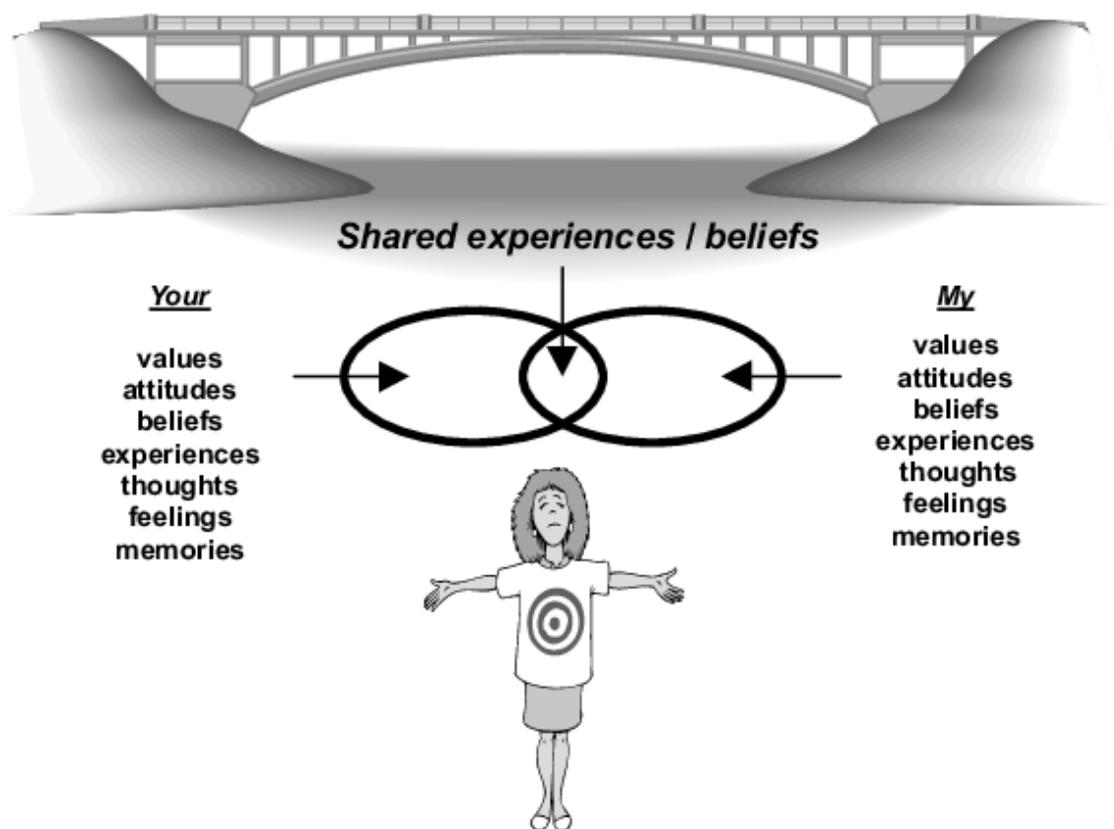
According to Ballew and Corcoran (2020), “we must look in the mirror and put our own house in order? Put simply, individuals must model the change we expect of others.” Furthermore, to be trustbuilders and creative changemakers in our communities, individuals need to find through their faith, spiritual tradition or life philosophy “an inner source of wisdom for guidance and to maintain perspective and equilibrium when the going gets tough.”

Depending on the cultural context, it may not ‘feel right’ to take such an introspective view of oneself, or tape into a spiritual source independently, without the support, care and leadership of others. Nevertheless, one can choose to take up this challenge as a critical part of doing peacebuilding and psychosocial support work.

Ultimately, it is individuals who are trustworthy that people respect, listening to and want to work with to get things done. In the case of dealing with traumatic responses to violence and building peace as a result of this violence, trustworthy individuals and groups of people are essential for meaningful transformational change to take place. In this way, their trustworthiness helps community people to trust one another, and together build bridges to partners and services that are resources for psychosocial support and peacebuilding.

“Building a Bridge of Trust” – “Being With”

Your Beliefs / My Beliefs / Shared Beliefs



Steps in building trust

- Begin with self. Be reflective, practice kindness, patience and humility.
- Honor the dignity of others.
- Listen deeply and ask respectful questions.
- Gather information in an unbiased way and share it with others.
- Build bridges between communities and partners/service providers.
- Gather trustworthy people together to more effectively create spaces for change.
- Recognize that building trust is a process, a journey that requires patience and wisdom.

