



**TRANSITIONAL JUSTICE,
MENTAL HEALTH AND
PSYCHOSOCIAL SUPPORT**

Renewing the United Nations
Approach to Transitional Justice



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to Transitional Justice

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28 September 2021

This paper has been prepared to inform the consideration of a revised guidance note of the Secretary-General on the United Nations approach to transitional justice, as part of a broad exercise. The paper, however, reflects the views of the author and does not necessarily reflect the views of the United Nations, including its funds, programmes and other subsidiary organs, or of the financial donors to the exercise. It should not be considered as a United Nations document and is not an official record of the United Nations. The exercise has received financial support from, inter alia, the Federal Department of Foreign Affairs of Switzerland.

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Introduction



This paper feeds into the United Nations system-wide project on renewing the United Nations approach to transitional justice led by the Executive Office of the Secretary-General, in collaboration with the Office of the United Nations High Commissioner for Human Rights (OHCHR) and supported by expert consultant Pablo de Greiff.¹

The project seeks to ensure that United Nations support for transitional justice processes remains relevant, fresh and attuned to emerging trends and demands from the field. This consultation paper is part of the support provided by the author to one of the workstreams under this project, focusing on transitional justice, mental health and psychosocial support programmes.

This paper aims to enhance and open a dialogue on transitional justice, mental health and psychosocial support, providing direction and examples of the integration of mental health and psychosocial support and transitional justice.

The paper:

1. Provides an overview of the relevance of mental health and psychosocial support to transitional justice;
2. Highlights the critical issues for enhancing the nexus of mental health and psychosocial support and transitional justice;
3. Defines mental health and psychosocial support;
4. Outlines the linkages between mental health and psychosocial support and transitional justice;
5. Makes recommendations for the United Nations so that it may better incorporate mental health and psychosocial support into transitional justice.

Throughout the paper, case examples are used, i.e. brief outlines of relevant examples. More extended case studies are also appended to provide more detail on examples and to demonstrate that integrating mental health and psychosocial support with transitional justice is a multifaceted process not always easily categorized under specific programmatic areas (see appendices 2–7).

¹ The author wishes to thank all those who contributed to the United Nations consultation meeting in March 2021 regarding this work and those who attended a consultation organised by the Mental Health & Psychosocial Support Network (MHPSS.net) in July 2021, as well as the United Nations Advisory Group, for its comments. These comments and thoughts were invaluable. The author specifically wishes to thank Lorena Mellado from the United Nations Development Programme (UNDP) and Emily Kenney from the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) for their thoughtful and detailed comments; Ruth Marsden, Ananda Galappatti and Rama Mani for their important and detailed written feedback on this paper; and Pablo de Greiff, Julia Raue and Sebastian Verelst from the project team for their support, patience, insights and comments throughout. Correspondence to the author at: b.hamber@ulster.ac.uk.

A. The relevance of mental health and psychosocial support



Armed conflict and the political violence that flows from it is deeply contextual. Violent and armed political conflict results in the loss of life and physical and psychological injury to those exposed to that violence. **Violence generates psychological and physical impacts throughout the life cycle (World Bank, 2018), often affecting different groups in different ways** (e.g. women, young people and refugees). Wide-scale individual-level impacts such as depression, anxiety and post-traumatic stress symptoms have typically been identified in populations affected by conflict (Murthy, 2007; Tol and others, 2013). This is linked to “complicated bereavement reactions, substance use disorders, poor physical health, fear, anxiety, physiological arousal, somatisation, anger control, functional disability” and developmental issues for children (Murthy, 2007, p. 183). At the same time, these impacts are not uniform, as individual mental health impacts on affected people must be understood as being rooted in their experiences of violence, insecurity, loss and grief, as well as everyday adversities and support systems, which are integral to the etiology of their suffering and the meaning it has for them. Any situation of armed conflict is intensified by the social problems linked to and often created by war, such as (but not limited to) poverty, unemployment, social exclusion, migration, rap-

id urbanization, poor education, inadequate housing, crime, environmental degradation, corruption, skewed opportunities for political participation, gender inequality and violence, as well as a general lack of personal and human security (World Bank, 2018).

Beyond the destruction of community and political infrastructure, political violence also undermines the individual sense of belonging (Hamber, 2009). Social structure can be affected by armed conflict, with public institutions being dismantled, which can harm norms, values and principles (Beristain, 2006; Lykes, 2000). **Social relations and identities are also affected by armed conflict, which often increases inter- and intra-group tensions** (Arthur, 2011), generally creating or exacerbating social and political schisms. To quote Bracken and Petty (1998): **“modern warfare is concerned not only to destroy life, but also ways of life”** (p. 3).

All of this means that **addressing the impact of armed conflict requires restoring the social fabric and addressing individual mental health needs** (Bubbenzer and Tankink, 2017a). Support is needed for individuals and communities to deal with and recover from armed conflict at the individual and community levels and to help survivors as broader social issues are addressed, including, among many

others, meeting the needs of justice, ensuring security and creating political stability. Mental health and psychosocial support is often sidelined, however, in peacebuilding practice (Rokhideh, 2017), as it is in transitional justice (see [A/HRC/36/50/Add.1](#)), which is focused on macro-level activities that are mainly related to institutional reform.

Two impacts of conflict are specifically relevant in linking transitional justice and mental health and psychosocial support.

Psychosocial needs pervasive in transitional justice contexts

It can be expected that many, if not all, of the individuals who interact with transitional justice processes and mechanisms in societies emerging from intense armed conflict are carrying some of the impacts outlined above. Such impacts include direct psychological harms, the effects of living in devastated communities and potential grievances about their needs not being met. Although victims² are often the primary concern in transitional justice, such **impacts are likely to be felt among the general population, too**, and among those directly involved in the political transition process (including politicians, civil servants, representatives of armed groups and leaders), as well as among those implementing the mandated reforms (e.g. local officials, police officers and social workers). **Thus, such impacts can have multiple consequences beyond individual well-being and**

can manifest in many spheres across society, and in terms of access and participation in transitional justice processes specifically.

For example, there are gender-specific cultural, economic, physical and psychological obstacles to women and girls accessing justice in many societies, both before and after conflict (Reiger, 2016). Individual isolation and stigmatization (including that of survivors of sexual violence) could have an impact on the affected person's individual ability to claim and exercise their rights as offered through transitional justice processes. The United Nations Development Programme (UNDP), drawing from a range of cases (explored later in this report), has shown that **psychosocial support is often an afterthought in encouraging victim participation in the transitional justice processes, yet it is a necessary measure and is often the critical vehicle for increasing participation** (UNDP, 2020). Another example is the persistence of violent masculinities that have an impact on the domestic sphere (primarily violence against women and girls) and criminality. Persistent violent masculinities can destabilize transitional justice processes and hamper non-repetition efforts if former combatants remain organized and disaffected with little access to reintegration and rehabilitation services. At the level of formal politics, when some combatants transition to formal political positions, often joining seasoned politicians who built their careers during times of conflict, dominant masculine conflict identities can often permeate political systems and styles of leader-

² The term "victim" is used in this paper as it is the recognized legal term for those who have suffered violations in the past at the hands of others, and it is the term that is most recognizable by the wider public. That said, it is acknowledged that using the term "victim" can suggest limited agency or resilience, as well as homogenizing victim experiences and understandings of suffering that may differ profoundly along a range of intersectional lines, such as gender, class and ethnicity. This is not the intention of the author. The use of the term "victim" by the author does not preclude self-identification using other categorizations such as "survivor", or none, by those who have themselves suffered human rights violations. In addition, the operationalizing of policies and supports to victims requires deep contextualization.

ship long after the cessation of direct political violence (Ashe, 2015, 2019).

Another issue is that mass human rights violations are often caused by, then exacerbate, community division and distrust, as noted above. Transitional justice mechanisms can perpetuate this distrust, depending on who is involved and the political backgrounds of the key players. Individuals – including victims, politicians and the public at large – interacting with transitional justice mechanisms will also have their perceptions, attitudes and views regarding other groups in society (often shaped by victimization and hardened narratives). These constantly influence the transitional justice landscape and perceptions thereof. Trials can create a new national narrative that can build civic trust as those guilty of violations are prosecuted (Fletcher and Weinstein, 2002). Simultaneously, if perpetrators represent a specific ethnic group, there is no guarantee that prosecutions will enhance intergroup relationships. Groups may become estranged if one group sees the offenders as perpetrators while members of the other group view themselves as martyrs or claim that they are the new victims of a successor regime. How transitional justice interventions link to intergroup relations remains largely undertheorized and underresearched, however, with a few exceptions (e.g. Aiken, 2010, and Arthur, 2011).

Unaddressed psychosocial needs exacerbate harm and grievances

A failure to address the impact of mass human rights violations on groups and individuals can lead to or exacerbate grievances concerning access to services and resources, dealing with past injustices experienced by victims, or feelings that specific identity groups are marginal-

ized or have no voice. Such grievances are risk factors for future violence. The World Bank, in *Pathways for Peace: Inclusive Approaches to Preventing Violent Conflict*, stresses the importance of grievances as a driver of conflict, especially when these are related to exclusion from access to power, natural resources, security and justice (World Bank, 2018). Others have noted that there is “long-standing evidence on the intergenerational effects of trauma on families and communities (Holocaust survivors, survivors of residential schools for first nations peoples in Canada), and related hypotheses that trauma can contribute to cycles of retribution and violence” (Arthur and Monnier, 2020, p. 1). The psychological effects of conflict “will have an impact on the capacity to rebuild trust in society and may lead to a normalisation of violence, which in turn can generate more violence” (Arthur and Monnier, 2020, p. 3). A return of violence is likely to occur in post-conflict countries “where people have witnessed and experienced large-scale violence, destruction, displacement and personal loss” (Bubenzer and Tankink, 2017a, p. 199), and these needs go unaddressed. Such grievances can continue across generations and over long periods of time, sometimes hundreds of years, and they are not restricted to recent experiences of harm.

Given this, **how we tackle the psychological impact of conflict, from the narrow (personal impact such as fear, psychological harm or stigmatization) through to wider impacts (intergroup distrust, persistent cultures of violence, entrenched attitudes and cycles of violence) at both community and national levels, is a key issue to consider in transitional justice.** This is where the primary nexus between the psychosocial approach and transitional justice lies.

B. Key issues for enhancing the nexus of mental health and psychosocial support and transitional justice



Although the nexus between mental health and psychosocial support and transitional justice has received little focus to date, where connections are identified, three broad tendencies have been observed.

Mental health and psychosocial support is wider than adding therapeutic interventions to transitional justice

Addressing the psychosocial needs of those who have been directly affected by conflict can sometimes be seen as an add-on to transitional justice processes, resulting in a narrow view on how to address needs, in particular through providing medical interventions and counselling to victims, which is often offered by outside agencies or by personnel who are not equipped to deal with the political dimensions of conflict experiences. **This can be culturally inappropriate in many contexts and can pathologize survivors of conflict, decontextualizing suffering and depoliticizing both the causes and effects of suffering** (Pupavac, 2002). Accusations have been made that some mental health interventions in conflict areas and during humanitarian disasters have prioritized the therapeutic processing of emotions over other ways of responding to suffering (Rehberg, 2014), such as changing

the political context that is causing harm. A more comprehensive view of harm highlights other important dimensions to suffering, such as how contemporary harms often resonate with historical injustices such as colonialism, racism and land dispossession. A complete framing of suffering recognizes the importance of dislocation from a sense of place (particularly for refugees), the ecological harm of armed conflict, which can destroy ancestral lands, livelihoods and landscapes with specific localized meanings and histories (including the killing of livestock and animals, the destruction of cultural and religious artefacts and the destruction of rivers and productive land), and the general destruction of the ecosystem.

Over the past few decades, a debate has raged within mental health circles about what interventions are appropriate and effective for dealing with the impact of armed conflict. At the risk of simplifying a complex discussion, it may be said that this has traditionally been cast as a dichotomous tension between those offering different treatments for the impact of political violence, typified by **those favouring clinical treatment for post-traumatic stress disorder such as cognitive behavioural therapy and those favouring**

a less clinical and more community-driven approach, stressing concepts such as self-help, resilience and community-based activities that are said to have a therapeutic and socially reconstructive effect (Saul, 2013). **It is undoubtedly clear, however, that a “one size fits all” approach is not indicated** (Inter-Agency Standing Committee (IASC), 2007). The medicalized approach does not capture the breadth of impact of armed conflict outlined above, which risks pathologizing local communities and individualizing suffering in an ahistorical way.

Many mental health and psychosocial support interventions still tend to favour narrow mental health interventions such as counselling and other professional interventions over the wider psychosocial support component of the equation, which includes community mobilization and the strengthening of community and family support. This has resulted in tension and competition between “professionals from different disciplines, roughly divided between those emphasising mental health supports (typically psychologists, psychiatrists and other mental health professionals), and those preferring social interventions (typically social workers, child protection experts and other paraprofessionals)” (Wessells and van Ommeren, 2008; Ager, 2008, cited in Rehberg, 2014, p.3). This is a corollary to the point that many of those offering transitional justice-specific support (such as legal services or human rights awareness-raising) often do not consider the social and psychological impact of their work or only view it in a compartmentalized and specialist way. Put another way, **preventing conflict, or linking mental health and psychosocial support to transitional**

justice, is not about “mass corrective psychosocial therapy” (Pupavac, 2001, p. 366), but rather about considering and implementing a mixture of global, structural, institutional, social, political and population-wide psychosocial interventions and approaches.

Sustainable mental health and psychosocial support relies on community-based interventions

Dealing with victims’ wider social and political needs can be reduced to an argument within transitional justice that calls for civil society to fill the gap in the absence of sufficient resources or integration with formal transitional justice mechanisms. In the worst case, outside agencies can be brought in to address these needs. This shifts skills and resources to “outsiders” while drawing attention away from the structural conditions causing suffering in the first place (Lykes and Crosby, 2015). **Overreliance on external interventions or approaches can undermine existing resources and resiliencies within communities.** External interventions also risk turning individuals into passive recipients and labelling populations as traumatized, undermining the capacity for self-governance while obscuring the internationalization of the conflict and broader structural issues at play (Pupavac, 2001).

