



MANUAL

**YOUTH-CENTRED CAPACITY
BUILDING ON MENTAL HEALTH
AND PSYCHOSOCIAL SUPPORT
AND THE AFRICAN UNION
TRANSITIONAL JUSTICE POLICY**

A TRAINING MANUAL FOR
CIVIL SOCIETY ORGANISATIONS



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Introducing the training manual

Note for civil society organisations/facilitators

This training manual is intended to serve as a resource to guide civil society organisations (CSOs) as they develop and facilitate mental health and psycho-social support (MHPSS) and African Union Transitional Justice Policy (AUTJP) training programmes with youth in conflict-affected communities. This manual does not include a comprehensive account of all MHPSS challenges and appropriate interventions. CSOs should aim to adapt the manual to their specific contexts to ensure that programmes are appropriate and meaningful to their intended community.

The manual provides guidance on how to design programmes that are youth focused, and includes basic concepts and key themes that should typically be considered when designing and facilitating training with youth on MHPSS and the AUTJP.

The rest of the manual is divided into seven sections:

- 1** Section 1 outlines the key issues, approaches and principles that are relevant for consideration when working with youth in conflict affected contexts.
- 2** Section 2 discusses the importance of capacitating youth on MHPSS and the AUTJP adopted in this manual.
- 3** Section 3 provides the frameworks and themes on MHPSS as well as the AUTJP and transitional justice in Africa.
- 4** Section 4 provides a guide on workshop session plans for youth-centred MHPSS and AUTJP training.
- 5** Section 5 discusses safety and well-being for CSOs.
- 6** Section 6 provides closing thoughts around the manual.
- 7** Section 7 provides a list of references for further reading.

Capacitating youth on MHPSS and the AUTJP

The AUTJP and youth

The AUTJP is a comprehensive policy that outlines and guides transitional justice processes on the African continent, building on African experiences. The policy aims to act as a 'guideline for states to develop their own context-specific comprehensive policies, strategies and programmes towards democratic and socio-economic transformation, and achieving sustainable peace, justice, reconciliation, social cohesion and healing'.¹ It succinctly describes the processes through which African countries can undertake transitional justice with consideration of the contextual factors unique to the African context.² As highlighted in this manual, working with youth is critical to realising lasting peace and rehabilitation for communities undergoing transitional justice. Including youth in the design and implementation of transitional justice is both a human rights responsibility as well as a strategic approach to realising sustainable peace.

It is important to facilitate discussions on the indicative elements of transitional justice as outlined in the policy, which provides clear guidelines on how states can go about implementing transitional justice in their contexts. These elements are:

- Peace processes
- Transitional justice commissions
- African traditional justice mechanisms
- Reconciliation and social cohesion
- Reparations
- Redistributive (socio-economic) justice
- Memorialisation
- Diversity management
- Justice and accountability
- Political and institutional reforms
- Human and people's rights.

When facilitating training with youth, it is important to simplify these processes and emphasise the role of MHPSS as a vehicle to drive the transitional justice processes as guided in the AUTJP, as well as a key approach that enables societies to realise holistic healing and sustainable peace. Integrating MHPSS in transitional justice deepens its restorative and healing effects and empowers communities to participate in a way that is meaningful and based on local practices to respond to the transitional justice needs of the community.

During trainings, facilitators could encourage participants to discuss their current or envisioned role across the different elements, and share their perspectives on how these could be effectively implemented in their context.

Those designing trainings on MHPSS and the AUTJP for youth should take into account the challenges that youth may face living in conflict-affected communities. They should also be alert to the following:

- Levels of education and how these may have been disrupted
- Current understandings of MHPSS and the AUTJP and what this means for youth in conflict-affected communities
- Sensitivity of mental health topics and existing stigma
- Sensitivity of violence and the role played by youth
- The need to empower youth with practical and meaningful information that can be used to drive certain behaviour change and/or social action.

It is therefore important to adapt trainings to the context in order for participants to derive as much benefit as possible from the process, beyond a mere knowledge of technical terminology.

There is also a need to consider the opportunities that youth may present to benefit programmes to raise awareness on MHPSS and the AUTJP. These include:

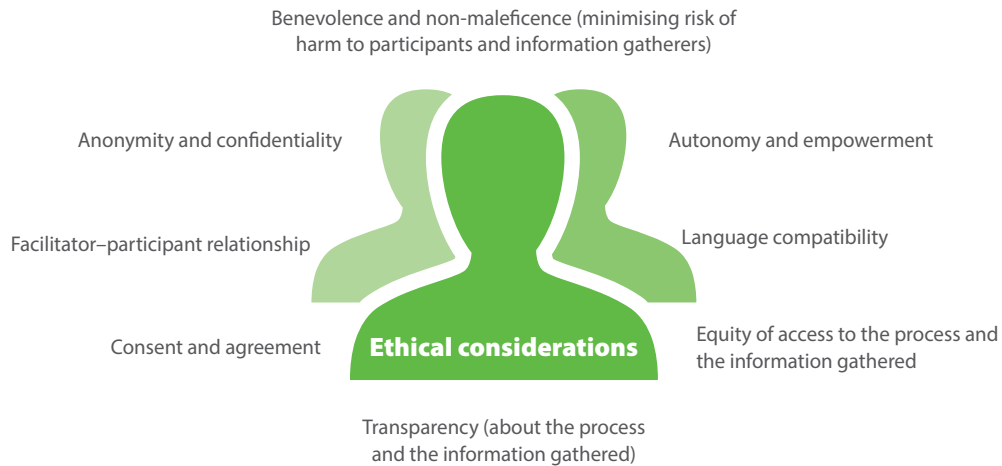
- Exploring existing initiatives which are often led by youth and how these can be strengthened and the youth consulted as collaborators in efforts to integrate MHPSS and the AUTJP
- Taking into account local knowledge and wisdom on the social fabric, norms and values
- Looking for the strengths in these, collaborating and encouraging participation. For example, honour the local language used to describe mental health challenges and the ways in which communities have been able to overcome or cope with these challenges, or consider traditional mechanisms of justice and the role they play in the community.

Ethical considerations

Competencies for facilitating trainings on MHPSS with youth

Facilitating trainings on MHPSS with youth requires the following knowledge, attitudes and skills.

● A commitment to ensuring that the process is ethical (ethical considerations)



● An understanding of trauma and the impact of trauma

As discussed in this manual, it is important to have an understanding of trauma, including historical trauma and how it affects individuals, families and societies. Following this understanding, it is important to ensure that interventions and initiatives are designed in a trauma-informed manner that considers and avoids circumstances that may resemble or repeat traumatic and distressing experiences and that aims to restore a sense of safety, power and worth to survivors.

● Recognition of power dynamics

This involves recognising that the participant may have experienced significant trauma – including, in many cases, the loss of their sense of being in control and their sense of a predictable world.

Give the participant as much information as they can take in about what is going to happen so that they know what to expect. For example, orient the participants to the content and training schedule, and determine and set the rules and boundaries of the exchange together.

Ensure that the training focuses on empowering participants as much as possible (or, at the very least, that it is not disempowering in any way).

Using a participatory approach ensures that participants are actively involved in their own capacity building. Ask yourself: How can we give the participant more power in the process – before, during and after the training?

● Commitment to ensuring safety

Ensuring safety starts from the moment you are planning your engagement with the participants.