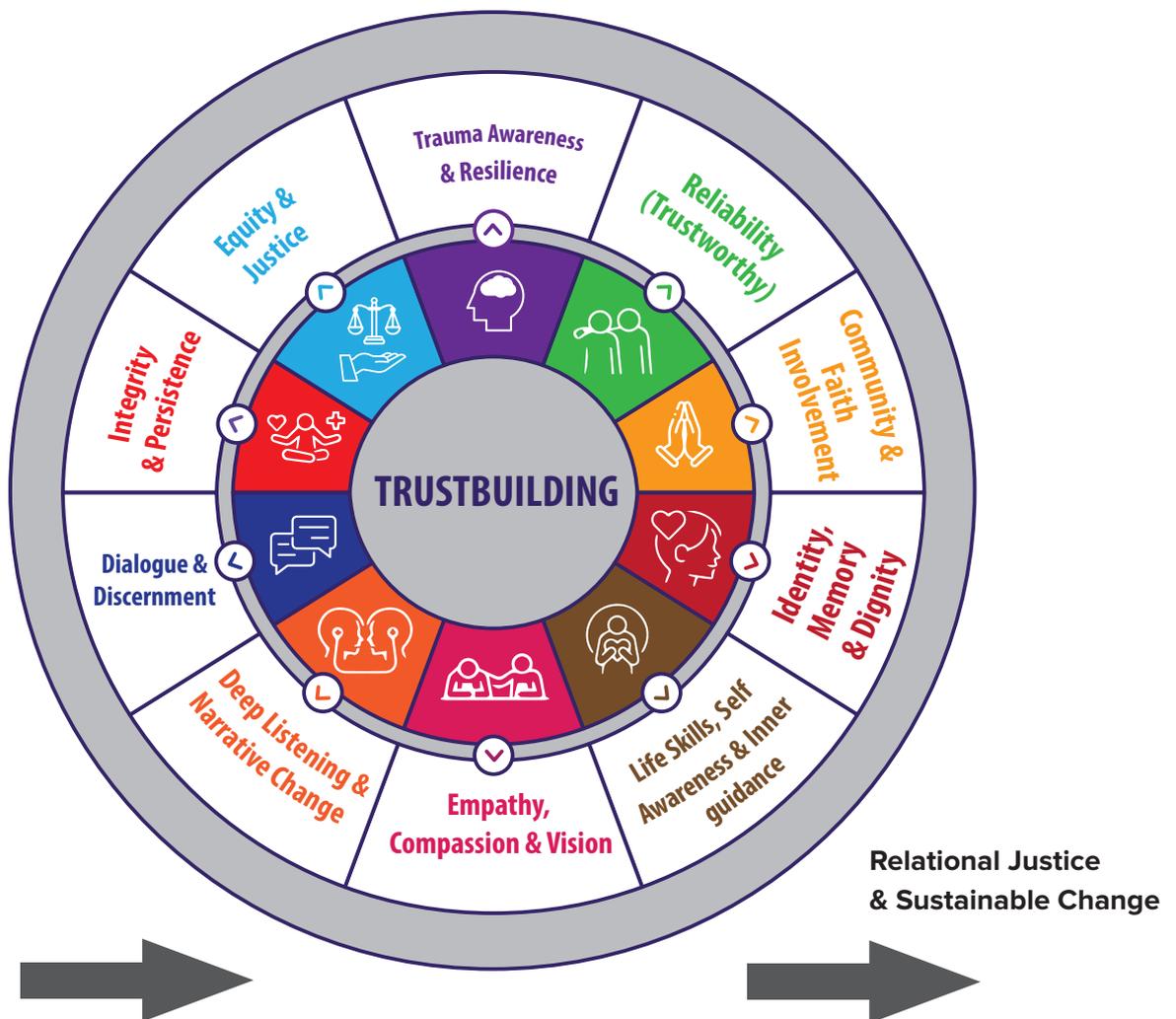


Figure 6: Hart 2022

To build trust or in many cases to re-establish trust, a whole-person and community approach is required. Trustbuilding represents the intersection of values, vision, skills and discipline that are necessary to bring about relational justice and sustainable change. Beginning this process requires that the barriers of mistrust, which hurt deeply and are usually driven by one's own hurt, ego or unawareness, need to be overcome so that meaningful relationships are (re)established and just and equitable systems are put in place that support these relationships.

The values of Trustbuilding are: Kindness, Selflessness, Love, Honesty, Integrity, Purity of Heart, with imagination, creativity and one's 'inner voice' or conscience as drivers of these values and related actions.

Just to emphasize that trustbuilding is a journey, one that requires personal change, healing of current and historical wounds and honest and inclusive dialogue. Also, the journey of trustbuilding requires, "building diverse and sustainable networks for social cohesion and equity. It is not a linear approach. The process may start with an honest conversation or an experience of acknowledging pain or uncovering a new narrative. Throughout the process we must remind ourselves that this is ongoing work," (ibid.)

Exercise 1

In plenary, address the following questions: What divides us from others? Why don't we trust each other? Who or what tells us that we are so different that we can't live well together? (Take a moment in silence and reflect on these questions and then have a discussion. Trainers will put responses on a flip-chart.)

Exercise 2

Form small groups and give each group a blank copy of the Trustbuilding model (Figure 6). Have the group brainstorm how to build trust in their communities.

- What is required to do this?
- What are the challenges?
- How can the training participants model trustworthiness while working in their contexts and specific cultures?
- How might they encourage others to be trustbuilders?
- Why is trustbuilding important in psychosocial support and building peace in their communities?

Each group will present their Trustbuilding Wheel and discussion responses in plenary



Part II: Restorative Justice

Purpose of this Section

- To define justice and types of justice
- To define and examine restorative justice
- To explore how restorative and transitional justice can be part of the healing process in South Sudan

Guidelines

Justice has many faces, so it is important to ask about the different types of justice participants are familiar with. Discuss what types of justice are most practiced in South Sudan? It will be important throughout this section on restorative justice to be clear about what it is and how it might work in participants' communities—or maybe there is a form of it already practices in some communities.

Time Frame

This section should take approximately 1.5 hours

Materials

Handout of Yoruba story. Flip-chart paper, markers and tape

What is Justice?

Justice has been defined as moral rightness based on ethics, rationality, law, natural law, religious fairness, or equity, along with the necessary punishment when these laws and ethics are breached (<https://mpiasia.net/mpivc>). It has also been described as an 'eye for an eye,' and 'putting things right' that were wrong—according to the norms of society. But the concept of justice is greater than this and has a philosophical basis to it that says justice is based on harmony or right relationship, Divine Command, Natural or Universal law, (<https://www.newworldencyclopedia.org/entry/justice>).

This philosophical concept of right and harmonious relationship is foundational to restorative justice and in the best-case scenario, transitional justice, which emphasizes finding the most constructive ways to halt human rights abuses, as well as providing reparations and prevent future abuses. The South Sudan National Commission on Truth, Reconciliation, and Healing (CTRH) fits the transitional category of justice, with the added and important element of 'healing' as part of the process and potential outcome.

Right and harmonious relations are not the central focus of other types of justice such as criminal justice (also called retributive justice), with its emphasis on facts and fixing what is wrong through fines and incarceration or other forms of punishment. Or, distributive justice, also known as economic justice that focuses on fairness related to the distribution of goods and services; or procedural justice which emphasizes fair play [and not just end results] (<https://paanluelwel.com/2017/05/28/why-restorative-justice-is-the-key-to-peace-and-political-stability-in-south-sudan/>).

What is Restorative Justice?

In regard to Restorative Justice, the following story of the Yoruba people of Nigeria demonstrates a justice approach that is based on the philosophy and practice of harmonious and right relationship and factors in the importance in traditional communities of fairness and the related moral foundation of relationship.

The Yoruba Story

When someone breaks the law or the moral or ethical code of the village, that person is required to stand in the center of the village from sun-up to sun-down. Everyone in the village must pass by and say to this person such things as: “Thank you for helping us harvest our corn last month.” “You are a really good football coach for our children—thank you.” “The handicraft you make is beautiful and represents our village well?” Everyone, young and old make these types of comments to the person who has broken the law or ethical code of the village. This goes on and on until the sun sets.

What are the community people doing through this ‘ritual,’ and why? Is it not because they are acknowledging the person’s gifts, personality, positive acts, and to say that what the person did was wrong, but also to say to the person that they are more than their negative actions. The person is an important part of the community who needs to know this truth. The community members also want the person to know that they are needed and depended upon to complete who we are as a community; and that together the community is stronger and better off. The community members are saying, “we need you and you need us. We are one (ubuntu).”

The individual who broke the law of the community will probably not break it again, since in breaking it, the bond that holds the community together is broken. For the Yoruba people, this day-long ritual restores the bond that should never be broken, but when it is it can and must be repaired. This is not a ‘modern’ understanding of justice or its practice, but it is a prime example of ‘relational interdependence,’ which is at the heart of restorative justice.

It is clear that restorative justice has its roots in traditional cultures, like the Yoruba people of West Africa, indigenous groups in Uganda, Rwanda and Kenya, along with the First Nations people of Australia and North America—and in many other traditional societies. Restorative justice helps people mediate conflicts, as well as provides methods to constructively deal with harm and help form sustainable relationships.

Ultimately, restorative justice centers on social cohesion, resilience, inclusion and interdependence (<https://dbsjeyaraj.com/dbsj/archives/67586>). It is also a potential part of the healing process of individuals and groups who have been ‘violated’ in different ways by others—in other words, treated unjustly.

Furthermore, restorative justice is about human connectivity and it pushes individuals and groups to re-imagine what humans connecting to other humans is all about. It is an ‘ubuntu’ reality that says that ‘my humanity, our humanity is completed through other people.’ The interdependence of all people is needed to fulfill the mandate of being fully human. We are “born to bond,” says Daniel Siegel, clinical professor of psychiatry. Neuroscience says this today, but people have known about ‘bondiness’ and related interdependence through the best of their religious and philosophical traditions. We are meant to be with and for each other, not divided from one another.