Furthermore, such an approach misses the point that individual well-being is tied into wider social and political processes, from transitional justice mechanisms to economic well-being, not to mention the fact that the broader social and political structures are often themselves factors in the conflict dynamics and are often the main risk factors



EPA/Ulises Rodríguez

in post-conflict contexts. How mental health and psychosocial support interfaces with other transitional justice processes (and other issues such as development) in a holistic and complementary way, rather than as an add-on aimed at improving individual and community health outcomes through specific external interventions (e.g. counselling), is key to non-repetition and achieving broader transitional justice goals. Key partnerships with civil society are necessary in order to achieve this goal, as well as utilizing existing capacities and resources within communities.

Mental health and psychosocial support adds a distinct rehabilitation and non-repetition focus to transitional justice

Transitional justice is often seen as a mechanism-focused and technical process rather than a more comprehensive social intervention. There have been advancements in recognizing victims' rights and the importance of their participation in transitional justice processes, which has improved the "visibilization" of victims (see [A/HRC/36/50/Add.1](#)). However, as the Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence highlighted,

there remains a dominant propensity to treat transitional justice as a technocratic exercise dependent on clever institutional design (see [A/HRC/30/42](#)). Such an approach fails to recognize that:

“The success of transitional justice ultimately is reflected in (and also rests upon) changes at the level of culture and of individual convictions and dispositions. Achieving a high degree of social integration in the wake of massive and systematic violations calls for many different types of contributions including those designed to explore the many-layered legacies of those violations in the lives of individuals and communities, those designed to awaken empathy and solidarity, to gain new levels of tolerance and respect, aside from those that give meaning to the legal notion of rights. Education, various forms of cultural products and interventions and an open and accessible public sphere, among others, are dimensions of transitional justice work that have not received as much attention as they deserve” ([A/HRC/36/50/Add.1](#), p. 17).

This paper focuses primarily on the individual and cultural dimensions of transitional justice, arguing that a focus on mental health and psychosocial support, linking it more directly with transitional justice, can contribute to addressing the impact of mass violations more holistically. **The mental health and psychosocial support lens can help to “visibilize” the distress and stigma of victims and survivors and the ongoing transition-related issues that perpetuate suffering (such as a lack of justice, inequality and poverty) so as to avoid further harm. This has implications**

for the design and implementation of transitional justice processes (especially if they are more technocratically designed) and it focuses attention on the issue of rehabilitation, opening up space for critical reflection on the process of transitional justice interventions and their contribution to addressing psychosocial suffering. Furthermore, in addition to the moral imperative to assist those affected by conflict, **integrating a mental health and psychosocial support analysis, and offering psychosocial interventions specifically, has direct relevance to non-repetition.** Mental health and psychosocial support can be used in conjunction with specific interventions that may have an impact on the non-recurrence of human rights violations, such as programmes to improve attitudes between groups and the more effective reintegration of prisoners by focusing on rehabilitation. In addition, **mental health and psychosocial support approaches can be built into reparations measures to make them more effective in terms of non-recurrence.**

In summary, integrating mental health and psychosocial support more fully into transitional justice widens the scope of mental health and psychosocial support interventions and impact, and it broadens the depth and potential impact of reparations and rehabilitation in turn.

C. Defining mental health and psychosocial support



The term “**psychosocial**” denotes the **interconnection between psychological and social processes and how each continually interacts with and influences the other**. The more composite term of “mental health and psychosocial support”, which was initially used in emergency settings and humanitarian crises (IASC, 2007), is now used more widely “to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder” (IASC, 2010). Such interventions can include strengthening community and family supports, focused (person-to-person) non-spe-

cialized supports and specialized services offered by psychologists, psychiatrists and nurses (IASC, 2007). However, the overriding approach focuses on **increasing community capacity by identifying naturally occurring psychosocial supports and sources of coping and resilience through participatory processes, rather than relying on professional services** (IASC, 2010). Broadly speaking, the approach of the Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings explicitly recognizes the importance of local culture and seeks to strengthen and empower communities (through, for example, teachers, civic leaders or religious officials) to access and provide social supports, rather than relying on so-called external professionals (Rehberg, 2014). Furthermore, the IASC pyramid (2007) does not imply any qualitative hierarchy; rather, mental health and psychosocial support is expected to simultaneously take place on all four layers (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), 2018), but to different levels of intensity and with different amounts of support necessary.



UN Photo/Martine Perret

The IASC pyramid can be represented thus:

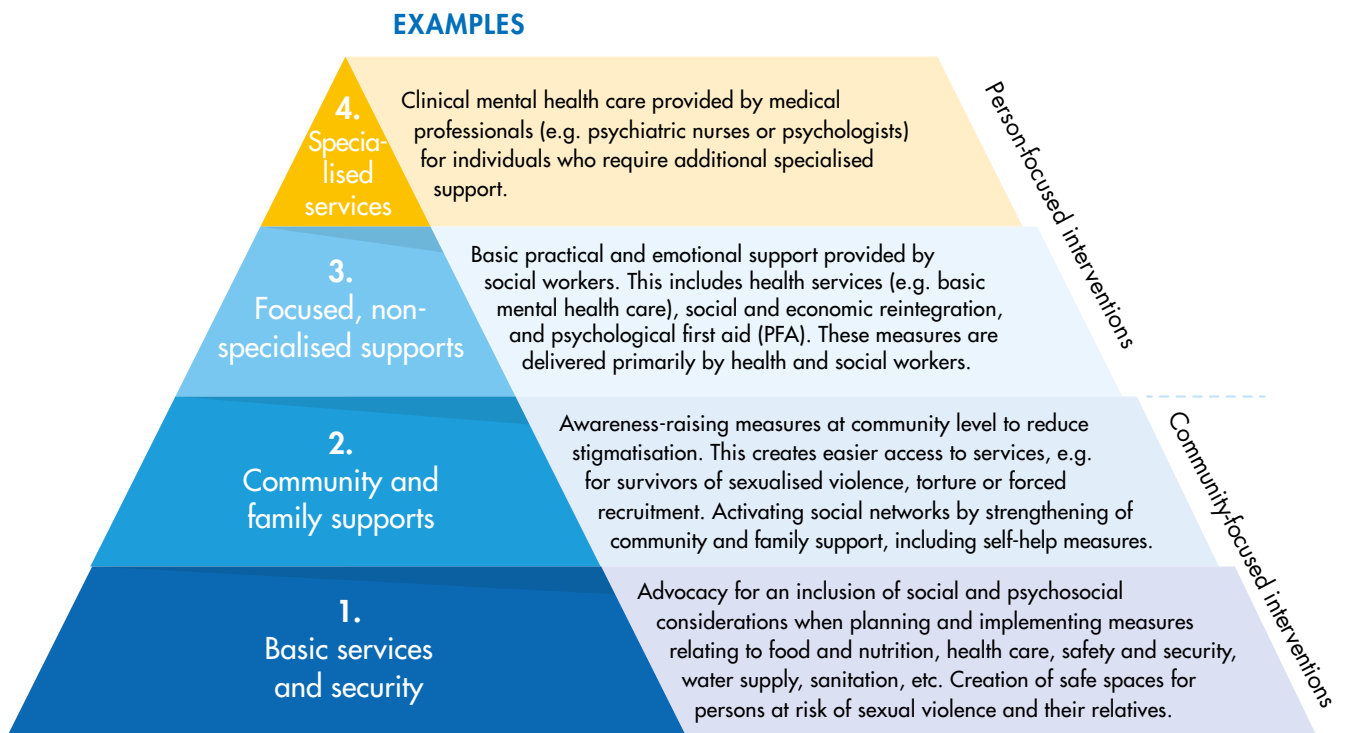


Figure 1: IASC mental health and psychosocial support intervention pyramid (Source: GIZ), 2018. See appendix 1 for original IASC text.

Mental health and psychosocial support as interventions

An extensive global review of the types of interventions typically used in low-income and middle-income countries to assist survivors of humanitarian emergencies (including armed conflicts, wars and disasters) showed that the most commonly used interventions were counselling, providing and facilitating community-based social supports, structured social activities (including child-friendly spaces), provision of information, psycho-education and awareness-raising (Tol and others, 2011). **IASC has attempted to codify such interventions (IASC, 2012) and has developed the 4Ws tool (who is where, when, doing what) to map mental health and psy-**

chosocial support activities in humanitarian settings across sectors to improve coordination between actors and to provide a big picture of the size and nature of the mental health and psychosocial support response in any specific context. The main categories of activity identified by IASC (2012) include:

- (a)** Disseminating information to the community at large (e.g. raising awareness on mental health and psychosocial support through messages about positive coping and the available supports);
- (b)** Facilitating conditions for community mobilization, community organization, community ownership or community control over emergency relief in general;

(c) Strengthening community and family support (e.g. strengthening parenting supports; structured social, recreational or creative activities; facilitation of conditions for indigenous traditional, spiritual or religious supports, including communal healing practices);

(d) Safe spaces (e.g. creating child-friendly spaces);

(e) Psychosocial support in education (e.g. supports for teachers in schools);

(f) Providing support including through social/psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation;

(g) Psychosocial work, including person-focused work (e.g. psychological first aid or linking vulnerable individuals/families to resources, health services, livelihoods assistance or community resources) and follow-up to see if support has been provided;

(h) Psychological intervention (e.g. basic counselling for individuals, groups or families; interventions for specific problems such as alcohol/substance abuse);

(i) Clinical management of mental disorders by non-specialized health-care providers (e.g. pharmacological management of mental disorders by non-specialized health-care providers; action by community workers to identify and refer people with mental disorders);

(j) Clinical management of mental disorders by specialized mental health-care providers

(e.g. psychiatrists, psychiatric nurses and psychologists working at primary health-care, general health or mental health facilities);

(k) General activities to support mental health and psychosocial support (e.g. situation analyses; monitoring or evaluation; training and research).

In transitional justice, such codification or classification of mental health and psychosocial support that could complement transitional justice processes has not taken place to date. There has been a limited emphasis on mental health and transitional justice, with the primary focus on how victims are supported during transitional justice processes such as truth commissions (Byrne, 2004; Hamber, 2009; Phakathi and van der Merwe, 2007). However, a focus on linking mental health and psychosocial support with peacebuilding has recently gained some momentum. **The Secretary-General of the United Nations highlighted the need to develop further the integration of mental health and psychosocial support into peacebuilding** in his 2020 report on “Peacebuilding and sustaining peace”: “The further development of the integration of mental health and psychosocial support into peacebuilding is envisaged with a view to increasing the resilience and agency of people and communities” ([A/74/976-S/2020/773](#), p.11).

Several United Nations agencies have responded directly to this call. For example, in 2021, the Peacebuilding Fund’s Gender and Youth Promotion Initiative announced that it would prioritize proposals focused on several themes, including the “promotion and strengthening of mental health and psychoso-

cial well-being for women and youth as part of local peacebuilding processes.”³

These global responses build on a scholarship that has promoted the importance of linking mental health and psychosocial support and peacebuilding for some years (Hart, 2008; Hamber, Palmary and Núñez, 2014; Gallagher and Hamber, 2015; IASC, 2007; Vinck and others, 2007; Wessells and Monterio, 2000, among many others). As Lambourne and Gitau (2013) note, **psychosocial services should “be seen as an integral part of a holistic approach to peacebuilding that addresses individual psychological and community relational needs in addition to physical needs”** (p. 24). In addition, mental health and psychosocial support has increasingly been adopted by international and local agencies over recent years as a framework and a programmatic set of activities (GIZ, 2018; United Nations Children’s Fund (UNICEF), 2020; Office of the United Nations High Commissioner for Refugees (UNHCR), 2013; UNHCR and Welton-Mitchell, 2013; Reiger, 2016; United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), 2015; World Health Organization (WHO) and UNHCR, 2012).

There is an increasing focus on mapping psychosocial supports in peacebuilding and conflict transformation contexts and on seeking practical synergies (Bubenzer and Tankink, 2017a). In a global survey of psychosocial work in the context of peacebuilding, other approaches, in addition to some of the above, also emerged as central, notably narrative

approaches such as truth-telling and sharing stories (Bubenzer and Tankink, 2017b). The importance of acknowledgement and engagement in justice processes beyond simply telling one’s story (which can lead to stigmatization and isolation without ongoing community and other support) has been highlighted by others (Samarasinghe, 2015). Restoring trust and rebuilding intercommunal relationships was another common approach (Bubenzer and Tankink, 2017b). The survey also found that **health often provided an entry point to individual, social and political transformation** – that is, when interventions were initially located in the health sphere (Bubenzer and Tankink, 2017b).

