

## **Trauma, development and peacebuilding: Towards an integrated psychosocial approach**

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## Summary

The Trauma, Development and Peacebuilding Project, funded by the International Development Research Centre (IDRC), seeks to bring together a group of global experts working on trauma and development issues, as well as psychosocial projects. At an experts roundtable taking place in India in September 2008, and through the commissioning of research, the project will analyse, critique and disaggregate different approaches to trauma globally considering its impact on peacebuilding and development processes in societies coming out of conflict. Building on best practice the roundtable and supporting research will also consider whether dealing effectively with mass atrocity and the resultant trauma can complement peacebuilding and development processes.

A series of eight papers on the subject will be commissioned that will reflect the spread of international debates. This will include papers focused on South Asia, Africa, Latin America, Middle East, Europe and North America. A literature review on the subject will be drafted. Further, a database of organisations working in the area (environmental scan) of psychosocial work and working directly with what could be termed collective interventions to deal with trauma will also be produced and made available online.

The roundtable event, which will take place in New Delhi in September 2008, will be used to present the material developed as outlined above. But more specifically it will outline theoretical and practical approaches, and explore examples from around the globe where mass and collective trauma has been effectively dealt with in a way that complements and enhances peacebuilding and development. The roundtable will specifically seek to consolidate and document examples of best practice that have addressed trauma from a psychosocial and collective perspective.

In addition, the roundtable will seek to develop a collaborative proposal by drawing on the experience of the different practitioners represented. This proposal will outline a series of projects (potentially a handbook for practitioners and at least one new collaborative project) aimed at deepening and broadening approaches to trauma that enhance peacebuilding and development efforts with the aim of having a lasting impact on the theory, policy and practice. The project will run from November 2007 to November 2008.

### **Project Contact**

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## Rationale

There is no magic solution to the problem of dealing with the impact of extensive violence. Truth commissions, criminal trials, or even extensive counselling and support, will not miraculously deal with the legacies of violence in a society. Healing is inevitably a lengthy and culturally-bound process. There is often no clear starting point and there will be few markers along the way - indeed, it is rare for the psychological impact of the past ever to be completely dealt with. This does not, of course, mean that programmes in pursuit of healing<sup>1</sup> are a waste of time - quite the contrary. Assistance with healing can be invaluable for individuals and their communities. But the inherent limitations of attempts to deal with the legacies of extreme violence and the long-term nature of any such project must be accepted. We also need to challenge dominant approaches and continue to develop methodologies for dealing with trauma in developing contexts that can respond to multiple development and peacebuilding challenges, so-called collective traumas, cultural differences and socio-political realities.

The proposed project would primarily be concerned with healing after what is often referred to as a “traumatic situation”, an event or series of events of extreme violence that occur within a social context—most typically, war or active conflict. The impact of such conflicts can best be described as examples of “extreme traumatization”. This concept was developed through the experience of psychologists working in the period of dictatorship in Chile. Practitioner David Becker uses the term “extreme traumatization” to describe a situation where the psychological make-up of individuals and communities is continuously overridden, resulting in the destruction of individuals’ senses of belonging to society (Becker, 2001). It is important constantly to bear in mind that trauma is not simply a collection of symptoms, as it is often portrayed—in fact symptoms may not follow all traumatic situations. In its essence, trauma following political conflict is the destruction of individual and/or collective structures of a society and it is generally cumulative and sequential in nature. In this sense, it is not only important to help people deal with the impact of the conflict on them—to help them through, for example, a grieving process in a constructive way—but it is also essential to deal with the causes of the distress and the symptoms. This is the peculiarity of dealing with trauma of a political nature. What needs to be “healed” is therefore the multitude of individual, political, social and cultural responses to a traumatic situation and its aftermath. This requires a range of agencies, groups and different parts of society to assist—it is a shared problem—it is not just a health problem, it is a socio-political problem. Summerfield argues that: “History has shown that social reform is the best medicine; for victims of war and atrocity this means public recognition and justice. Health and illness have social and political roots: post-traumatic reactions are not just a private problem, with the onus on the individual to recover, but an indictment on the socio-political forces that produced them” (Summerfield, 2001).

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<sup>1</sup> The World Health Organization (WHO) defines health as not merely the absence of disease and infirmity but a positive state of physical, emotional and social well-being. Psychological health is understood by the WHO as encapsulating, among other factors, subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualisation of one’s intellectual and emotional potential. Psychological, emotional, physical and social health are not only interlinked but interdependent.

Violence in most conflict situations generally includes a structural element, for instance, systematic deprivation, racism or the denial of human rights. The devastating impact of structural forms of violence on psychological well-being cannot be ignored. The psychological consequences of deprivation - one form of structural breakdown that can occur during conflict - are well documented. They include the effects of poor nutrition on the mental and physical development of children, as well as anxiety, depression and stress-related conditions caused by poor living and occupational conditions. Repression of culture and expression, ethnic intolerance and discrimination - also common in conflict situations - can severely undermine and even destroy social and cultural norms and feelings of identity, belonging and trust in institutions. Such micro-effects of violence can continue to ripple through communities for decades thereafter.

Acts of extreme violence are not always isolated and can extend over a period of time in such a way that an individual is victimised more than once. Or individuals may be exposed to multiple traumas simultaneously. For example, a person may be traumatically injured while at the same time witnessing another person being killed or severely injured. An individual may be subjected to torture during prolonged incarceration while knowing that his or her family is suffering economic hardship and systematic intimidation.

The South African Truth and Reconciliation Commission (TRC) provides a useful example of the complexities of dealing with extensive political violence. Various psychological symptoms and signs have been observed in some of those who have testified. On the whole, most individuals present a mixture of issues related to social, psychological and medical problems. In most cases, individual past traumas (e.g., torture or abuse by the police) have been overshadowed by present psychological, personal and social problems. Furthermore, the ability to draw direct causative links between the initial traumatic incident and the present difficulties experienced by some survivors has generally been complicated by the protracted period of time that has passed since the violations took place. In some cases, survivors and families have testified about violations that took place in the 1960s.