This raises the questions: What does divide people? Who or what says people that are different ethnically, religiously or in multiple other ways can’t or shouldn’t live well together? Restorative Justice isn’t going to provide all the answers to these questions (no one justice or change approach does), but what it can provide is an important valued-based mechanism that helps people regain their sense of identity—‘who I am and who others are and how we discover together our rightful place in our community and society.’ Of course, every individual is different from the next person, as is every group, but rather than let differences divide people, it is important to use these differences to benefit everyone (Sen, 2006).

Restorative Justice Practice

Through a restorative justice circle process—where people sit together as community members, problems are addressed and in a great number of conflicts are resolved and relationships restored. The restorative justice circle is used with those who have broken the law, or violated a community or culture norm. In this circle are also the people who have been harmed—and members of the community impacted to a greater or lesser extent by the crime or violation. Through deep listening, that takes seriously the needs, roles and responsibilities of all impacted by the violation, the restorative justice process begins “putting right wrongs and harms” (Zehr, 2002).

From a psychosocial support (and mental health) perspective, this transformational change process is also a way of growing respect among all involved in the circle. It can also be an important means of providing an opportunity of lessening physical and emotional tension. Since listening is central to the circle process and deep listening implies respect, which in turn has a positive psychological and physical effect on those listened to, the heart and breathing rate can move closer to normal, rather than well outside the normal range brought on by anger or fear.

This 'normal range' effect allows for clearer thinking and creative problem solving, and the potential for stress and trauma recovery processes to begin. The beginning of recovery is not guaranteed, but without a process that honors the whole person and community, and is centered in the philosophy of harmony and right-relationship, there is no possibility for personal and relational transformation to take place, or for a process that creatively contributes to resolving conflict and peaceful coexistence among community members.

Training Strategy

What follows is a model of restorative justice that provides the visualization of issues that are essential to carrying out a justice process that restores relational harm and opens up the space for the possibility of healing within and among the parties of a restorative justice circle. (Draw or project this 'wheel' and discuss each quadrant and its importance in the Restorative Justice process. What is most important is that all of the 'wheel' is necessary for a meaningful restorative outcome? Discuss how this 'wheel' may need to be changed to have meaning for South Sudan.)



Figure 7: Adapted from Zehr, 2002

Exercise

Hand out the Yoruba story and read it (again) to the participants. Ask for any clarifying questions and then have them move into small groups to discuss the story and how it applies (or doesn't) to their communities? Ask how, in their communities, do they deal with the breaking of a community's 'law' or moral code? Have them brainstorm a restorative justice process for their communities. Write out responses on flip-chart paper and discuss.

Part 12: Psychosocial Support and Gender

Purpose of this Section

- To explain the differences and similarities in gender and psychosocial support.
- To give more comparisons on how and why men and women receive the psychosocial supports in different situations of life.
- To analyze the importance of equal psychosocial support regardless of gender differences.

Guidelines

It is helpful to first hear what participants think about gender difference in general, and specifically as it relates to responses to violence and receiving psychosocial support. Discussion around these issues should lead to a greater appreciation of differences and awareness of Gender-based Violence (GBV); and what can be done about it in regard to psychosocial support, but also changes over time that will help prevent GBV.

Timeframe

This section takes approximately 2 hours

Materials

Flip-chart, markers, note books for facilitators and participants, stickers, bags for materials

Psychosocial Support and Gender

Gender affects the type of responses to traumatic events to which men and women are exposed as well as the brain areas and systems involved in the acute stress response. Women are significantly more likely to develop posttraumatic stress disorder (PTSD), anxiety, depression, and other internalizing trauma-related disorders, whereas men are more likely to develop externalizing disorders. Trauma is more to be tied to addiction for women than it is for men. Women who struggle with substance abuse and addiction are more likely than men to have experienced childhood trauma in their past. Women are also more likely to have experienced domestic abuse or physical assault, which regularly cause traumatic responses.

Mental Health and Psychosocial Distress

A range of social and environmental factors have been recognized by researchers such as Patel et al. (2007), Stavropoulou and Samuels (2015) and WHO (2021), as being key drivers of mental ill-health and psychosocial distress among young people. These factors include rapid social change, migration, social isolation, conflict/post-conflict environments, unemployment and poverty, individual and family crises, changes in traditional values and conflict with parents (Fiona 2019).

“Stress is an important factor affecting the health of working population. While work exposures are determinants of levels of work and life stress, we do not know whether similar or different exposures are related to stress levels for men and women” (Padkapoyeva, 2018). Male/female differences

in the importance of psychosocial work exposures to stress may be related to biological or physiological (sex) and social (gender) factors. For example, the differences among men and women in the importance of social support at work for stress levels may be related to a female advantage for empathy and in the ability to recognize other people's emotions (ibid.).

A 2014 review of multidisciplinary research evidence concluded that historically selective pressures have shaped females' anatomy, physiology, and neurobiology to facilitate nurturing behavior and emotional attunement, and hence their ability for prosocial and cooperative behavior (Christov-Moore et al., 2014).

Women are also more likely than men to be encouraged to seek and to value acceptance in personal relationships, and these social influences may also shape their behaviors under stressful conditions (González-Morales et al., 2006; Jiang and Hu, 2015). Thus, lack of social support may be associated with higher stress levels among females compared with males due to biological and social differences in stress response mechanisms.

Sexual violence (largely directed against women and girls), a known risk factor for mental ill-health, is also heightened in conflict contexts. Even after a conflict has ended, girls and women often continue to be subject to sexual and other violence. This often reflects a certain 'normalisation' of such violence as well as continuing availability of weapons, lack of punishment for perpetrators, and frustration among men who are no longer able to live up to the role expected of them by traditional norms (see e.g. Baksh et al. 2005 and Domingo et al. 2013). *Violence in any form may entail harmful consequences.*

There is evidence of the long-term and deleterious effects of experiencing childhood violence in early years. The association that has emerged has indicated that witnessing childhood violence leads to poor mental health during woman's adult years. Childhood violence also has long-term psychological effects on women. Those women who had witnessed violence were found to be having depression and poor self-esteem. Further, women who experienced physical or sexual abuse in childhood also experienced ill-health with regard to physical functioning and psychological well-being as compared to other women (Srivastava, 2012).

The UN Declaration on Elimination of Violence against Women (Beijing1993) sums it up as any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women. A cross-sectional household survey was conducted in rural, urban, and urban-slum areas across seven sites in India, among women aged 15–49 years, living with a child less than 18 years of age. Trained field workers administered a structured questionnaire to elicit information on spousal physical violence. Out of 9,938 women surveyed, 26% reported experiencing spousal physical violence during the lifetime of their marriage. Higher socioeconomic status and good social support acted as protective buffers against spousal physical violence. The findings provide compelling evidence of the potential risk factors for spousal physical violence, which in turn could help in planning interventions (World Report on Violence and Health, 2002).

Being exposed to situations common to post-conflict contexts, such as violence, death and difficult living conditions (e.g. lack of food, epidemics, or being forced to flee one's home) is likely to

negatively affect the psychosocial wellbeing of individuals and families (see e.g. Betancourt et al. 2014; De Jong, 2002).