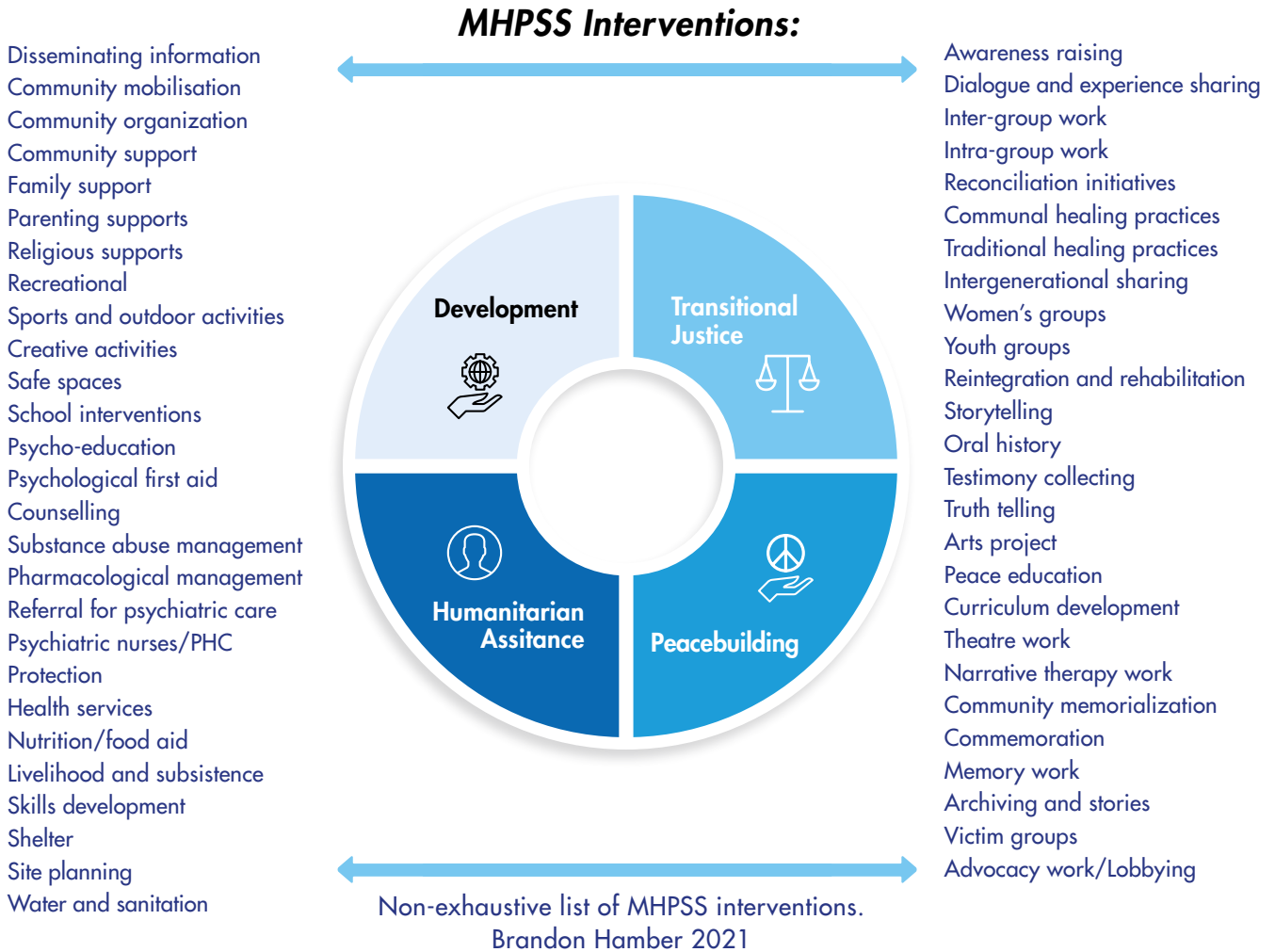
Weyermann (2003) outlines how a health nutrition project in Nepal not only addressed the direct health concern of ensuring adequate nutrition for children. Through working with mothers, the intervention also engaged families in relation to wider socioeconomic conditions, the impact of the conflict, psychological well-being, the cultural context of food in the home and care for children. As will be seen later in this paper, economic development and livelihood projects (see appendices 4 and 7) are another entry point into improving individual well-being.

Mental health and psychosocial support can, therefore, be understood as a set of interventions. These interventions have been used in a range of areas such as humanitarian assistance and emergency settings (the original use of the concept), development and, more recently, the transitional justice and peacebuild-

³ See www.un.org/peacebuilding/content/gypi-en.

ing fields. Psychosocial interventions are not unique to one or more of these areas and can be found in all of them. However, as the diagram below shows, albeit somewhat crudely,

some interventions are more readily associated with transitional justice and peacebuilding (the interventions on the right).



Mental health and psychosocial support defined by its outcome

In the transitional justice field specifically, mental health and psychosocial support finds a strong linkage in supporting processes aimed at non-repetition of violence. **Violence prevention work often uses different names for what ostensibly could be defined as mental health and psychosocial support interventions.** For example, in referring to efforts to break cycles of violence and prevent its recurrence, the World Bank (2018) sees violence prevention

as linked to a people-centric approach that strengthens society's capacity, not just that of State institutions. Such an approach should:

“mainstream people’s engagement in community development programs and local conflict resolution. It is important to empower underrepresented voices such as women, youth, and marginalized groups and to increase the quality of people’s engagement. An inclusive process for selecting representatives from diverse groups

is critical for building trust and creating meaningful participation” (World Bank, 2018, p. 282).

The World Bank (2018) highlights the importance of credible forums for dialogue and exchange, community development, confidence-building measures, support for livelihood activities, trust-building exercises and efforts to address the past. All these activities should take place at the community level and should be aimed at alleviating grievances. These are not defined as psychosocial interventions by the World Bank, but they certainly could be seen as mental health and psychosocial support interventions in terms of the definitions and categories outlined above.

In a similar vein, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) (2015) developed a framework for addressing violence against women, specifically outlining the role of civil society groups as active participants in supporting prevention through a range of programmes (e.g. community mobilization to change social norms, gender equality training for women and girls, and economic empowerment through microfinance along with gender-sensitive training). UN Women does not refer to such interventions as mental health and psychosocial support. Other names for similar interventions are also in evidence, such as “people-to-people peace-building work”, “intergroup engagement”, “capacity-building” and “community development”.

For this reason, mental health and psychosocial support practitioners tend to define psychosocial interventions by their intended outcome rather than by the nature and type of different interventions. Such outcomes are often equated with well-being as broadly defined in social, material, psychological, environmental, cultural and spiritual terms (Gallagher and Hamber, 2015). Others have described psychosocial interventions as those that enable people to reach their potential and result in them leading productive and peaceful lives (Christensen and Edward, 2015; Gutlove and Thompson, 2004, cited in Bubenzer and Tankink, 2017b).

Thus, to qualify the definition of the psychosocial approach further:⁴

Mental health and psychosocial support can be thought of as any intervention or practice that promotes well-being through recognizing the link between the psychological and the social. These interventions and practices can take place with a range of constituencies (e.g. victims groups, refugees, young people or women) that operate in different spaces (e.g. the courtroom, indigenous healing rituals, the therapy room or churches) and are driven by different practitioners (e.g. mental health workers, the local community or activists) (Hamber and others, 2015).

It is important to note that the above definition mentions “interventions and practices”. The project team who worked on this definition

⁴ This definition, outlined in Hamber and others (2015), was developed as part of a multi-year study supported by the International Development Research Centre and led by Brandon Hamber in collaboration with Inger Agger, Saliha Bava, Glynis Clacherty, Alison Crosby, Sumona DasGupta, Mauricio Gaborit, Elizabeth Gallagher, Victor Igreja, M. Brinton Lykes, R. Srinivasa Murthy, Lorena Núñez, Duduzile Ndlovu, Ingrid Palmay, Gameela Samarasinghe, Jack Saul, Shobna Sonpar, Nadera Shalhoub-Kevorkian, Stevan M. Weine and Mike Wessells. Their inputs were critical to this conceptualization.

(Gallagher and Hamber, 2015, and footnote 4) found that thinking about psychosocial support in the context of “programmes” or “interventions” was limited, as this implied formal funded projects. However, **many communities affected by armed conflict engage in a range of practices aimed at well-being that are not run as projects or programmes, but exist within and as part of the community fabric** (e.g. healing rituals, grieving processes, use of churches, ceremonies and commemorations). The wider term “psychosocial practices”, rather than “interventions”, captures this more effectively.

Psychosocial as a lens

Although the concept of the psychosocial is associated with a set of practical interventions as outlined above, there is a growing focus on considering psychosocial as a lens for understanding the impact of political violence (Gallagher and Hamber, 2015). At the most basic level, the psychosocial is concerned with the interconnection between psychological and social processes and how these influence one another in a continuous, if not inseparable, way.⁵ The psychosocial can be thought of as a lens through which political conflict can be viewed and understood. **This psychosocial lens uses well-being – broadly defined in social, material, psychological, environmental, cultural and spiritual terms – as the prism to understand the impact of political violence and ways of addressing it.**



UN Photo/John Isaac

Such a lens primarily uses the social and cultural context as a key variable in understanding the psychological impact of political violence. The context is a major rather than additional consideration for thinking about how individuals and communities can recover from political violence. **The psychosocial approach also recognizes that individuals and communities are resourceful and active agents in what are dynamic environments.** This influences their ways of coping with, adapting to, dealing with and resisting what happens in such contexts. This resilience is not simply an individual characteristic but is embedded within the social fabric, culture and institutions of different communities.

Thus, the psychosocial lens should be underpinned by a comprehensive and systematic analysis of conflict and its consequences,

⁵ The psychosocial lens recognizes that, although the term “psychosocial” is used to frame the concept, this should not mistakenly imply a binary between the “psycho” and the “social”. In reality, the “psycho” and the “social” are indistinguishable, and well-being is not determined by projects and interventions targeting one or the other (Frosh, 2014 and 2019; Gallagher and Hamber, 2015; Hamber, Gallagher and Ventevogel, 2014; Williamson and Robinson, 2006). As Rokhdeh (2017) notes, “prioritising certain aspects of the ‘psychological’ and the ‘social’ is antithetical to the complexity and plasticity of human experience” (p. 220). The details of this conceptual debate are beyond the present focus.

and it is bolstered by a more rounded understanding of the links and complex relationship between individual (and in some cases collective) well-being and the broader social, material, environmental, cultural and political context. The issue of well-being, broadly defined, is positioned at the centre of this analysis. Such an approach also seeks to identify existing individual, family, community and social resources, resiliences, capacities and opportunities that can be

used to address the context and enhance well-being. The psychosocial approach argues that **building on and enhancing such resiliences is key to maintaining peace, well-being, addressing the causes of harm and preventing future violence.** At the same time, it is recognized that, given the extent of political violence in some contexts, it may be necessary to provide local and at times external assistance, including the bolstering of pre-existing resources, as well as tackling



UN Photo/Loey Felipe

the psychological and physical impact of harm directly. Identifying and tackling ongoing threats, stressors and risks that can affect or undermine well-being are vital to this approach.⁶

Applying such a lens to transitional justice would mean, for example, that the well-being of those participating in truth commissions did not just involve the psychological impact of past experiences of violence (direct political violence) or what support an individual received to cope with this (e.g. victim support during a transitional justice process or community-based interventions). **The psychosocial lens requires an understanding that the impact of and recovery from political violence are indivisible from the wider context, and transitional justice processes are part of this context.**

Transitional justice mechanisms can have individual psychological impacts, such as the direct psychological impacts of giving testimony or of justice being delivered in a specific case. **True to the psychosocial approach, however, changing the context is also a mental health intervention (Hamber, 2009).** Transitional justice mechanisms are geared toward doing just that: changing the context of accountability, enhancing the rule of law, guaranteeing the protection of rights, fostering political stability and security, and so on. Applying the psychosocial lens means we need to see transitional justice as shaping the wider context, and this, too, impacts on personal well-being in deeply contextual and differentiated ways (e.g. influencing mental health impacts, civic trust and intergroup perception).

Therefore, the psychosocial lens beckons us to think holistically. **The psychosocial lens has implications for how we plan and conceptualize transitional justice processes, as well as for how we understand the change we are trying to make in transitional justice at a broader social and political level and the value of this from macro (cultural), meso (political) and micro (individual) psychosocial perspectives.**

Conclusion

There is little doubt that the psychosocial approach brings much to the field of transitional justice, which, to date, has not fully grappled with the impact of conflict legacies from a psychosocial perspective. It has not yet been fully established how addressing such psychosocial issues can strengthen transitional justice mechanisms and efforts to ensure non-repetition while supporting the rehabilitation of those most affected by gross violations of human rights. **Most notably, mental health and psychosocial support offers a range of widely used interventions and practices that can complement and, where appropriate, be adapted for or integrated into transitional justice approaches. Mental health and psychosocial support also provides a holistic lens for considering the relationship between the individual, social, material and cultural dimensions of transitional justice work, which remain underemphasized.** Lastly, as will be shown below, the psychosocial approach offers promise for enhancing the mental health of those engaging in transitional justice processes while strengthening guarantees of non-recurrence and reparations specifically.

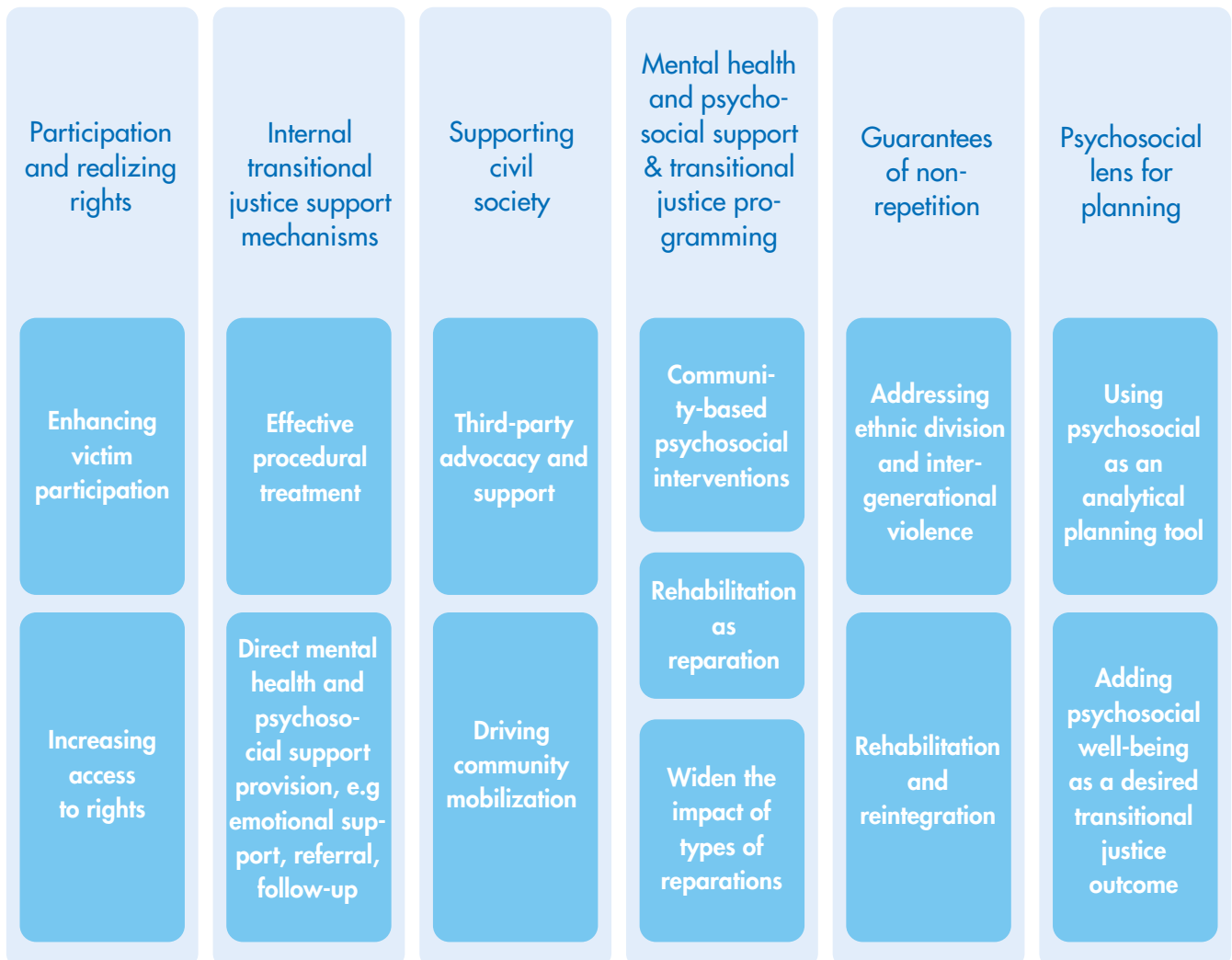
⁶ The author thanks Ruth Marsden and Ananda Galappatti for helping to conceptualize the notion of the psychosocial lens.