Different violent and political incidents can have distinctive cultural meanings and thus specific impacts. It is not only the traumatic event that requires attention: most particularly, the way in which the individual (or community) interprets the event is vitally important when considering a strategy for healing. Reflecting on his experience of working in Angola, Wessels and Montiero argue that in Sub-Saharan Africa it is spirituality and community that are at the centre of life (Wessels & Montiero, 2000). For example, an Angolan boy whose parents were killed after the family was forced to flee may not need in the first instance to talk through his experience in a safe and supportive environment: rather the major stressor for the boy may be the spiritual discord and resultant communal problems following from his inability to conduct the proper burial ritual for his parents (Wessels & Montiero, 2000). Similarly, in Zimbabwe, survivors of the Matabeleland massacre consider the corruption of community values more offensive and disturbing than any other aspect of the conflict (Eppel, 2006). It is primarily this loss that is still being mourned years after the massacres the 1980s.

There is always a significant subjective component in an individual's response to a traumatic situation. This can be seen most clearly in disasters where, although a broad cross-section of the population is exposed in an objective sense to the same traumatic experience, individual psychological reactions are markedly different. The individual's reaction depends as much on his or her pre-traumatic personality structure, personal resources, coping strategies, understandings of the cause of the event, resilience and extended community support structure as on the actual traumatic incident. Other factors such as gender and age are also significant. A traumatic incident has different impacts on children, young adults and older persons. In any healing process it may be necessary to specifically target vulnerable groups. According to the United Nations High Commission for Refugees (UNHCR), vulnerable groups include children, adolescents, victims of torture and sexual torture, those who have been repeatedly traumatised, the elderly, psychiatric patients, ex-detainees, prisoners of war and relatives of missing persons. A percentage of individuals (some estimates are as high as 30 per cent) will develop a severe emotional response to a traumatic situation (e.g., psychosis or suicidal tendencies). The proximity in time of the traumatic incident should also be taken into consideration. Immediately following an incident victims often appear cut off, dislocated and unable to participate in a healing process. At a later stage they may be more ready to begin to move towards resolution or integrate the event into a broader web of personal and community meaning.

There is no linear progression to the healing process and no typical or universal response to violence. What we do know, however, is that individual and social impacts of extreme forms of violence and social disruption caused by conflict can have an effect for decades thereafter. Any strategy aimed at addressing the impact of political conflict and extreme violence needs to be long-term in its outlook. Some specific responses to direct political violence include self-blame, vivid re-experiencing of the event, fear, nightmares, feelings of helplessness, hypervigilance, depression, relationship difficulties, feelings of social disconnectedness, anxiety and even substance abuse-related difficulties. In Western practice, the term "post-traumatic stress disorder" (PTSD) is often used to describe this collection of symptoms. However, the relevance of using this medical language is questionable and some question the validity of the entire PTSD concept (Kirk & Kutchins, 1997; Lee, 2001; Scott, 1990; Summerfield, 2001; Young, 1995). Some argue that it is a mistake to see concepts such as PTSD as benign, arguing that the category of PTSD is confused, reductionist, contradictory, and arbitrary and that it pathologises purposeful and valuable coping strategies commonly used by people who are traumatised (Burstow, 2005).

It is important to stress that the objective of a healing programme is not merely to address the symptoms of trauma or make a diagnosis. PTSD should not be used as the principal vehicle for explaining the impact of the traumatic situation on the individual or society. Rather the symptoms (or reactions) must be viewed from a position of understanding the origins of violence and its meaning to those involved, as well as the social and cultural context. The case of the Angolan boy mentioned above is useful to consider in this regard. Focussing on his signs of distress (sleep disturbance and hypervigilance) could divert attention from strategies at the communal and spiritual level where they are most needed. Even in a Western context, focusing

solely on the distress of an individual and their symptoms can divert attention from the important role of social interventions such as justice, truth and reparation.

To this end it is important to recognise context and community when considering the impact of extreme trauma (Giacaman et al., 2004). As has been noted in a review (funded by IDRC) of the mental health needs of Palestinian adolescents: “all too often, a focus on events pertaining to the individual, divorced from context and community, have led to unfortunate emphases on individual remedies (such as one-to-one counselling) when recovery could have been achieved in more effective ways by focusing on strengthening the social fabric and communal support, elements that are known to weaken in times of conflict” (Giacaman et al., 2004, p.xii).

Yet, despite the contextual and culturally-specific nature of trauma standardised interventions are the mainstay of much development and peacebuilding work across the globe. Imported Western methodologies that claim to address trauma, sometimes in a short span of time through various (largely medical-based techniques) have proliferated the development field. The concept of “trauma” and especially PTSD has become shorthand that tells us little about the context of violence, its cultural specificities and how dealing with violence is inevitably linked with socio-economic, political and cultural context. In some countries the concept of “trauma” has even begun to change the personal and local language of suffering, i.e. victims start to express themselves in medical language (“I am suffering from PTSD”) rather than expressing how they really feel because they think this is the only way professionals will listen to them. This is perpetuated by professionals who seem to be obsessed with the categorisation and measurement of symptoms, rather than their causes, or dealing with individuals as complex social and political beings. Such a focus, in the widest context, can miss the interrelationship between dealing with extreme traumatisation and the development of peacebuilding initiatives and social development more broadly.

## **Objectives**

Over the last decade an emerging field has begun to develop that questions the development and conceptualisation of PTSD arguing that it is a socially created phenomenon with social, political and economic ends (Burstow, 2005; Kirk & Kutchins, 1992, 1997; Lee, 2001; Scott, 1990; Summerfield, 2001; Young, 1995). Others also question the role and value of dominant medicalised approaches to dealing with trauma in conflict zones (D. Becker, 2001, 2006; Becker et al., 1997; Beristain, 2006; Bracken et al., 1995; Bracken & Petty, 1998; Hamber, 2003, 2005; Humphrey, 2002; Lykes & Mersky, 2006; Robben & Suárez-Orozco, 2000; Summerfield, 1999, 2000, 2001; Wessels & Monterio, 2000). One alternative way to think about trauma following political violence is within a so-called psychosocial framework.

The psychosocial framework stresses the importance of thinking about political trauma from both the psychological and social perspectives. The term psychosocial “attempts to express the recognition that there is always a close, ongoing circular interaction between an individual’s psychological state and his or her social environment” (Bergh & Jareg cited in Agger, 2001, p.307). In essence, the psychosocial approach demands that we think about how social

conditions relate to mental health. In terms of political violence this means we have to think about the social context of violence and not only its individual consequences, as well as how the social and political context influences individuals. Such an approach would have a direct synergy with development and peacebuilding work.