Therefore, psychosocial support is essential to the people of South Sudan; and when women benefit from it as well as peacebuilding and justice practices, they will begin to experience their rightful place in leadership roles at the community and national levels. As Waern (2022) states, “Gender equality is a matter of human rights, democracy, and justice. It is also a social engine to drive social development and engendering change in society and people’s lives. To have women engage in the peace process is crucial.” Waern stresses that “the government and other parties [need] to honour the commitment in the peace agreement by having at least 35% of women at the decision-making table and to bring long-lasting peace to this country.”



Important resource: “My father will go to court, not me,” Male Perceptions of Sexual Violence in South Sudan and the Central African Republic. <https://shop.icrc.org/male-perceptions-of-sexual-violence-in-south-sudan-and-the-central-african-republic-pdf-en.html>

Exercise

Form small groups to discuss the following questions. In plenary each group will present their responses to the questions.

- How is GBV related to Trauma; and how can psychosocial support be administered to those who have experienced GBV?
- Why are women in South Sudan the victims of GBV and not men?
- How is GBV dealt with by communities and the courts in South Sudan?
- Along with psychosocial support, what other creative ways can GBV be dealt with?

Part 13: Forgiveness and Reconciliation

Purpose of this Section

- To examine forgiveness and reconciliation as concepts
- To explore how they factor into psychosocial support and peacebuilding
- To examine their importance at the personal, community and national levels

Guidelines

An initial discussion can be initiated by asking the training participants their understanding of forgiveness and reconciliation. This gives a basis for the rest of the session. Trainers can then share religious and other definitions in order to begin a deeper discussion about how forgiveness and reconciliation have been or are practiced between individuals and in their communities? (Taking this conversation to the national level is also an option.)

Time Frame

This section should take approximately 2.5 hours

Materials

Peace, Justice, Truth and Mercy information, labels and string for the exercise

What are Forgiveness and Reconciliation?

*No one is born hating another person
because of the color of his skin,
or his background, or his religion.
People must learn to hate,
and if they can learn to hate,
they can be taught to love,
for love comes more naturally
to the human heart than its opposite.*

uploaded @ Quotespick.com

Nelson Mandela



Forgiveness and reconciliation are complex issues in any context, but especially when a country such as South Sudan is transitioning from numerous wars and ongoing violence and related issues of poverty, corruption and mistrust. Forgiveness and reconciliation also have different meanings and applications when applied to individuals, communities and at a national level.

Training Strategy

Below are some basic, yet important, definitions of forgiveness and reconciliation to be shared with participants. To start with, the trainers can ask participants their understandings of these terms. Then, go over the definitions below and compare and contrast with the participants' responses.

Forgiveness

In most religions the concept and practices of forgiveness can be found. "It might differ, but still calls for love and [a] pure heart," (El Sayed, 2020).

- In Islam, for example, forgiveness, refers more often to restraining anger and punishment, when one has power to administer punishment (Be'ethatk Foundation, 1988). Along these same lines, forgiveness is about overlooking the fact of being offended by someone who has intentionally caused harm or mistakenly done so.
- In Christianity, forgiveness has its roots in the Lord's Prayer in Matthew 6:7-15, and in Mark 11:25, "And when you stand praying, if you hold anything against anyone, forgive them, so that your Father in heaven may forgive you your sins" (NIV, 2011).

Saunders (2001) says that forgiveness is a "willingness to abandon one's right to resentment, negative judgment and indifferent behavior toward one who unjustly hurt us, while fostering the undeserved qualities of compassion, generosity, and even love towards him or her." This definition covers a range of issues that can apply across a social, psychological, and even religious spectrum.

Forgiveness is not easy. It takes deep reflections and time. It is a process of learning to let go, to release dark thoughts that are unhealthy. Once forgiveness happens, it can lead to freedom from the power and control the offender has over the one offended. This power and control are consciously or unconsciously experienced, and reside in the mind and body of the person offended in the form of dark thoughts, inability to sleep, high blood pressure, sadness and a range of other physical and psychological symptoms. That is why an individual must eventually choose to 'let go,' so the body and mind can normalize or in other words, return to a normal and natural state of being.

Forgiveness is also about accepting the humanity of the offender and honoring their dignity, i.e., their value and worth as a person. When this is done, the person offended honors his or her own dignity, i.e., their own value and worth and discovers a newfound freedom, courage, and sense of hope and purpose in life. Again, forgiveness is not easy, but it is necessary for inner peace and provides a potential pathway towards reconciliation.

It must be made clear, though, that forgiveness does not condone the offensive act and it doesn't let go of the need for justice processes that focus on the harms done, where apology, restitution or incarceration may be required. Restorative justice processes, that are culturally and contextually sensitive, can help determine the best methods to use to bring about just relationships.

Should we "forgive and forget"? Some may advocate for this, but is it not better to forgive and remember? By remembering we can learn from the wrongs done in order to begin a process of healing and change - in ourselves as well as in others.

Reconciliation

Reconciliation also has its roots in religion. In Islam and Christianity, the following verses reflect the reconciling of enemies by the Grace of God:

- In Islam, followers are told to “Hold fast, one and all, to the “rope of God” and let nothing divide you. Remember the grace of God towards you: when you were enemies, He joined your hearts and you became through His grace brothers,” Āl Imrān [3]:103 (Mosher & Marshall, 2014).
- In Christianity, there is a new person and humanity that in Christ is reconciled with God (Ephesians 2:14-16).

Within a social science context, but drawing significantly from religious understandings of reconciliation, Lederach (2001), suggests 5 attitudes and characteristics of reconciliation.

1. Relationship as a central focus
2. Accompanying or walking with others through the reconciliation process
3. Humility as a core value and practice of reconciliation
4. The importance of community as a place for reconciliation to take place
5. Reconciliation takes time and requires deep reflection to achieve it

Remembering the Trauma Healing Journey Figure 2, reconciliation is both a potential outcome and can be understood as the journey itself. Breaking from the inner cycle to the outer one requires choice on the part of the survivor and support by those willing to accompany the survivor. When this occurs, the grieving process can begin and the journey towards choosing, or at least considering, forgiveness takes place. As noted, this process usually requires a lot of time, and it is not something that happens without humility, deep reflection and community support. And if forgiveness does take place, reconciliation can (but does not always) happen.

As Doorn (2008), says, “forgiveness sets the social condition for the process of reconciliation to restore and heal not only interpersonal relationships [and intrapersonal pain and trauma] but also constructively rebalance the political, legal and economic injustices toward preventing the prospect of renewed conflict.” Doorn further argues that, “forgiveness is possible without reconciliation. Reconciliation, however, is not possible without forgiveness.” In other words, “the process of forgiveness is focused on individual healing; whereas, the process of reconciliation restores the victim-perpetrator relationship toward sustainable societal healing that makes it possible for governance stabilization and economic reconstruction,” (Doorn, 2008; Worthington, 2013).

It takes two people or two groups to reconcile. The process of reconciliation is an outward one—often a public event or ceremony, whereas forgiveness is an inner struggle that becomes public when it is offered. Both are required for individual, community and national healing to begin and peace with justice to be established.

Exercise 1

Based on the previous discussion at the start of this section, have training participants discuss in plenary how forgiveness and reconciliation are practiced in their communities? How might they further develop these practices to better reflect their worldview and culture? How will these practice help in healing pain and division in their communities or with other communities?