It continues throughout both your engagement with the participant and beyond your engagement, for example ensuring they receive any necessary additional mental health and psychosocial support, and in how the information is used or presented to others.

When participants feel safe in a space, they are more likely to engage and share their experiences.

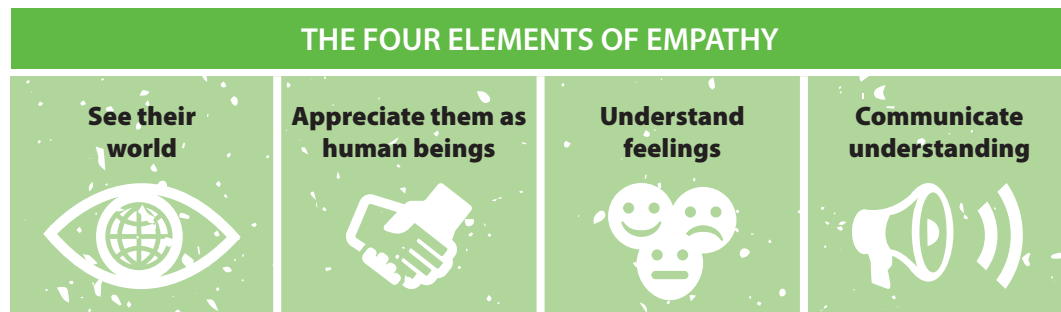
When you feel safe you can be more sensitive and empathetic to the participants, better able to recognise the signs and symptoms of trauma, and less likely to become stressed or traumatised yourself by the engagement.

Safety should also include the facilitator's safety.

● Empathy

'Empathy is the capacity to understand another person's experience from within that person's frame of reference.'³

It is being able to consider what the other may be feeling and experiencing given their position or circumstances, communicating that you understand how they may be feeling from their point of view, and having the capacity to respond to their needs in a way that is meaningful and helpful to them.



Source: Wiseman, Theresa.²¹

● Cultural sensitivity

Being culturally sensitive involves:

- Respecting culture and beliefs
- Being open-minded
- Being upfront about things you do not know and asking questions about a person's culture and beliefs
- Doing your best to understand the interviewee's culture and religion
- Honouring boundaries.

● Containment and support skills

When facilitating trainings on MHPSS and the AUTJP, it is likely that some themes may evoke emotional reactions from those sharing and those listening. One of the important skills to have is the ability to offer containment skills that acknowledge the person's or group's experiences, validates them and normalises the reactions. This should be followed up with appropriate exercises that help calm and regulate the group's emotions where necessary. An example of a grounding technique that may help with this is the 5, 4, 3, 2, 1 technique, illustrated below.

ANXIETY GROUNDING TECHNIQUES

Focus on your breathing



Ask the groups to take a few deep breaths and then follow the prompts as shown in the diagram. This works to recall and remind the group of where they are physically (for those who may have mentally left the room due to a triggering memory) or help regulate the emotions that may have been evoked as a result of the discussion or exercise. Encourage the group to share ways in which they regulate and calm their emotions and, if appropriate, this can be demonstrated in the session.

1.

Background, rationale and approach

Many communities are affected by violent conflicts, epidemics and climate-related disasters, which has rendered millions of people vulnerable and in need of assistance and protection. The impact of these events is often life-altering and leaves lifelong physical, mental, social and financial scars on those affected. Many countries in conflict often experience multiple and continuous events that leave them with reduced psychological well-being, high levels of stress, fractured social relations and destroyed infrastructure, adding to the mental health and psychosocial impacts on communities.

According to the World Health Organization (WHO),⁵ one in five people living in contexts affected by violence and conflict experience mental health conditions, including depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder and schizophrenia. The direct contributing factors to these mental health conditions include witnessing violence, grief and loss, and displacement from homes. These experiences cause immense suffering to communities and may result in fragmentation and general mistrust among neighbours, as well as an inability to mobilise in times of need. Communities with depleted mental health and psychosocial support (MHPSS) resources often struggle to respond to the needs of their members and may be unable to rebuild following conflict.

The growing recognition of the devastating impact of conflict and violence on mental health has given rise to more inclusion of MHPSS in humanitarian efforts as well as the integration of MHPSS into transitional justice processes. This is a major step in realising lasting peace, improved mental well-being and restored social relations in communities undergoing transitional justice.

The African Union Transitional Justice Policy (AUTJP) is an important launch pad not only towards realising the protections against violence, but also engaging and driving the interventions necessary for rehabilitating communities post conflict.

Key to efforts towards realising sustainable peace is the intentional inclusion of youth as collaborators, drivers and recipients of MHPSS and transitional justice mechanisms.

Research with African youth in conflict-affected contexts (Burundi, the Democratic Republic of the Congo, Mali, South Sudan) highlighted the role that MHPSS plays in transitional justice processes, and pointed to the detrimental effects of failing to prioritise MHPSS when undertaking such processes.⁶

This research demonstrated the potential of youth to drive the popularisation of the AUTJP and engage communities and state institutions on the importance of MHPSS integration.

1.1 Experiential learning approach

Designing workshops that provide opportunities for youth to participate ensures that they are able to engage with topics in a meaningful way, which facilitates consolidation of the material being taught. To this end, the manual uses the experiential learning approach,⁷ which is based on the understanding that learning must be grounded in lived experience. This approach emphasises that the experience of applying theories and concepts enhances the learning processes.

This approach is relevant for training youth in MHPSS and the AUTJP as it enables the level of engagement required when offering training on new or unfamiliar topics. The aim of training youth in MHPSS and AUTJP is to capacitate them to actively participate in their own and their community's processes of healing, peacebuilding, justice and reconciliation. For this to happen, youth should be able to relate to the topics and practically see their role in their communities' healing and transitional justice.

This means that the structure of the training programme and the activities should allow for and facilitate the following experiential learning process:⁸



Experience: Provide opportunities for youth to share experiences. In conflict-affected communities, it is not unusual to have conflicting views, sometimes to volatile degrees, on the impact of the conflict. This is due to social fragmentation and mistrust. Generating opportunities for sharing experiences gives participants a safe space in which to have their story heard, which can be cathartic. It is important for facilitators to manage this carefully. If participants get overwhelmed while sharing or listening to others, appropriate containment skills should be applied (see section 7.1: Competencies for facilitating trainings on MHPSS with youth).

The experience phase may also be structured to enable participants to 'do' something. 'Doing' includes a range of activities, such as participating in a case study, role play, simulation game, or listening to a lecture, watching a film or slide show, practising a skill or completing an exercise.



Reflection: During this stage, participants reflect on the activity undertaken during the experience stage. They share their reactions in a structured way with other

'When I hear,
I forget.
When I see,
I remember.
When I do,
I understand!'

– Chinese proverb/
saying

members of the group. Either individually, in small groups or as a full learning group, they process the activities which they have experienced. The facilitator helps the participants to think critically about the experience and to talk about their feelings and perceptions, then highlights commonalities among the reactions while validating the different experiences. The facilitator should also help participants to make connections between what they have experienced and how they can move toward drawing conclusions.



Generalisation: During this stage, participants form conclusions and generalisations that might be taken from the first two phases of the cycle. The facilitator helps participants critically draw conclusions that might apply to 'real life'. This stage is best captured by the following questions: What did you learn from all this? What more general meaning does this have for you?