There are areas where this is beginning to happen. Some work has been done to produce a Conceptual Framework which maps the field of psychosocial intervention in complex emergencies (Psychosocial Working Group, 2003), and projects around the globe have tried to develop psychosocial interventions that seriously takes context into account (for example, I. Agger et al., 1999; Arafat & Boothby, 2003; C. Becker, 2001; Martin-Cardinal, 1999; Melville & Scarlet, 2003; Schinina' & Guthmiller, 2004; Weyermann, 2003; Weyermann, 2006). Psychosocial-based training manuals for aid workers have also been developed (Becker & Weyermann, 2006; International Federation of Red Cross and Red Crescent Societies, 2002).

That said, although individuals and some research groups have begun to question how the trauma concept is being used in the peacebuilding and development field, and psychosocial interventions<sup>2</sup> are progressing, a core text or a consolidation of theory and best practice built on these so-called alternative perspectives on trauma and the industry that surrounds it is not available. In short, a significant challenge to dominant more medicalised approach to dealing with trauma is not available, as well as a consolidated approach to trauma that moves beyond the individual and also starts to recognise the collective dimensions of trauma.

The broad objectives of the project are therefore to:

1. Analyse, critique and disaggregate different approaches to trauma globally considering their impact on peacebuilding and development in societies coming out of conflict;
2. Consolidate and document examples of best practice and approaches that have addressed trauma from a psychosocial and collective perspective;
3. Develop a collaborative proposal by drawing on the experience of practitioners globally. This proposal will outline a series of projects (potentially a handbook for practitioners and at least one new collaborative project) aimed at deepening and broadening approaches to trauma that enhance peacebuilding and development efforts with the aim of having a lasting impact on the theory, policy and practice.

## **Methodology**

To operationalise the project the following methodological steps will be undertaken:

1. A literature review focussing on different approaches to trauma and its relationship with peacebuilding and development will be drafted;

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<sup>2</sup> There is also debate about different emphases in psychosocial work. For example, Stubbs and Soroya have criticised some psychosocial interventions in Croatia where projects label themselves as psychosocial interventions but are still narrow in focus relying on a PTSD approach at the expense of a more social development focus (Stubbs & Soroya, 1996).

2. A database of organisations working in the area (environmental scan) of psychosocial work and working directly with what could be termed collective interventions to deal with trauma will be produced and made available online;
3. A series of papers from different experts in the field will be commissioned (see *Appendix A* for list of papers and authors to be commissioned) and drafted. Broadly, the specific focus of the papers will be:
  - a. The history and development of “trauma” in the peacebuilding and development field, as well as outlining key definitions and concepts;
  - b. Key dimensions of the debate and notions of trauma, and how this has impacted globally on practice;
  - c. Five regional papers considering how notions and understandings of trauma have shaped local practice both positively and negatively. These papers will also highlight best practice examples of psychosocial work and where collective forms of trauma have been addressed. The areas focussed on will be:
    - i. Latin America
    - ii. Africa
    - iii. South Asia
    - iv. Middle East
    - v. Western contexts
  - d. A group of experts (a list of invitees is appended, *Appendix A*), including the authors of the commissioned papers will then be brought together at a roundtable meeting (23 participants) in New Delhi. At the roundtable:
    - i. The key papers will be presented with the express purpose of outlining different approaches to trauma globally and what participants consider are the impacts on peacebuilding and development in different societies coming out of conflict – the focus will be regional, i.e. Africa, Latin America, South Asia, Middle East and so-called “Western” contexts. Best practice examples will also be highlighted by asking specific experts (some of the other participants listed in *Appendix A*) to give short inputs on examples of best practice;
    - ii. Discussion will take place on the potential development of collaborative project/s on the theme of enhancing trauma practice, policy and theory in societies coming out of conflict within in a psychosocial and collective trauma framework. In terms of the collaborative projects two ideas will be raised at the roundtable for consideration, i.e. (1) whether it is possible to develop a more unified approach to trauma work by those advocating a psychosocial approach. This, it will be proposed, could lead to the development of a handbook that outlines the critiques of some current trauma practice in conflict zones, as well as alternative methodologies and best practice. The handbook will provide the cornerstone of a solid theoretical and practical approach to dealing with trauma in development contexts and in societies trying to build peace. Such a reference work for practitioners and academics will seek to recognise the contextual nature of traumatization and challenge more mainstream approaches, thus



centralising community-based and psychosocial approaches to trauma in the peacebuilding field; and (2) whether, based on the commonalities in the room, it is possible to develop a proposal for a joint global project that attempts to implement some of the ideas developed at the meeting into a cohesive project. This project would not only benefit local communities in the countries where it would be carried out, but also provide fertile ground for testing the hypotheses and approaches outlined in the meeting.

## **Outcomes**

The outcomes of the project will be:

- Enhancement of understanding of the debate concerning different approaches trauma and its relationship to peacebuilding and development, and how different approaches to trauma impact on practice;
- Emergence of best practice models on how best to deal with collective traumas and mass atrocity for societies coming out of conflict;
- The beginnings of the development of guidance for policy-makers and practitioners on how best to deal with mass atrocity and enhance the relationship between such interventions and peacebuilding and development work;
- Increased co-operation between different practitioners and theoreticians in the field working mainly with psychosocial approaches to trauma; and
- An informed and strategic approach to dealing with trauma from a psychosocial perspective and ultimately the development of collaborative interventions, guidance and theorising for policymakers, practitioners, academics and students.

## **Outputs**

The outputs of the project will be:

- 1 literature review
- 1 database directory of practitioners and projects available online
- 7 commissioned papers
- 1 roundtable discussion with 15-20 participants
- Several case studies (6-12) presented at the roundtable
- 1 roundtable report / policy summary
- 1 outline proposal of how to take the project forward, e.g. handbook and/or collaborative project

## **Future directions**

In sum the project will attempt to bring together practitioners and theoreticians from around the world working with what can broadly be called psychosocial interventions or collective attempts to deal with trauma following political conflict. Bringing these individuals together, and commissioning the range of work outlined above, will make a contribution to the field in itself, i.e. enhancing networking opportunities and consolidating approaches and perspectives. The commissioned papers themselves could be published as a book, or alternatively form the basis of a handbook as outlined above. This will be discussed at the roundtable and direction sought in that regard. At a bare minimum, if the participants do not agree to produce a larger handbook, the papers could be edited and published (probably in a book) making a contribution to the field in and of themselves. A separate roundtable report will also be developed – this will seek to summarise debates but also provide some basic guidance for policymakers and practitioners. At the same time, the idea of a joint collaborative project to be developed between participants will be discussed at the roundtable. If this idea is grasped by participants this will lead to the development of a joint funding proposal with all or some of the participants at the meeting. This project will seek to benefit local communities in the countries where it would be carried out, but also provide fertile ground for testing the hypotheses and approaches outlined in the roundtable.