Exercise 2

This is an interactive exercise know as Peace, Justice, Truth and Mercy. The trainers should make sure there is sufficient time to do this exercise—a minimum of an hour.

- Put the following signs in four corners of the room—one in each corner: Peace, Justice, Truth and Mercy.
- Ask training participants to select one topic and go to that corner. Once this is done you may have to ask a few people to move to another corner to balance numbers among the groups. Have each group discuss their theme and answer the following questions: 1) If the quality (of peace or justice or truth or mercy) were to be fully understood and integrated into an individual, what would she or he say to their people about who she or he is? For example, they might say: I am peace and I am concerned with harmony and meaningful relationships.
- Have all groups consider the following questions:
 - Which of the other three qualities is your best friend or ally, and why?
 - Which of the other three qualities gives you the most difficulty, and why?
- Then, have each group selected a person to be, to embody, peace, or justice or truth or mercy. Ask them to put a sign around their neck with their ‘quality’ written on it, i.e., peace, justice, truth or mercy.
- Bring the four people to the front of the room (or into the center of the room), and begin to ask questions, such as: Peace, who are you? After a response, ask Peace, why is there no peace in your community or country? Why is peace rejected and how can it be built? Finally, ask which of the other persons you are closest with, which one do you fear? And why? Move on to Justice and ask similar and justice related questions. Then on to Truth and Mercy.
- Once all have answered, ask them how can they best work together for their people? Ask who should come first and have them psychically place themselves in relationship to each other—let them decide, but the facilitator might say, “who should be first? Who second? And so on. Maybe they will form a circle and if so, the facilitator can say, I can see your backs but not your faces. Is there another way that I can see everyone working together?
- Finally, after a short pause, the facilitator can suggest that the people form a circle and put their right hands into the center of the circle, with everyone’s hand touching all other hands. The facilitator asks: What if you now rotated the circle so I can see everyone’s face (and quality). And then ask, Peace, Justice, Truth and Mercy: What is the point where your hands meet in the center of the circle? Let them go first, then ask audience members what they think this ‘center point’ is?
- Affirm all suggestions, but if no one says, “Reconciliation,” then suggest that where, Peace, Justice, Truth and Merch meet, is how reconciliation happens. Have a discussion about this with everyone and when done, thank those who acted out the various roles.

Facilitators, be creative and innovative related to the above exercise, paying close attention to the culture and context. Also, feel free to relate the exercise to Psalm 85, since this is the source from which the exercise was created.



Part 14: Radio Programming

Purpose of this Section

- To give guidance to the facilitators on radio programming
- To train and give detailed information on how to produce radio talk shows

Guidelines

After the principles and steps of radio programming have to explained, and any experience with radio programming by the trainers or participants shared, it is important to do role-plays of radio programming to allow for both how it 'feels' to do it, but also understand how important it is to sufficiently prepare such programming.

Time Frame:

Approximately 1 hour

Materials:

Handout of developing and presenting a radio program

Radio programming is the process of organizing a schedule of radio content for commercial broadcasting and public broadcasting by radio programs. A talk show, for example, can be a short contribution or discussion between the host and guest regarding subjects such as current affairs, awareness raising, or peacebuilding. Its format is usually an interview with a one or more persons knowledgeable in the subject of discussion. It should be noted that radio programming is an art form and needs to be masterfully crafted with compelling content so the show flows smoothly and the listeners will tuned-in longer.

Steps in developing radio talk shows

1. Selecting the most appropriate radio station: It may one close by. Choose the best radio station that people like to listen to e.g., in South Sudan, RADIO MIRAYA and other local radios most loved.
2. Contracting the radio station: If the radio program has a cost, follow the organization procurement procedure to finalize and contract with the station. The selection of the radio station must be done keeping in mind the results from the radio listenership survey and the objectives of the radio talk show activity.
3. Planning the talk show: Once the procurement process is done, develop the talk show schedule along with the designated person from the radio station, detailing the dates and the time when the team will be conducting the talk shows, the topics for each show as well as the overall program flow of the show. The activity coordinator must share the schedule with the manager of the radio station, as soon as it is finalized.
4. Selection of radio guests: The guests must be selected in line with the topic of discussion and sent an invitation to participate on the talk show. The panel of guests should ideally include experts on the subject, for example a government official from the health department, the District Health Educator and a local doctor could be approached.

5. Developing talking points: The talking points should relate to and be able to address the following questions a) Who is the organizer of the show and what is the program/project about? b) Who are the panelists/where are they from? c) What is the purpose of the show? d) What are the key messages to be conveyed?
6. Final preparation: Mobilize all guests to reach the radio station one hour before the talk show begins in order for the panelists to peruse the talking points as a team and agree on which questions will be answered by whom, in line with their areas of expertise.
7. During the talk show: The activity coordinator should keep track of the agreed program flow and radio moderator by using nonverbal communication in the studio. The show should be participative in a way that allows audience engagement through calls, SMS and social media (e.g., WhatsApp, Facebook messages). In the middle of the program, the moderator should keep reminding the audience about the topic of discussion and the guests on the show. This allows those listeners join late to catch up with rest of the listening audience.

Developing a Radio Talk Show on Trauma Awareness and Peacebuilding

Sample Listenership Survey

1. Date of the assessment
2. What is your location/locality?
3. Please give your age, gender and title and/or profession
4. Name of the radio station you listen to
5. What is a convenient time in the day to listen to a health education program?
6. Do you have radio at home? If no, how do you listen to radio?
7. Which person in your household listens most to radio programs?
8. Which person in your household controls the radio receiver?
9. Languages you prefer when listening to radio programs?

Invitation Letters can be sent to the following potential panelists

1. Guests from the ministries
2. Local leaders
3. Youth and women leaders
4. Political leaders
5. Church leaders
6. Business men and women
7. Teachers and Professors

Issues to be determined

1. Topic
2. Target Audience
3. Guest team
4. Duration of program
5. Radio station

Sample Talk Show follow-up report

1. Introduction
2. Guest's Details
3. Achievements
4. Calls details
5. Questions asked during the radio talk shows
6. Challenges
7. Way forwards and recommendations

Exercise

Ask for volunteers from the training participants to create and present a radio talk show on trauma awareness based on the information presented on Radio Programming.

General tips for non-stigmatizing communication about trauma when talking with persons who are afraid or present symptoms.

1. Be respectful, polite and empathetic with people who present signs of high stress or trauma.
2. Be aware of the radio guests' emotional state since they may be stressed or afraid.
3. The most important thing you can do is to listen carefully to questions and concerns.
4. Use local languages and speak slowly and clearly, keeping in mind the IEC framework (Information, Education and Communication) related to health-related behaviors in your target audience. This will help bring clarity to what you are saying and want to convey.
5. Answer any questions and provide correct information regarding Trauma, Psychosocial Support and Peacebuilding.
6. You may not have an answer for every question: a lot is still unknown about Trauma and it is okay to admit that.
7. If available, share an information poster, pamphlets or handouts with participants.

Part 15: Facilitation

Purpose of this Section

It is assumed that this section of the training manual is for Psychosocial Support Facilitators/Trainers, but some of the information/skills can be shared with the Volunteer Community Counselors since they will often facilitate meetings in their communities.

