Disrupting the Cycle of Violence: Using Trauma-informed Approaches to Build Lasting Peace

Foreword from the Director

The USAID Center for Conflict and Violence Prevention (CVP) strengthens USAID's capacity and commitment to resolve conflict and prevent violence. We do so by analyzing sources of conflict and fragility, assisting the Agency's overseas Missions through program interventions, and integrating conflict-sensitive approaches into USAID's strategies, programs and activities.

Since its inception in 2020 - a year synonymous with the trauma of a global pandemic - CVP has been reflecting with care on how traumatic events and experiences can affect the individuals, communities, and societies in which USAID delivers foreign assistance from the American people. For decades, U.S. foreign assistance has improved the material well-being of millions of people worldwide while promoting democratic values and protecting human rights. More recently, insights from the field of behavioral science have opened up a whole array of new tools and resources for achieving development goals. Yet we are only beginning to discover how psychological trauma changes the dynamics of the societies in which we work, the relationships we forge, and - for many of us - our own personal experiences working and living through traumatic events and their aftermath.

We will continue exploring this important, emerging area of research and draw out practical lessons from real-world interventions that can improve the quality and impact of USAID's work in conflict- and violence-affected communities. We welcome your feedback on this initial foray into the subject.

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Introduction

Globally, conflict and violence are on the rise, taking many different forms.[1] Both the causes and consequences are generally complex and include many individual-level, community-level, and systemic factors. Psychological trauma - the response to distressing events or stressors such as experiencing or witnessing violence, sexual assault, or living through a natural disaster[2] - is often a consequence of exposure to violence and conflict and can have long-lasting impacts on many different aspects of a person's life. It also increases the likelihood of experiencing and perpetrating new violence, creating a vicious cycle. Addressing mental health issues that result from potentially traumatic events can be a powerful entry point for disrupting this cycle. This paper makes the case for using trauma-informed mental health and psychosocial support (MHPSS) approaches in conflict prevention and response programming. It outlines the psychological mechanisms that are thought to link trauma to violence perpetration and explores different trauma-informed interventions that can contribute to disrupting these pathways.

Who should read this document?

This document aims to serve as a resource for USAID/Washington and Mission staff wishing to design programs, provide technical assistance, and equip implementing partners for effective conflict prevention and response. It may also be a helpful starting point for anyone with an interest in learning more about MHPSS research and programs.

Limitations

This document draws from academic research in global health, psychology, and other fields, as well as grey literature. It does not aim to provide a complete picture of all the relevant literature in either of these fields, but rather seeks to introduce the reader to relevant topics with a view to translating theory into action. It also does not systematically explore different types of violence, contexts, or groups, but rather highlights examples from a range of different settings. It does not go in depth on other factors that contribute to pathways to violence but emphasizes the need for multi-level, holistic programming and points to additional recommended reading. It only includes publications in English.

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[1] https://www.un.org/en/un75/new-era-conflict-and-violence

[2] https://www.apa.org/topics/trauma

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Executive Summary

Experience of and participation in violence in conflict settings includes many different forms, such as political violence, terrorism, violence against women, violence against children, and engagement in armed groups. Collective and interpersonal forms of violence in conflict settings are related. There are many different pathways leading to experience and perpetration of violence, and all include multiple individual-level, community-level, and systemic factors that interact in complex ways. Each individual's pathway to violence is different, and no common psychological profile can fully explain it. However, there is a growing evidence-base showing that trauma can contribute to more violence. Potentially traumatic events can increase the likelihood of future violence perpetration through three main pathways: (a) social learning and normalization of violence, (b) mental health issues, and (c) leaving survivors with limited alternatives. Although it is important to note that most people with mental health issues are not violent, integrating mental health and psychosocial support (MHPSS) interventions - any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder - can be a powerful strategy for preventing future violence and conflict.

Due to the linkages between the personal experience of trauma and community-level as well as systemic factors, approaches that aim to combine MHPSS and peacebuilding are generally grounded in a socio-ecological model, locating the individual in their social, political, economic, historical, spiritual and cultural context. An example is programs that use psychosocial community-based frameworks. Multilayered support can also address diverse needs of different groups, where populations at large benefit from basic mental health promotion activities, while smaller sections of affected populations require more focused and sometimes clinical supports.