## **Institution**

The project will be run by INCORE (International Conflict Research Institute [www.incore.ulster.ac.uk](http://www.incore.ulster.ac.uk)). INCORE is a centre of excellence in peace and conflict studies based at the University of Ulster in association with the United Nations University. INCORE is concerned with understanding and facilitating the transition through conflict to peace in divided societies. INCORE has a long tradition of research into peacebuilding including recent projects on the management of peace processes, political leadership in societies in transition from conflict to peace, transition as a factor in policy development and implementation, as well as ongoing projects on women's security and on victims, survivors and commemoration. INCORE's projects are extensive. Some directly relevant to the proposal include the work of the recently established Policy/Practice Unit (PPU). This Unit bridges the gap between research, policy and practice to address the causes and consequences of conflict. The PPU is built on several major earlier projects including the EU peace funded Northern Ireland Centre for European Cooperation, Diversity and Conflict Management (NICEC/DCM) programme (2003-2006). This project engaged almost a thousand policymakers, practitioners and researchers in ten countries around Europe and the world, through 29 activities. Another founding project was the EU peace funded Local International Learning Project (LILP). Over the past five years LILP has helped develop innovative, forward-looking and co-ordinated policies and practices to address the causes and consequences of conflict in Northern Ireland and other countries. LILP engaged over 2,000 participants in more than 60 activities in 15 countries worldwide. INCORE has a long-term concern about evaluation in the area of conflict interventions and initiated a project in 2002 which led to several critical publications in this area. INCORE's International Summer School engages up to 20 international participants a year in a module dedicated to Evaluation and Impact Assessment of Peacebuilding Interventions. INCORE has also worked on transitional justice issues linked with several projects, beginning with a dealing with the past project in 1996-1998, and more recently a large EU project focused on emerging leaders and equipping them to address legacy related issues. Although INCORE is not a centre that focuses on trauma work *per se*, it has had a long involvement in the peacebuilding and development field. Dr Hamber, who will run the project, joined the INCORE staff June 2007 and he brings a specific expertise in the area of trauma and dealing with the legacy of mass atrocity in societies coming out of conflict.

## **International Development Research Centre (IDRC)**

The project is funded by the IDRC which is a Canadian Crown corporation that works in close collaboration with researchers from the developing world in their search for the means to build healthier, more equitable, and more prosperous societies. The specific office responsible for the programme is the IDRC's South Asia Regional Office and is directly supported by the IDRC's Peace, Conflict and Development (PCD) Program Initiative which supports research that is on peacebuilding and its specific issues, as well as research for specific peacebuilding contexts.

## Timetable

It will be assumed that the project will begin 1 November 2007 and end by November 2008:

Literature Review	Completed June 2008  (Brandon Hamber & Mary Alice C. Clancy, INCORE)
Database of Organisations	Completed October 2008  Online by November 2008  (Mary Alice C. Clancy, INCORE)
Commissioned Papers	Authors Selected January 2008  First Draft of Paper 1 June 2008  Final Draft for Paper 1 August 2008  Final (after roundtable) 1 October 2008
Roundtable	September 2008 (New Delhi)  Authors present papers and participants present best practice examples
Roundtable Report	October 2008
Final review, database online and papers	November 2008
Proposal for further work or projects	November 2008

## **Appendix A: Workshop Participants**

### **COMMISSIONED AUTHORS**

#### **Stevan Weine (Confirmed)**

Overview: Trauma, Concepts and Definitions

#### **M. Brinton Lykes (Confirmed)**

Overview: Impacts on Practice

#### **Brandon Hamber & Mary Alice C. Clancy (Confirmed)**

Literature Review

#### **Carlos Martín Beristain & Pau-Pérez Sales (Confirmed)**

Regional Paper: Latin America

#### **Nadera Shalhoub Kevorkian (Confirmed)**

Regional Paper: Middle East

#### **Jack Saul & Saliha Bava (Confirmed)**

Regional Paper: Western contexts

#### **Mike Wessells (Confirmed)**

Regional Paper: Africa

#### **Shobna Sonpar (Confirmed)**

Regional Paper: South Asia

## **PARTICIPANTS**

### **Inger Agger**

Inger Agger has a master's degree in psychology and a Ph.D. in social science from the University of Copenhagen. In her doctoral work she studied gender-related torture and political persecution suffered by female refugees. Her post-doctoral work concerned human rights and mental health in Chile under military dictatorship. During the war in the former Yugoslavia, she worked for three years as the European Union Coordinator for Psychosocial Projects. She has published widely in the field of human rights and mental health and done research and consulting all over the world in conflict and post-conflict environments. From 2006 she has worked as a Psychosocial Consultant to the Rehabilitation and Research Center for Torture Victims (RCT) in Copenhagen.

### **Saliha Bava\***

Saliha Bava, M.A., Ph.D., associate director of Houston Galveston Institute (HGI) and associate of the Taos Institute, is a core adjunct faculty for the MS Psychology programme at Our Lady of the Lake University-Houston and an online adjunct faculty for the postgraduate Diploma in Discursive Therapies at Massey University, New Zealand. She received a leadership award from the City of Houston's Disaster Mental Health Crises Response Team for directing the Mental Health Services at the George R. Brown Katrina Shelter in 2005. She has been the training co-chair of the team since 2003. She is the evaluator of HGI's Rolling Conversations Project (Mobile Mental Health Unit) which provides long term therapy for people internally displaced by hurricanes Katrina/Rita. Currently, along with American Family Therapy Academy members, she is co-leading an action research on best practices in disaster recovery in Houston. Also, she is leading a team to design and implement a collaborative mental health model for trauma treatment among immigrants and refugees in Houston. She researches, writes and presents on Collaborative Therapy and practices, performance theory, trauma, resiliency and disaster, collaborative learning, research-in-action and research methodologies.