- To define facilitation
- To address the qualities and practices of a good facilitator
- To examine the importance of facilitation in training and making presentations
- To emphasize preparation for doing successful facilitation

Guidelines

This section is meant to be studied thoroughly by the psychosocial support facilitator trainers in order to provide the highest quality training through their role as good facilitators. Study and practice and ongoing self- and team evaluation of facilitation skills are essential. Sharing these understandings and skills with the training participants is also an option.

Time Frame

This section should take approximately 1.0 hours

Materials

Flip-chart, markers and tape

What is Facilitation?

Facilitation is about helping form a group, provide safety for it and ultimately care about the people in the group; and that the information they receive is clear and meaningful to them. Facilitation enables peer learning and as much as possible provides the means for the group to take the lead in its learning process. These guiding principles imply that those tasked with organizing a training, for example, take the time and put in the energy to prepare the training, its venue and themselves in order to be fully engaged during the training process.

How to be an effective and caring facilitator

There are at least 10 steps needed by effective and caring facilitator.

1. Has the ability to stimulate interaction among participants without bias.
2. Possesses the skills to create and maintain a safe (and as required confidential) environment.
3. Practices good listening habits which include deep and active listening.
4. Has a natural gift for providing structure for leading discussions.
5. Raises questions to challenge thinking and create new possibilities.
6. Is not reactive in groups but proactive in shaping the conversation.

7. Not too rigid in order for necessary conversation to take place.
8. Has the ability to 'connect' with the group and encourage a positive group dynamic.
9. Keeps every one accountable to time.
10. Has a high level of social and emotional intelligence, with the former referring to being able to 'connect' with others, and the latter indicating self-awareness; and is able to manage one's own emotions and help others manage theirs.

Adapted from Rhythm Systems: rhythmsystem.com/service/strategic-planning-facilitation

Common facilitation problems

Facilitators doing trainings or other types of presentations run into major problems if they have not sufficiently planned ahead, failed to do a pre-training assessment, and not done self and team care. Preparation is critical to a successful facilitation process. Without it, participants and facilitators become upset, focus on topics is confusing and time is wasted.

Other problematic issues are poor time-keeping, letting one or two persons dominate the conversation, not dealing with emotional issues and not doing meaningful evaluation and follow-up. Of course, there are many other problems that may occur that will prevent a successful training or shorter presentation, so it is up to the facilitator or facilitation team to discuss possibilities that might disrupt the process.

One issue that should not be a problem or disrupt a presentation is when a facilitator is asked a question that he or she doesn't know the answer to or doesn't know how to respond to it. One way to deal with this situation is to reflect back the question to the person who asked it, asking for clarification that might provide information necessary to make a respond. Or, the facilitator can ask the group to respond, or another facilitator. If none of this produces an answer, then an offer to research the question, with the promise of a response later in the training—preferably that day or the next.

Preparation

To be proactive in preventing the problems mentioned above, preparation is essential. In most cases, preparation take two to three times as long for a training session as it does to do the actual training. Even if a training has been done several times, no training, due to the assessment that was done, time factors, culture and context and range of participants will be the same. New preparation is always needed. And this is true for other types of presentation, e.g., 2-day psychosocial trauma trainings, or a two hour talk about peacebuilding. In all cases, emotional preparation is needed, self-reflection practiced and talking about relevant issues with team members. The conversation should also address how the facilitators will deal with training participant's emotions.

Be prepared to spend a longer time preparing for a training session than doing the actual training. On average, to do a 5-day training, 5 to 7-days preparation is necessary. A shorter training or presentation may require even more preparation time. For example, if a training is 2-days long, it might require 4-5 days of preparation. A one-day presentation may require at least 3 days preparation time. In other words, the shorter the training or presentation, a longer time to prepare it is required.

Therefore, it is important to start thinking about the training or presentation in advance, in order to determine through reflection and brainstorming processes, what is best for a particular set of training participants or the audience to whom the presentation will be made. Doing this allows for the greatest creativity and focus, since the focus is on the participants' needs and not only on the technical aspects of the training or presentation.

Prior to the event, prepare individually and as a team physically and emotionally by getting enough sleep, drinking a sufficient amount of water, talking about and reflecting on the upcoming event, doing breathing exercises and praying and/or sitting in silence. All this will help calm the nerves and provide the focus necessary to give facilitators the basis for providing a meaningful training or presentation experience.

Presentation plan

- Determine that the training/presentation matches the needs of participants.
- Use appropriate methods/tools to meet assessed needs.
- Be clear about what the purpose and goals are and how the facilitators will attempt to meet them. Quality not quantity is an essential goal.
- Make a comprehensive outline with topics and timeline. (Share a modified outline with participants at the start of either a training or presentation.)
- Determine and gather together the materials and equipment needed—such as flip-charts, markers, tape, and audio-visual equipment, power cords and so forth.
- Prepare all handouts, and think about what exercises, ice breakers and how best to use silence to relax and bring participants together for a meaningful learning experience.
- Anticipate what to do regarding external factors that might upset the process.
- Discuss how to deal with emotions that might emerge.
- Provide a daily and final summary of the training and a short summary at the end of a presentation.

Exercise

It is assumed that the information in this section (Part 15) is for the Psychosocial Support Facilitators who are training Community Volunteer Counselors (or others), but they might want to ask those they train the following questions: What makes a good facilitator and/or facilitation team? Have they experienced good facilitation? If so, what made it good? What types of meetings will they be facilitating in their communities and how might understanding facilitation and its practices help them out?

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Annexes

Annex 1

Training Program on Trauma Healing and Psychosocial Support for Conflict Affected Communities
Evaluation Form of a 5-day Workshop

How do you rate your knowledge about:	PRIOR TO THIS WORKSHOP					AFTER THIS WORKSHOP				
	Very Low	Low	Moderate	High	Very High	Very Low	Low	Moderate	High	Very High
The relationship of trauma awareness with psychosocial support?										
Peacebuilding and restorative justice and their relationship to psychosocial needs?										
Forgiveness and Reconciliation as processes of peace building?										
The importance of practicing silence as a tool of change?										
The importance of being Self-Reflective, Resilience?										
Traditional Resilience/ Coping Mechanisms to Meet Current Needs?										
The importance of respecting human dignity in your community?										
The importance of trustbuilding in relation to gender issues in your community?										
Issues related to gender and psychosocial support?										

As a result of this training, will you:	No	Maybe	Yes	Already doing this
1. Incorporate trauma healing, peacebuilding as part of psychosocial support to your community?				
2. Seek more information about the causes and effects of trauma in community peace building?				
3. Seek more information and guidance regarding the importance of sustaining peace through psychosocial programs in the communities?				
4. Advocate for promotion of mental health policies in the states and country at large?				
5. Actively participate in community training of more participants in the areas of trauma healing, peacebuilding and reconciliation?				

List one action or behavior that you will do as a result of this training.

How has the training changed you? What has been the most significant change in you at a personal level?

Annex 2

Self and Team Care Practices

Remember that Self-Care is essential to the caring of others. Practicing silence individually and collectively as a team helps the brain and body to become calm and recharged. It is a form of self-regulation that once again is not only individually important, but if done as a team is helpful in preparing the team to be effective and present for those they are about to train. And during the training, these practices can be used with the entire group.