D. Linking mental health and psychosocial support and transitional justice



The next section considers how mental health and psychosocial support can be more effectively linked to transitional justice. **Six main areas of linkage between mental health and psychosocial support and transitional justice**

have been categorized, as outlined in the figure below. Each of these sections will be discussed in turn, and examples will be used to highlight applications and challenges.



1. PARTICIPATION AND REALIZING RIGHTS

This section outlines how transitional justice can be used to enhance victim participation and access to rights, both of which have mental health and psychosocial support dimensions and a range of psychosocial benefits.

Enhancing victim participation

Victim-centred discourse has grown exponentially in the transitional justice field (Ferstman, 2010) and is entrenched in policy (Bonacker, Form and Pfeiffer, 2011). However, despite some successes, most scholarship is critical of the treatment of victims in transitional justice. **Notwithstanding a general universal commitment to the principle of victim-centredness in transitional justice, full participation is often superficial** (De Waardt and Weber, 2019). That said, where victim participation has worked, it has shown a range of benefits for individual victims, including empowerment and overcoming powerlessness, enhanced trauma healing, less isolation and marginalization, an allowance for community acceptance and reintegration, and making victims feel valued, dignified and recognized as rights holders (Redress, 2012; Sprenkels, 2017; Taylor, 2014).

Victim participation is said to contribute to the broader impact of transitional justice processes, making transitional justice more locally informed, increasing trust in institutions

and between groups, encouraging victims to come forward, and identifying victims' needs (Sprenkels, 2017; Taylor, 2014). For example, perceptions of fairness among the public regarding the Truth and Reconciliation Commission in South Africa and its amnesty provisions became more favourable when it was felt that victims had "voice" in the process (Gibson, 2002) and that it was procedurally fair for victims, as they had time to tell their story (Phakathi and van der Merwe, 2007).

Victim participation can increase the likelihood of non-repetition, as victims can play a role in institutional changes (Correa, Guillerot and Magarrell, 2009). To this end, genuine victim participation⁷ and consultations are key components in making transitional justice people-centred and enhancing its mental health and social impact. **Mental health and psychosocial support can be a buffer against the distress and psychosocial risks associated with participation and can be crucial in the event of setbacks or failures of transitional justice processes.** As noted earlier, psychosocial support is often an afterthought in encouraging victim participation in transitional justice processes, yet it has been argued that it is critical in increasing participation (UNDP, 2020).

Drawing on a range of experiences from Bosnia and Herzegovina, Colombia, Croatia, the Democratic Republic of the Congo,

⁷ It is beyond the scope of the present paper, but it is important to acknowledge that the very notion of victimhood requires analysis and a contextual understanding. A range of factors influence participation: from structural factors (e.g. gender, gender identity, caste and class) and social issues (e.g. stigma and cultural taboos) to the practical, such as access to institutions or even language skills. Victim participation itself is not a straightforward process in political contexts where different understandings of the causes and legitimacy of violence are contested and victimization politicized. Hierarchies of suffering forwarded by States (and even victim groups) are common, and lead to a lack of participation among different categories of victims in many contexts. The line between victim and perpetrator can be a thin and overlapping one in many contexts, further complicating participation in different transitional justice mechanisms.

Guatemala and Sierra Leone, UNDP argues that **incorporating psychosocial support into transitional justice processes, particularly in efforts to address highly stigmatized crimes such as sexual and gender-based violence, significantly increases participation** (UNDP, 2020). Such psychosocial supports include training for the personnel of transitional justice mechanisms so that they become more psychosocially sensitive; ensuring that meeting times and locations are sensitive to victims' psychosocial and physical security needs; using trusted intermediaries in engagement processes; linking victims with local indigenous psychosocial support networks; and, in some cases, developing one-stop centres including medical and psychosocial care facilities and legal aid clinics (UNDP, 2020).

Increasing access to rights

Mass violence can result in isolation and stigmatization (e.g. among survivors of sexual violence), as well as in institutional distrust, as official institutions are often implicated in human rights violations. As noted, this could impact on the ability of the affected individuals to claim and exercise their rights as offered through transitional justice processes. Therefore, special attention needs to be paid to awareness-raising, education and community engagement throughout the transitional justice cycle – before, while and after mechanisms are established. A gendered lens is essential, as access to rights and social spaces to exercise these rights (especially following violation and during ongoing violations or social sanctions) can disproportionately affect women. At the same time, the management of expectations is im-

portant in accessing rights, such as the right to justice. **Mental health and psychosocial support processes at the individual and community levels can assist in managing expectations and in working with individuals and communities to come to informed decisions about participation.** This is a complicated process, as it involves detailed examination of the intention to participate, acknowledgement and navigation of fears, discussion of potential negative consequences (including stigma and the need for witness protection), and wider community considerations such as resistance from family members. This should all form part of the mental health and psychosocial support, linked to transitional justice processes, that is offered through awareness-raising and engagement.

One example is the nationwide consultation process in Sri Lanka in 2016 to consult on the nature of the transitional justice process there. The Human Rights Commission of Sri Lanka offered protection to participants and counselling services were made available, as well as information on support services and referral pathways (UNDP, 2020).

Linking victims with non-governmental organizations (NGOs), which can assist through advocacy, by helping to mobilize victims to ensure their rights are guaranteed and by offering health and well-being support, is fundamental. Such supports can reduce the harm suffered by victims, contribute to psychosocial recovery and enhance trust in institutional reform. At a community level, mental health and psychosocial support can also enhance the opportunity to engage with the issue of what justice means locally. **The critical relevance of mental health and psychosocial**

support to empowerment is evident within the paradox that positive mental health is a requirement for empowering people to defend their rights to mental health and transitional justice (Laplante and Holguin, 2006).

In Burundi, Liberia and Somalia, one-stop centres that offer “survivors medical care, psychological counselling, access to police investigators and legal assistance in one location [which is] proving to be successful at mitigating secondary victimization and reducing court delays, while improving conviction rates” (Reiger, 2016, p. 71), illustrate the importance of an integrated mental health and psychosocial support approach. UNDP (2020) cites the Sepur Zarco case in Guatemala as an example of psychosocial work with indigenous communities that has enhanced participation in the legal process and access to rights.

Case example: UNDP accompaniment programme in Guatemala⁸

“...UNDP’s Transitional Justice Accompaniment Program (PAJUST-Programa de Acompañamiento a la Justicia de Transición) supported... the continuing progress of the Sepur Zarco case and... survivors’ empowerment through the promotion of a model based on comprehensive assistance – legal and psychosocial support – to achieve women’s

empowerment so they can be confident and talk openly about the events, seek for justice, and inspire other survivors to break the silence. This was made jointly with The Alliance Breaking Silence and Impunity which is made up by Women Transforming the World (MTM), National Union of Guatemalan Women (UNAMG), and the Community Studies and Psychosocial Action Team (ECAP), who [are] supporting the women survivors in their pursuit of truth, justice and reparation.

The methodology used included individual and collective work, support groups and self-help techniques. This work was carried out from the cultural context, language and values of women as part of the Maya Q’eqchi’ community. In recognition of the risks that breaking the silence could pose, support was provided for the safety of Sepur Zarco women” (UNDP, 2020, p. 49).

Vigilance is required, however, to prevent victims from being used for wider agendas, such as reinforcing political perspectives on harm, or even human rights groups wishing to popularize a specific issue, not to mention transitional justice mechanisms encouraging participation for self-serving reasons. There is potentially little individual return for victims, such as a conviction of a human rights offender. **A cautious approach is warranted to prevent NGOs, elite internation-**

⁸ UN Women describes the basics of the case as follows: “The bucolic village of Sepur Zarco was the scene of systematic rape and exploitation of indigenous Q’eqchi’ women, from 1982 until 1988. The women of Sepur Zarco were used as domestic servants, raped and made to live in slave-like conditions by the Guatemalan military. Their husbands, who were claiming land, had been forcibly disappeared, detained or killed ... Thirty-four years later and after 22 hearings, Judge Iris Yassmin Barrios Aguilar, President of the High-Risk Court of Guatemala announced the verdict that the 11 surviving Q’eqchi’ women would finally receive justice. The court convicted two former military officers of crimes against humanity on counts of rape, murder and slavery in Sepur Zarco. Esteelmer Reyes Girón and Heriberto Valdez Asij received a sentence of 120 years and 240 years in prison respectively. Importantly, the court ruled in addition, on reparations to be granted to the Sepur Zarco Grandmothers and to their communities as a whole” (cited directly from UN Women, 2017).

al professionals, donors and Governments from speaking for victims, thus perpetuating disempowerment and obstructing genuine participation (Gready and Robins, 2014; Madlingozi, 2010, p. 210). Enhancing participation from the outset and increasing the involvement of victims in co-designing transitional justice mechanisms can mitigate this risk to a degree, alongside independent advocacy support and community mobilization.

2. INTERNAL TRANSITIONAL JUSTICE SUPPORT MECHANISMS

This next section explores what could be done internally to enhance the operations of transitional justice mechanisms such as truth commissions, inquiries and judicial proceedings so as to improve mental health and psychosocial support outcomes.

Effective procedural treatment

For many victims, political violence creates a deep distrust of official organizations, which can be generalized to transitional justice processes, no matter their intention. **Administratively sound and integrated provision (referred to here as effective procedural treatment) can improve such perceptions.** A failure to provide this can increase feelings of persecution and marginalization on the part of those who have already experienced violence at the hands of the State. In practice, if multiple mechanisms exist, clear pathways need to be delineated for participation (e.g. the amnesty process and the victims hearings process in South Africa), allied to effective and personalized communication and a well-defined focus on expectation management. Although they are seemingly

more mundane, effective information management and participant management are essential. The latter is critical, as victims will judge their experience of an official process based on the points of interaction with the transitional justice mechanism. This covers their contact with a truth commission, how long it takes to get a response, seeking information and interfacing with a reparations programme. **Improving the administrative treatment of victims in general (Hamber, 2009) can enhance trust in institutions and the potential for such institutions to bring mental health benefits.**

To this end, it is essential that all staff involved in transitional justice mechanisms understand the mental health significance of their work in terms of service provision and the symbolic importance of logistical and procedural engagement with victims.

Direct mental health and psychosocial support service provision

For those participating in transitional justice processes, a range of direct services could increase the positive mental health impact.

Space for narrative and interviewing support

In a range of transitional justice processes, specifically truth commissions, the mental health benefits of creating room for narratives and for victims to share their stories in a supportive environment has been highlighted (Bar-Tal, Oren and Nets-Zehngut, 2014; Brockmeier, 2002; de la Rey and Owens, 1998; Minow, 2010). **However, this does not equate with simply viewing storytelling or sharing as instantly healing, as the context**

of giving testimony matters (Moon, 2006; Hamber, 2009). A range of processes may be necessary to unlock the therapeutic potential for individuals engaging in transitional justice processes. Furthermore, in some cases, a fear of persecution by perpetrators on the part of those who speak out has been identified (Sprenkels, 2017). For some people in Nepal, a loss of status, stigma and isolation followed engagement with transitional justice processes (Robins, 2011). All of this highlights the importance of offering grounded and informed support to those engaging with transitional justice mechanisms.

A range of guidance already exists on interviewing and engaging with victims of violence, including children and victims of sexual violence, and even on psychosocial support through remote access during the coronavirus disease (COVID-19) pandemic (United Nations, 2021). International consensus exists on the minimum standards for psychosocial work in search processes and forensic investigations of cases of enforced disappearance and arbitrary or extrajudicial executions (Navarro, Pérez-Sales and Franc, 2011). Some have outlined key principles and practices for addressing the needs of witnesses in tribunals, which arguably could be generalized to a range of interactions with victims in transitional justice processes. **These include establishing a caring relationship, maintaining a safe environment, stabilizing physiological and mental functioning, maximizing predictability, maximizing choices, affirming dignity and value, affirming the power of speech, promoting human connection, instilling hope, and fostering reconnection with ordinary life** (Stepakoff and others,

2017). The guidance and the extensive experience that has now been developed globally around transitional justice provide a substantial basis to learn from, maximizing the benefit of engaging and in particular of giving testimony in transitional justice processes.