### **Carlos Martín Beristain\***

Carlos Martín Beristain, M.D., Ph.D., is a physician and specialist in social psychology. Since 1989 he has worked in Latin American countries that have suffered wars such as El Salvador, Guatemala, Peru and Colombia and presently provides psychosocial support to victims, human rights organisations, and affected communities. He coordinated the report *Guatemala Never Again (Guatemala Nunca Más REMHI)* and has worked in the Truth Commissions in Peru and Paraguay. Martín Beristain is also Professor of the master's programme in European Humanitarian Aid at the Pedro Arrupe Institute of Human Rights at the University of Deusto, Bilbao, Spain. (NOHA). He serves as an expert for the Inter-American Court of Human Rights in the psychosocial assessment and medical cases of massacres, forced disappearances and torture, and he served as an expert for the lawsuit against the company Texaco in Ecuador (which dealt with the collective assessment of damage and cultural development of oil contamination), and of the cooperation of Saharan refugees (published in: *Neither war nor peace, development in the refuge*). He is author of several books, including *Affirmation and Resistance: Community*

*Support; Humanitarian Work: a Critical Approach* (University of Pennsylvania Press);  
*Dialogues on Reparation: the experience of the Inter-American System (IIDH)*, among others.

Carlos Martín Beristain, médico y doctor en psicología social. Trabajo en América Latina, desde 1989, en países que han sufrido guerras como El Salvador, Guatemala, Perú o Colombia en la actualidad, en el acompañamiento psicosocial a las víctimas, organizaciones de derechos humanos y comunidades afectadas. Coordiné el Informe Guatemala Nunca Más (REMHI) y he trabajado en las Comisiones de Verdad en Perú y Paraguay. Profesor del Máster Europeo de Ayuda Humanitaria (NOHA). Perito (expert) para la Corte Interamericana de DDHH en la evaluación psicosocial y médica de casos de masacres, desapariciones forzadas y tortura, también para el juicio contra la empresa Texaco en Ecuador (evaluación del daño colectivo y cultural de la contaminación petrolera), y de la cooperación con refugiados saharauis (published in: *Ni guerra ni Paz, Desarrollo en el refugio*). Autor de algunos libros como *Afirmación y Resistencia, la comunidad como apoyo; Humanitarian Work, A psicosocial approach* (Penn. U.); *Diálogos sobre la Reparación: la experiencia del sistema interamericano (IIDH)*, entre otros.

#### **Adolf Awuku Bekoe**

Adolf Awuku Bekoe, MPhil., is a Lecturer in Community Psychology and Counselling Techniques and Practice at the Methodist University College Ghana. He is also the National Coordinator for the Coalition on Domestic Violence Legislation in Ghana with considerable experience on working with victims/survivors of gender-based violence. He worked for several years as a counsellor at the Women and Juvenile Unit of the Ghana Police Service (now the Domestic Violence and Victim Support Unit-DOVSSU) in Accra as well as with the Women's Initiative for Self-Empowerment (WISE) and the Federation of International Women Lawyers (FIDA). Adolf has worked as a trainer in counselling for the Gender Studies and Human Rights Documentation Centre on their Nkyinkyim Project; the Ark Foundation, Ghana; African Women Lawyers and the Ghana Police Service. He served as a counsellor at the National Reconciliation Commission (NRC), and Victims Support Volunteer with the Ghana Centre for Democratic Development (CDD) working with both victims and alleged perpetrators of human rights abuse during Ghana's national reconciliation exercise. Motivated by his experience at the NRC, he founded the Centre for Trauma Relief and Prevention (CETRAP). He is a member of the National Multi-sectoral Committee on Child Protection. Adolf Awuku Bekoe holds a postgraduate degree in clinical psychology from the University of Ghana and a Diploma in Transitional Justice from the International Centre for Transitional Justice (ICTJ) and Institute for Justice and Reconciliation (IJR) both in Cape Town, South Africa.

#### **Mary Alice C. Clancy\***

Mary Alice C. Clancy, M.A., Ph.D., is currently a research associate at INCORE, a United Nations Research Centre for the Study of Conflict at the University of Ulster. Originally from the United States, she received her masters and doctoral degrees from Queen's University Belfast. Her doctoral research examined the "high politics" of post-Agreement Northern Ireland, and her recent article examining the Bush administration's role in the peace process has been featured in the *Guardian*, the *Irish Independent*, and was also the subject of a BBC Radio 4 documentary entitled, "The Price of Peace". Mary Alice was recently invited by the School of Advanced

International Studies at John Hopkins University in Bologna to address their postgraduate students about the United States' role in the peace process in Northern Ireland.

### **Sumona DasGupta**

Sumona DasGupta, Ph.D., is currently Assistant Director of the WISCOMP initiative of the Foundation for Universal Responsibility where she oversees a project on Jammu and Kashmir and is co-editor of a forthcoming series of monographs titled *Engendering Security*. Her doctoral dissertation was entitled *Trends of Militarization in Indian politics in the 1980s*. She has completed an online course on transforming civil conflicts offered by the Network University, Netherlands, and Bradford University, UK. Sumona taught at the department of political science at Loreto College, Calcutta University, before joining the WISCOMP initiative in New Delhi. She has attended national and international conferences and written on issues related to Indian foreign policy, civil military relations, gender, civil society initiatives in conflict zones conflict prevention, new issues of security and conflict prevention. DasGupta has been guest editor of a special issue of *Gender Studies*, published by Indian Journal of Gender Studies on *Gender and Security: Perspectives from South Asia*. She has been on the faculty of the Colombo based Regional Centre for Strategic Studies (RCSS) winter school on non-traditional security, and a trainer at the Singapore based consortium on non traditional security. She is also part of the expert panel of the Amsterdam based Network University's online course on *Gender and Conflict Transformation*.

### **Mauricio Gaborit**

Mauricio Gaborit, Ph.D., holds a doctorate in social psychology from the University of Michigan (Ann Arbor) and is presently Chairman of the Department of Psychology of the Universidad Centroamericana José Simeón Cañas (UCA) of El Salvador and Director of its Graduate Programme in Community Psychology. He has published in the areas of gender, social and gang violence and psychosocial intervention in political violence and in disasters. He taught at St. Louis University (St. Louis, MO, USA) and has served as visiting professor at the Universidad Complutense de Madrid, Georgetown University (where he held the Jesuit Chair) and the Institute for Peace Studies of the University of Tromsø in Norway. His current interest is in researching historical memory in communities that suffered the violence of civil war in El Salvador.