Breathing exercises are also calming and energizing at the same time. There are many approaches to these exercises and below is one example:

- Sit comfortably in a chair with both feet touching the floor (no shoes if that feels right). Sitting up straight in the chair, close your eyes (again if that feels right/safe), and breath through the nose for the count of 4. Hold the breath for a few seconds and then release the breath gently through the month as though blowing out a candle. The ‘outbreath’ should take place counting to 8. Do this breathing exercise at least three times, but stop if feeling dizzy.
- The above breathing exercise can be done any time and place as an individual, and as a team. It can also be used as exercise with the training participants—several times throughout the training, especially when there is high stress related to the subject. For example, during and after the River of Life and Symbols of Trauma exercises.

Life-style practices for self-care include eating well, drinking plenty of water, but not necessary while eating, since it dilutes the digestive juices making digesting less effective. Also, the following life-style practices are helpful:

- Getting enough sleep. It is during sleep that the body re-oxygenates, or in other words gets needed oxygen to the brain and other organs to help regulate them and make them more efficient.
- Finding a balance between work and play/relaxation. It is understood that this is not easy in many settings, but awareness of this balance will help it be practiced.
- Taking time for one’s religious/spiritual life is an essential self-care practice. If religion or spirituality are not part of one’s life practices, then finding other ways to bring meaning to one’s life is important.
- Relationship, Relationship, Relationship! Being with people one trusts and enjoys is essential for self-care and collective well-being. Family, friends, community members talking, working, and celebrating together benefits everyone—and in one sense ‘completes’ everyone (ubuntu).
- Finding time to further educate oneself, as well as the team, will not only build knowledge, but provide a more substantial basis to the training and life-process.
- Add what works for you and the team in terms of self and collective care. Draw on your knowledge of religious/spiritual and traditional methods that enhance the heart, body and mind.

Self-care and team care are about building resilience and when these practices are shared with training participants, their resilience is enhanced. When you deepen resilience, you are practicing psychosocial support.

Annex 3

River of Life

The River of Life exercise is a means for training participants to review their lives, the good elements of it and the highly stressful or traumatizing parts. Drawing their individual rivers with all its twists and turns, rocks and eddies can be a helpful psychological tool that combines visual, tactile and verbal as they explain their river to others (at a level that is comfortable to them).

Step 1: Give everyone a half sheet of flip-chart paper and ask them to draw their “River of Life” using the color markers/pencils in the container in the center of the group. (Choice of colors related to their feelings at particular points in their life’s journey can be an indicator of emotions during that stage of life and/or reflects an event in their life.) If color pencils or markers are available, that is not a significant problem.

Step 2: Explain that they don’t need to be artists, but be open (as much as possible or they choose to be) to draw major events in their lives.

Step 3: Their river may have smaller rivers running into it that represent good or problematic issues—just like the bends and rocks and even waterfalls that make up their river. They can also draw people on the banks of the river—people important to them or ones who threatened them.

Step 4: A trainer may want to make a quick drawing of a river with some of the above issues mentioned, but be clear that this is not to be copied, it is just given as an example.

Step 5: Give participants from 20-30 minutes to draw their rivers, then have them find one other person to share their drawing with—and explain that each person can talk about their river in the way they choose. In a way they are comfortable with, since some issues may be too difficult to share. Each person shares for 5-7 minutes.

Step 6: Have participants put their rivers on the training room walls and have everyone do a “gallery walk” looking at all the drawings.

Step 7: Once back in plenary ask for any reflection on this River of Life experience? Ask about how it felt? What was learned? How difficult it was, etc.?

This is an exercise that allows individual’s stories to be depicted and shared. It provides an art-based approach that offers individuals a ‘snap-shot’ of their life journey, with all that is good and problematic. They are also, possibly for the first time, sharing this journey with another person and in one sense the entire group. In telling their ‘story’ in a safe space, with emotional support and care, individuals may begin to release some of their pain and anger as well as celebrate the more positive aspects of their lives, thereby enhancing their resilience.

Symbols of Trauma

The Symbols of Trauma Exercise provides training participants the means to share the difficult parts of their lives. Because of this, it is an exercise that needs to be done with care and a recognition that it will evoke emotions—in some cases very strong ones.

Step 1: Prepare the training room by placing chairs in a circle with a table in the middle of this circle.

Step 2: Put colorful clothes on the table and place a candle in the center. A few flowers or palm branches can also be put on the table.

Step 3: Prepare a ‘talking piece’ that can be passed from person to person. When the talking piece is in hand, the speaker is the focus of the group and everyone is asked to listen closely to what is being said.

Step 4: Once everyone is sitting in the circle, the trainer/facilitator of the process will explain that this is a time for people to share the symbol of trauma they brought with them (having been asked to do this before they came to the workshop), and talk about what it means for them—doing this will be with the talking piece in hand.

Step 5: The trainer/facilitator will focus on the speaker along with everyone else and will not necessarily ‘respond’ to what is said, but let the speaker know that their story is heard—by thanking them for what they said and acknowledging their emotions. Once the trainer/facilitator is clear that the person has ended their story, then the talking piece is passed to the left.

Step 6: The person receiving the talking piece can share their story or ‘pass’ and give the talking piece to the person to their left.

Step 7: When the next person speaks, holding their symbol of trauma (or drawing if they didn’t bring a symbol from their home), then they place their symbol on the table in the center of the circle.

Step 8: Once everyone has chosen to tell the story behind their symbol of trauma, there may be people who ‘passed,’ so it is important to ask them if they would now like to hold the talking piece and share a story about their symbol of trauma. (They may ‘pass’ again, which is fine!)

Step 9: When the stories have all been told, taking a minute or two in silence may be helpful to help ‘settle’ emotions or even to allow more emotions to come forth. Trainers need to use their skills of compassion and facilitation to acknowledge the fact that this was a difficult process, but an important one—telling stories of pain, anger, fear in order to ‘integrate’ these emotions for the purpose of beginning or continuing a healing journey.

The above exercise is obviously difficult but can be very meaningful to the training participants. This is why the team needs to reflect ahead of time who will facilitate and what might the team expect emerging from this exercise. Those team members not facilitating should be part of the circle and be ready to assist the trainer/facilitator where necessary. Also, follow-up with those individuals who were the most impacted emotionally by the exercise is essential. This may be needed straight away or later in the day or even the next day. Follow-up is an important way of showing ongoing care and acknowledgment of the person’s story and its impact. This type of ‘psychosocial support’ can be an important part of a person’s trauma recovery and resilience building process.

What follows are some definitions of important psychological terms that psychosocial facilitators should have in their ‘tool box.’ These terms are provided to help ‘round out’ the knowledge base of the facilitators in regard to psychosocial support—especially related to making referrals to professional counselors. (These definitions are directly sourced from the Mayo Clinic (<https://www.mayoclinic.org/diseases> and other online resources.)

Depression

A mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life. Possible causes include a combination of biological, psychological, and social sources of distress. Increasingly, research suggests these factors may cause changes in brain function, including altered activity of certain neural circuits in the brain. The persistent feeling of sadness or loss of interest that characterizes major depression can lead to a range of behavioral and physical symptoms. These may include changes in sleep, appetite, energy level, concentration, daily behavior, or self-esteem. Depression can also be associated with thoughts of suicide.