Briefing, emotional support, signposting, referral

Other more specific mental health supports during transitional justice processes have been identified:



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- Briefing and debriefing before participating in the proceedings of bodies such as truth commissions or giving testimony in trials;
- Victim liaison officers to provide information, signposting and administrative and emotional support throughout engagement with transitional justice processes such as inquiries, trials, inquests or truth commissions;
- Language and literacy assistance with administrative procedures and interaction with official mechanisms;
- Ensuring adequate referral structures are in place (e.g. legal support, welfare support and community support groups and networks) to offer ongoing support.

Referral tracing, follow-up and community support

Post-engagement is also critical. This includes referral tracing and follow-up and engagement with community support structures and practices. In some circumstances, other broader types of referrals might be necessary to promote psychosocial well-being, such as the referral of undernourished children to stimulation programmes to reduce the chance of developmental disability and to enhance child development (IASC, 2010). True to the mental health and psychosocial support approach, that reinforces the point that, although a range of mental health and psychosocial support interventions can be offered as direct services before, during and after transitional justice processes, the challenges faced by many victims (such as poverty, social exclusion, inequality, gender-based

violence and hierarchies) extend beyond direct experiences with transitional justice mechanisms. Such factors will undoubtedly compound the impact on them and their ability to cope with participation in transitional justice and with life in general.

To this end, **a wider mental health and psychosocial support framework of culturally and contextually appropriate support is necessary in planning direct services.** The integration of a range of supports at different levels (basic services and security, strengthening community and family supports; focused (person-to-person) non-specialized supports; and specialized services offered by psychologists, psychiatrists and nurses (IASC, 2007)) is therefore needed.

Staff support

In all transitional justice contexts, **it is likely that even those working in transitional justice processes have been victims of or experienced the impact of conflict.** Furthermore, the issue of vicarious traumatization is well documented for those working with victims of violence, and in the field of transitional justice in particular – including for truth commissioners, judges, administration staff, data processors and translators (Hamber, 2009; Hayner, 2000; Nyseth Brehm and others, 2021; Swain, 2015; Weaver, 1998). **To enhance all transitional justice processes, direct mental health support for staff and officials should be offered as a matter of course.** It is unlikely that effective mental health and psychosocial support services will be offered in transitional justice processes if the insidious mental health impact of political violence is not recognized and addressed within the

very institutions that have a responsibility to support others in society.

Case example: mental health and psychosocial support to the truth commission in the Gambia

One example of enhancing mental health and psychosocial support practice that has been internal to a transitional justice process, supporting a broader mental health and psychosocial support framework at the same time, is the work done by the Centre for the Study of Violence and Reconciliation of South Africa in the Gambia. Due to local capacity deficits, the centre concluded a memorandum of understanding with the Ministry of Justice of the Gambia to **second a counselling psychologist to the country's Truth, Reconciliation and Reparations Commission**. The counselling psychologist provided technical support to the commission by guiding the Victim Support Unit's psychosocial support documentation processes to improve the overall treatment of victims as they engaged with the process.

The seconded personnel, together with the Global Initiative for Justice, Truth and Reconciliation and the International Coalition of Sites of Conscience, assisted in raising funds for mental health and psychosocial support to the commission and for broader psychosocial cohesion work in the Gambia. The activities included mental health and psychosocial support capacity-building through tailored workshops with Ministry of Justice personnel, staff of the commission and a range of civil society representatives. A community-based mental health and psychosocial support framework was established to complement the commission and those engaging with it, along with

a nationwide mental health and psychosocial support referral network (see appendix 2 for the entire case study).

3. SUPPORTING CIVIL SOCIETY

Strengthened community and family supports and focused (person-to-person) non-specialized supports are crucial to ensure effective mental health and psychosocial support. If this support is to be ensured and integrated more fully into transitional justice processes, such supports need to be activated and used to complement transitional justice. Two specific areas for intervention and complementarity are outlined below.

Supporting third-party advocacy and support

It is important, especially in societies where formal support structures are not present (for example, where there are no professional victim liaison officers in the criminal justice system, nor psychologists), that civil society is supported to play this role. **Informal support through victim groups and other community structures can increase feelings of positivity, personal efficacy and self-esteem, and can improve transitional justice processes overall.** In Northern Ireland, for example, it has been found that those who interacted with historical investigative processes with the support of an NGO received more favourable outcomes (Lundy, 2011). Although it is commonplace to try to distinguish NGOs that act as lobbyists on specific issues (such as human rights) from operational NGOs that offer services to clients, it has been argued that, in transitional justice, this does not reflect the work of many NGOs where

such work overlaps (Subotić, 2012). **Seven prominent roles of NGOs in the transitional justice context have been identified:** (1) data collection and monitoring; (2) representation and advocacy (entering relevant policy debates); (3) collaboration, facilitation and consultation (including translation, medical forensics, legal advice and the sharing of information); (4) service delivery and intervention (e.g. providing counselling or holding legal clinics); (5) support for seeking acknowledgement and compensation; (6) working as a parallel or substitute authority; and (7) research and education (Backer, 2003). Many of these supports fall squarely within the purview of mental health and psychosocial support.

Furthermore, in some contexts, victim groups have been found to create a sense of justice and recognition for those involved (Hamber, 2009; Schulz, 2020), specifically in the absence of transitional justice processes or where such processes have been limited. Feeling connected to others is considered essential for sustainable peace (Bubenzer and Tankink, 2017a, p. 192) and for psychological recovery from political violence (Hamber, 2009). Supporting and stimulating such informal support mechanisms is vital to enhancing the psychosocial impact of transitional justice, and this can draw on the growing skills of NGOs, which have become much more professionalized and specialized in transitional justice advocacy in the past two decades (Subotić, 2012). **Equally, however, the goal should be genuine community participation and advocacy emerging at the local level.**

There are numerous examples of civil society playing a key role in advocacy and support with United Nations agencies.

In 2017, UNDP supported the establishment of two victims groups within protection of civilians sites in South Sudan. These groups were made up of 79 men and 351 women (UNDP, 2020). The groups provided psychosocial support to victims of “the conflict and facilitate entry points for victims to access transitional justice mechanisms, including repatriations and accountability processes” (UNDP, 2020, p. 48). In addition, the groups were instrumental in creating a platform for advocacy, giving victims a voice in national dialogues and parliament (UNDP, 2020).

A further example comes from Cambodia, where civil society has played numerous roles in enhancing psychosocial support for those engaging with the Khmer Rouge trials.



Case example: civil society, the United Nations Trust Fund to End Violence against Women and ECCC in Cambodia

Williams and Palmer (2016) argue that civil society organizations supplemented the limitations of the Courts of Cambodia for the Prosecution of Crimes Committed during the Period of Democratic Kampuchea Extraordinary Chambers (the Extraordinary Chambers in the Courts of Cambodia, ECCC).⁹ Civil society offered psychosocial support and increased representation and recognition of victims, as well as elucidating hidden crimes (e.g. forced marriage) and generating debate and dialogue on critical issues.

“Two Cambodian NGOs, Transcultural Psychosocial Organization and Cambodian Defenders Project, have worked with the [Victims Support Section] on a project funded by the UN Trust Fund to End Violence against Women aimed at ‘promoting gender equality and improving access to justice for female survivors and victims of violence under the Khmer Rouge regime’ [Poluda cited in Williams and Palmer, 2016, p. 329]. Between 2012 and 2014, the project supported civil party participation in ECCC proceedings, assisting with recognition and representation; provided psychological services, including trauma treatment; allowed participants the opportunity to participate in various workshops; and worked with the ECCC and Cambodia’s Lawyer Training Centre to improve judicial ‘capacity to respond to the needs of victims of sexual and other gender-based

violence during the Khmer Rouge time and today’ (redistribution) [Transcultural Psychosocial Organization (undated)]. The VSS engaged with the latter of the three Women’s Hearings organized in collaboration with this project, which provided a forum for women and men to share their experiences of sexual and gender-based violence during [Democratic Kampuchea]. The project also included truth-telling processes and arranged forum theatre performances designed to ‘transform something’ by stimulating community awareness and discussion about ‘the root causes of violence against women’” (Williams and Palmer, 2016, p. 239).

Driving community mobilization

Community mobilization has been highlighted as a critical component of the psychosocial approach. **In the IASC guidelines, community mobilization refers to the effort to involve community members (groups of people, families, relatives, peers, neighbours or others who have a common interest) in all the discussions, decisions and actions that affect them and their future.** The guidelines add that communities include multiple subgroups with different needs that often compete for influence and power. To facilitate genuine community participation, an understanding is required of the local power structure and patterns of community conflict, working with different subgroups and avoiding the privileging of particular groups (IASC, 2007 and 2010). This approach directly relates to transitional justice, and community

⁹ The Khmer Rouge regime took power in April 1975 and was overthrown in January 1979. It is estimated that 3 million people perished during this time. A civil war followed, ending in 1998, when the Khmer Rouge political and military structures were dismantled. In 2001 the National Assembly of Cambodia passed a law to create a court to try serious crimes committed during the Khmer Rouge regime from 1975 to 1979, which was called the Courts of Cambodia for the Prosecution of Crimes Committed during the Period of Democratic Kampuchea Extraordinary Chambers or Extraordinary Chambers in the Courts of Cambodia (ECCC). Information taken from the court website at www.eccc.gov.kh/en/about-eccc.

mobilization would go wider than specifically supporting victims groups. It could involve setting up effective communication channels, instigating community consultation mechanisms, engaging local leadership, establishing feedback loops and setting up processes for evaluative feedback at a local level.

Although there has been little, if any, focus on community mobilization as it relates to improved mental health and psychosocial support in the transitional justice field, this is now well established in other areas. UNICEF undertook a comprehensive review of the evidence of the relationship between community participation and social support. The findings of the review related to mental health and psychosocial support (MHPSS) in humanitarian settings, focusing on children specifically, and they are clear:

“Community participation processes allow greater opportunities to identify and build upon existing informal social support networks and enhance uptake of MHPSS services. Recent studies have found that community participation in MHPSS assessments, design, planning, and implementation helps to ensure a more holistic understanding of the situation based on local socio-cultural contexts and restores the dignity, satisfaction levels, well-being, and ownership of the target groups... [C]ommunity engagement was a key mechanism in supporting the successful implementation and uptake of MHPSS programs in humanitarian settings” (UNICEF, 2020, p. 70).

Questions of how to engage in such community mobilization ethically and responsibly,

without privileging specific groups over others or feeding into specific victim dynamics, require careful consideration. Specific groups (such as women and girls) may need targeted interventions due to their marginalization, and others may often be left out of such engagements, particularly young persons (Simpson, 2015). The United Nations already acknowledges civil society engagement as key to sustaining peace and has developed a set of guidelines in that regard (United Nations, 2020b). The key role of civil society in non-repetition is also acknowledged in the transitional justice field (see [A/HRC/36/50/Add.1](#)). This can be built upon.

At the same time, community mobilization should extend beyond NGOs and formal civil society structures. Community mobilization requires direct engagement with community members such as local leaders, informal associations (e.g. market traders), cultural and religious organizations, youth structures (e.g. youth and sports groups) or other community-based structures that bring people together.

Case example: community mobilization in Sierra Leone

The Fambul Tok process that emerged in Sierra Leone provides an example of community mobilization (see appendix 3 for the full case study). This initiative came about to fill the gaps left by the Sierra Leone Truth and Reconciliation Commission (2002–2004) in addressing the impact of the conflict in that country at a community level. It demonstrates how communities’ psychosocial and transitional justice needs can be addressed through tradition-based ap-

proaches (truth-telling bonfires and traditional cleansing ceremonies) and how rooting such work in broader community mobilization processes creates more sustainable outcomes. As shown in appendix 3, Fambul Tok, through community mobilization, developed a community network capable of addressing the wounds of war, broader health-related issues, guarantees of non-recurrence and development.

The case study suggests that the added value for transitional justice processes would come from incorporating healing and community-based mobilization initiatives more directly into, or in partnership with, formal transitional justice mechanisms such as truth commissions.

4. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT AND TRANSITIONAL JUSTICE PROGRAMMING

In most societies emerging from conflict, especially those with limited resources, offering comprehensive psychosocial support is impossible without community-based resources, civil society interventions and State-based support (e.g. health services). Delivering a comprehensive mental health and psychosocial

support approach to transitional justice is beyond what any transitional justice mechanism, or the United Nations for that matter, could offer directly. **Transitional justice mechanisms are mainly dependent upon partnering with relevant communities, civil society organizations and agencies to enhance the mental health and psychosocial support focus within transitional justice.** In the next section, three main programmatic areas where mental health and psychosocial support can be better integrated into transitional justice are explored.

Community-based psychosocial interventions to enhance transitional justice

As has been argued throughout this paper, **adding mental health and psychosocial support programming to transitional justice can have a range of benefits.** Specifically, and in addition to the moral imperative to assist those harmed by conflict, by addressing the psychosocial needs that arise for individuals and communities we can:

- Decrease infirmity and the allied social and health burden on individuals and society;
- Increase social and community cohesion and productivity, enhancing sustainable peace;
- Increase the ability of some to exercise their rights and access institutions across society;
- Enhance participation in transitional justice processes, specifically improving their outcomes;
- Reduce harm and grievances, thus contributing to non-recurrence.



ATMIS Photo/Fardosa Hussein

There is growing evidence that psychosocial interventions bring a range of these individual and social benefits. Psychosocial interventions are not synonymous with psychological and psychiatric mental health interventions. As has been argued, these interventions (if they even exist in some societies) make up only a small part of the types of interventions that are needed in post-conflict societies (IASC, 2007). Addressing psychosocial issues following violent political conflict encompasses far more than putting services in place to deal with mental health needs, which are often narrowly defined as post-traumatic stress disorder (IASC, 2007). **The community-driven approach to mental health and psychosocial support, which stresses concepts such as self-help, resilience, dialogue and reconciliation, can have a therapeutic and socially reconstructive effect** (Saul, 2013). Communities and localized supports thus form the backbone of psychosocial initiatives. This is critical to sustaining peace, enhancing resilience and ensuring contextual and culturally relevant approaches (Hamber and Gallagher, 2015).