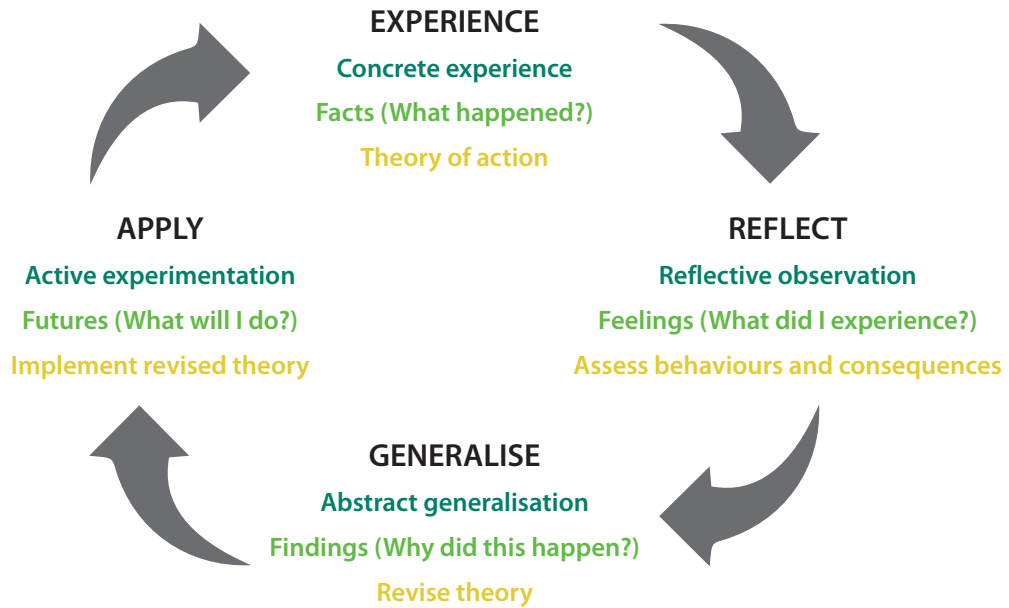


Application: The facilitator guides the participants into the application stage. Drawing on conclusions reached during the generalisation and previous stages, participants can begin to incorporate what they have learned into their lives by developing plans for more effective behaviour in the future and/or active engagement in transitional justice processes, either as leaders and mobilisers or as participants and supporters.

Techniques used to facilitate the application stage can include action plans, reviewing each other's action plans, formulating ideas for action, sharing action plans with the whole group, and identifying additional learning needs to strengthen skills and knowledge. For example, participants may be interested in learning more about how they can strengthen the participation of youth in traditional justice processes or how to accompany survivors during national hearings. This allows participants to develop actionable goals.

For young people from conflict-affected communities, 'trauma, psychological adjustment, resilience, and...[their] mental health...must be viewed as a dynamic process, rather than as a personal trait.'⁹ Youth in these contexts have to contend with general developmental challenges, as well as the added stress placed on the systems meant to nurture their growth and development. The physical and emotional systems that are compromised during conflict include the immediate family, friends and peers, school and community settings, and cultural and political belief systems.¹⁰

EXPERIENTIAL LEARNING CYCLE



1. Davis Kolb

2. Roger Greenaway

3. Chris Argyris and Donald Schön

Adapted from www.edbatista.com/2007/10/experiential.html

2.

The importance of capacitating youth in MHPSS and the AUTJP

Youth make up 70% of the sub-Saharan African population.¹¹ With violent conflicts continuing to plague societies, youth are disproportionately affected, both as victims of attacks and as perpetrators (willing or coerced). There is a growing recognition of the integral role that youth play in society and the AUTJP highlights children and youth as essential population groups to consider in transitional justice processes.

Placing youth at the forefront of transitional justice processes has the potential to not only address the current destructive impacts of conflict in society, but also ensure that society realises sustainable peace, breaks cycles of violence and ensures guarantees of non-repetition. MHPSS offers essential avenues for meaningful and sustainable healing and restoration of a society post conflict. Unresolved trauma among affected youth can hinder reconciliation efforts and perpetuate cycles of violence, impacting a country's ability to rebuild and move forward. It is therefore important to include youth as key participants, collaborators and drivers of transitional justice processes through the lens of MHPSS.

Youth also play important roles as leaders of organisations and families. Ensuring that they are adequately capacitated thus not only benefits them as a group, but also benefits the entire society, both present and future.

Capacity-building workshops can help youth develop skills, knowledge and resources to achieve their goals and also empower them to become active citizens in their communities.

Growing evidence for youth-focused MHPSS programming in conflict-affected countries suggests that structured group activities and community-focused interventions with youth are able to significantly improve their mental health and well-being.¹²

2.1 Transitional justice

Transitional justice aims to address challenges that emerge from historical violations and affect countries as they strive to transition from war or authoritarian rule to fair, inclusive and democratic societies. More often than not, such societies are emerging from a past of brutality, exploitation and victimisation. According to the Report of the Secretary-General on the Rule of Law and Transitional Justice in Conflict and Post-Conflict Societies, transitional justice is

the full range of processes and mechanisms associated with a society's attempts to come to terms with a legacy of large-scale past abuses, in order to ensure accountability, serve justice and achieve reconciliation. These may include both judicial and non-judicial mechanisms, with differing levels of international involvement (or none at all) and individual prosecutions, reparations, truth-seeking, institutional reform, vetting and dismissals, or a combination thereof.¹³

2.2 African Union Transitional Justice Policy

The AUTJP was adopted by the AU Heads of State and Government in February 2019 in Addis Ababa, Ethiopia. The purpose of the AUTJP is to encourage member states to broaden their understanding of justice beyond retributive justice to encompass restorative and transformative measures found in traditional African systems. The AUTJP recommends that member states enacting transitional justice measures incorporate socio-economic rights. It encourages states to design reparation programmes that would address the structural nature of economic and social rights violations and that non-state actors and beneficiaries should be encouraged to participate in such programmes.

3.

Conceptual framework

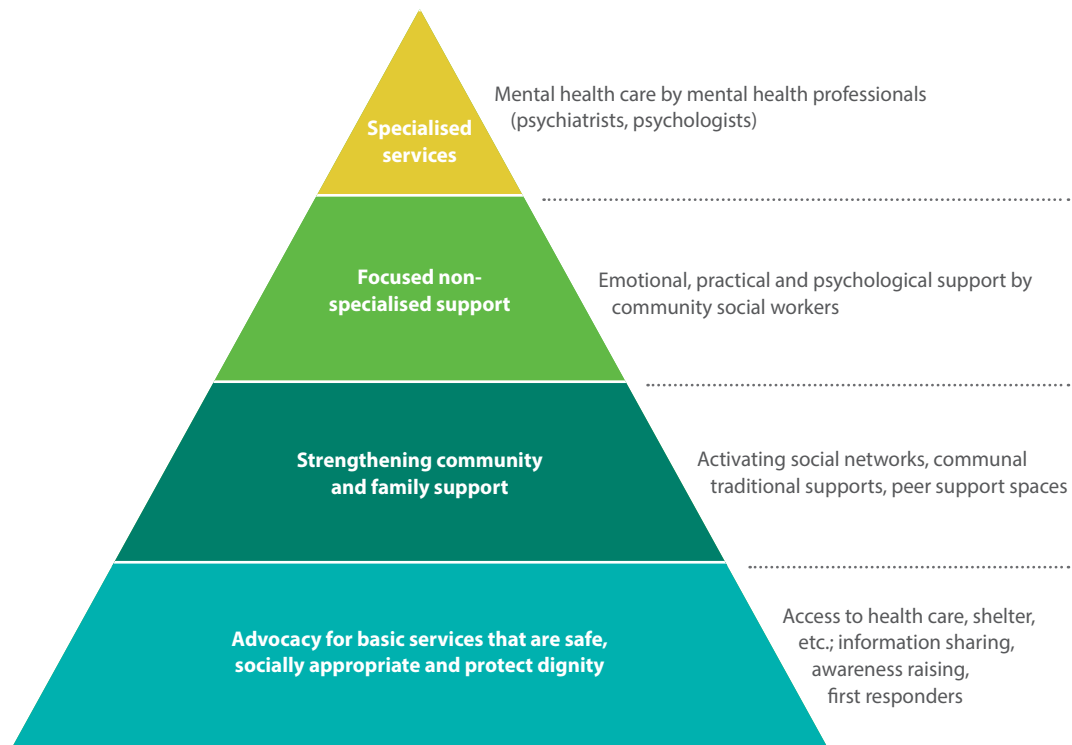
3.1 Mental health and psychosocial support