### **Rita Giacaman**

Rita Giacaman, Ph.D., MPhil., earned her Doctorate in Clinical Pharmacy from the University of California, San Francisco Medical Center in 1977, and an MPhil in sociology/health policy from the University of Essex, the UK in 1985. She is currently Professor of Public Health at the Institute of Community and Public Health, Birzeit University, West Bank, occupied Palestinian territory. She is the founder of the Institute, and has worked there for 30 years. During the 1980s, she participated as a researcher and practitioner in the Palestinian social action movement, which led to the development of the Palestinian primary health care model. During the 1990s she also participated in building the Palestinian community-based disability rehabilitation network. Since 2000, Rita has been active in research and field experimentation, trying to understand the impact of chronic war-like conditions and excessive exposure to violence on the health and wellbeing of



Palestinians, with a focus on psychosocial health; and ways in which interventions could generate the needed active and positive resilience and resistance to ongoing war-like conditions, especially among youth.

### **Brandon Hamber\***

Brandon Hamber, Ph.D. is the Director of INCORE, a United Nations Research Centre for the Study of Conflict at the University of Ulster and a Senior Lecturer at the University. He was born in South Africa and currently lives in Belfast. In South Africa he trained as a clinical psychologist and holds a Ph.D. from the University of Ulster. He is also a consultant to and co-founder of the Office of Psychosocial Issues based at the Free University, Berlin. Currently he is the consultant conflict transformation expert on the Maze Long Kesh developments aimed at building a new International Centre for Conflict Transformation at the former prison site. Prior to moving to Northern Ireland, he co-ordinated the Transition and Reconciliation Unit at the Centre for the Study of Violence and Reconciliation in Johannesburg. He is a Board member of the South African-based Khulumani Victim Support Group. He works mainly in the area of violence, reconciliation, transitional justice and trauma, and co-ordinated the Centre's project focusing on the Truth and Reconciliation Commission. He was a visiting Tip O'Neill Fellow in Peace Studies at INCORE in 1997/1998. He was also the recipient of the Rockefeller Resident Fellowship (1996) and was a visiting fellow at the Centre for the Study of Violence in Sao Paulo, Brazil. He has consulted to a range of community groups, policy initiatives and government bodies in Northern Ireland and South Africa. He has undertaken consulting work and participated in various peace and reconciliation initiatives in Liberia, Mozambique, the Basque Country and Sierra Leone, among others. He has lectured and taught widely, including, on the International Trauma Studies Programme at Colombia University, New York; the Post-War and Reconstruction Unit, University of York; the Psychosocial Training Programme with the Group for Community Action, University of Madrid, and at the University of Ulster. He has written extensively on the South African Truth and Reconciliation Commission, the psychological implications of political violence, and the process of transition and reconciliation in South Africa, Northern Ireland and abroad. He edited the book entitled *Past Imperfect: Dealing with the Past in Northern Ireland and Societies in Transition*, which was published by INCORE/University of Ulster. He is completing another book entitled *Treating Transitional Societies: Justice, Reconciliation, and Mental Health* to be published by Springer in 2009.

### **Victor Igreja**

Victor Igreja, Ph.D. is a psychologist associated with the African Study Center in Leiden. His work focuses upon the role of Gamba spirits in the healing of trauma in Mozambique. His doctorate was awarded by the University of Leiden (The Netherlands) in the field of medical anthropology. For several years worked with a Mozambican NGO Esperança para Todos (AEPATO) on issues of war traumas and individual and community strategies of recovery in the former war-zones of Mozambique central.

### **Joop de Jong**

Joop de Jong M.D., Ph.D., is Professor of Cultural and International Psychiatry at the VU University Medical Center in Amsterdam, adjunct Professor of Psychiatry at Boston University

School of Medicine, and Principal Advisor Socio-Medical Projects and Public Mental Health, City of Amsterdam. Dr. de Jong is an expert in public mental health and cultural psychiatry. He has conducted research in post-conflict and in multicultural settings, and has published over 195 chapters and articles in peer-reviewed journals. He has published on the mental health of populations torn by violence and disaster, cultural psychiatry and psychotherapy, public mental health, epidemiology and medical anthropology. He is advisor to WHO, member of various professional organizations and board member of the International Society of Traumatic Stress Studies.

**Nadera Shalhoub-Kevorkian\***

Dr. Nadera Shalhoub-Kevorkian, Ph.D., is a senior lecturer at the Faculty of Law- Institute of Criminology and School of Social Work and Public Welfare, Hebrew University- Israel. Her main fields of research are: Critical Race Perspective on Women and Law; Women and Social Control: Between Victimisation and Agency; Mental Health, Trauma of Vulnerable Groups: Contextually sensitive analyses and interventions; Women, Militarization and Violence; Women, Children and the Human Rights Discourse. Dr. Shalhoub-Kevorkian's main theoretical and research interest has focussed on the study of women in conflict zones, mainly in Palestine. She has worked on examining the limits and the power of the law in conflict zones from a critical race theory perspective, while also looking at the obstacles facing local social policies, international law and international humanitarian law when addressing violence against women and children. In doing so, she also studied the juxtaposition between ethnic, class, and gender issues and their interactions with the formal and informal legal system during a nation-building period.

She has worked extensively on women victimisation and agency, women, law and social control, female child sexual abuse (*International Review of Victimology*, 1999; *2003 Arab Studies Quarterly*, 1997; *Social Science and Medicine*, 2005). Her research on the so called "honor crimes" made many women's organisations and activists change their approach and accept her naming of the crime as the crime of femicide, rather than "honor crimes" (UNIFEM, 2000; SIGNS, 2002; *Law and Society Review*, 2003). Her research on the criminalisation of sexual abuse in Israel, Palestine, and Jordan resulted in the publication of articles in international journals such as *Child Abuse and Neglect*, and *Violence Against Women*, in addition to one book chapter in Hebrew. Her recent studies on women victims of war crimes and the effect of militarisation on violence against women resulted in her not only theorising women victimisation/agency in conflict zones (*Women Studies International Forum*, 2003; SIGNS, 2003; *Feminist Family Therapy*, 2005; *Social Identities*, 2004; *American Social Science Behavior*, 2006; Iyuni Mishpat- Hebrew, 2006, etc.), but also developing particular therapeutic models for social workers (*Social Service Review*, 2000, 2001, 2005). Dr. Shalhoub-Kevorkian just completed a book manuscript entitled: *Militarization and Violence Against Women in Conflict Zones in the Middle East: The Palestinian case-study* that will be published by Cambridge University Press.