Culturally appropriate psychosocial initiatives can run alongside (and ideally shape) and complement (and preferably be integrated with) transitional justice processes to aid intergroup and individual transformation and well-being.

Such interventions include intergroup contact; trust-building processes; traditional healing ceremonies; collective rituals and commemorations; therapeutic and psychosocial interventions; dialogue; memory work and storytelling; reintegration and rehabilitation; intergenerational work; developing new curricula; engagement with archives and historical material; public education; and art and theatre projects. Although such support is

often recognized as necessary during transitional justice processes, it is vital to take more proactive steps when designing transitional justice processes to integrate such support, ensuring that these processes are adequately funded and supported throughout the transitional justice cycle.

In short, supporting civil society capacity to deliver psychosocial interventions is a critical complementary component of transitional justice. Research on mental health and psychosocial support in the humanitarian field has found that partnerships between local communities and government are pivotal to the success of mental health and psychosocial support programmes, and the utilization of community-based specialists can be an effective strategy in low-resource contexts (Healy, Kaiser and Puffer, 2018; UNICEF, 2020). As the Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence noted in 2017, it is “a matter of strategy” to “provide for balanced, long-term funding to transitional justice and eschew unrealistic and short-term, project-oriented timelines, and ensure that funding strategies pay proportionate attention to civil society (and victim) roles in successful transitional justice initiatives” ([A/HRC/36/50/Add.1](#)). Such strategies are fundamental to linking psychosocial interventions to transitional justice.

Although there are many examples of mental health and psychosocial support programming (GIZ, 2018; UNICEF, 2020; UNHCR, 2012; UNHCR and Welton-Mitchell, 2013; Reiger, 2016; UN Women, 2015; WHO, 2012) and their impact on individuals, communities and society, directly linking these to

transitional justice planning and processes is less well documented. However, examples are emerging of more deliberative planning to link mental health and psychosocial support programming with transitional justice. All of the case studies (set out in appendices 2–7) are examples where mental health and psychosocial support programming has complemented or worked in tandem with transitional justice mechanisms.

UN Women, for example, established a microgrant psychosocial project to assist survivors in starting or upscaling their own small business (see appendix 4 for the full case study).

Case example: microloans as a mental health and psychosocial support intervention

The scheme was intended to create synergies with future reparations from the Commission on the Recognition and Verification of the Status of Sexual Violence Victims During the Kosovo Liberation War, established in 2017. Using microgrants, survivors purchased raw materials, livestock and other resources needed for their small businesses, which ranged from tailoring and hairdressing to farming and beekeeping (Hobbs, 2019). An evaluation of the programme (Hobbs, 2019) showed economic results and positive physical and mental health impacts, including improvements in general well-being and in the ability of families to engage more readily with the effects of the conflict. **The programme boosted self-confidence among survivors in accessing and exercising their right to reparations and assuaged their fears of stigma and backlash.**

Psychosocial interventions do not always require sophisticated or wide-ranging programming.

The case of “befriending” in Northern Ireland is a case in point, as a relatively cost-effective but highly rated process of grassroots community support.

Case example: befriending services in Northern Ireland

One service that has consistently been considered beneficial by survivors of the conflict in and about Northern Ireland is befriending. **Trained befrienders visit those who have lost relatives and develop a supportive relationship with them.** Much of this approach initially grew from spontaneous community connections and was later professionalized, in particular by bereavement organizations, not focusing exclusively on conflict deaths. The approach was subsequently used by community groups, focusing specifically on victims of the conflict. Befriending has generally included home visits, offered by people who listen and help with small tasks (filling in forms or dealing with other practicalities), and has provided company to isolated victims (Dillenburger, Fargas and Akhonzada, 2007a). Traditional befrienders might contact victims on specific days such as anniversaries of the death of a loved one, checking in and offering informal support. Befriending can play a significant role in combating isolation and linking survivors to support networks or, in some cases, professional services. Befriending services in Northern Ireland have run alongside other transitional justice-focused processes, providing community support when a survivor engages with a specific process such as

an inquest or inquiry. **A review of services to the victims of the conflict in Northern Ireland found that community-based services such as befriending, self-help groups and some complementary therapies seem to be the most effective aspects of service provision** (Dillenburg, Fargas and Akhonzada, 2007a). Relative to other services, befriending is low-cost for a high psychosocial return (see appendix 5 for the full case study).

Rehabilitation as reparation: a vehicle for mental health and psychosocial support

Rehabilitation as part of reparations can be considered a vehicle for improved mental health and psychosocial support and offers the potential for several direct psychosocial benefits by granting specific reparations that can positively impact psychosocial well-being.

In 2011, a global consortium of psychosocial professions published **minimum standards for psychosocial work in search processes and forensic investigations of cases of enforced disappearance and arbitrary or extrajudicial executions** (Navarro, Pérez-Sales and Franc, 2011). In these standards, a minimum bar is set for psychosocial care:

“Psychosocial care should be a fundamental pillar of comprehensive reparations and the duty to provide humanitarian assistance to communities and relatives of victims of enforced disappearances, arbitrary or extrajudicial executions. All the necessary steps should be undertaken in search processes and forensic investigations to prevent new forms of victimization of relatives, communities and their

companions” (Navarro, Pérez-Sales and Franc, 2011, p. 26).

Although these principles pertain to disappearances, it is arguably a minimum standard for reparations programmes in transitional justice to recommend psychosocial assistance to communities, victims and their relatives. The Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law (2005) note that **rehabilitation should include medical and psychological care, as well as legal and social services as a minimum.** However, the stress on the psychosocial (Navarro, Pérez-Sales and Franc, 2011) provides a wider lens for considering such recommendations, moving beyond counselling, for example.

Increasingly, truth commissions are making recommendations with some mental health focus (but not on mental health and psychosocial support). For example:

- **The Truth and Reconciliation Commission of South Africa (1995–2003) made a broad set of mental health recommendations in its reparations policy.** These included a prioritization of mental health, the shifting of mental health services from the almost exclusively one-on-one therapy model to an accessible community-based approach, the development of appropriate models for trauma counselling, and the need for mental health issues to be taken into consideration by all relevant ministries, including those responsible for housing, correctional services, education and safety and security, in their planning pro-

cesses. The commission also argued for mental health services to be development focused.¹⁰

- **The Truth and Dignity Commission of Tunisia (2014–2019) was more constrained, recommending a mental health focus in specific areas** such as specialized mental health and social service institutions to oversee children’s services at all levels. It also recommended awareness-raising and training activities for law enforcement agents, especially those working in prison institutions, on the importance of the right to physical and mental health.
- **The reparations policy of the Truth and Reconciliation Commission of Peru (2001–2003) recommended programmes to help victims deal with physical and mental health problems arising from the conflict** in that country, the training of people to carry out such programmes, and the establishment of a special department within the Health Ministry to plan and oversee them.

The results of these recommendations have been mixed. Space does not permit a detailed analysis of all the cases where mental health recommendations have been made in reparations policies (and only a select few are listed above), but examples such as that of Peru show at least some potential.

Case example: recommendations for mental health in Peru

In the case of Peru, it has been argued that the recommendations “**raised collective consciousness about the mental health impact of its internal armed conflict and informed victims-survivors that their grievances corresponded to the right to a government response**” (Laplante and Holguin, 2006, p. 157). Various political movements have developed by framing mental health as a right (albeit in terms of reparations) and increasing political participation and empowerment (Laplante and Holguin, 2006, p. 157). Others have asked if mental health remains a priority some years on or whether it has been sidelined compared with health more broadly (Peru Support Group, 2009). **Over the longer term, the full impact of specific programmes that have flowed from the reparations, such as the Ministry of Health’s Comprehensive Reparations Programme on Mental Health in Peru, have been questioned** – not to mention the challenges of providing comprehensive psychosocial support in the context of an underdeveloped health-care system (Correa, 2013).

The case of Peru highlights the point that, despite debatable outcomes, **simply making a recommendation on the provision of mental health and psychosocial support is, at the very least, a minimal reparations provision and can have some impact.** It also raises the debate about mental health provision as a right.

¹⁰ Interestingly, however, the report of the Truth and Reconciliation Commission of South Africa nudges toward a mental health and psychosocial support approach when it notes: “Prevailing negative perceptions of therapy and its practice prevent people from accessing mental health services. Individuals and communities should be educated about the link between mental health and conflicts of the past. Appropriate mental health initiatives should be linked with developmental projects, for example, the Reconstruction and Development Programme and Masakhane. Mental health cannot be seen in isolation from socio-economic development” (Truth and Reconciliation Commission, 2003, p. 191).

Considered more expansively, however, **reparations provide a good vehicle to make specific recommendations for long-term mental health and psychosocial support for different groups** (through the provision of services such as counselling, alternative therapies and inter-generational trauma services, but also through other wider community-based psychosocial programmes). Reparations also offer the potential for mental health and psychosocial support to be integrated more explicitly into existing provisions by NGOs and the State. A comprehensive set of reparations proposals involving mental health and psychosocial support, with detailed planning and resourcing and utilizing strong partnerships between civil society providers, donors, local communities and State provision, could have a significant impact on mental health and psychosocial support provision and resultant psychosocial benefits. This is a specific area where the nexus of mental health and psychosocial support and transitional justice can make a significant contribution.

Mental health and psychosocial support to widen the impact and type of reparations measures.

Applying a psychosocial lens to reparations opens the door to expanding the focus and reach of a wide range of reparative measures. **Many symbolic reparations measures include related mental health and psychosocial support content.** For example, recognizing victims and their suffering at an individual level through memorials can serve as a focal point for grief, acknowledgement and mobilization, creating psychosocial benefits for victims (Hamber, 2006). Among other cultural interventions, museums, commemorations and inter- and intragroup education processes can serve as vehicles for knowledge

about conflicts and can tackle the question of how future generations might react to and address the past constructively. **These interventions can change attitudes and improve inter-community relationships and well-being as well as providing a sense of societal belonging.** They link with the victim participation recommendations made earlier, as consultation and participation have been shown to increase the individual and community significance of reparations.

Furthermore, successful reparations processes can potentially rebuild the social contract after conflict (Arthur and Monnier, 2020, p. 1), this being an important component that contributes to the psychosocial well-being of citizens. In other words, **the wider process of recognition, allied to reparations, can improve community trust in institutions and can arguably have an impact on intergroup perceptions in society, hence decreasing long-term grievances.** Reparations thus provide an avenue for recommending and resourcing psychosocial interventions, including individual and cultural interventions such as peace education, memorials and museums, art and exhibitions, theatre and reconciliation processes, all of which have a psychosocial component. These can be vital components of promoting psychosocial well-being and can also contribute to a future violence prevention agenda.

Many of the initiatives discussed so far can run alongside (and ideally shape) and complement (and preferably be integrated with) transitional justice processes. However, the same initiatives could be recommended as reparations to aid intergroup and individual transformation and well-being.

An example of such an initiative is detailed in the case study from Kosovo (see appendix 4 for the complete study). As noted earlier, UN Women helped develop a livelihood-focused psychosocial initiative built around micro-loans. In addition to the psychological, relational and economic benefits the programme created, the businesses that were seeded through this process were in some cases linked to the reparations given by the Commission on the Recognition and Verification of the Status of Sexual Violence Victims During the Kosovo Liberation War. **The businesses created through the microloans provided places where survivors could invest their reparations funds sustainably, doubling down on the psychosocial benefits that flowed from the programme.**

Another example comes from how psychosocial issues were linked into collective reparations processes in Colombia by UNDP.

Case example: collective reparations in Colombia

“[S]ince 2017, UNDP has worked together with the Colombian Victims Unit in the implementation of its Collective Reparations Programme. Through this joint effort, The Victims Committee became active agents of collective reparations through a variety of measures in the areas of education, psychosocial care, economic empowerment and livelihoods, community infrastructure and the preservation of ancestral cultural practices, among others.

As of December 2019, the Victims Unit had recorded more than 730 collective reparations between groups, communities, organizations,

movements, and ethnic communities. At the beginning of 2020, the institution ended the Integral Action Plans and measures of 22 collective subjects. ... Collective forms of reparations also enable both material and symbolic approaches to reparations. Material reparations constitute compensation, in the form of cash, other payments, or packages of services, including education, health, housing, or other forms of economic development. Many of these programmes are usually already provided by development agencies in countries pursuing transitional justice processes and can be tailored to assist victims’ needs and serve reparatory objectives. Clarity and specificity of reparatory purpose is essential for land, health, education, and dispute resolution forms of reparations as equal access to land, government services, and justice are critical for non-repetition. Development actors can also support symbolic measures, such as community-based memorialization and healing programmes, which build resilience and solidarity within communities” (UNDP, 2020, p. 45).

A further example is the Phka Sla cultural psychosocial intervention discussed below.

Case example: cultural psychosocial reparations in Cambodia

The case of Phka Sla is an interesting example of where a cultural psychosocial intervention was incorporated into the reparations process in Cambodia. Phka Sla is a ground-breaking performing arts-centred production that was part of the “moral and collective reparations” project associated with the Extraordinary Chambers in the Courts of Cambodia (Shapiro-Phim, 2019).

“Phka Sla was developed in concert with survivors of the forced marriage policy. Fifty survivors visited the theater where the Sophiline Arts Ensemble rehearses, watched a performance staged just for them and then engaged in discussions about what a dance drama about their histories might look like, and what it might bring to them and their communities. The drama was ultimately based on three discrete survivor testimonies documented previously.”

*Phka Sla draws crowds of hundreds at each performance, in both urban and rural settings. There is always a special space in the front for survivors of forced marriage. They sit together, with Cambodian counselors among them, to offer a hand to hold or a shoulder to cry on ... **The stories in Phka Sla give a public forum to survivors, and also ... have the potential to inspire dialogue about gender violence in general, and its relationship to the legacies of the Khmer Rouge**” (Shapiro-Phim, 2019, pp. 214–217).*

The full Phka Sla reparations initiative was accompanied by a mobile exhibition, oral

history interviews, psychological support, a documentary video and facilitated intergenerational dialogues. Such dialogues were aimed at deepening understandings of history and addressing contemporary gender violence (Shapiro-Phim, 2019).

