Healing-Centered Peacebuilding: An approach to preventing violent extremism

Angi Yoder-Maina, Ph.D

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ACRONYMS

APA	American Psychiatric Association
CBO	Community Based Organization
CT	Counter Terrorism
CVE	Combating Violent Extremism
DSM	Diagnostic and Statistical Manual of Mental Disorders
GMH	Global Mental Health
GSN	Green String Network
ICD-10	International Statistical Classification of Diseases and Related Health Problems
ICEPCVE	Center of Excellence for Preventing and Countering Violent Extremism
IGAD	Intergovernmental Authority on Development
KDF	Kenya Defense Forces
KPS	Kenya Police Service
LMICs	Low- and medium-income countries
MHPSS	Mental Health and Psychosocial Support
NPS	National Police Service
P/CVE	Preventing and Combating Violent Extremism
PI	Psychological Injury
PTSS	Post-Traumatic Stress Symptoms
SDG	Sustainable Development Goals
SOYDEN	Somali Youth Development Network
TIEN	Trauma-Informed Educators Network
WebR	Wellbeing and Resilience Framework
WHO	World Health Organization

Introduction

Increasingly, community-based trauma healing practices are claiming their space in preventing and combating violent extremism (P/CVE), as well as peacebuilding praxis. These resurgent practices go by different labels and names including mental health and psychosocial support (MHPSS), trauma healing, trauma-wise peacebuilding, psychosocial wellbeing, trauma-informed and responsive peacebuilding, and healing-centered peacebuilding amongst others. There remains a tension between mental health experts and peacebuilding practitioners about the role each can and should play. Moreover, for this thought piece what is much clearer in the research and practice of peacebuilders is well captured by Dr. Shawn Ginwright[1] as he wrote:

"What is needed is an approach that allows practitioners to approach trauma with a fresh lens that ***promotes a holistic view of healing*** *from traumatic experiences and environments. One approach is called healing-centered, as opposed to trauma-informed. A healing-centered approach* ***is holistic involving culture, spirituality, civic action, and collective healing****. A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which* ***trauma and healing are experienced collectively****." (2018, p. 2)*

While there is a role for the more formal MHPSS experts, this paper will focus on the role of informal community care as defined by the World Health Organizations (WHO)'s pyramid framework describing the optimal mix of services for mental health[2]. This thought piece will provide a tangible framework for understanding the healing-centered peacebuilding approach to P/CVE, and how the approach tackles VE through systems thinking by enriching social bonds, building resilience, and developing agency, especially for young people who are at risk of being recruited to join an extremist group and engaging in communal violence. The piece will also share several stories of personal and communal transformation due to the use of the healing-centered approach.

The Impact of a Trauma Organized-Society

Dr. Christine Bethell at the 2019 Collective Trauma Summit noted that we live in "a trauma-organized society" (Bethell C. , 2019, p. 10). In such societies, repetitive cycles of conflict involving the same parties on the same or different issues are commonplace. Thus, the dynamic of conflict increases, creating growing "spirals" from which it is difficult to escape, and which transformation towards peace needs a lot of investment (Botcharova, 1988; Yoder, 2020). Consequent to increased levels of violence is increased levels of trauma which in turn can be new fuel for conflict, negatively influencing relationships and increasing instability. This interrelation is applicable on both the individual and collective levels, reflecting on primary/structural as well as secondary/individual violence that cause victims to cross the line and hurt others out of their own pain (Adams T. M., 2017; Hübl & Avritt , 2020).

Thus, this thought piece will use the definition of "traumatized society" as a society in which the destruction of systems and values are evident and, together with high numbers of trauma-affected and dysfunctional individuals, result in a dysfunctional, traumatized society (Lopez, 2018). Globally, mental health issues including substance abuse impact about 10% of the general population but in conflict-affected locations such as Northern Kenya and Somalia it is estimated that 30-35% suffer from some form of emotional and mental distress (PV, 2018; Ryan GK, Bauer, Endale, Qureshi, & Doukani, 2021).

Further research shows that populations in violence-prone environments suffer from significant levels of trauma (Mollica R, 1996; Botcharova, 1988; Adams T. M., 2017; Saul, 2014; Musisi & Kinyanda, 2020). According to Clark, people living in conflict-affected environments, "[o]ver three-fourths are demoralized and physically and mentally exhausted; half are clinically depressed or suffer from post-traumatic stress symptoms (PTSS); and one-fourth also are mentally incapacitated. They cannot function in society." (2002, p. 335)

Those who have suffered from such violence and traumatic experiences often see themselves as

[1] Dr. Shawn Ginwright developed the healing-centered engagement approach when working with youth in urban areas in the USA.
[2] WHO's Pyramid Framework Describing the Optimal Mix of Services for Mental Health

victims (Botcharova, 1988; Yoder, 2020). The link between trauma, victimization and cycles of conflict was highlighted by P. Levine when he wrote, "[T]rauma is among the most important root causes for the form modern warfare has taken. The perpetuation, escalation, and violence of war can be attributed in part to post-traumatic stress." (1997, p. 225).

The following story shows the complexity of how the cycle of violence is personal and how young people get caught up in violence because of the violence meted out to them.

Story: A Typical Young Kenyan Man and his Transformation to Social Healer[3]

"From 2008 until 2017 I was profiled, arrested, and tortured several times by the Kenyan police because I looked like a young, religious Somali man. By the time I started the Kumekucha program it was clear I had a major grudge against the Kenyan police as well as the local government administrators. Whenever I came across a police officer, I felt they assumed I was an al-Shabaab sympathizer. I was arrested and questioned at least 8 times. I was physically and mentally tortured several times by the police. Thus, I begin to fantasize about how I could get revenge for the torture and the pain I had endured by killing police officers. I would dream often of hosting al-Shabaab and helping them attack the police. I dreamt a lot. I began storing videos of al-Shabaab attacks on my phone including the Mpeketoni and El Ade attacks of 15 January 2016. It became my mission to join al-Shabaab as my way of getting revenge. At the same time, I was invited to many PVE events in Lamu, but my heart was changing, and I was full of hate. However, in 2017, I was a part of leadership training with Green String Network. This was the only program where I encountered a change of heart. I began to understand myself and I forgive myself and others. I transformed in a way that I had not wanted nor expected. I was comfortable in my hurt and my pain - I wanted to feel the righteousness of my hatred. I wanted the police to pay for what they did to me.