The mainstay of treatment is usually medication, talk therapy, or a combination of the two. Increasingly, research suggests these treatments may normalize brain changes associated with depression.

Anxiety

Experiencing occasional anxiety is a normal part of life. However, people with anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations. Often, anxiety disorders involve repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks). These feelings of anxiety and panic interfere with daily activities, are difficult to control, are out of proportion to the actual danger and can last a long time. You may avoid places or situations to prevent these feelings. Symptoms may start during childhood or the teen years and continue into adulthood.

Examples of anxiety disorders include generalized anxiety disorder, social anxiety disorder (social phobia), specific phobias and separation anxiety disorder. You can have more than one anxiety disorder. Sometimes anxiety results from a medical condition that needs treatment.

Anger

Anger can range from mild displeasure or frustration to fuming rage that can become explosive and violent. The higher the temperature, the greater the element of fear and panic mixed in the anger. Anger is a way to vent and feel a sense of control. Not uncommonly, in our effort to blow off steam, we misdirect our anger. We don’t get angry with those we should be angry with. We get angry with those we can be angry with. The latter are often the weak and the vulnerable.

Not all anger is bad, however. Many scientists theorize that anger was designed to increase social bargaining power. Gentle anger thus can be a great negotiating tool. It is a call for change. A

reason often sparks such anger, often preceded by a larger story. Similarly, anger against injustice, oppression, or severe wrongs is often justified. Justifiable, gentle anger (details below) prevents violence instead of causing it, by providing a warning before things get worse. Indeed, research shows that most anger (90 percent) does not result in violence.

There are situations, however, where anger is maladaptive. For instance, violent anger can lead to a brawl and much worse. Such anger constricts attention, thereby interfering with the open-minded and free thinking that is necessary to find creative solutions. It is also energy intensive; you can't sustain such anger for more than a few minutes before feeling depleted. In violent anger, we lose rationality and kindness and seed future embarrassment, particularly if we misdirect it. Further, violent anger seldom serves the reason that evokes it. Instead, it inflames a part of us while improving no one. It provokes counter anger. It isolates us from the world. That's a heavy price to pay.

Grief

Grief is a strong, sometimes overwhelming emotion for people, regardless of whether their sadness stems from the loss of a loved one or from a terminal diagnosis they or someone they love have received. They might find themselves feeling numb and removed from daily life, unable to carry on with regular duties while saddled with their sense of loss.

Grief is the natural reaction to loss. Grief is both a universal and a personal experience. Individual experiences of grief vary and are influenced by the nature of the loss. Some examples of loss include the death of a loved one, the ending of an important relationship, job loss, loss through theft or the loss of independence through disability.

Experts advise those grieving to realize they can't control the process and to prepare for varying stages of grief. Understanding why they're suffering can help, as can talking to others and trying to resolve issues that cause significant emotional pain, such as feeling guilty for a loved one's death. Mourning can last for months or years. Generally, pain is tempered as time passes and as the bereaved adapts to life without a loved one, to the news of a terminal diagnosis or to the realization that someone they love may die.

Outside help is sometimes beneficial to people trying to recover and adjust to a death or diagnosis of a terminal illness.

Abuse

Abuse is defined as any action that intentionally harms or injures another person.

In short, someone who purposefully harms another in any way is committing abuse. There are many kinds of abuse encountered by adults, including: physical abuse, psychological abuse, rape, sexual assault, verbal abuse, elder [and youth] abuse, financial abuse, spiritual abuse and emotional abuse. Abuse is most commonly committed by a person the victim knows and, often, lives with. When one partner abuses another, it's known as intimate partner abuse. Abuse within families is often known as domestic abuse or domestic violence (<https://www.healthypalace.com/abuse/abuse-information/what-is-abuse-abuse-definition>).

Guilt

Feeling remorse or responsible for something you've done wrong or perceived you did wrong
Relating to a specific action like making a mistake, committing an offense, or hurting someone (intentionally or unintentionally)

Shame

Feeling that you are bad, worthy of contempt, or inadequate as a person
Relating to our behavior or self, often in relation to other people's opinions, not necessarily about a specific behavior or event

(Note the important differences between Guilt and Shame. They shouldn't be confused with one another. Source for definitions of Guilt and Shame: <https://www.verywellmind.com/what-is-shame-425328>)

Low Self-Esteem

Low self-esteem is when someone lacks confidence about who they are and what they can do. They often feel incompetent, unloved, or inadequate. People who struggle with low self-esteem are consistently afraid about making mistakes or letting other people down. Having self-esteem issues can be detrimental to your health and negatively affect your personal and professional relationships. There are many reasons why you may have low self-esteem — your genes, how and where you grew up, and other life circumstances all play a role. A major factor of low self-esteem, however, comes from your own mental state. Your inner-voice or the thoughts in your head, can be constantly telling you that you are not good enough or worth anything, even if there is evidence to the contrary. Negative thinking in general is linked to low self-worth and low self-esteem. (Source : <https://www.webmd.com/mental-health/signs-low-self-esteem#>)

Adverse Childhood Experiences (ACE)

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems
- mental health problems
- instability due to parental separation or household members being in jail or prison

Please note the examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and wellbeing.

ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented.

Source: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

(Psychosocial Support helps people to become resilient and provides the basis for a person to move from low self-esteem to that individual have a sense of worth and well-being. Of course, it is a journey with many barriers, but they can be overcome.)

Familiarity with the above definitions of psychological terms enhances psychosocial work, and there are related terms that will contribute a deeper understanding of this work. They should be sought out online or from other credible sources.

Symbols of Hope

The Symbols of Hope Exercise provides training participants the means to share where they have found Hope in the midst of violent and other forms of conflicts in their lives—and maybe in life in general. Through the exercise, joy, laughter and wisdom may be expressed, reflecting the inherent resilience still present in the people of South Sudan.

Step 1: Prepare the training room by placing chairs in a circle with a table in the middle of this circle.

Step 2: Put colorful clothes on the table and place a candle in the center. A few flowers or palm branches can also be put on the table.

Step 3: Prepare a ‘talking piece’ that can be passed from person to person. When the talking piece is in hand, the speaker is the focus of the group and everyone is asked to listen closely to what is being said.

Step 4: Once everyone is sitting in the circle, the trainer/facilitator of the process will explain that for people to share the symbol of hope they brought with them—being asked to do this prior to coming to the training.

Step 5: The trainer/facilitator will focus on the speaker along with everyone else and will not necessarily ‘respond’ to what is said, but let the speaker know that their story is heard—by thanking them for what they said and acknowledging their emotions. Once the trainer/facilitator is clear that the person has ended their story, the talking piece is passed to the left.

Step 6: The person receiving the talking piece can share their story of hope or ‘pass’ and give the talking to their left.

Step 7: When the next person speaks, holding their symbol of hope (or drawing if they didn’t bring a symbol from their home), then they place their symbol of the table in the center of the circle.

Step 8: Once everyone has spoken it is important to “go around” again to give those who “passed” in the first round an opportunity to speak.
(They may ‘pass’ again, which is fine!)

Step 9: When the sharing of their symbols is finished, take a minute or two in silence and then celebrated the moment and the stories of hope participants shared.

The above exercise is a good and meaningful way to end the workshop. An evaluation of the training should then take place.