Mental health and psychosocial support refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders. During and post conflict, communities may face mental health and psychosocial problems such as social problems, emotional distress, common mental disorders such as depression and PTSD, severe mental disorders such as psychosis, alcohol and substance abuse, and intellectual or developmental disabilities.

Youth, being the largest population group in sub-Saharan Africa, are at high risk of being affected by trauma and presenting with a number of mental health and psychosocial challenges. During and post conflict, MHPSS provides critical tools for recovery from trauma and forms the basis for the psychosocial healing of communities.

Designing MHPSS programmes requires a layered system of complementary support that meets the needs of different groups in different contexts. This multilayered approach is based on the assumption that each layer provides specific services and continuously assesses needs in order to appropriately refer survivors to other layers. Psychoeducation and advocacy are major tools of the approach, which enables movement between layers in order to ensure programming and interventions that respond to the holistic needs of communities. This layered approach further relies on a strengths-based approach where the community is provided with the necessary tools, information and resources to enable community-led programmes as far as possible.

The Inter-Agency Standing Committee's (IASC) Intervention Pyramid for MHPSS in emergencies is shown in the graphic below:¹⁴



3.2 Key principles for designing MHPSS programmes

The following are essential principles for designing MHPSS programmes for youth in conflict-affected communities:

- **Youth-led:** It is important to ensure that programmes are youth-led and/or provide opportunities for youth to take a leading role in trainings. One way to achieve this is by assessing the needs of youth in the targeted contexts to ensure that the training programme is relevant and that youth have a say in what themes or topics are included.
- **Ensure participation and empowerment:** Young people in conflict-affected contexts may face challenges of exclusion and stigmatisation, and may not feel equipped to participate or voice their opinions during programmes. Prioritise active and inclusive participation in training programmes to ensure that youths engage meaningfully with the content.

- Consider youths' developmental needs:** Various needs and challenges may hinder youths' participation in awareness-raising programmes. These may include:



- Adopt a strengths-based perspective:** Integrate planned topics with contextually relevant understandings and experiences of MHPSS and transitional justice. Involving youth from the onset will ensure that programmes are informed by local voices. Offer opportunities for youth to lead discussions and use role plays to provide peer-learning experiences.

4.

Session plan for youth-centred MHPSS and the AUTJP

4.1 Understanding mental health and psychosocial support

The term ‘**mental health**’ denotes psychological well-being. It affects how we think, feel and behave. It affects how we handle stress, relate to others and make choices. Mental health interventions aim to improve psychological well-being by reducing levels of psychological distress, improving daily functioning and ensuring effective coping strategies.

Such interventions are overseen by a mental health professional and target individuals, families and/or groups.

Mental health challenges affecting youth in conflict-affected communities include anxiety, loneliness and insecurity, aggression,¹⁵ social withdrawal, psychosomatic symptoms, suicide ideation and emotional withdrawal.

The term ‘**psychosocial**’ describes the interconnections between the individual (i.e. a person’s ‘psyche’) and their environment, interpersonal relationships, community and/or culture (i.e. their social context).

Examples of psychosocial support activities include support groups and self-help groups for women, youth or people with disabilities; structured play activities for children; mind–body approaches such as relaxation and breathing exercises; storytelling; music making; sports; handicraft or vocational courses; community-based support activities; psychoeducation and awareness raising.

Psychosocial support is essential for maintaining good physical and mental health and provides an important coping mechanism for people during difficult times. Psychosocial support initiatives provide opportunities for communities in or post conflict to address the psychosocial

Provide opportunities for participants to share their views on mental health challenges that youth in their contexts face.

Provide opportunities for participants to share the existing psychosocial support activities in their community. This discussion often provides an awareness of the various activities that can be defined as psychosocial support and highlights gaps that may exist in the community – opening opportunities for advocacy for MHPSS.

impacts of the conflict, such as issues of stigma and othering, mistrust and blame, socio-economic discrimination and fragmented social dynamics.

Such activities need not be led by mental health professionals.

As noted earlier, the term '**mental health and psychosocial support**' refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders.

4.2 Community-based healing interventions in conflict-affected communities

What are community-based healing approaches?

Community-based approaches are ways of working in partnership with affected communities that recognise their resilience, capacities, skills and resources and that build on these to deliver the required activities and services. Community-based approaches rely on contextual practices and norms to inform the implementation of activities and services in a particular community. Such approaches work to support communities in re-establishing familiar cultural patterns and local support structures, which generates community healing.

Community-based healing interventions 'tend to provide a deeper foundation for sustainable peace, as they prioritise rehabilitation and development, which in turn provide greater chances of restoring and developing relationships within groups'.¹⁶ Through nurturing social relationships, and breaking the cycles of trauma and violence, communities are able to strengthen their resilience and social cohesion, which can effectively drive social change.

MHPSS places communities at the centre of interventions and programmes. Ensuring that youth participation is at the forefront of programmes enables information and resources to be meaningfully distributed across systems in the community. Utilising the existing strengths in communities when designing MHPSS and AUTJP capacity programmes not only ensures the sustainability of the interventions, but empowers youth in communities to take ownership of programmes, long after specific interventions have ended.

The AUTJP is founded on belief in policies and programming that actively engages communities in Africa to drive contextually sound and meaningful transitional justice processes. The AUTJP offers ample opportunities for communities to utilise existing mechanisms to engage transitional justice processes, which ensures the overall sustainability of transitional justice in conflict-affected communities. In this way, the AUTJP is retrospective in addressing the past, contextually relevant and progressive in centring communities in the implementation of transitional justice, and forward thinking in its intention to integrate youth as drivers of transitional justice processes.

4.3 Understanding trauma and its impact

In order to develop a foundational understanding of MHPSS, it is important to dissect the key themes contained in MHPSS. This also entails discussing issues that MHPSS seeks to address as well as their impacts on individuals and society. This section provides an understanding of trauma as an umbrella issue in conflict-affected communities. The section also explains MHPSS as a composite term and provides activity examples for facilitators to encourage participation from the youth. Finally, the section guides facilitators on how to capacitate the youth on the AUTJP.