To help others, I worked with other youth like me who had suffered at the hands of the police and were on the path to radicalization. In late 2018, I was called upon again by GSN to train both prison wardens and police officers. At the time I thought this was impossible. At first, I rejected the invitation because I was still angry at how I was treated by the security officers. But because my heart had shifted, I decided to take a risk and try. The week I first led the training of the 15 prison wardens my life changed. For the first time, I began to empathize with security officers and their experiences of hardship and pain. I remember crying with them and thinking, "they are also human." Despite my misgivings, I did not see my torturers in front of me instead I began to see people.

Today I do not hate police officers, in fact, I now have a good relationship with them. I invite them to dine with me and my family. Today, because of the healing process, and the work with the police I have never felt safer in my life. Without my journey through the social healing process, I am not sure where I will be today."[4]

The Response to Violent Extremism in East Africa and the Horn

It is significant that the African Union's 1997 Convention on the Prevention and Combating of Terrorism defined the nature of the challenge of terrorism and violent extremism in Africa and provided a continental framework for a state security-centric response to terrorism and violent extremism. In 2006 and 2007, the military tactics which dominated the global response to violent extremism were substantially expanded. Significantly, the language shifted from merely "countering" violence with more military violence to the prevention of violent extremism. In more recent years as the field has grown, the literature on violent extremism shows while countering terrorism (CT) is viewed as more state security-centric, preventing and countering violent extremism (P/CVE) is more people-centered with efforts towards:

- Prevention and intervention approaches;

[3] Famau Ahmed gave his permission for his story to be shared publicly. He is a GSN Resource Facilitator and has led the *Kumekucha* movement in Lamu, Kenya since 2017 and was instrumental in working NPS and KPS on developing the *Muamko Mpya: Healing the Uniform and co-facilitated the program with police officers.* This story is also told in the book, Healing make Peace Possible: A healing-centered peacebuilding approach. (Yoder-Maina, Healing is what Makes Peace Possible, 2022).

[4] Listen to Famau's full story here https://youtu.be/lhgvx7B0HCw

- Increasing the resilience of individuals and communities towards radicalization;
- Providing alternative nonviolent avenues for expressing grievances; and
- Educating communities about the threat of recruitment and radicalization to violence.

A month after the deadly terrorist attack in Kenya in 2019 at the Dusit D2 hotel in Nairobi, a leading daily in Kenya, the Daily Nation, published an article entitled 'Dusit attack reveals 'new generation' of Al-Shabaab recruits.' This new generation of attackers, the paper contended, was distinctly counterintuitive as "[t]heir background and ethnic origins are starkly different from that of typical Kenyan members recruited in the past by al-Shabaab. Somalia's Al-Qaeda affiliate has mainly used recruits from Kenya's ethnic Somali community or coastal Muslim communities." (Daily Nation, 2019)

The Daily Nation raised troubling questions on the nature and patterns of violent extremism in Kenya and the Horn of Africa and if a state security-centric response would be ultimately successful. The leading terrorists at Dusit D2 did not fall into the popular categories of who a terrorist was likely to be. At the forefront of this terror were young people who were non-Somali and with non-Muslim roots. Earlier regional operations such as the attack on Garissa University in 2015 had shown that educated and socially connected young people were also willing to plan and carry out terrorist attacks.

While state security-centric efforts are required, the real and potential threats that cannot be prevented by a state security-centric model are increasing rather than diminishing. If the recent trends are any guide, it is not an exaggeration that without solid community-based interventions addressing the core issues of violence prevention, the patterns and trends of violent extremism are set to continue in the Horn of Africa in the foreseeable future (PSC Insights, 2021). Community-based prevention strategies and tactics "directed toward identifying and curtailing the process of radicalization that many foreign and domestic organizations use to attract and deploy individuals to commit terrorist acts" became an important part of a holistic violence reduction strategy (SIDA, 2017).

A solid community-based response is more urgent than before. Over the past ten years, communities and their leaders have expressed their desire to deal with the deep pain that is driving much of the violence. A key intervention that communities and their leaders throughout East Africa have prioritized has been around how to heal past grievances while also dealing with the impact of regular, on-going, daily violence – some of which is targeted at young people like Famau in the story above or at whole communities who fit the stereotype of a "terrorist." While for others it is based on the structural inequities of a post-colonial state or a state that has been in civil conflict for decades with limited stability.

Healing-Centered Peacebuilding Praxis and P/CVE

The Green String Network (GSN) began engaging in community-based initiatives in P/CVE in Somalia in 2013 with network partner, Somalia Youth Development Network (SOYDEN), and at the Kenyan Coast in 2016 in partnership with several local Community-Based Organizations (CBOs). Through a healing-centered approach to peacebuilding, GSN developed a Wellbeing and Resilience (WebR) framework seeking to contribute to breaking cycles of violence from both the horizontal community level and linking vertically to policy levels. A systems approach, the WebR framework draws from cultural resources to expand research and practices related to trauma healing, justice, peacebuilding, and human security and demonstrates the importance of integrating these concepts into the personal, community, structural and societal levels to address issues of chronic violence.

Propelled by several pilots (from 2015-2019) throughout southern Somalia (i.e., Hirschebelle, Kismayu, Mogadishu, and South West State) as well as in communities in Kenya (i.e. Lamu, Tana River, Kilifi, Mombasa, and Nairobi Counties), the healing and dialogue sessions sought to create spaces and provide tools for individuals and communities to (re)examine the root causes of violent extremism and propose sustainable solutions given the limited resources available in the community. Upon strong recommendation from the communities, GSN developed a sister-program, called Muamko Mpya – Healing the Uniform involving the security actors, namely, the National Police Service (NPS) and the Kenya Prison Services (KPS).