5. GUARANTEES OF NON-REPETITION

Much was said earlier about the importance of addressing ongoing psychological grievances, especially when coupled with a lack of engagement and access to resources, as a risk factor for future violence, along with political and structural concerns. Psychosocial interventions can offer some support here by integrating such approaches – including through funding and planning – within specific parts of transitional justice. Such strategies can include parallel and complementary psychosocial programming (see above) and specific interventions tied into rehabilitation and reparations measures.

As has been noted, narrative approaches to psychosocial interventions are common, especially in the peacebuilding field (Bubbenzer and Tankink, 2017b). To this end, **psychosocial initiatives have been identified as mechanisms that can address intergroup grievances and differences at the group level.**

Arguably, transitional justice processes can play some role at a macro level. The importance of transitional justice processes in potentially increasing civic trust has been highlighted in scholarship (de Greiff, 2006). However, the psychosocial approach beckons a widening of this frame in order to consider how transitional justice processes can improve intergroup relations and break



down negative perceptions, stereotypes and prejudices. **A more deliberate process of considering how transitional justice processes can exacerbate or ameliorate competing narratives and improve intergroup relations is required before designing transitional justice interventions and during the process.** There is no quick fix to this issue. Competing narratives of past violations are often at the heart of why human rights violations have occurred. A modest expectation would be to give greater consideration to such a question throughout the transitional justice cycle.

Creating civic spaces within transitional justice mechanisms, where staff can interface with different groups, can be important. Examples of this could include civic forums, as well as outreach and media campaigns aimed at alternative narrative creation. An example of such a forum is the Victims and Survivors Forum in Northern Ireland¹¹, where victims groups with different political positions have met collectively to share updates on the Commission for Victims and Survivors. The forum also serves as a deliberative advice-giving body.

Mental health and psychosocial support to address ethnic division and intergenerational violence.

At a more local level, linking and supporting community-based interventions that address ethnic division and identity issues through psychosocial practice would represent additional support, but it would not replace wider and transitional justice-specific strategies.

Case example: intergenerational strategies for prevention in Burundi

A good example is the work undertaken by Trauma Healing and Reconciliation Services (THARS) and Impunity Watch in Burundi, which implements trauma-healing, psychosocial support strategies and intergenerational strategies at the community level. Impunity Watch research showed that **young people often fell back on their ethnicity to understand and explain the political upheavals surrounding them, acting on the back of inherited traumas from the past** (Impunity Watch, 2015). Young people were also open to political manipulation, as shown in political violence in 2015. The THARS and Impunity Watch programme utilized pedagogical tools that served as memorials for communities (memory books), which highlighted multiple narratives of the past. In addition, intergenerational dialogues were conducted at the local community level to address ethnic misperceptions (see appendix 6 for a full case study). This programme, it should be noted, served to fill the gaps left by a failed or weak transitional justice process. However, the experience of Burundi shows the power of such initiatives if, for instance, they are run in parallel or as part of a more comprehensive and effective State-driven transitional justice process. Indeed, they could be designated as a form of community rehabilitation as part of a reparations process.

Interestingly, and as shown in appendix 7, intergenerational dialogue is also being used in Rwanda. Such dialogues provide a safe plat-

¹¹ See www.cvsni.org.

form for adults to objectively discuss the history of the conflicts with younger generations, and key lessons that young people can take from the experience to prevent violent conflicts in the future.

Mental health and psychosocial support, reintegration and rehabilitation

One specific area where mental health and psychosocial support is increasingly being utilized involves former combatants in relation to non-recurrence.

Mental health and psychosocial support can offer specific interventions linked to disarmament, demobilization and reintegration and transitional justice. The new Integrated Disarmament, Demobilization and Reintegration Standards¹² include new approaches such as transferring health personnel in demobilized militias into the health system and addressing the post-conflict mental health and psychosocial support needs of combatants (Arthur and Monnier, 2020, p. 26). More could be done, however, in linking reintegration with the psychosocial rehabilitation of former combatants. For this to happen, **it is essential to recognise that disarmament, demobilization and reintegration is not merely a technical process but one with profound psychosocial individual and community relevance**, specifically to non-repetition and rehabilitation. This makes fertile ground for psychosocial interventions. **Focusing on the rehabilitation of former combatants and not just reintegration into community life is a key area for enhancing the nexus of mental health and psychosocial support and transitional justice.**

In a similar vein, combating violent extremism is increasingly being considered from a mental health and psychosocial support perspective, rather than being seen exclusively as a security or technical process. For example, programming with those at risk of radicalization is now taking into account personal factors (e.g. feelings of humiliation, rejection, meaning or identity), relational factors (e.g. experiences with different groups) and societal factors (e.g. fear of multiculturalism or perceived injustice) (International Association for Human Values, 2016). UNDP (2021) has been running a range of programmes that place mental health and psychosocial support more squarely within the processes of reintegrating people formerly affiliated with violent extremist groups. **This approach explores mental health in radicalization and how psychosocial support, together with other activities involving livelihoods and capacity-building, can help strengthen interventions and prevent ongoing radicalization.**

Case example: rehabilitation of former prisoners in Rwanda

Mental health and psychosocial support is being deployed in reintegration in Rwanda through a project entitled “Reinforcing community capacity for social cohesion and reconciliation through societal trauma healing”. As part of the initial *gacaca* process, many individuals imprisoned due to their actions during the genocide are being released. This has created an urgent need to consider reintegration and to prevent future tensions and

¹² www.unddr.org/the-idders/.

violence. In October 2020, a pilot project began in the Bugesera District, but it is not an isolated one-off NGO project. This programme is unique because it is run by local organizations partnering with the official government and transitional justice processes. The programme is a collaboration between Interpeace and Prison Fellowship Rwanda, in partnership with the National Unity and Reconciliation Commission and other government institutions (in particular, the mental health division of the Ministry of Health, the Rwanda Correctional Service and Bugesera District) and with funds from the European Union. **The programme offers mental health and psychosocial support structures and programmes to communities and former prisoners, promoting social cohesion, reducing trauma and stimulating socioeconomic development at the same time.** These supports have been developed within a framework for coordinating mental health and psychosocial support at the district level (see appendix 7 for the full case study).

6. UTILIZING A PSYCHOSOCIAL LENS FOR PLANNING AND ANALYSIS

While the psychosocial approach implies a range of interventions, it is underpinned by a specific analytical framework whereby individual and social well-being are fundamentally interrelated, if not inseparable. Put another way, **mental health and psychosocial support can inform integrated approaches that recognize the complexity of individual and social determinants of conflict** (Arthur and Monier, 2020, p. 1). This approach demands an analysis of how different factors influence psychosocial well-being, including

age, gender, class and access to resources. The psychosocial lens helps develop psychosocial interventions and could provide a tool for conceptualizing transitional justice approaches. Such a lens is beneficial in analytical planning, highlighting where parts of a transitional justice process are limited and what adaptations could be made.

A contextual psychosocial analysis would reveal limitations in the expectations of what a truth commission might achieve from a mental health perspective, in particular the limited impact of giving victims space to give testimony when they continue to live in threatening and economically deprived contexts. **Utilizing a psychosocial lens to consider appropriate mental health-oriented reparations measures would reveal that counselling alone is an inadequate vehicle to address wider psychosocial needs.**

A detailed community-based needs analysis using a psychosocial lens would more readily highlight the “interrelationship and porous dividing lines between different types of violence” (Simpson, 2015, p. 49). For many communities in conflict-ridden societies, the issue of non-repetition of violence, when framed politically in transitional justice, does not chime with their lived reality where criminal, social, interpersonal and political violence co-exist and overlap. At a more profound level, **the psychosocial lens potentially adds psychosocial well-being as one of the desired outcomes of transitional justice**, along with fostering civic trust, strengthening the rule of law, recognizing the dignity and suffering of victims, promoting truth and justice and helping to ensure non-repetition.

E. Integrating mental health and psychosocial support and transitional justice into the United Nations system



For this aim to become a reality, institutions such as the United Nations would have to incorporate mental health and psychosocial support into their transitional justice processes and programming. This would include **enabling complementary processes** (e.g. mental health and psychosocial support as a gateway to increased participation, more effective support for community-based psychosocial interventions to complement transitional justice and the integration of psychosocial principles into transitional justice processes) **as well as processes aimed at specific outcomes** (e.g. offering direct provision for those interfacing with transitional justice mechanisms and identifying mental health and psychosocial well-being as a goal of reparations and other redress measures).

The following is recommended:

1. BUILD MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT CAPACITY WITHIN THE UNITED NATIONS

A range of challenges exist when it comes to conceptualizing and operationalizing a mental health and psychosocial support approach in the United Nations, especially with a transitional justice link. **A variety of expertise on psychosocial programming already exists within the**

United Nations (Arthur and Monnier, 2020). This needs to be built upon in the following ways:

(a) Constructive dialogue should be promoted between different parts of the United Nations (dealing with humanitarian assistance, peacebuilding, prevention and human rights) where there may be diverging or similar views on the role of mental health and psychosocial support.

(b) Those working on transitional justice policy should engage with and be part of current developments around integrating mental health and psychosocial support and peacebuilding, as acknowledged by the Secretary-General of the United Nations in his 2020 report on “Peacebuilding and sustaining peace” ([A/74/976-S/2020/773](#)). Lessons can be shared here between peacebuilding and transitional justice with regard to mental health and psychosocial support.

(c) The engagement of those already undertaking psychosocial work (including UNICEF, UN Women, UNHCR, the Peacebuilding Fund, UNDP and those working on youth, peace and security, etc.) must be promoted, expanded and supported. How this work is linked with transitional justice, how linkages can be strengthened, and how relevant suc-

cess, challenges and lessons can be learned in order to enhance the nexus of transitional justice and mental health and psychosocial support should all be explored.

(d) Data collection on the scale of mental health impacts following conflict and on subsequent psychosocial need should be undertaken and refined. Distinctive impacts (depending on gender, age and socioeconomic status, for instance) need to be considered. This can help demonstrate the level of need, serving as a baseline for future research and evaluation and raising awareness about the need for mental health and psychosocial support.

(e) The active promotion of psychosocial knowledge and expertise is needed within the United Nations system. This can be done by collating, sharing and publicizing mental health and psychosocial support work more broadly.

(f) Bespoke training (from outside agencies, civil society groups and practitioners) should be offered to increase knowledge on mental health and psychosocial support and its relevance to transitional justice in particular at multiple levels within the United Nations. Training could include a focus on how to integrate mental health and psychosocial support into context analysis and project planning for transitional justice and specific programming opportunities at the nexus of mental health and psychosocial support and transitional justice.

2. INTEGRATE THE PSYCHOSOCIAL LENS AS AN ANALYTICAL FRAMEWORK

This paper outlines the utilization of the psychosocial lens as an analytical framework. A policy review is required to consider how such

an approach links to and can be integrated with existing frameworks, policies and mechanisms such as prevention strategies, country planning, needs assessment and risks assessments. Specifically, much of this paper has dealt with the relationship between transitional justice, prevention (non-repetition), reparations measures and mental health and psychosocial support. To this end, consideration should be given to **how the psychosocial approach to transitional justice specifically can be integrated at the United Nations level with the existing prevention architecture, policies and frameworks.**

3. REFRAME TRANSITIONAL JUSTICE AS HAVING A SPECIAL PLACE IN ENHANCING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

A reframing of transitional justice mechanisms as having a special place in enhancing mental health and psychosocial support is necessary. **From the design phase through to the operational stages, the question of individual and social well-being should be a consideration in transitional justice,** along with other goals, such as accountability, combating impunity, enhancing the rule of law and rebuilding trust in institutions. This paper has argued that, from a psychosocial perspective, it is impossible to disentangle the success of such broader goals from the psychological and social realities of the people who engage with them. Enhancing well-being and ensuring a duty of care to victims of violence as goals and principles of practice in all transitional justice processes would provide a significant reframing of how different priorities can be balanced.

4. IMPROVE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROVISION INTERNAL TO TRANSITIONAL JUSTICE MECHANISMS

Areas for improving participation as well as internal transitional justice support mechanisms have been outlined in this paper: (a) enhancing victim participation; (b) increasing access to rights; (c) effective procedural treatment; and (d) direct service provision (e.g. briefing and debriefing, creating room for narratives, the use of victim liaison officers, emotional support, literacy support and establishing adequate referral structures). To fully operationalize these internal support mechanisms, all transitional justice processes require the following:

(a) A dedicated mental health and psychosocial support team can assess competencies and existing support in government and civil society and could draft a strategy to deliver on the levels of support outlined in this paper. In addition, a mental health and psychosocial support team could enhance and direct activities to link transitional justice-specific processes (if relevant) with wider transitional justice processes such as disarmament, demobilization and reintegration, justice and reparations. Improving internal transitional justice processes through a dedicated mental health and psychosocial support team, ensuring a mental health and psychosocial support interface for the different dimensions of transitional justice, is the minimum of what should be required in integrating mental health and psychosocial support with transitional justice in practice;

(b) Bespoke psychosocial training is required for all staff working in transitional justice mechanisms so that they may better understand the

multifaceted nature of the impact of political violence and its contextual (e.g. age or gender) and cultural parameters. Greater sensitivity to the plethora of victim needs should be inculcated in all transitional justice processes beyond narrow trauma-based or medicalized models of victimization that pathologize victims. Embedding a mental health and psychosocial support approach requires all staff involved in transitional justice mechanisms to understand and appreciate the mental health significance of their work, not merely in terms of service provision to victims but also in terms of the symbolic importance of logistical and procedural engagement with victims – not to mention the psychosocial consequences of transitional justice-related decisions (such as on whom to prosecute, or on curtailing testimony from specific groups);

(c) Training and support should be offered to staff for dealing with victims in transitional justice processes and managing the impact of the conflict upon themselves. As is noted in this paper, impacts of large-scale violence will have an impact not only on victims but on the general population and those directly involved in the political transition process, including politicians and policymakers, and potentially also staff working on transitional justice processes. A significant body of practice exists for addressing the impact of working with victims of violence, and this can be built upon.