Here, facilitators could use brainstorming to encourage participants to engage using their existing knowledge of trauma and its effects, before following up with relevant terminology where necessary. The aim is to generate a clear understanding of what trauma is in a way that is meaningful to participants.



A common erroneous belief is that trauma and/or mental health issues relate only to individuals and the challenges they face in managing their mental health as a result of some life stressor or traumatic/distressing event. This flawed view can create stigma and hinder access to much-needed services for those who need them. This view can also make people apprehensive about engaging with mental health services.

Mental health is not only an individual issue. Rather, it encapsulates an array of actors and systems that play various roles as both causes of mental health issues and recipients of its effects. This includes families, friends, neighbourhoods, clubs, schools and religious institutions. So, when a person struggles with mental health issues, this not only affects that particular individual, but all the systems to which that individual belongs. Thus, if you have more than one individual struggling with mental health challenges, this means that multiple, often overlapping, systems are affected.

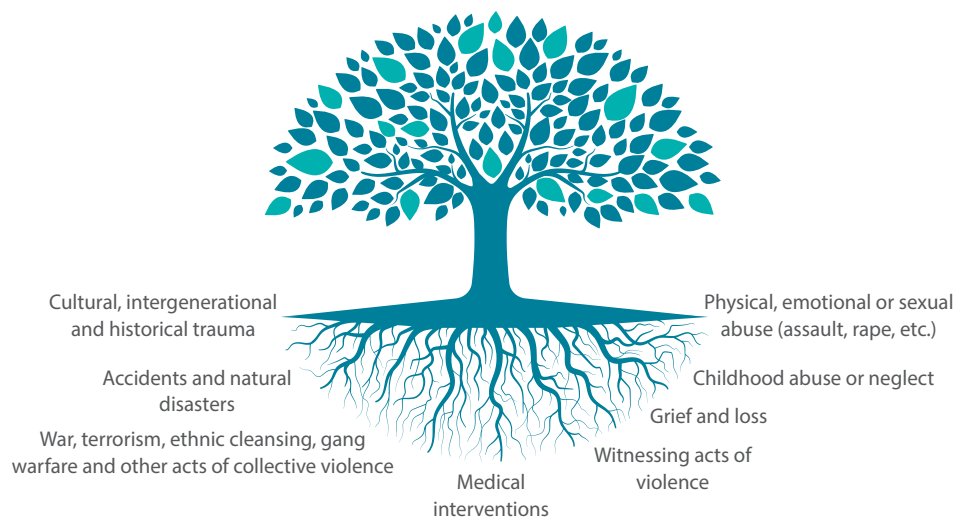
The flawed view is therefore harmful to and undermines holistic approaches to addressing the collective impacts of violence and distressing/traumatic events.

4.4 Understanding trauma

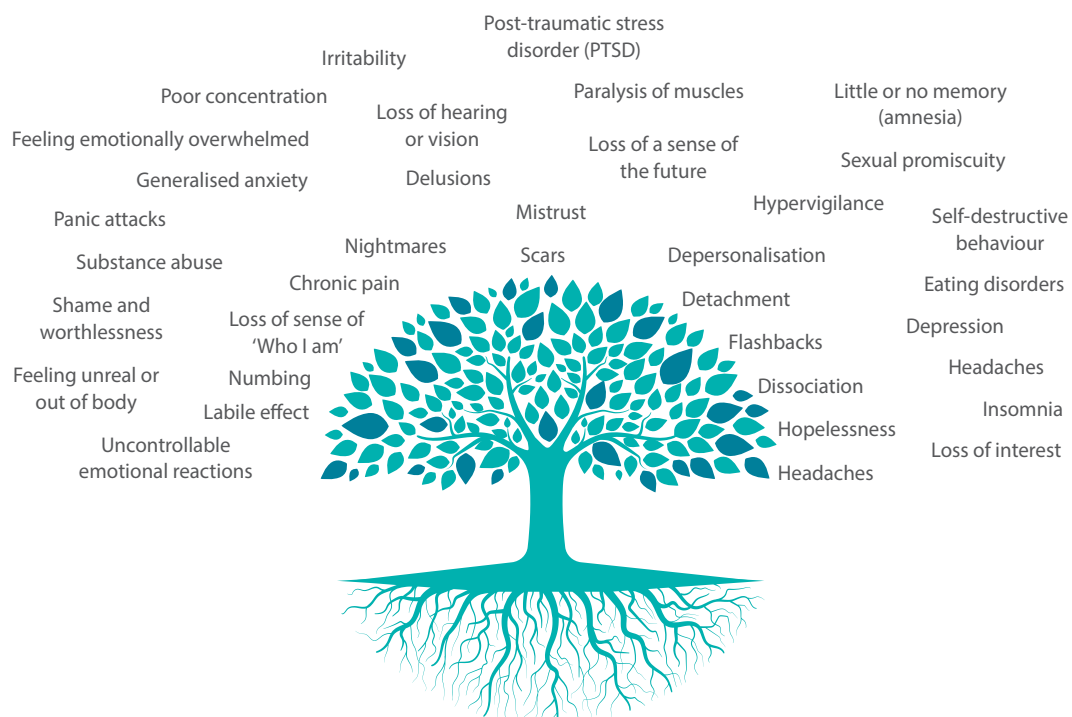
What is trauma?

Psychological trauma is defined as an experience where someone has witnessed or been confronted with a frightening event that involved actual/threatened death, serious injury to self or others and created intense feelings of fear, helplessness or horror. The experience may result in challenges in functioning or coping after the event.

Sources of trauma



Impacts of trauma



4.5 The body's response to trauma: Fight, flight, freeze, fawn

Fight, flight, freeze and fawn are four common ways our bodies respond to trauma. When the information from our senses reaches our brain and is perceived as a threat, the body goes into protection/survival mode by sending blood to the large skeletal muscles (like the legs) and shooting hormones (such as adrenalin) into the bloodstream. These chemicals raise our blood sugar, heart rate, blood pressure and pulse; slow our digestion; dilate our pupils; and cause us to breathe more shallowly. This makes our bodies immediately stronger and faster in order to fight, run, hide or comply.

Groups of people can experience these trauma responses which can make them act in certain ways. Encourage discussions on whether participants have experienced or witnessed these reactions in individuals and groups (or the community).

Flight, fight, freeze, fawn

FIGHT

The body's way of facing a threat aggressively

- Crying
- Hands in fists, desire to punch
- Flexed/tight jaw, grinding teeth
- Fight in eyes, glaring, fight in voice
- Desire to stomp, kick, smash with legs, feet
- Feelings of anger/rage
- Knotted stomach/nausea, burning stomach

FLIGHT

The body's urge to run away from danger

- Restless legs, feet/numbness in legs
- Anxiety/shallow breathing
- Big/darting eyes
- Leg/foot movement
- Reported or observed fidgety-ness, restlessness, feeling trapped

FREEZE

The body's inability to move or act against a threat

- Feeling stuck in some part of the body
- Feeling cold/frozen, numb, pale skin
- Sense of stiffness, heaviness
- Holding breath/restricted breathing
- Sense of dread, heart pounding
- Decreased heart rate (can sometimes increase)