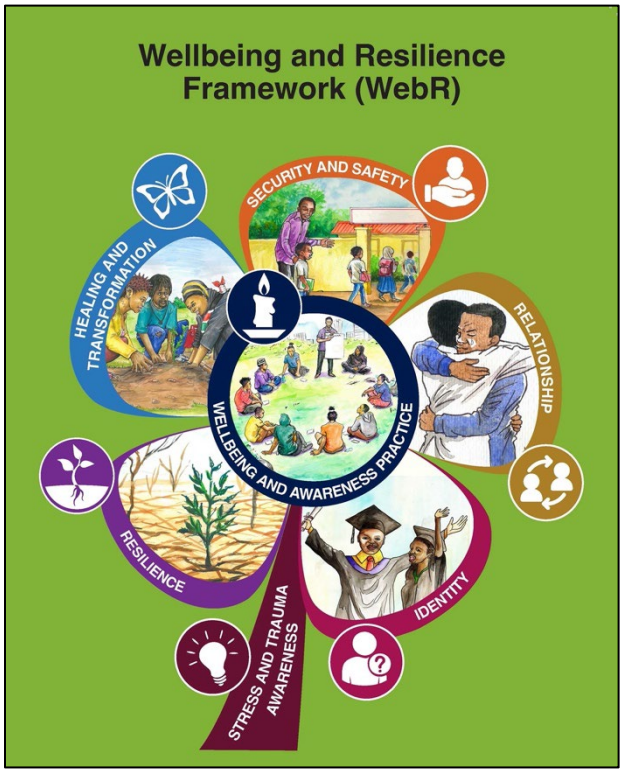

Figure 1: GSN's Wellbeing and Resilience Framework

From GSN's research, practice, and reflection , there are three major gaps in the response to violent extremism and terrorism in Kenya and the Horn of Africa making a healing-centered program urgent and necessary:

1. The general approach to violent extremism and terrorism has remained state security-centric. Whereas it is widely accepted – States are a primary referent in matters of security -- research and practice indicate a heavy state security approach has serious limitations in the fight against terrorism. The use of violence by governments is, at best, a "fire-fighting" measure, which, unless it is coupled with other long-term interventions, only feeds the cycle of violence and counter-violence. The recent amendments to the Prevention of Terrorism Act in Kenya clearly indicate, that despite gains in civil society and government collaboration, the government of Kenya is still unable to detach from a state security-centric approach to violent extremism.

2. The "push" and "pull" factors to violent extremism and terrorism largely remain unaddressed. In other words, the negative social, cultural, and political features which "push" mostly young and vulnerable individuals onto the path of violent extremism remain intact. While the "positive" characteristics and "benefits" of extremist organizations that "pull" individuals to join seem to nurture and even beautify the path of revolutionary counter-violence.

3. Community-based initiatives which are "pro-ventive" (proactive and preventive) are either too little, or viewed as "too soft" and, in some cases, undermined by state agencies. Yet it is these community interventions that address critical issues including building on the resilience of individuals and communities; addressing the real needs of young and vulnerable people who either join extremist groups or seek reintegration on their return; mobilize communities to work jointly with security actors to provide healing and promote nonviolent ways of expressing grievances, and building youth inclusive platforms for genuine dialogue generating pathways to breaking cycles of violence.

Story: Violence is complex – violent crime and radicalism are linked at the community level[5]

"My father was arrested when I was 10 years old. Police raided our home in the dead in the night; they said he was a suspected member of al-Shabaab. He disappeared for several years before he was finally released. We lost hope. We thought he was dead. We were branded as an al-Shabaab family in the community. All

[5] Mohamed Wakid, a *Kumekucha* Facilitator in Mombasa consented to have his story shared publicly. This story is also told in the book, Healing make Peace Possible: A healing-centered peacebuilding approach. (Yoder-Maina, Healing is what Makes Peace Possible, 2022).

my opportunities closed.

My father returned traumatized eight years later. He was not the same man I remembered. He talked about his time away in prison, how he was tortured, mentioned that he was locked up in a cold dark room. During the time when my father was in jail, I joined a street gang and eventually become a leader.

But after I started the Kumekucha program I made the choice to change my life for the better. At one point my gang had killed a police officer because we hated the 'cops' who profiled us. My local neighborhood, Kisauni Blue Beach was unsafe because of the gangs but also because the police regularly raided. Businesses had either died or left.

However, when I joined Kumekucha I contributed to transforming it to be a place where youth could come and exchange views on community security and development. Together with other youth, we began to collect garbage using handcarts, and to sell water to parts of Kisauni where water was previously unavailable. Kisauni Blue Beach has transformed in just a few short months. We started a youth football team. We play soccer each evening. Youth who never interacted before now meet on the pitch. We (the youth) no longer run from the police patrol. Instead, we interact with them and help them keep our community safe. As a result, the raids have reduced. In the future we want raise funds to purchase football gear and start a football academy for younger kids."

From Mental Health Psychosocial Support to Healing-Centered Peacebuilding

In attempting to clear the cobwebs regarding the various healing approaches, the 'nested' diagram summarizes the dominant four approaches, namely, mental health, psychosocial support, trauma-informed, and healing-centered (Ayindo, 2022).