Several focused and specialized psychosocial interventions are effective in addressing a range of mental health issues at the individual and small group level and have been tested in a variety of contexts, including conflict-affected settings. These include Cognitive Behavioral Therapy with a trauma focus, Interpersonal Psychotherapy, yoga and mindfulness interventions, and the Common Elements Treatment Approach. Cross-sectoral collaborations can provide strategic entry points for delivery of MHPSS interventions. For example, healthcare systems already have a mandate to promote and protect individual and community physical, mental, and social well-being. Teachers and school counselors are well positioned to provide basic mental health support and referrals. As children and youth are often most vulnerable and at the same time most severely impacted by the experience of trauma, early childhood development (ECD) and child-friendly spaces can address mental health issues early on.

The field of trauma-informed programming in conflict and violence prevention and MHPSS in international development in general is rapidly growing. More research is needed to better understand how to utilize the potential of these approaches. Future research should further explore the pathway between traumatic experiences, MHPSS interventions, and likelihood of violence perpetration and perpetuation of conflict, and should specifically look at local mental health concepts, expression, and resources in the countries where USAID implements programs. Further work must also address the intersection between trauma, mental health, and gender. USAID should develop more detailed, field-focused, programming guidance. Finally, advocacy for additional investment in this area is needed.

Theoretical Foundations

The case for trauma-informed interventions

Experience of and participation in violence in conflict settings includes many different forms of collective and interpersonal violence[3], such as political violence, terrorism, violence against women, violence against children, sexual assault, and engagement in armed groups. There are many different pathways leading to perpetration of violence, and all include multiple individual-level, community-level, and systemic factors that interact in complex ways. Each individual's pathway to violence is different, and no common psychological profile can fully explain it. However, certain constellations of factors are more likely to lead to violence. Research from the US Department of Justice has analyzed pathways to violent extremism in different ideological milieus in the US and found that both a sense of community victimization and shifts in an individual's cognitive belief system are near necessary conditions that combine with other factors to lead to radicalization - the psychological, emotional, and behavioral processes by which an individual or group adopts an ideology that promotes the use of violence for the attainment of political, economic, religious, or social goals. The majority of these pathways are driven by psychological and emotional vulnerabilities that stem from lost significance or sense of personal worth, personal trauma, and collective crises.[4]

Figure 1: Possible pathways from trauma to perpetration of

Supporting these findings, two studies of refugee populations found that exposure to trauma was associated with greater openness to illegal and violent activism[5]. The studies also demonstrate how prolonged trauma can shape the conditions of refugee life that draw youth into gang membership and violence through normalization of and desensitization to violence as well as the limited alternative options to meet basic needs.[6] Note however, that radicalization does not automatically lead to perpetration, in the same way that attitudes more generally do not always match behavior.
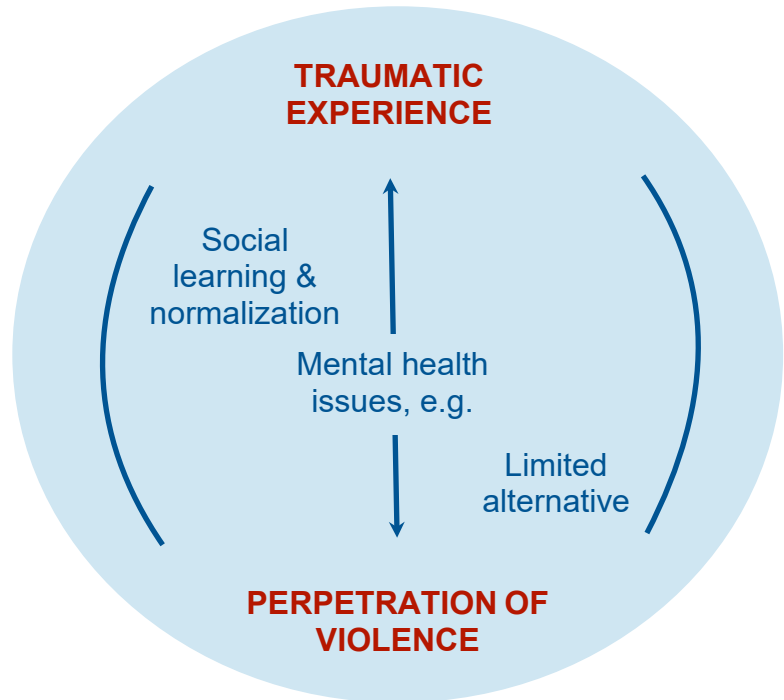
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[3] https://www.who.int/violenceprevention/approach/definition/en/

[4] U.S. Department of Justice (2016). Final Report: Empirical Assessment of Domestic Radicalization (EADR), Report to the National Institute of Justice, Office of Justice Programs.