FAWN

The body's stress response to avoid conflict by pleasing someone

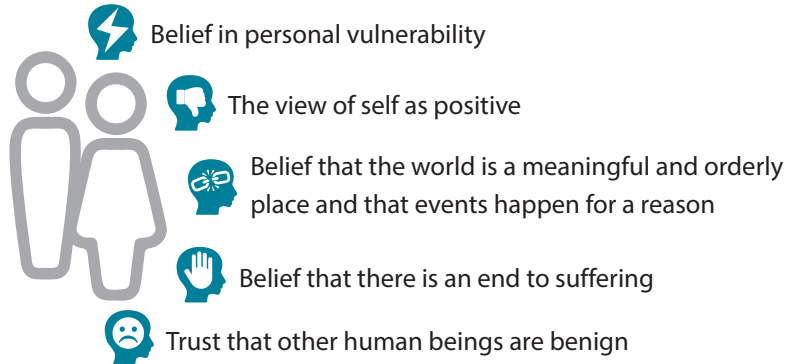
- Over-apologising to others
- Difficulty saying no
- Excessive flattery of the other person
- Going out of one's way to please others
- Neglecting one's own needs
- Pretending to agree with others

4.6 Impacts of trauma

Trauma affects people in different ways. Not everyone who experiences an event becomes traumatised. Below are some examples of ways in which trauma can affect people.

Shattered assumptions

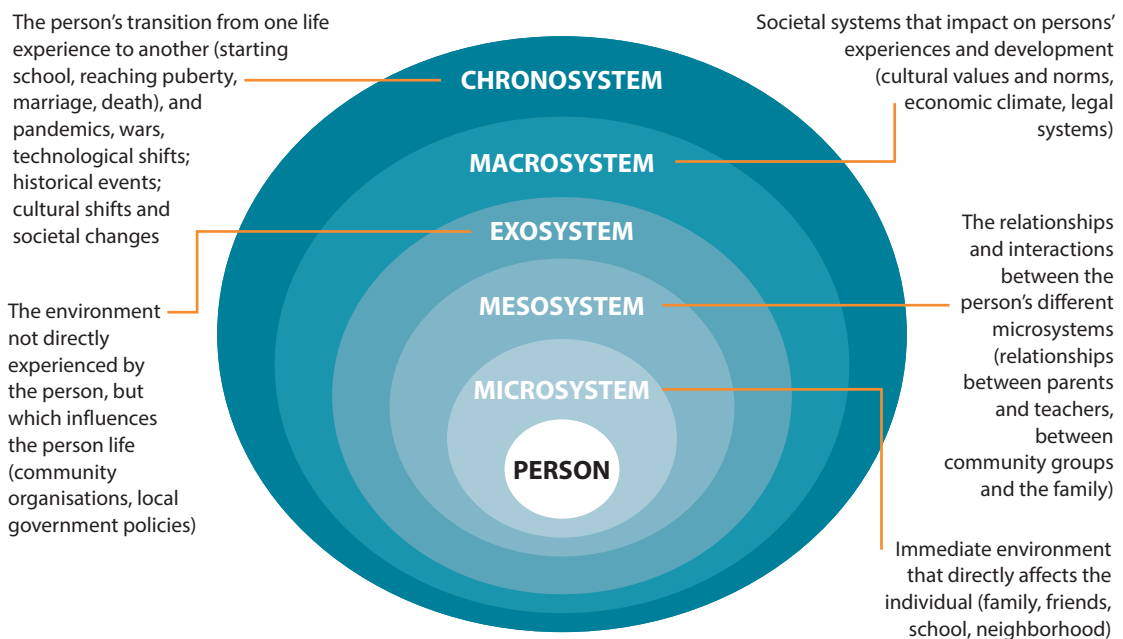
For many, trauma shatters their assumptions about themselves and the world around them.¹⁷



Impacts on systems

Addressing the impacts of violence requires a holistic view of the person and all systems they belong to. American psychologist Urie Bronfenbrenner notes that a person's development is affected by everything in their surrounding environment – from their immediate settings of family and school (microsystems) to broad cultural values, laws and customs (macrosystems).¹⁸

Bronfenbrenner's theory highlights that there is a need to consider the role and status of communities in their ecological context to assess the opportunities and limitations inherent in working with them.



To successfully effect change in societies affected by conflict, the impact of conflict and trauma on all systems needs to be addressed, and relationships need to be strengthened between individuals and their social, cultural, economic and political environments. These systems can either nurture or hinder a person's development. Impaired individual and social functioning leads to increased mental health issues.

Post-traumatic stress reactions

Most people who go through traumatic events have temporary difficulty adjusting and coping, but with time and good self-care, they get better.

However, if a person fails to recover after experiencing or witnessing a traumatic event, and the symptoms get worse and interfere with their day-to-day functioning, they may have PTSD. The condition may last for months or years, with triggers that can bring back memories of the trauma accompanied by intense emotional and physical reactions.

Symptoms of PTSD can be categorised into three clusters:

- | | | |
|--|--|---|
| <p>i re-experiencing the traumatic event through dreams, flashbacks and intrusive, distressing thoughts</p> | <p>ii avoidance and numbing, characterised by phenomena such as avoidance of trauma reminders and numbing of emotions</p> | <p>iii hyperarousal, characterised by phenomena such as difficulties sleeping and concentrating, irritability and hypervigilance</p> |
|--|--|---|

Treatment includes different types of psychotherapy as well as medications to manage symptoms.

Continuous traumatic stress

Whereas PTSD involves feeling threatened and frightened even when one is no longer in danger, continuous traumatic stress (CTS) involves living in conditions in which there is a real and ongoing risk to one's safety.

The ongoing nature of CTS leaves very little space to be able to address past trauma. In addition, CTS builds on the impact of past trauma and reduces one's resilience. People who are exposed to danger repeatedly and/or over a long period of time may develop continuous traumatic stress disorder (CTSD).

Symptoms may include panic attacks, dissociative disorders, general sickness and immune deficiency, impulsive behaviour, insomnia and self-destructive behaviours such as substance abuse.

Treatment for CTSD involves a combination of medical treatment, counselling, education and skills development, designed to help survivors develop new ways to manage their responses to stress.

Collective trauma

The reactions and effects discussed above are often experienced by a community of people to varying degrees and are often as a result of collective trauma experienced during and post conflict. Collective trauma refers to a traumatic event that is experienced by a group of people. It may involve a small group, like a family or an organisation, or an entire society.

Traumatic events that affect groups include things like plane crashes, natural disasters, mass shootings, famines, wars or pandemics, such as the COVID-19 pandemic. People do not necessarily need to have experienced the event first-hand in order to be changed by it. For example, watching the events unfold on the news can be traumatic.

Sometimes, the shared pain of collective trauma can lead to solidarity and promote healing. For example, individuals may defend against a common threat and find meaning in their experience together.

However, when an entire society is affected by trauma, healing is often more difficult. Pain may be widespread and unhelpful responses may become normalised, with entire communities struggling to move forward. For example, diverse groups may develop, and reinforce negative views about each other based on perspectives regarding the conflict, which are often spread by perpetrators of conflict. This mistrust or negative views may lead to discrimination and isolation of a particular group or even to repeated cycles of violence.

Generally, collective trauma leads to significant shifts in the way people in a culture behave, feel, work together, raise their children and so on.