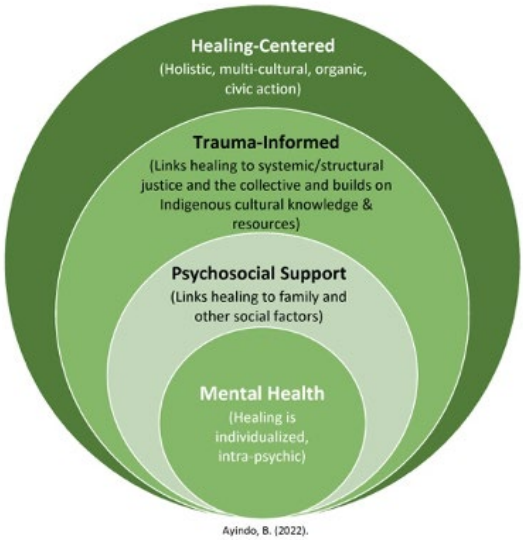

Figure 2 Nested diagram by Dr. Babu Ayindo

Research and practice demonstrate that despite the mutual suspicions and even dissonance amongst practitioners[6], approaches that focus on the individual can complement those that focus on building indigenous and organic processes to address structural justice issues collectively. In essence, despite the tensions, the broader healing-centered agenda in many contexts complements mental health and psychosocial support and builds on trauma-informed tools. Dr. Christina Bethell noted at the 2019 Collective Healing Summit, "We're a society organized based on trauma, so we need to go from being trauma-organized to being trauma-informed—and then, eventually, healing-centered." (p. 10)

Trauma awareness and resilience-building are the foundations of the programming. Trauma awareness includes knowledge of different types of trauma and the neurological, biological, psychological, and social effects of trauma. Resiliency is a counterpart to trauma, offering ways to address distress and alleviate the effects of trauma. An important part of building resiliency in the context of trauma is the use of tools for self-regulation and co-regulation that allay the stress-based responses of fight, flight, freeze and submit to triggering events.

[6] Particularly between MHPSS experts and peacebuilding practitioner.

The Role of Community Care and Self Care

The World Health's Organization's Pyramid framework describes the optimal mix of services for mental health"[7] where community care and self-care are the largest part of the pyramid - with a focus on community-care and self-care. When you stop seeing the pyramid in the biomedical framework but rather in the social and cultural framework, in many countries enduring chronic violence, this is not where health workers are, but this is where peacebuilders, pastors, Imams, community workers, and teachers work. This is the realm where community-based peacebuilding and social transformation can make an impact (Yoder-Maina, 2022).

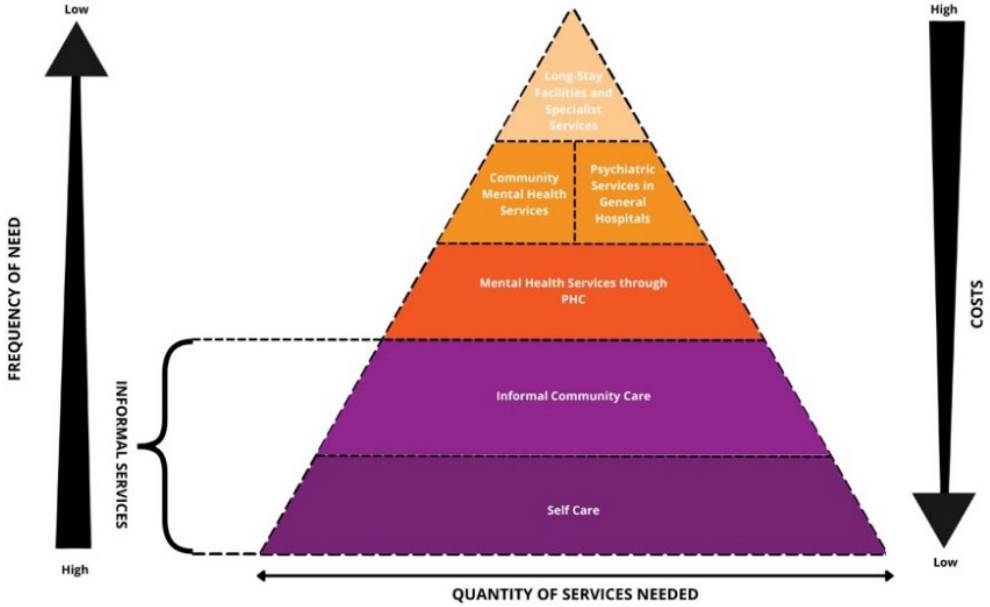

Figure 3: Pyramid framework describing the optimal mix of services for mental health

While in the more specialized services (up the pyramid) - this is where MHPSS has the expertise. Rebecca Lewis-Pankratz noted, "The reality of what we are up against is there are not enough dollars in creation to hire the number of experts we need to help (transform) our society."[8] Thus innovating new ways to hold space for hurting communities is the only way forward for many communities who will never have professional services due to their remote location, limited formal resources, levels of poverty, and cultural issues including stigma. Using WHO's Pyramid, several organizations have successfully integrated the top more medicalized part of the pyramid with a more informal community prevention model[9].

Collective and Intergenerational Trauma

Many experts emphasize the intergenerational effects of trauma (Lederach & Lederach, 2010; Barge-Zook, 2011; Hübl & Avritt , 2020; Yoder, 2020; Ellis, Rodgers, & Baldauf, 2021). When individuals, families and societies do not manage to cope with the events in their past, there is a high likelihood that they pass trauma on to the next generation. Collectively, "societies transformed in these ways by long-term conflict can become engaged in highly (self)-destructive political dynamics in which they become locked in unending conflict with their hated enemies. In such cases, reconciliation will not be achieved through the signing of a peace treaty alone but will also require adjustments at a more fundamental psychological level." (Barsalou, 2005, p. 9) This transgenerational trauma is also

[7] WHO Pyramid Framework describing the optimal mix of services for mental health
[8] In remarks at a presentation at the 2021 Trauma-Informed Educators Network (TIEN) online, July 2021.
[9] Examples in violence prevention include: The Friendship Bench in Zimbabwe (https://www.friendshipbenchzimbabwe.org/) ; Green String Network's Community Peer support networks in Kenya, Somalia, Ethiopia, South Sudan (https://green-string.org/); Beyond Conflict in Middle East and South America (https://beyondconflictint.org/); Flourish Agenda in the USA (https://flourishagenda.com/); and Somali Youth Development Network in Somalia, (https://soyden.net/)

sometimes referred to as 'historical trauma,' and requires specific, intentional healing processes (Hart, 2008).