[5] Ellis H, Abdi SM, Horgan J, Miller AB, Saxe GN, Blood E (2015). Trauma and Openness to Legal and Illegal Activism Among Somali Refugees. Terrorism and Political Violence, 27:5.

[6] Im H, Caudill C, Ferguson AB (2016). From Victim to Perpetrator of Trauma: Lived Experiences of Gang-Involved Urban Refugee Youth in Kenya, Journal of Aggression, Maltreatment & Trauma, 25:7.

Studies that directly research the role of previous trauma in the perpetration of violence related to conflict and crisis settings are rare, as conducting research in conflict and crisis conditions is difficult. However, a large body of research on violence against women and intimate partner violence indicates that exposure to trauma is often one factor that is linked to later violence perpetration.[7,,,8910] Although the manifestations may differ for these different types of violence, the guiding principles and entry points for interventions are similar. Moreover, collective violence and interpersonal violence in conflict settings are related: violence against women and children is often used as a weapon of war, and exposure to conflict can increase the risk of experiencing intimate partner violence even after the conflict has ended.[11,12]

How does trauma contribute to violence?

Trauma can drive violence perpetration via (a) social learning and the normalization of violence, (b) mental health issues, and (c) leaving survivors with limited alternatives. Engagement with violent groups in itself creates conditions for toxic stress, mental health difficulties, including post-trauma symptoms, creating a vicious circle.[13]

Social Learning

Where the experience of trauma includes exposure to violence, as is often the case in conflict settings, survivors may normalize violent attitudes and behaviors. Social learning describes the process by which children take cues from their family and community environment to learn attitudes and behaviors carried into adulthood.[14] Using violence to achieve goals, express frustration, or resolve conflicts can be learned. Norms around the acceptability of the use of violence combine with other norms directed towards certain groups - for example, unequal gender norms are linked to perpetration of violence against women, and similarly the exposure to harmful norms and attitudes towards other groups in a conflict setting may contribute to perpetration of violence against them.

Mental Health

The World Health Organization defines mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work

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[7] Greene CA, Haisley L, Wallace C, Ford JD (2020). Intergenerational effects of childhood maltreatment: A systematic review of the parenting practices of adult survivors of childhood abuse, neglect, and violence. Clinical Psychology Review 80.

[8] Jewkes R, Jama-Shai N, Sikweyiya Y (2017). Enduring impact of conflict on mental health and gender-based violence perpetration in Bougainville, Papua New Guinea: A cross-sectional study. PLoS ONE 12(10).

[9] McClure MM, Parmenter M (2020). Childhood Trauma, Trait Anxiety, and Anxious Attachment as Predictors of Intimate Partner Violence in College Students. Journal of Interpersonal Violence Vol. 35(23-24).

[10] Promundo and Sonke Gender Justice (2018). Breaking the Cycle of Intergenerational Violence: The Promise of Psychosocial Interventions to Address Children's Exposure to Violence. Washington, DC: Promundo-US and Cape Town: Sonke Gender Justice.

[11] Strachan AL, Haider H (2015). Gender and conflict: Topic guide. Birmingham, UK: GSDRC, University of Birmingham.

[12] Ekhator-Mobayode UE, Hanmer LC, Rubiano M, Eliana C, Arango DJ (2020). Effect of Armed Conflict on Intimate Partner Violence : Evidence from the Boko Haram Insurgency in Nigeria. Policy Research Working Paper; No. 9168. World Bank, Washington, DC.

[13] Koehler D (2020). Violent extremism, mental health and substance abuse among adolescents: towards a trauma psychological perspective on violent radicalization and deradicalization. The Journal of Forensic Psychiatry & Psychology, 31:3.