### **M. Brinton Lykes\***

M. Brinton Lykes, Ph.D., is Professor of Community-Cultural Psychology, Associate Director of the Center for Human Rights and International Justice, and Chair of the Department of Counseling and Applied Developmental and Educational Psychology at Boston College, USA. She works with survivors of war and gross violations of human rights, using the creative arts and participatory action research methodologies to analyse the causes and document the effects of violence and develop programs that aspire to rethread social relations and transform social inequalities underlying structural injustices. Her activist scholarship has been published in referred journals, edited volumes, research handbooks, and organisational newsletters; she is co-editor of three books and co-author, with the Association of Maya Ixil Women – New Dawn, of *Voces e imágenes: Mujeres Mayas Ixiles de Chajul/Voices and images: Maya Ixil women of Chajul*. Her current participatory and action research focuses on migration and post-deportation human rights violations and their effects for women and children, with a particular focus on transnational identities (in Boston, New Bedford, Providence and Guatemala) and health disparities due to forced migration (in post-Katrina New Orleans). Brinton is a co-founder and participant in the Boston Women's Fund and the Ignacio Martín-Baró Fund for Mental Health and Human Rights. Her web site is [www2.bc.edu/~lykes](http://www2.bc.edu/~lykes)

### **Angela María Estrada Mesa**

Angela María Estrada Mesa, M.A., is currently an Associate Professor at the University of Los Andes in Bogotá, Colombia. A native of Bogotá, Estrada Mesa received her bachelor's degree in psychology from the University of Javeriana in Bogotá in 1974 and was awarded a master's degree in educational research from the University of Javeriana in 1979. She directed the University of Javeriana's master's degree programme in community psychology from 1995 to 1997. Her doctoral dissertation is in the field of Social Psychology and her defence is scheduled for November of this year at the Federal University of Paraíba in Brazil. Since 1995 she has been involved in research and intervention projects concerning the processes of subjectivation and political culture. Over the past nine years she has worked on numerous research projects dealing with the psychosocial effects of conflict on women and children associated with armed groups. She is currently the principal investigator for an IDRC-funded research project that seeks to develop a sustainable model of intervention to address psychosocial trauma at the community level in Colombia, with the overall goal of bringing the full potential of social psychology to bear upon the consolidation of post-conflict reconstruction in Colombia

Nació en Bogotá, Colombia, se graduó como psicóloga en la Universidad Javeriana de esa ciudad en 1974 y como magister en investigación educativa de la misma universidad en 1979. La defensa de su disertación doctoral en Psicología Social está programada para noviembre de este año en la Universidad Federal de Paraíba en Brasil. Desde 1995 viene adelantando proyectos, de investigación e intervención, en procesos de subjetivación y cultura política, su línea de interés. Entre 1995 y 1997, dirigió la maestría en Psicología Comunitaria de la Facultad de Psicología de la Javeriana y desde 1997 hasta el presente se desempeña como Profesora Asociada en la Universidad de Los Andes en Bogotá. En los últimos nueve años ha adelantado varios proyectos sobre el impacto psicosocial del conflicto armado en mujeres y menores vinculados a los grupos

armados. Actualmente adelanta un proyecto apoyado por el IDRC sobre trauma psicosocial en un contexto que consulta el escenario posconflicto.

### **R. Srinivasa Murthy**

R. Srinivasa Murthy, M.D., was Professor of Psychiatry at the National Institute of Mental Health and Neurosciences, Bangalore, India, from 1987-2003. He was Head of the Department of Psychiatry from January 1988 to February 1997. Professor Murthy has worked with World Health Organization extensively. He also functioned as Editor-in-Chief of the World Health Report 2001, which focussed on Mental Health. Following his retirement in 2004, he worked with the WHO at its Eastern Mediterranean Regional Offices of Cairo and Amman. During the last two years he has worked as mental health officer of WHO-Iraq.

Professor Murthy was one of the first psychiatrists to study the mental health impact of the Bhopal Disaster in 1984. From that time onwards, he has been working towards understanding the mental health impact of natural disasters like earthquakes and supercyclones, and man made disasters like riots, along with the development of interventions to meet the psychosocial needs of survivors. The strength of these interventions is the focus on self-care of survivors, the use of community resources like volunteers, school teachers, and health personnel for essential psychosocial interventions. He has authored more than ten manuals of mental health care for non-specialists.

### **Augustine Nwoye**

Augustine Nwoye, Ph.D., is an Associate Professor of Counselling Psychology and Family Therapy and was formerly Chairman, Department of Psychology, Kenyatta University, Nairobi, Kenya. Professor Nwoye is one of the few specialists in Africa today, in the field of African Psychology and Psychotherapy, in which he has made contributions that help to illuminate the African model of intervening between opposing parties. He has also done some work on the use of restorative conferencing in promoting forgiveness and reconciliation. He has experience in dealing with stress and multiple losses, especially surrounding HIV/AIDS and other traumatic experiences within an African context.

### **Pau-Pérez Sales\***

Pau Pérez-Sales M.D., Ph.D., is a psychiatrist who has worked on the field of psychosocial and community work, mental health, and human rights since the 1980s. He has developed most of his work in Latin America, with grassroots organisations or human rights groups. He is the founder and coordinator of the Community Action Group, a resource center for Community Work, Mental Health and Human Rights and coordinator of the Complex Trauma Unit at Hospital La Paz (Madrid). He has lived and worked, among other places, in Nicaragua, Chile, Mexico, Guatemala, Colombia, El Salvador, Palestine and Kosovo. Pérez-Sales has worked as a consultant for different international agencies and organisations, and he is Member of the IASC Reference Group on Mental Health and Psychosocial Work in Emergency Settings. He is also Founder and President of the Human Rights Section of Spanish Association of Neuropsychiatry, and is a member of the editorial boards of *Intervention*, *International Journal of Mental Health*, *Psychosocial Work and Counseling in Areas of Armed Conflict*.