"It is quite common to observe that members of the generation immediately succeeding the one that endured periods of extreme violence have trouble making sense of entire segments of their lived experience or even of their own identity as a result of the silence maintained by their parents and, more generally, by the adults of the community." (Pouligny, Doray, & Martin, 2007, p. 38)

At the Collective Trauma Summit in 2021 Dr. Christine Bethell addressed intergenerational and collective trauma. She said,

"Studies are really clear that there is an intergenerational transmission [of trauma], some studies that talk about ... the most important thing is what the grandmother experienced.... The first generation, like say the grandparents who experienced the Holocaust, the first-generation buffers strongly to survive. But because of that, they're not necessarily in as nurturing a space for their children. And then the next generation starts to really show the breakdown and its cumulative." (2021, p. 9)

Somalia has had years of conflict, natural disasters, famine, and insecurity, including large-scale terrorist attacks, all of which has contributed to collective suffering. Most of the population only knows this way of life. Somalis witness each day a generational collapse in individuals but even more so in the systems and structures that govern and run the country, including the security sector. Many tell how the systems in Somalia are broken and thus traumatizing. When systems are traumatized, the collective becomes personal. It impacts services such as education and health care, the security sector, and good governance in general - and the entire society loses (Hoehe, 2020).

Dr. Sousan Abadian further explains,

"When there is trauma that hasn't been dealt with, trying to move a society forward is like driving a car with one foot on the accelerator and one foot on the brake. It lurches forward, then stops, stalls, sometimes swerves into a ditch—it's uneven, uncontrolled. Something is stuck." (Lambert, 2008, p. 3)

To deal with collective and intergenerational trauma official initiatives could be important such as national healing programs and policies. "The public narrations of the past, those that are authorized or official, such as celebrations, commemorations, and monuments, can lend meaning to individual memories and give to the new generation the possibility of facing the 'unthinkable': the attempt to make a whole society disappear. But official memories can, conversely, mutilate personal memories." (Pouligny, Doray, & Martin, 2007, p. 33) The potential cycle of violence and collective trauma is of central concern for the future of much of the East African and the Horn region but this link remains debated among specialists and gaps in knowledge remain to actually assess collective and intergenerational trauma impact (Hart, 2008; Barge-Zook, 2011; Hübl & Avritt , 2020; Ayindo, 2022).

Psychological Injury, Chronic Violence, Injustice and Historical Harms

The biomedical approach used by most mental health professionals encourages most psychologists and psychiatrists to work within a diagnostic model such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) which is published by the American Psychiatric Association (APA), or the International Statistical Classification of Diseases and Related Health Problems (ICD-10) developed by the WHO. Thus, the training "imposes a powerful expert narrative about individual illness/disorder." (Johnstone & Boyle, 2018, p. 39) However, there is a new model called the psychological injury (PI). It states that the single largest cause of mental health problems is when a person experiences a psychological injury. These occur when the person is subject to marked neglect, abuse, disrespect, or chaos in their social environment. They can also occur when the person experiences a traumatic event." (Kuelker, 2019, p. Web).

Chronic violence as defined by Tani Adams (2017) is likely to impact people living in countries with long-term state fragility and little ability to change the fundamental conditions. The PI model links closely with a peacebuilding understanding of direct, structural, and cultural understanding of violence and its impact. Pioneer peace researcher Johan Galtung's model of direct violence, structural violence and cultural violence helps us make the connection between various forms of violence and link them

to the PI model. His model is adapted to make the connection between the general response to chronic violence and trauma in programming and, more importantly, the need for a healing-centered approach, using a trauma-informed lens to build peace, as illustrated in the diagram below:

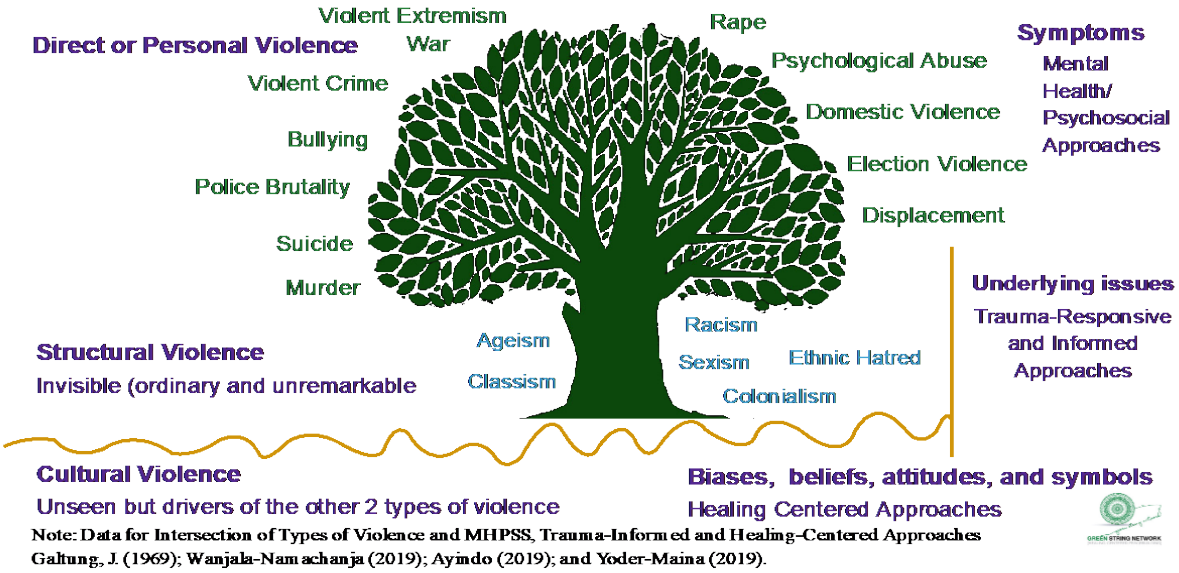

Figure 4: Intersection of Types of Violence, MHPSS and Healing-Centered Approaches

Johan Galtung (1969) classified the phenomenon of violence into three main types of violence: (1) personal or direct; (2) structural or indirect; and (3) cultural or symbolic. Among the three types of violence represented in the left side of the diagram, the most obvious type is direct or personal violence. Everything from threats and psychological abuse to rape, murder, war, and genocide belong to this category. It is called personal violence because the perpetrators are human beings, i.e., persons. This is where mental health services and psychosocial support interventions are designed to engage and work. Their focus is on treating the symptoms of direct violence. However, in chronic violence and protracted conflict environments, MHPSS interventions are skin deep and only provide individual first aid, almost a band-aid, and do not address issues which deal with the misuse of power, nor do they support a more collective social healing.