[14] Lee RD, Walters ML, Hall JE, Basile KC (2013). Behavioral and attitudinal factors differentiating male intimate partner violence perpetrators with and without a history of childhood family violence. Journal of Family Violence, 28(1).

productively and fruitfully and is able to contribute to his or her community.[15] Mental health issues are generally the result of an interplay of biological (e.g. genetic, biochemical), psychological (e.g. mood, personality, behavior), and social factors (e.g. cultural, familial, medical, socioeconomic). Mental health is a continuum, spanning a range from temporary distress, such as sadness, that typically does not require external support, to conditions that require intervention. It is important to note that mental health issues are often an expression of normal reactions to adverse experiences. Survivors of traumatic experiences often experience a variety of mental health issues, including anxiety, depression, post-traumatic stress disorder (PTSD), substance abuse, eating disorders, insomnia, panic attacks, suicidal ideation, and general issues with emotion regulation (inability to manage one's own emotions in response to ongoing and spontaneous demands). PTSD in turn can be connected to future violence perpetration (in conjunction with harmful gender norms) in studies of intimate partner violence.[16] Some researchers argue that exposure to violence can also increase an attraction to violence (appetitive aggression).[17] Mental health issues developed in response to traumatic events can have long-lasting consequences, not only for the individual, but also for peace-building processes: in a study conducted in Rwanda, trauma exposure and post-trauma symptoms influenced attitudes towards reconciliation eight years after the genocide.[18] However, the majority of people with mental health issues are not violent, and as mentioned above, perpetration of violence usually occurs as a result of many different factors.

Limited Alternatives

Traumatic experiences and mental health issues often disrupt people's connection with communities, exclude them from other development opportunities, and leave them with limited options. For example, a traumatic experience like displacement can disrupt access to educational or employment opportunities as well as support systems, which can increase the draw of gangs or armed groups as a means to meet basic needs.[19,20] As the main focus of this paper is the linkage between trauma, mental health, and violence, a more comprehensive review of the impact of conflict and trauma on livelihoods or the role that poverty may play in engagement with violent groups is beyond its scope. Nevertheless, awareness of this pathway supports the need for holistic programming with multiple entry points. Where traumatic experiences are associated with mental health issues, people experiencing trauma may also be further marginalized due to false beliefs about their ability to fully participate in family,

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[15] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[16] Machisa MT, Christofides N, Jewkes R (2016). Structural Pathways between Child Abuse, Poor Mental Health Outcomes and Male-Perpetrated Intimate Partner Violence (IPV). PLoS ONE 11(3).

[17] Hinsberger M, Sommer J, Kaminer D, Holtzhausen L, Weierstall R, Seedat S, Madikane S, Elbert T (2016). Perpetuating the cycle of violence in South African low-income communities: attraction to violence in young men exposed to continuous threat. European Journal of Psychotraumatology, 7:1.

[18] Pham PN, Weinstein HM, Longman T (2004). Trauma and PTSD Symptoms in Rwanda: Implications for Attitudes Toward Justice and Reconciliation. JAMA Vol 292, No. 5.

[19] Im H, Caudill C, Ferguson AB (2016). From Victim to Perpetrator of Trauma: Lived Experiences of Gang-Involved Urban Refugee Youth in Kenya, Journal of Aggression, Maltreatment & Trauma, 25:7.

[20] O'Neil S, Van Broeckhoven K (2018), Cradled by Conflict: Child Involvement with Armed Groups in Contemporary Conflict. New York: United Nations University.

community, or work-related activities (see below for further discussion of mental health stigma).[21]

Preventing Conflict and Violence through Addressing Trauma

Frameworks and Successful Approaches

Programming at multiple levels

Mental health and psychosocial support (MHPSS) describes any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder. Approaches that aim to integrate MHPSS and peace building are generally grounded in a **socio-ecological model**, locating the individual in a social, political, economic, historical, spiritual and cultural context that should be taken into account. **Psychosocial community-based frameworks** use the socio-ecological model as their foundation and emphasize the linkages between individual well-being and health, and community well-being and rehabilitation. According to these community-based frameworks, efforts to consolidate peace, to achieve access to justice and to facilitate reconciliation at all levels should start with the community, as individual mental health is shaped by community-level and societal factors, and individual mental health in turn influences families, communities, and society at large.[22] **Multilayered support** can address diverse needs of different groups, where populations at large benefit from basic mental health promotion activities, while smaller sections of affected populations will require more focused and sometimes clinical supports (see Figure 2[23]). Programs should consider each level of the intervention pyramid. Beyond working with individuals, families, and their communities, it is critical to acknowledge **systemic trauma** - contextual features of environments and institutions that give rise to trauma, maintain it, and impact post-traumatic responses - and recognize that systems frequently affect trauma exposure and influence responses to trauma and its effects.[24]

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[21] Ryan, G., Iemmi, V., Hanna, F., Loryman, H. and Eaton, J. (2019). Mental Health for Sustainable Development: A Topic Guide for Development Professionals. K4D Emerging Issues Report. London and Brighton, UK: Mental Health Innovation Network and IDS.