Intergenerational trauma/transgenerational or historical trauma

This refers to the ways in which historical and cultural events impact future generations – how traumatic events, such as war, violence, and genocide, affect the children, grandchildren, and future genealogies of survivors.¹⁹ These legacies leave long-lasting imprints on individuals, families and communities and affect the historical narratives of societies. Youth are most affected by transgenerational trauma, both as affected children and as survivors who live with the long-lasting effects of conflict. Transgenerational trauma can infiltrate societies through:

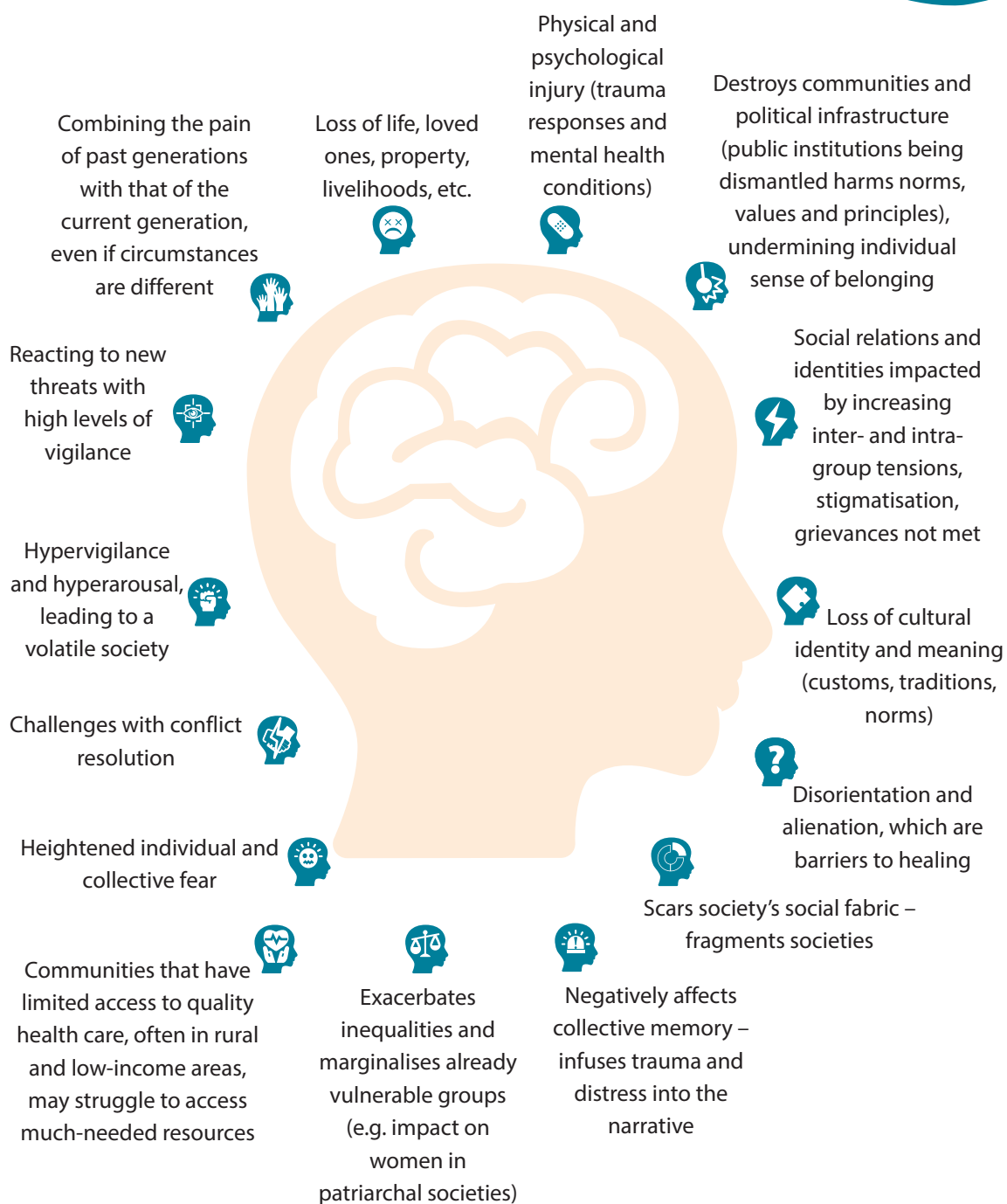
- Maternal exposure, which refers to both the mother's exposure to traumatic events or maltreatment during pregnancy as well as the child's experience of these during their childhood. Research shows that in both circumstances, pregnancy and birth outcomes may be influenced by the mother's experiences of trauma leading to risk of adverse birth outcomes.²⁰
- Children born out of conflict-related sexual violence may be exposed to negative experiences related to the circumstances of their birth such as societal attitudes, norms and stigma. With sexual violence victims, there may be challenges in the attachment from mother to child which has negative impacts on the child's development.²¹
- Long-lasting survival mode, a situation where individuals, families or communities exist in a chronic state of stress which develops as a maladaptive response to long-term danger, conflict or other distressing experiences such as war, crime or natural disasters.²²

- Physical and mental well-being of survivors. This refers to the effects of injuries and other health conditions resulting from the conflict have on the ability of communities to function in a healthy way. For example, how physical or mental impairment from violent conflict may affect parents' ability to provide for their children.
- Ways in which a society deals with the aftermath of conflict.

4.7 Impacts of unresolved/unprocessed trauma on communities

The impacts of unresolved and unprocessed trauma can include the following:

Allow participants to brainstorm impacts that they can identify from their society. This list is not meant to be exhaustive but to prompt discussions.



5.

Safety and well-being for CSOs

5.1 Impact of working in contexts marked by trauma and violence

CSOs working in contexts affected by conflict are not only exposed to others' suffering, but may be affected as part of the communities they work in. CSOs are often at the forefront of or get caught up in the conflict and then have to provide services to communities in the aftermath. This often-repeated exposure may have a negative impact on their own well-being and threaten the capacities of CSOs to continue their work.

As CSOs, it is important to prioritise your well-being by engaging with activities that improve your overall health and provide for reprieve in moments of increased emotional and mental impact. Some ways to do this include:

- Where possible, develop networks to ensure that responsibility for meeting the needs of the community is distributed among various role players.
- Stay connected to those you work with, while maintaining a strong and deep connection with your own experience.
- Find a support system of other professionals for consultation and camaraderie. When you are isolated, maintaining wellness can pose an even bigger challenge. Without other colleagues to learn from, debrief with or lean on for support, stress is more likely to build up.
- Recognise the warning signs of stress and try not to feel ashamed of them.
- Seek support, talk about your stress with others and engage in self-care practices to support your overall wellness.

Divide participants into groups.

1. In the groups, participants can discuss the impacts of working with youth or societies that have been affected by violence/conflict.

2. What have they noticed in themselves, how has the work changed them?

3. To be discussed later: What strategies do they employ to manage?

- Advocate for the necessary support and training required to ensure that you are capacitated to meet the demands of your role.
- Practise boundary setting and discuss this within your teams as well as for yourself (on an individual level).

5.2 Stress and burnout

What are stress and burnout?

Stress typically involves having too much to do – too many pressures, perceived dangers or worries that demand too much of you physically and psychologically. However, when you are stressed, you will feel better if you can manage to get everything under control.

Burnout, on the other hand, is a state of emotional, mental and physical exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained and unable to meet constant demands. Frequent elevated levels of stress and anxiety can lead to an increased risk of burnout.

While we are usually aware of being under a lot of stress, we do not always notice burnout when it happens, as it occurs gradually over time. CSOs often work in resource-deprived contexts and may have to overstretch their physical and emotional capacities to meet the needs of communities.