The second type, structural violence, is much less obvious, though it can be as deadly, or deadlier, than direct violence. Typically, no particular person or persons can be held directly responsible as the cause behind structural violence. Here, violence is an integral part of the very structure of human organizations — social, political, and economic. Structural violence is usually invisible — not because it is rare or concealed, but because it is so ordinary and unremarkable it tends not to stand out. Such violence fails to catch our attention to the extent we accept its presence as a "normal" and even "natural" part of how we see the world. Even though structural violence has real victims, it has no readily visible perpetrators.

"Finally, there is the issue of cultural violence. Violence, whether direct or structural, is a human phenomenon" (Afzaal, 2020). As such, it poses for human beings not only a physical or existential problem but also a problem of meaning. Both types of direct and structural violence are justified or legitimated in one form or another. This occurs in the arena of culture, in the realm of beliefs, attitudes, and symbols. It would be erroneous to say culture is the root cause of violence. Yet, neither direct nor structural violence can go on for long without at least some support from culture. In any given culture, the justification or legitimation of violence can come from a variety of directions — most significantly from religion, ideology, and cosmology, but also from the arts and sciences (Galtung, Jacobsen, Brand-Jacobsen, & Frithjof, 2002).

Thus, the healing-centered paradigm, represented in the right side of the diagram, moves towards

developing systemic methods of dealing with issues of structural violence, yet "true prevention means we have to address change at the level of culture, not just at the individual level" (Bloom & Farragher, 2013, p. 29). The biomedical approach leads to pathologizing normal human responses to pain and suffering. In practice, the shift comes from asking, "What is wrong with you?"[10] to "What has happened to you?" It's not surprising people living in violent conditions such as war, civil unrest, torture, abuse or poverty experience depression and anxiety, but needing support and services isn't the same thing as having a disease (Johnstone & Boyle, 2018).

Collective Healing: Creating Safety, Finding Connection, and Reclaiming Identity

It is often asked how a healing-centered social movement can be created when the world feels increasingly dangerous and less safe. Since the onset of the global pandemic in 2020, the East Africa and Horn region has experienced significant issues hampering the region's development including increased insecurity, endemic poverty, food insecurity, high levels of youth unemployment, lack of equitable access to resources, and stagnant economic development. And while these issues are not necessarily new to the region the impact is being felt while support for P/CVE and other stabilization and development funds are being reduced by external donors.

Even without the political turmoil at the national and regional levels, many of these issues contribute to a cycle of violence that still grips many local communities. The cycle of violence is a pattern of thought and behavior locking people into seeing themselves as victims and others as perpetrators of violence. The cycle typically leaves individuals traumatized and destroys trust within and between communities. It stops people rebuilding lives, leaves communities fragmented, increases the appeal of extremist groups, inhibits sustainable development, and weakens local governance.

Governance is not possible without meaningful cultural, social, and political reconciliation. Effective governance requires high levels of trust, reciprocity, and willingness to cooperate at the grassroots of society. To break the cycle of violence, the healing-centered approach works from both from the grassroots up, (i.e., from individual and community) and then from the top down (i.e., from policy at national and regional levels) connecting to the bottom-up work.

Story: Collective Healing Makes Peace Possible[11]

"My son went to Somalia along with other youth from our community. They were radicalized by Ahmed Iman Ali (now a wanted global terrorist). Initially, I was happy my son had become so religious, but after a while I noticed a change in his behavior as he was unwilling to discuss what he learned at the mosque. He seemed angry all the time. I was scared, as I did not know how to respond. I was informed by community members my son travelled to Somalia. It was a very painful period, I suffered as the anti-terror police unit would frequently storm my house. They arrested me on several occasions. Eventually my son escaped from Somalia and surrendered to the Kenya Defense Force (KDF). He was released after a year in custody. Al-Shabaab declared him a traitor and he was gunned down in unclear circumstances.

I was hurt, angry, and isolated. But the Kumekucha peer support sessions transformed my life and changed me. I now speak about my trauma and pain without fear of being stigmatized. Because of Kumekucha, I now lead a monthly women's support circle made up of other mothers who have lost their children either to the anti-terror police or to the al-Shabaab agents. Each time we gather we gain more strength to continue life. Part of our agenda every month is to support one another by contributing a few shillings for our savings. We visit families affected by violent extremism, every month. Among other things we talk to each other. The group provides space for sharing with the aim of offering healing pathways each of us."

Recommendations for developing healing-centered programming

[10] The quote above often used in trauma-informed practice and its literature. It is attributed to Dr. Joseph Fedora

[11] Mama Zuria gave her consent for her story to be used publicly. GSN also develop a short film about her story and her work as a Kumekucha Community Facilitator. The film won a Sustainable Development Goal (SDG) film award for "Building Peace" at the SDG Film Festival at the United Nations in July 2019. The short programmatic film can be found here: https://www.youtube.com/watch?v=CYDc9_6dxyY

In a conflict setting, the presence of significant trauma in the population poses a direct and formidable challenge to the transformation that needs to occur to challenge violence, achieve stability and peace and to begin sustainable development activities (Ibrahim M, 2022). However, there is little to no understanding of the urgency of the problem and how to address it.