[22] Institute for Justice and Reconciliation and War Trauma Foundation (2017). Achieving Sustainable Peace through an integrated Approach to peacebuilding and Mental Health and Psychosocial Support: A Review of Current Theory and Practice.

[23] IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2010). Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know? Geneva.

[24] Goldsmith RE, Martin CG, Smith CP (2014). Systemic Trauma. Journal of Trauma & Dissociation, 15:2.

Psychosocial interventions at individual and group level

Several focused and specialized psychosocial interventions are effective in addressing mental health issues at the individual and small group level.[25,26,27] These approaches mostly do not target violence as an outcome, but they have great potential as they address mental health issues that can, in combination with other factors, increase the likelihood of violence perpetration. The approaches listed in this section are not meant to be exhaustive but highlight a few examples that are backed by evidence and have been used or have potential for use in low-resource settings.

Several studies demonstrate the effectiveness of cognitive behavioral therapy (CBT) with a trauma focus, based on classical cognitive behavioral therapy, which focuses on strategies for changing thought and behavioral patterns related to difficulties in functioning and addresses a wide range of mental health issues.[28,29] CBT aims to help reframe understanding of the traumatic experience and ability to cope, reduce maladaptive and avoidance behaviors, and manage stress. It has been used in a variety of contexts, including conflict settings, and in individual as well as group-based therapy. Interpersonal psychotherapy is an approach that focuses on the social context in which mental health issues occur and helps participants deal with social struggles by learning and practicing relationship skills with the goal of reducing symptoms and improving life functioning.[30] It has been shown to be effective for various mental

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[25] Promundo and Sonke Gender Justice (2018). Breaking the Cycle of Intergenerational Violence: The Promise of Psychosocial Interventions to Address Children's Exposure to Violence. Washington, DC: Promundo-US and Cape Town: Sonke Gender Justice.

[26] Purgato, M, Gross AL, Betancourt T, Bolton P, Bonetto C, Gastaldon C, Gordon J, O'Callaghan P, Papola D, Peltonen K, Punamaki R-L, Richards J, Staples JK, Unterhitzenberger J, van Ommeren M, de Jong J, Jordans MJD, Tol WA, Barbui C (2018). Focused psychosocial interventions for children in low-resource humanitarian settings: a systematic review and individual participant data meta-analysis. The Lancet Global Health Vol. 6.

[27] Tol WA, Barbui C, Galappatti A, Silove D, Betancourt TS, Souza R, Golaz A, van Ommeren M (2011). Mental health and psychosocial support in humanitarian settings: linking practice and research. The Lancet Vol. 378.

[28] https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral

[29] Cohen JA, Mannarino AP (2008). Trauma-Focused Cognitive Behavioural Therapy for Children and Parents. Child and Adolescent Mental Health Volume 13, No. 4.

[30] World Health Organization & Columbia University (2016). Group interpersonal therapy (IPT) for depression (WHO generic field-trial version 1.0). Geneva, Switzerland: World Health Organization.

health issues including depression, anxiety, PTSD, and borderline personality disorder, and has been successfully used in different contexts and in individual and group settings.

Emerging evidence points to yoga and mindfulness as promising approaches to address stress, anxiety, and depressive symptoms.[31,32] Mindfulness-based interventions are typically used in group settings and include meditation, stress reduction and acceptance and commitment therapy. Yoga may have potential for treating PTSD, in particular the physical dissociation symptoms. Both can be used alone or in conjunction with more classical types of therapy.