### **Gameela Samarasinghe**

Gameela Samarasinghe, Ph.D. is a clinical psychologist and senior lecturer in the Department of Sociology at the University of Colombo in Sri Lanka. Dr. Samarasinghe has designed and introduced a Postgraduate Diploma in Counselling and Psychosocial Work at the Faculty of Graduate Studies, University of Colombo, which tries to provoke thinking about alternative visions of support to individuals and communities while also giving training on conventional counselling skills. Her recent research has focussed on the exploration of individual attitudes towards human rights and human rights violations, and perceptions about truth and justice, guilt, punishment and responsibility. She co-authored a book with Maleeka Salih entitled, *Localizing Transitional Justice in the context of psychosocial work in Sri Lanka*, which was published in 2006. Dr. Samarasinghe has been involved in numerous service delivery projects in Sri Lanka that have utilised psychosocial approaches, and she currently serves as a consultant to the Asia Foundation and the UNFPA.

### **Jack Saul\***

Jack Saul, Ph.D., is an assistant professor of Clinical Population and Family Health at Columbia University's Mailman School of Public Health and director of the International Trauma Studies Program. As a psychologist he has created a number of psychosocial programmes for populations that have endured war, torture and political violence in New York City and is known for his innovative work with communities that integrates testimony, healing, media, and the arts. He has a private practice in New York City in individual, couple and family psychotherapy.

Dr. Saul has worked since the early 1980s in clinical and community settings with children and families dealing with domestic, urban, and political violence. In 1995 he co-founded the Bellevue/NYU Program for Survivors of Torture and was its clinical director until 1998 when he founded the International Trauma Studies Program. In 1999, he established REFUGE, non-profit organization for survivors of torture and refugee trauma, a member of the National Consortium of Torture Treatment Programs. REFUGE currently sponsors AFRICAN REFUGE, a community centre for West African immigrants and refugees in Staten Island, NY. Following the 2001 terrorist attacks on the World Trade Center in Lower Manhattan, REFUGE established the FEMA funded Downtown Community Resource Center, a community based psychosocial programme for residents and workers in downtown New York. Jack Saul is the recipient of the 2008 American Family Therapy Academy Award for Distinguished Contribution to Social Justice.

### **Arvinder Singh**

Arvinder Singh, Ph.D., is a consultant, trainer, and psychotherapist in private practice in New Delhi. She has over 20 years' clinical experience in the area of counselling for life skills issues and training people in counselling and effective communication skills. Her forte has been to demystify counselling and make it available at the grassroots level. Dr. Singh's work has been supported by many international agencies like Action Aid, the British High Commission, and UNICEF. She has worked in politically sensitive areas such as Kashmir, Gujrat, Punjab and

north eastern states of Assam, Manipur, and Nagaland. After the earthquake in 2005 Dr. Singh conducted training programmes for professionals and teachers in Islamabad, Mansera and North West Frontier, Pakistan

For the last eight years Dr. Singh has been conducting workshops with communities and training community level workers and teachers in Kashmir to deal with trauma due to political violence. Her work has focussed on the provision healing spaces to communities impacted by trauma. The approach she works with is community based as she believes in the strength and resilience of the group to heal and cope with the trauma and pain. Dr. Singh has also co-authored manuals on providing psycho-social assistance for community- level workers and teachers. This was done for a collaborative project of Rajiv Gandhi Foundation and UNICEF.

Dr. Singh has conducted a workshop with peace workers from Nepal “Shantimallika” on healing spaces. She has also served as a training consultant to WISCOMP which is an initiative of His Holiness Dalai Lama’s Foundation for Universal Responsibility.

#### **Shobna Sonpar\***

Shobna Sonpar, Ph.D., is a clinical psychologist with a practice in psychotherapy in Delhi, India. Since 2000 she has also been involved in research and intervention projects related to mass violence. Her research includes psychosocial studies of survivors of the displacement and violence of India's 1947 Partition, former militants in Indian Kashmir, and women's role in peacebuilding. She has also been associated with various programmes in Kashmir including training for psychosocial support, capacity building of local health workers, and women's peacebuilding initiatives.

#### **Stevan Weine\***

Stevan Weine, a psychiatrist, is a researcher, writer, teacher and clinician in the Department of Psychiatry of the University of Illinois at Chicago. He is Professor of Psychiatry and Director of the International Center on Responses to Catastrophes, at the University of Illinois at Chicago. He was co-founder and co-director of the Project on Genocide, Psychiatry and Witnessing, which provides family-focussed community based mental health services to Bosnians, conducts interdisciplinary research on survivors, and engages in mental health reform in post-war countries. His scholarly work focuses on the personal, familial, social, cultural, and historical dimensions of trauma and migration. He was awarded a Career Scientist Award from the National Institute of Mental Health on “Services Based Research with Refugee Families” for which he is conducting an ethnography of Bosnian adolescents and their families. He was principal investigator of a National Institute of Mental Health funded research study called “A Prevention and Access Intervention for Survivor Families” that is investigating the Coffee and Family Education and Support intervention with Bosnian and Kosovar families in Chicago. Weine is author of two books. *When History is a Nightmare: Lives and Memories of Ethnic Cleansing in Bosnia-Herzegovina* (Rutgers, 1999) is based upon survivor’s oral histories. *Testimony and Catastrophe: Narrating the Traumas of Political Violence* (Northwestern, 2006) is a narrative inquiry of diverse testimony readings from within four different 20<sup>th</sup> century socio-historical occurrences of political violence. Weine is currently Principal Investigator of two NIH

funded studies: An Ethnographic Study of Preventive Mental Health Services for Adolescent Refugees and Migrancy, Masculinity, and Preventing HIV in Tajik Male Migrant Workers.

**Mike Wessells\***

Michael Wessells, PhD, is Senior Advisor on Child Protection for Christian Children's Fund, Professor of Clinical Population and Family Health at Columbia University in the Program on Forced Migration and Health, and Professor of Psychology at Randolph-Macon College. He has served as Co-Chair of the IASC (UN-NGO) Task Force on Mental Health and Psychosocial Support in Emergency Settings, President of the Division of Peace Psychology of the American Psychological Association and of Psychologists for Social Responsibility, and as Co-Chair of the InterAction Protection Working Group. His research on children and armed conflict examines child soldiers, psychosocial assistance in emergencies, and post-conflict reconstruction for peace. He regularly advises UN agencies, donors, and governments on the situation of children in armed conflict and issues regarding child protection and well-being. In countries such as Afghanistan, Angola, Sierra Leone, Uganda, Sri Lanka, Timor Leste, Guatemala, Colombia, Kosova, and South Africa, he helps to develop community-based, culturally grounded programmes that assist children, families, and communities affected by armed conflict. He is author of *Child soldiers: From violence to protection* (Harvard University Press, 2006).

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