Young people, women, community leaders, elders and even police officers have all told us over the last few years that they are very keen to engage in social healing programming in their communities. They have also said they think security actors and those who are engaging in terrorism in their own communities should also have access to similar programming. They noted that such support is currently not often provided and that having cultural, contextual, and religious support for dealing with these issues would be welcome. When violence is what is not normal and our responses (even if they feel bad and out of control) to violence are what are normal, stigma melts away.

Organizations and programs seeking to implement healing-centered peacebuilding as a response to violent extremism should, at the very minimum:

- Aim at increasing the resilience[12] of individuals and communities at the locus of terrorist radicalization;
- Provide solid nonviolent alternative avenues for expressing grievances; and
- Strengthen a working partnership between law enforcement and civil society; and in East Africa and similar contexts, bring together law enforcement and community members in healing processes due to the high level of historical grievances between the two diverse groups.

The recommendations for incorporating healing-centered peacebuilding programming into P/CVE work include:

Develop peer support structures. A non-biomedical, community care model such as peer support and peer supervision is evidence-based and is fully accepted in global mental health practices (Shalaby & Agyapong, 2020; Aakerblom KB, 2021). The development sector is not as advanced in these approaches but there are many global examples and case-studies within the global mental health (GMH) movement (Hailemariam, et al., 2015; Marks J, 2021). In Zimbabwe the Friendship Bench has been highlighted as an evidence-based, culturally adapted peer support program.

In the last decade WHO and the GMH movement have called for a scaling-up of access to mental health in the forms of psychological and psychiatric treatments in low middle income countries (LMICs) (Hailemariam & Pathare, 2020). However, in the Global North psychiatry, primarily has been strongly critiqued in relationship to its role in medicating patients and its links to the global pharmaceutical companies, particularly regarding the serotonin chemical brain-imbalance theory that has since been debunked extensively by independent researchers (Moncrieff, 2022). Peer support and moving away from the biomedical model are both key aspects of decolonizing mental health[13] (Patel, 2014; Mills, 2014; Zapata, 2020). Best practice shows us that when youth are the targets of healing-centered peer support programming, they should be involved in the co-design and development of the program and trained to be peer facilitators. They can and should be given the opportunity to lead these processes when they are the targeted participants (Jenkins GT, 2020).

A healing-centered approach focuses on the core human needs of safety/security and connection. By building from there the focus will emphasize the using of theoretical concepts found in relational neuroscience theory. This type of programming is useful within P/CVE programming to cultivate personal resilience and reimagine how humanity might best achieve peace and security. Thus, moving from isolation and mistrust to safety and connection (Porges, 2011; Dana, 2021).

Invest in making both the work and the learning tools contextual and culturally relevant. It is important that the adaptation is not only around the process but also with the instruments of

[12] The way resilience is defined in this document is not about pushing through or soldiering on. It represents our ability to meet the challenges we encounter each day, trusting that we have the resources (both internal and external) to weather those challenges with the least amount of negative consequence to our bodies-hearts-souls.

[13] Decolonizing mental health refers to the dismantling of the racist underpinning behind the origins of the field particularly in Africa where colonialism was closely linked to early colonialist psychiatrists (Mahone, 2021).

measurement. If concepts like trauma do not make sense contextually, find the words and the experiences that do and use them. Do not cut and paste from other contexts just because it works elsewhere (López, 2019).

Culturally appropriate embodied practices are available in all cultures. These are important. While the West uses talk therapy – it is not necessary to tell one's story of hurt or pain to heal. There are many paths to healing and you and your communities can find your own way. In Somalia women used their five-times daily prayer to be physically present as well as a group WhatsApp chat to remain connected. Eleven months post-intervention the destress levels had significantly decreased by 85%. The decrease was directly connected to the wellbeing practice and the continual connection with each other.[14]

An appreciation of language. Many Africans engaged in healing-centered work note, "we heal in our mother tongue"[15] – thus calling things what they are in one's own language is critical. "Our first language, the beautiful sounds of which one hears and gets familiar with before being born while in the womb, has such an important role in shaping our thoughts and emotions." (The Fountain, 2008) For many, colonialism destroyed their ability to effectively use their mother tongue – given that school systems are in the national or official language of their country (i.e., English, French or Portuguese). The language is often the language of the colonizer and often even the language most people use in their daily lives. In East Africa 60 years after colonialism many young people no longer use the language of their ancestors.

Young people often create their own youth language, such as sheng[16]. In Kenya and other East African countries, Sheng has become a language of the youth. They understand and use it in a way that older people no longer fully understand it. In the healing-centered approach it is important to give participants (especially the youth) the choice to use the language they feel they can express their emotions and feelings in, as well as being understood. Thus, giving space for people to determine the language they feel they need to use to engage in the healing practices is key.

A referral system for additional care is a necessary part of healing-centered community prevention programming. A referral system will link the informal community care and self-care aspects at the bottom of the WHO pyramid with the more formal and top of the pyramid[17]. If there is no formal support available – look for other cultural supports such as family and religious supports and make them a part of your referral pathway so that even the referral pathway is based on community care and the existing community strengthens.

Engage Enlightened Witnesses - Doing nothing is no longer an option. Community based resources in East Africa and the Horn are often traditional, religious, and gendered. Given the prevalence of community violence due to the brutal and racist colonial past that only ended 60 years ago, there are many community resources (although often hidden) for responding at the community level. Healing has been done for thousands of years by people within their own communities who believed in and relied on each other.

Decolonizing GMH in East Africa and the Horn must acknowledge the deep level of lived experience that exists. People in violent environments are hurting and in pain. When people are in pain – peacebuilding efforts are hindered because of the cyclical nature of the cycle of violence where those who are hurt, hurt themselves or others and the pain spreads (Lederach & Lederach, 2010; Adams T.

[14] In January and February 2017 30 women leaders from Baidoa and Kismayo and 30 civic, community and religious leaders (all men) from Mogadishu, Baidoa and Kismayo were a part of the Quraca Nabadda Trauma-Informed Resilience (TIR) training for Leaders. Women leaders reported 12 months after the initial training there was a significant reduction in distress by 225% in the level of distress as measured through the K10 scale. This was strongly correlated to new practices around being present during daily prayers and mediation practices.