The Common Elements Treatment Approach is a transdiagnostic approach, as it seeks to address several mental health areas simultaneously and capitalizes on commonalities and similar components across different evidence-based treatments.[33] It was specifically developed for delivery by trained non-professionals in low- and middle-income countries and teaches providers a set of these cross-cutting treatment components, with decision rules and guidelines for which components to use for which presenting problems. It has also demonstrated
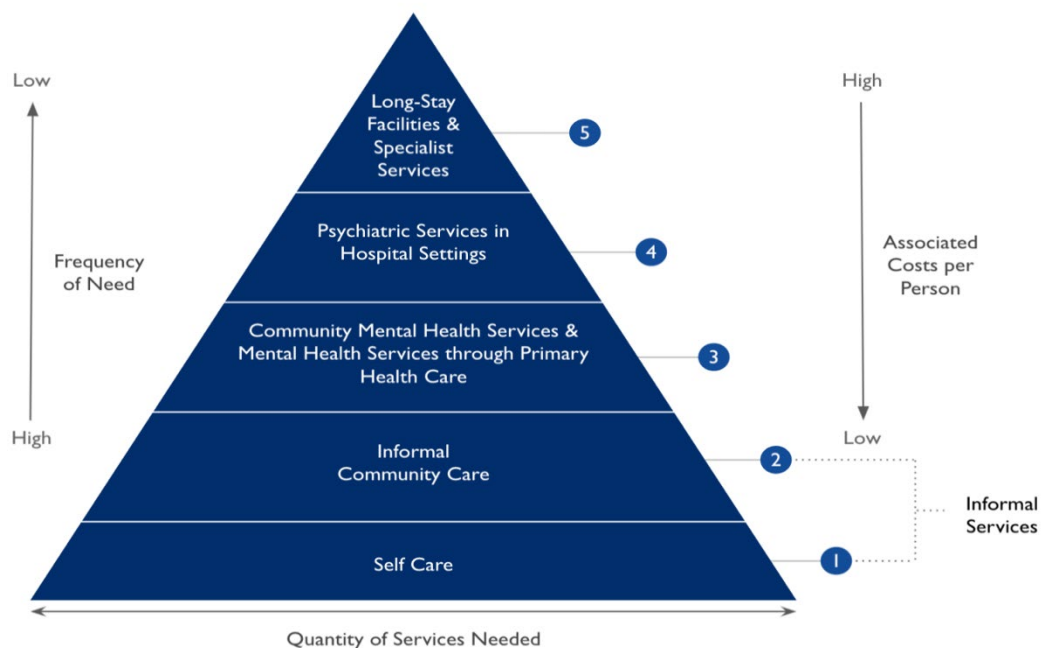

Figure 2: Intervention pyramid for mental health and psychosocial support.

Adapted from: World Health Organization (2017). Scalable psychological interventions for people in communities affected by adversity: A new area of mental health and psychosocial work at WHO.

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[31] Kallapiran K, Kirubakaran R, Koo S, Hancock K (2015). Effectiveness of mindfulness in improving mental health systems of children and adolescents: A meta-analysis. Child & Adolescent Mental Health, 20(4).

[32] https://www.ptsd.va.gov/professional/treat/txessentials/mindfulness_tx.asp

[33] Bolton P, Lee C, Haroz EE, Murray L, Dorsey S, Robinson C, Ugueto AM, Bass J (2014). A Transdiagnostic Community-Based Mental Health Treatment for Comorbid Disorders: Development and Outcomes of a Randomized Controlled Trial among Burmese Refugees in Thailand. PLoS Medicine, Vol. 11 Issue 11.

significant effects on a range of mental health issues and is one of the few approaches that has shown an impact on violence.[34]

Public health as an entry point

The healthcare system is a strategic entry point for conflict prevention and response, especially trauma-informed approaches, for several reasons. Mental health and physical health are closely related, and the public health sector has a mandate to promote and protect individual and community physical, mental, and social well-being. Health professionals generally have a unique access to communities, are highly regarded, and are at the frontline of working with people who suffer from trauma and mental health issues. Another advantage in pre- or post-conflict settings is that health is usually not seen as affiliated with a particular political group or ideology. In line with exploring multiple levels for entry points, health should be viewed as going beyond the individual and medical level but also include community and societal health.[35]

Early childhood development and child-friendly spaces

Early childhood development (ECD) is the process through which a young child develops optimal physical health, mental alertness, emotional confidence, social competence and readiness to learn. The potential of ECD for violence and conflict prevention is based on the premise that many pro-social behaviors – behaviors intended to help, or at least not to harm, another person or group – begin developing in the early years.[36,37] Child-friendly spaces are safe spaces set up for all children in a community in the aftermath of humanitarian disasters or conflict and typically include activities for children such as games, sports, drama, informal learning opportunities, and referrals to more specialized forms of support where needed.[38] These spaces should be designed in a way that actively supports children to develop key skills important for peace building, such as empathy, perspective taking, regulating emotions, among others (see suggested reading section for a reference to more detailed guidance).