Burnout may be the result of excessive and prolonged stress, but it is not the same as too much stress. As stress continues, you begin to lose the interest or motivation that led you to take on a certain role in the first place. Burnout reduces productivity and saps your energy, leaving you feeling increasingly helpless, hopeless, cynical and resentful. Eventually, you may feel like you have nothing more to give. The negative effects of burnout spill over into every area of life, including your home, work and social life.

Characteristics of stress and burnout

Stress	Burnout
<ul style="list-style-type: none"> ● Over-engagement ● Overreactive emotions (you experience them more intensely) ● Urgency and hyperactivity ● Loss of energy ● Anxiety disorders ● Primary damage is physical ● May lead to premature death (due to physical health problems) 	<ul style="list-style-type: none"> ● Disengagement ● Dulled emotions ● Helplessness and hopelessness ● Loss of motivation, ideals and hope ● Detachment and depression ● Primary damage is emotional ● May make life not worth living

1. Allow participants to brainstorm and share on what stress and burnout is.
2. What does it look like? Behaviours, emotions etc.

Mitigating against the risks of burnout

- Energise: Explore activities and exercises that refuel your capacities (mental, physical, spiritual, etc.)
- Shift from work to social space or decompression space
- Access supervision support
- Engage team members on possibility of shifting tasks
- Reasonable workloads
- Regular breaks
- Recognition of achievement

5.3 Vicarious trauma

A process of internal change resulting from empathetic interactions and interventions with trauma survivors. This occurs when service providers develop symptoms that are very similar to the victim's post-traumatic stress response.

Symptoms of vicarious trauma

- No time or energy for oneself
- Disconnection from loved ones
- Social withdrawal
- Increased sensitivity
- Cynicism
- Generalised despair and hopelessness
- Nightmares
- Changes in identity, world view, spirituality
- Diminished self-capacities
- Impaired ego resources

1. Remind participants of the discussion about the definition of trauma earlier in section 5.

2. Note the differences between vicarious trauma and trauma.

Risk factors for vicarious trauma

- Prior traumatic experiences
- Social isolation, both on and off the job
- A tendency to avoid feelings, withdraw, or assign blame to others in stressful situations
- Difficulty expressing feelings
- Repeated exposure to trauma/torture stories with no support or breaks
- Lack of support and referral resources

How to mitigate against the risks of vicarious trauma

- Manage workloads and space out monitoring visits
- Access support, both group and individual, where necessary (symptom management)
- Take breaks from exposure
- Make space for self-regulation

Engage in activities that increase and contribute towards your personal development and sense of purpose.

Integrate debriefing into programmes to allow the team to discuss any emerging themes, both to improve the programme and to support each other where necessary.

During training sessions, create a supportive environment where facilitators can rely on each other if need be and design programmes in a way that allows for breaks.

5.4 Self-care

Self-care refers to intentionally engaging in practices and activities that reduce stress and anxiety. Self-care is critical for long-term health and well-being, and for being able to do your work effectively.

We each have control over whether we practise self-care, how we practise it and how often we practise it. If the coping mechanisms we are currently using, and the sources of support we are currently turning to, are not serving us well, we can choose to respond to stress and anxiety differently. We can choose a response where we take better care of ourselves (self-care). Your most resourceful self is your calm, focused self.

Remember to make this session more practical and grounded in the context of the participants. Encourage participants to share their coping mechanisms and strategies while also correcting maladaptive strategies. Maladaptive strategies can include; smoking, drinking, self medicating with pill or drugs, engaging in risky behavior etc.

Self-care tips

The following useful tips for practising self-care are relevant in any context.

Identify what activities help you feel your best.

Self-care for one person will mean something completely different for another. One person may need more alone time, while another may nurture herself by spending more time with friends. Rediscover your passions and sense of purpose by finding out what makes you feel good about being you.

Prioritise time for self-care.

Take a close look at your calendar and carve out chunks of time for self-care.

Fit in self-care where you can.

During periods of limited time, you can still fit in little moments of relaxation. Don't wait until your schedule frees up to add self-care to your life (you might be waiting forever)! Even taking five minutes to close your eyes and take a few deep breaths, or a few minutes of listening to music, can help your stress levels.

Take care of yourself physically.

This means, getting enough rest, exercising and eating nutritious foods. Eat more greens, fruit, nuts, pulses; and don't over-indulge in coffee, alcohol, high fat and sugar foods. Exercise releases the endorphins that give you a feeling of well-being. Even taking a 10-minute walk (alone, with friends or with your children) can make a big difference.

Know when to say no.

Your health and well-being come first. So if you have a hard time saying no, cultivate the skill of setting boundaries.

Check in with yourself regularly.

Ask yourself the following critical questions: Are you working too much? Do you feel tapped out? What do you need to remove from your life, and what would you like to add? Check for the warning signs of stress/burnout listed above.

Manage your social circle.

Be mindful of how the people you spend time with affect you. Depending on the mood or level of support you need, it might be worthwhile to spend time with people who make you feel calm or energised, people who are able to listen and offer support, as needed.

Consider the quality of self-care.

Choose quality self-care, especially when you do not have much time. Focus on relaxing activities such as prayer, deep breathing, listening to music, journaling and practising mindfulness. This could also include taking vacations, going to therapy/counselling and taking advantage of peer support groups.

Encourage participants to share their own self-care practices.

6.

About this training manual: final thoughts

This training manual is intended as a practical and adaptable resource to support civil society organisations in strengthening youth-centred approaches to mental health, psychosocial support, and transitional justice. While it provides foundational concepts, tools, and methodologies, its effectiveness depends on thoughtful contextualisation, continuous learning, and meaningful engagement with the communities it seeks to serve.

Facilitators are encouraged to remain responsive to the evolving needs, experiences, and strengths of youth in conflict affected settings, and to prioritise ethical, inclusive, and trauma-informed practices throughout their work.

The communities you serve already hold knowledge, resilience and ways of making meaning that no manual can fully capture. As a facilitator, learn from it and build on it.

Ultimately, sustainable peace and healing are collective processes that are driven by empowered individuals, resilient communities, and a shared commitment to justice, dignity, and well-being. In the midst of this work, do not neglect your own.

8.

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About the Centre for the Study of Violence and Reconciliation

The Centre for the Study of Violence and Reconciliation (CSVr) is a non-governmental organisation which envisions societies that are peaceful, equal and free from violence. CSVr aims to understand and prevent violence, heal its effects and build sustainable peace at the community, national and regional levels. We do this through collaboration with and learning from the lived and diverse experiences of communities affected by violence and conflict to inform innovative interventions, generate knowledge, shape public discourse, influence policy, hold states accountable and promote gender equality, social cohesion and active citizenship.

About Impunity Watch

Impunity Watch is an international non-profit organisation working with victims of violence to uproot deeply ingrained structures of impunity, deliver redress for grave human rights violations and promote justice and peace. We gather and share knowledge on priority themes, build partnerships and coalitions, and conduct international advocacy work to overcome impunity and transform justice. Impunity Watch currently works in Central America, North Africa and the Great Lakes region of Africa, the Middle East and the Western Balkans. We have presence in Guatemala and Burundi, and our headquarters are in The Hague, the Netherlands. Our work takes place at local, as well as national, regional and international levels.

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