[15] An Interview with Babu Ayindo, Bonface Beti and Tecla Namachanja-Wanjala November 2019.

[16] Sheng, popularly defined as urban youth-based language of "Swahili-English slang" (Mazrui & Mazrui, 1995), became prominent in the 1960s in multicultural Nairobi. It combines mostly Kiswahili, and English but further generations of the spoken language also includes other Kenyan languages such as Kikuyu, Luyha, Dholuo and Kikamba.

[17] GSN has supported both SambaSports Youth Initiative in Kwale, Kenya and Somali Youth Development Network (SOYDEN) in Somalia to develop a written referral system linking into more formal care but also to other forms of social support, like health care, social support, and even educational support. Referrals are then followed up on and the status is documented so at-risk participants are tracked and do not disappear in the cracks.

M., 2017; Yoder, 2020).

The reality of what communities and peacebuilders are up against is there are not enough dollars in creation to hire the number of experts needed to help everyone in society. So instead of giving up we must expand to deal with the whole ecosystem. And this is where Enlightened Witnesses have a role to play. Enlightened witnesses are the people who build both individual and community resilience. They do not have special "training" in MHPSS, but they are the people we remember who made a difference in our lives[18].

A long-term peacebuilder from Kenya who was a social worker in the early 1990s with the Catholic Church in the early days of multiparty elections and the resulting violence, found herself surrounded by women who were deeply grieving. She had an option to say, "this is not my training." Instead, she looked for support of what she could do to respond and then she leaned in and responded by holding space for their pain. She has gone on to hold space for women and young people for countless other post-elections where violence was the norm, but also for young people and their mothers caught up in violent crime and violent extremism. She told me how she began her healing-centered work:

"We started holding space for people. Doing what we felt was right. Digging into cultural practices of healing and holding space. Doing something, because if [we did] not do something – it would have also caused harm. While experts told us we would harm people if we engaged, the "experts" were not there [at the grassroots]. Doing nothing was harmful and was not an option." (Yoder-Maina, 2022, p. 98)[19]

"While peacebuilding can be therapeutic in nature and bring[s] out difficult emotions and experiences, many peacebuilders do not have training in mental health practices. They can potentially do significant harm if traumatized groups or individuals open-up and peacebuilders push too hard, do not provide a safe space, or prematurely push them toward reconciliation." (Zelizer, 2009, p. 3) As described earlier in the paper, peacebuilders often find themselves working at the intersection of peacebuilding and chronic violence and find that leaders and communities in conflict have been "exposed to severe trauma and have therefore become susceptible to its long-term consequences at the individual, community, and national levels." (Zelizer, 2009, p. 2)

Thus, today peacebuilders should have a basic understanding about the impacts of trauma, as well as understand when they need to consult and discuss issues with mental health professionals. They should also understand how secondary trauma can also impact them as witnesses of chronic violence, injustice, and inequity. Moreover, because peacebuilding is localized it should be acknowledged that many peacebuilders have been a part of the conflict they are engaging in and carry their own wounds and stories of pain (Schirch, 2019).

For this reason, it is important for peacebuilders to involve mental health professionals to assist in the set-up of referral pathways up the WHO pyramid of services delivery into the more formal mental health services. When the more formal services are non-resistant (i.e. Somali and South Sudan), careful thought should be given about how to handle those who need more support and help than a peer support process can offer. These will be needed from time to time as there are some people who need more care than what can be offered by the informal services of community-care and self-care. Having a documentation process of the referrals and following up with the referrals is important. A

[18] In research, mental health professionals are generally not mentioned by community members as enlightened witnesses – instead grandparents, teachers, workmates, uncles, aunties, older cousins, religious leaders, and neighbors are often mentioned.

[19] In the early years when engaging as peacebuilders in social healing work, peacebuilders were told by mental health experts that they should engage with the issues of trauma. They were told they risked "re-traumatizing" their local partners who they were meeting in their peacebuilding programming at the grassroots and from local organizations. But the MHPSS experts were not in the same spaces and there were no services for people who were in pain from what had happened to them. Basically, people were left alone in their pain. MHPSS maintained this was safer than non-experts engaging. But was it collectively safer?

The question peacebuilders eventually asked was "why were we engaging with the medical system and formal mental health services? In most conflict-impacted regions in East and West Africa, MHPSS services lack funding, national capacity, and limited infrastructure. The question became why peacebuilders should focus on the biomedical aspects of mental health when community members and leaders were not "disordered" or "sick" but instead were impacted by what had happened to them, their families, their communities, their ancestors. The fear of "re-traumatization" is not the fear of the local peacebuilders, instead it is the fear of the western-trained experts. Local peacebuilders live everyday within their context -- trauma and memory often encircle them. Peacebuilding means listening to THESE voices and responding to them out of compassion and love – but not waiting. Additionally, GMH focuses on providing non-expert peer support and highlights the lived experience voice as a driving force for addressing or individual and collective wellbeing.

key focus must be around creating safety for program participants. In the last decade, peacebuilders have begun to develop guidelines of practice that emphasize safety, do no harm, cultural and contextual adaptation, including how to bring lived experiences into their peacebuilding processes, and how to also begin to better care for themselves both individually and collectively. It is also important to know that people can heal, without ever telling their story aloud. Everyone has their own pathway and pushing people to the edge can be harmful and unhelpful in their recover process.

The engagement with "lived experience" is not unusual within the GMH space. Over the last decade the term "lived experience" has become more readily used in many fields including in the mental health field. "It builds on the work of survivor and service-user activists, and people who have experienced mental health challenges and sometimes, though not always, clinical services." (Gatara & Singh, 2021) A key is to leave the mainstream mental health framing around diagnosis and symptoms such as PTSS as the measure of trauma's impact, and instead recognize the community and societal dynamics and behaviors (as the inability to engage nonviolently and build peace) are indicators of unaddressed trauma.

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