School-based approaches

Working with and through schools and other educational settings can be a strategic entry point, as schools are foundational in developing children's social and emotional skills. Teachers and school counselors can provide a wide range of services that integrate mental health support.[39] For example, the teacher-delivered universal school-based program ERASE-Stress-Pro-Social (ESPS) has been shown to help reduce post-traumatic symptoms as well as prejudicial attitudes and discriminatory tendencies toward minorities in a group of Jewish Israeli children exposed to political violence.[40] Other examples include the classroom-based intervention (CBI), a group

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[34] Murray LK, Kane JC, Glass N, Skavenski van Wyk S, Melendez F, Paul R, Kmett Danielson C, Murray SM, Mayeya J, Simenda F, Bolton P (2020). Effectiveness of the Common Elements Treatment Approach (CETA) in reducing intimate partner violence and hazardous alcohol use in Zambia (VATU): A randomized controlled trial. PLoS Med 17(4).

[35] Institute for Justice and Reconciliation and War Trauma Foundation (2017). Achieving Sustainable Peace through an integrated Approach to peacebuilding and Mental Health and Psychosocial Support: A Review of Current Theory and Practice.

[36] https://www.unicef.org/early-childhood-development

[37] Chopra V (2013). Peacebuilding through early childhood development: A guidance note. UNESCO.

[38] https://www.unicef.org/topics/child-friendly-spaces

[39] Management Systems International (2020). Libya Youth Situational Analysis: Final Report - Revised.

[40] Berger R, Gelkopf M, Heineberg Y, Zimbardo P (2016). A School-Based Intervention for Reducing Posttraumatic Symptomatology and Intolerance During Political Violence. Journal of Educational Psychology Vol. 108, No. 6.

approach for children who have been exposed to traumatic events, including but not limited to violence, and the "trauma-informed" or "trauma-sensitive" schools approach that has been developed for the US. School-based approaches have been successfully used around the world to improve social-emotional skills, address trauma and mental health issues, and prevent violence in many different contexts.[41,][4243]

Guiding Principles

Develop culturally and experientially responsive practices

There is growing awareness of the prevalence of mental health issues among people living in conflict and crisis settings but limited available research from the Global South and limited cross-cultural validity of Western diagnostic tools. During design, or at the outset of programming, staff should conduct research to better understand local concerns, beliefs, and perspectives of mental health, which do not always map onto Western diagnostic categories, as well as local forms of healing.[44] This is critical for the design of culturally relevant and acceptable programs. This is critical for the design of culturally relevant and acceptable programs. Due to their sensitive and personal nature, trauma healing activities must be led by credible local actors (see below for a program example).[45]

Address Mental health stigma and access to services

In many parts of the world, mental health is poorly understood and stigma against people with mental health issues is widespread. People with mental health issues are also often left out of mainstream development processes due to the misconception that they are unable to meaningfully engage in programs.[46] Successful trauma-informed interventions must take this into account. There is also a severe lack of services and trained professionals, and the context for an optimal intervention environment (e.g., stable and adequate funding, sufficient well-trained professionals, public support for these measures) seems especially challenging in places that are affected by conflict and crisis. While there is value in exploring interventions that improve access to professional or clinical services, many of the approaches presented here can be delivered by trained non-mental health professionals. Regardless of specific entry points, be it schools, healthcare systems, or caregivers, the level of trauma and need for support for those delivering the intervention must be assessed as well.

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[41] Naker D (2019). Preventing violence against children at schools in resource-poor environments: Operational culture as an overarching entry point. Aggression and Violent Behavior 47.

[42] Fazel, M., Patel, V., Thomas, S., & Tol, W. (2014). Mental health interventions in schools in low-income and middle-income countries. Lancet Psychiatry 1, 388–398.

[43] UNESCO (2019). Policy Paper 38: Education as healing: Addressing the trauma of displacement through social and emotional learning.

[44] Patel SG, Unanue I, Crittenden P, Kieschnick D, Froming K, Brown LM, Ntakarutimana F, Lazaret AB, Dailami MS, Froming W (2020). A Qualitative Approach to Informing Mental Health Programming in Central African Republic. International Perspectives in Psychology: Research, Practice, Consultation Vol. 9, No. 4.

[45] Management Systems International (2019). South Sudan Trauma Assessment Findings.

[46] Ryan, G., Iemmi, V., Hanna, F., Loryman, H. and Eaton, J. (2019). Mental Health for Sustainable Development: A Topic Guide for Development Professionals. K4D Emerging Issues Report. London and Brighton, UK: Mental Health Innovation Network and IDS.

Consider the Particular Needs of Children and Youth

The psychological effects of conflict cut across all age groups and demographics. A systematic review of the effects of trauma on different age groups is beyond the scope of this paper. However, it is important to recognize that children are often specifically targeted by extremist and armed groups and are at the same time the most vulnerable to the consequences of exposure to violence, as research shows the impact of trauma and toxic stress on brain development with long-term physical, emotional and cognitive effects. Both experiencing and witnessing violence in childhood can have negative impacts. Interventions should consider the different needs and developmental stages of different age groups.

Incorporate Gender and Inclusion

Many of the studies reviewed here report data disaggregated by sex but do not further explore how people of all genders are affected differently by trauma or how they might benefit differently from different approaches. For example, the rates of different types of mental health issues, the likelihood of experiencing different types of violence, norms around expression of emotions and help-seeking behaviors, and other aspects of trauma-informed and violence prevention programming all vary according to gender, age, disability status, and other aspects of social identity. Women and other historically marginalized groups are also underrepresented in peacebuilding efforts more generally and their needs are not always included.[47] Interventions should be gender-responsive and inclusive.

Program Examples

The table below introduces a few examples of programs that are using one or more of the effective approaches described above.[48,49,50,51,52,53] It is not a complete list, but provides a starting point for practitioners wishing to put these concepts into action. Note that there is a wide range of outcome measures used, so this table is not meant to compare effectiveness of different approaches. Readers are encouraged to further explore the evidence base for each of these examples and conduct their own monitoring and evaluation and learning activities around any adaptations of these programs.

Program	Implementer	Country	Target	Approach	Evaluation

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[47] https://www.unwomen.org/en/news/in-focus/women-peace-security

[48] http://tpoug.org/wp-content/uploads/2019/12/knowledge-development-resource2.pdf

[49] Nakimuli-Mpungu E, Wamala K, Okello J, Alderman S, Odokonyero R, Mojtabai R, Mills EJ, Kanters S, Nachega JB, Musisi S (2015). Group support psychotherapy for depression treatment in people with HIV/AIDS in northern Uganda: a single-centre randomised controlled trial. The Lancet HIV 2.

[50] Promundo, Logica (2014). Living Peace Groups Implementation Manual and Final Project Report.

[51] USAID, MercyCorps (2019). EKISIL Final Reflection.

[52] https://airbel.rescue.org/studies/formative-research-and-impact-evaluation-of-ahlan-simsim/

[53] Shinde S, Weiss HA, Varghese B, Khandeparkar P, Pereira B, Sharma A, Gupta R, Ross DA, Patton G, Patel V (2018). Promoting school climate and health outcomes with the SEHER multi-component secondary school intervention in Bihar, India: a cluster-randomised controlled trial. The Lancet.

	Psychosocial Organization	Uganda	Post-conflict	Working through healthcare system, working through traditional support structures, multi-layered approach, individual and group therapy	after design (preliminary): improved social functioning, strengthened mechanisms for dispute resolution, improved awareness of peaceful coexistence and tolerance
Peter C.	Peter C. Alderman Foundation / HealthRight	Uganda		Working through healthcare system, multi-layered approach, co-developed with local communities	Mixed-methods, RCT: depressive symptoms, functioning scores
	Promundo	DRC,		Group therapy, group education, working with schools (Youth Living Peace)	Mixed-methods, before-after design: range of outcomes related to coping with problems, relationships, managing emotions
	Mercy Corps	Uganda		Working through traditional support structures	Qualitative, endline: perceptions of changes and impacts of the project
	IRC and Sesame Workshop	Iraq,		Early childhood development, working with schools and caregivers, media	RCT (ongoing, outcomes not yet available)
	Sangath	India	Children /	Working with schools, multi-layered approach	Quantitative, RCT: school climate, violence victimization and perpetration, attitudes towards gender equality