5. LINK WITH COMMUNITY-LEVEL MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TO COMPLEMENT TRANSITIONAL JUSTICE PROCESSES

This paper has outlined the importance of linking to existing psychosocial work at the community level in a way that is complemen-

tary to transitional justice mechanisms. Without using community and civil society expertise, it would be impossible to improve the link between transitional justice and mental health and psychosocial support and to enhance individual well-being and social transformation. **The United Nations cannot provide these services and should serve as a catalyst to support their development.** To do this, the following is necessary:

(a) Transitional justice processes require a **detailed assessment of existing mental health and psychosocial supports** in any context so as to develop a complementary process. Frameworks such as the “Who is where, when, doing what (4Ws) in mental health and psychosocial support: manual with activity codes” (IASC, 2012) offer a helpful starting point in this regard. Such an assessment requires mental health and psychosocial support expertise, which would need to be added to or brought into transitional justice processes or supplied by a dedicated mental health and psychosocial support team.

(b) Resources may be required in some contexts to create and bolster existing supports if these have been severely undermined by conflict. However, **a key principle of mental health and psychosocial support is that, no matter how devastating the conflict, community and family-level supports exist in all contexts, although different levels of intervention might be needed to stimulate or build networks.** In some cases, this may require substantial support at the community and family levels to become operational following excessive repression. This may require local expertise, but also external donor support. To support this process, if resources

are limited, the ratio of support as shown in the IASC pyramid (2007) should be used as a basic guide, i.e. with more resources on strengthening community and family supports than on focused psychological supports, and with the least resources flowing to specialized clinical services.

(c) Overall, the United Nations system needs to **support, partner and collaborate with relevant mental health and psychosocial support providers and initiatives** to develop tools, best practices and advocacy for this area.

6. ENHANCE CONSULTATION AND PARTICIPATION TO IMPROVE THE NEXUS OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT AND TRANSITIONAL JUSTICE

Consultation, participation and engagement have been highlighted as critical components of the mental health and psychosocial support approach and for the non-repetition of political violence. Existing frameworks need to be built upon, such as the United Nations community engagement guidelines on peacebuilding and sustaining peace (United Nations, 2020b). More deliberative strategies of consultation, participation and engagement allied to all transitional justice processes at their different stages (e.g. in setting up a mechanism or during post-mechanism activity such as implementing reparations) need to be prioritized. **Participation and community engagement strategies should not be an add-on but rather a prerequisite of all transitional justice processes.** They should be understood as critical to improving psychosocial well-being for those participating in transitional justice processes.

7. SUPPORT EXTERNAL ADVOCACY WORK TO IMPROVE THE NEXUS OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT AND TRANSITIONAL JUSTICE

Advocacy and the role of NGOs, victims groups and third parties in attaining rights and contributing to psychosocial support for victims are critical. Transitional justice processes should support external advocacy work, as should the international donor community. **Resources for third-party advocates who seek truth, justice and reparations should not be seen as a threat to transitional justice processes but rather as mechanisms for improving mental health, well-being and positive social outcomes.**

8. INVEST IN SHORT- AND LONG-TERM MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Much of the psychosocial work outlined in this document requires focused and dedicated attention and necessitates substantial long-term support at the community and relational levels. Deep and longitudinal psychosocial work produces the most effective results when it comes to mental health and psychosocial support. A mix of short-term and long-term investments may be required. In any transitional justice process there is a role for complementary “thinner” psychosocial interventions, such as social media campaigns, educational mental health interventions on radio and television, and public awareness programming.

Investment is required at all levels in community resilience and long-term mental health and psychosocial support in order to sustain impact and bring long-term value in terms of non-repetition. **Without long-term investment, the risk is that short-term initiatives (such as limited counselling or psychological first aid)**

will bring only limited results, replicating some of the dangers highlighted in this report (with funding to biomedical approaches coming at the expense of community support because it is easier to catalogue or assess than long-term community engagement).

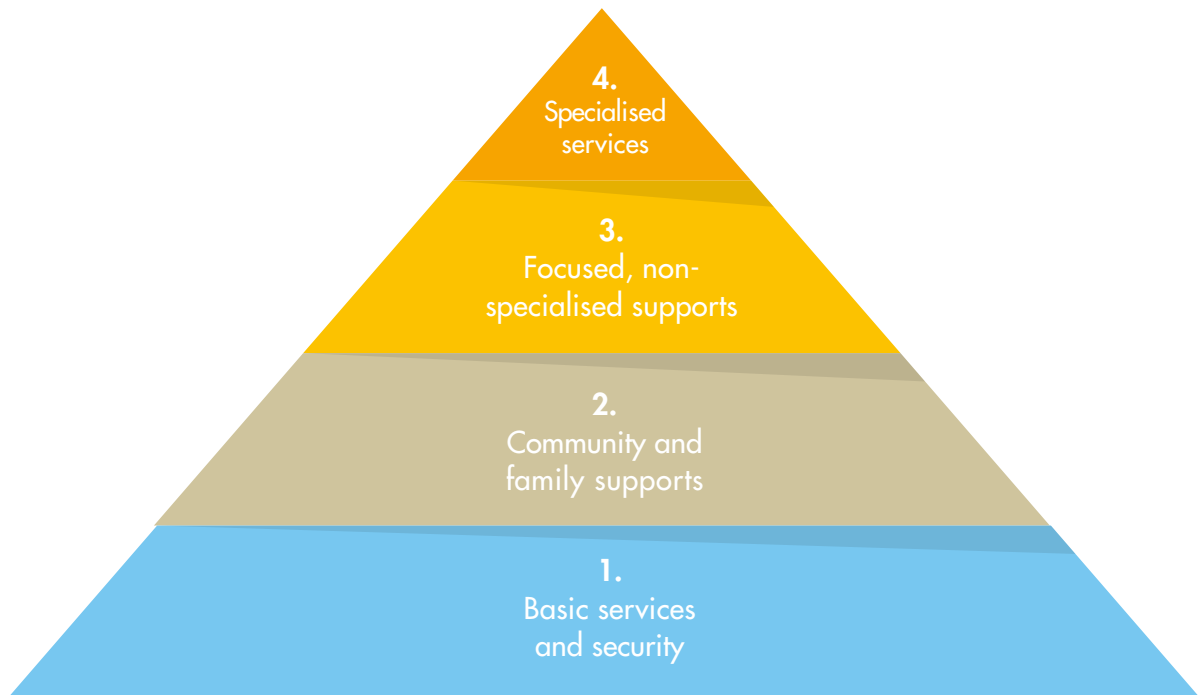
9. ENHANCE AND SUPPORT COMMUNITY MOBILIZATION

Community mobilization and engagement with more challenging issues such as divided historical narratives are key to the psychosocial approach. Although interventions can address these at the civil society level, **the challenge of supporting community mobilization requires more macro-level engagement by the United Nations, such as on the more political dimensions of psychosocial support, the creation of civic engagement spaces or consultation mechanisms.** However, a more deliberate process of considering how transitional justice processes can exacerbate or ameliorate competing narratives and improve intergroup relations is required before designing transitional justice interventions and during the process. A modest expectation would be to give greater consideration to such questions throughout the transitional justice cycle and to create civic spaces where transitional justice mechanisms and staff can interface with different groups.

APPENDIX 1

The IASC approach

Intervention pyramid for mental health and psychosocial support in emergencies



Intervention pyramid for mental health and psychosocial support in emergencies (IASC, 2017).

This appendix provides detail on the various layers of the IASC intervention pyramid (2007).

Multi-layered supports

In emergencies, people are affected in different ways and require different kinds of support. One of the keys to organizing mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups. This may be illustrated by a pyramid (see figure 1). All layers of the pyramid are important and should ideally be implemented concurrently.

- i. Basic services and security.** The well-being of all people should be protected through the establishment (or re-establishment) of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care and control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter

provide basic services. A mental health and psychosocial support response to the need for basic services and security may include advocating that these services are put in place by responsible actors, documenting their impact on mental health and psychosocial well-being and influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial well-being. These basic services should be established in participatory, safe and socially appropriate ways that protect local people's dignity, strengthen local social supports and mobilize community networks.

ii. Community and family supports. The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. In most emergencies, there are significant disruptions to family and community networks due to loss, displacement, family separation, community fears and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing enhanced community and family supports. Useful responses in this layer include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programmes, formal and non-formal educational activities, livelihood activities and the activation of social networks, including through women's groups and youth clubs.

iii. Focused, non-specialized supports. The third layer represents the supports required for the still smaller number of people who also require more focused individual, family or group interventions by trained and supervised workers (although they may not have had years of training in specialized care). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also includes psychological first aid and basic mental health care by primary health-care workers.

iv. Specialized services. The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering is intolerable, despite the supports already mentioned, and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary or general health services. Such problems require either referral to specialized services, if they exist, or the initiation of longer-term training and supervision by primary or general health-care providers. Although specialized services are needed for only a small percentage of the population, in most large emergencies this group amounts to thousands of individuals.

APPENDIX 2

Case Study

Mental health and psychosocial support interventions and support for transitional justice in the Gambia¹³

The Centre for the Study of Violence and Reconciliation (CSV¹⁴) has been engaging with the transitional justice process in the Gambia since 2016–17. The process addresses gross human rights violations and repression committed under the dictatorship of Yahya Jammeh, which began with a coup d'état in 1994 and ended with electoral defeat in 2017. In December 2017, the new Government passed the Truth, Reconciliation and Reparations Commission Act as part of a national transitional justice plan.

The Truth, Reconciliation and Reparations Commission began its operations in September 2018 with a mandate to “investigate and establish an impartial historical record of the nature, causes and extent of violations and abuses of human rights committed during the period July 1994 to January 2017 and to consider the granting of reparations to victims and for connected matters.” Public hearings commenced in January 2019. Between January 2019 and May 2021, the commission received 2,600 statements and heard testimonies from 393 witnesses covering 16 themes. The final report and recommendations are due imminently.

CSV¹⁴ practitioners began engaging with officials of the Government of the Gambia and civil society representatives in 2016, during African Union events related to the development of the African Union Transitional Justice Policy Framework, adopted in 2019, in which CSV¹⁴ was integrally involved.

CSV¹⁴ hosted Gambian officials on a transitional justice study tour in South Africa. This was the first time that CSV¹⁴ practitioners shared their ideas on integrating mental health and psychosocial support and transitional justice, a topic that CSV¹⁴ had been promoting in South Africa for some years. Based on these relationships, a CSV¹⁴ team conducted a preliminary needs assessment with State and civil society actors in the Gambia in 2017. This exercise revealed a significant capacity and resource gap in mental health and psychosocial support provision in the

¹³ This case study is an abridged version of Brankovic, Jasmina, “Integrating mental health and psychosocial support into transitional justice in the Gambia: practitioner perspectives” (Centre for the Study of Violence and Reconciliation (CSV¹⁴) and Global Initiative for Justice, Truth and Reconciliation, 2021). Much of this document is quoted directly above. The author thanks Annah Moyo from CSV¹⁴ for her updates and additions to the case study. ¹⁴ A South African organisation, CSV¹⁴ has been working on transitional justice issues for nearly 30 years. This work began in the 1990s, as South Africa transitioned from apartheid to democracy and established the Truth and Reconciliation Commission to deal with past abuses. CSV¹⁴ provides technical assistance to the African Union in developing, adopting, disseminating and implementing the African Union Transitional Justice Policy Framework.

Gambia. The Gambia has only a small handful of qualified mental health and psychosocial support practitioners, primarily due to a “brain drain” and uneven development under the Jammeh regime. The needs assessment also showed that recognizing mental health issues often carries a stigma for the general population. For this reason, many Gambians are reluctant to acknowledge mental health issues or seek support. This is particularly the case among survivors of gross human rights violations, who may already face the stigma of being victimized, especially sexual and gender-based violence victims.

CSVr then became broadly engaged in four broad mental health and psychosocial support and transitional justice initiatives.

Firstly, given the extent and degree of the abuses committed under the dictatorship, local actors emphasized that one-off services, perhaps linked to the transitional justice process, were not ideal. They stressed the importance of developing a framework and infrastructure for mental health and psychosocial support in the Gambia, particularly for victims of past abuses, and of raising awareness of mental health needs among the wider population. To this end, CSVr leveraged its partnership with transitional justice experts and partners in the Global Initiative for Justice, Truth and Reconciliation, and it partnered with the International Coalition of Sites of Conscience to fund mental health and psychosocial support and broader transitional justice and social cohesion work in the Gambia. There has been consistent funding since 2017. CSVr, at the time of writing this paper, is conducting nationwide consultations on reconciliation to inform the national reconciliation strategy for the Gambia beyond the Truth, Reconciliation and Reparations Commission, as per the request of the Minister of Justice.

Secondly, CSVr engaged in mental health and psychosocial support capacity-building. As the public hearings of the Truth, Reconciliation and Reparations Commission began, CSVr started a project with the International Coalition of Sites of Conscience to support the transitional justice process in the Gambia as part of the Global Initiative for Justice, Truth and Reconciliation. This included, among other activities, tailored workshops with Ministry of Justice personnel, commission staff and a range of civil society representatives, including human rights organizations, community-based initiatives and victims groups, on contextualizing transitional justice. CSVr has focused on sharing its approach to mental health and psychosocial support.

Thirdly, CSVr signed a memorandum of understanding with the Ministry of Justice to second a counselling psychologist to the Truth, Reconciliation and Reparations Commission. The counselling psychologist provided technical support to the commission by guiding the Victim Support Unit’s psychosocial support documentation processes and offering counselling to victims approaching the commission, while developing debriefing and self-care practices among commission staff. She also worked to strengthen the psychosocial support referral pathways for victims through training and supervision, not only at the commission’s Victim Support Unit

but also with the main victims organization, the Gambia Center for Victims of Human Rights Violations, with other established and emerging civil society groups in the capital, Banjul, and increasingly in rural areas. CSVR practitioners consistently promoted their contextualized psychosocial approach, building on existing understandings of healing and interpersonal support in local contexts.¹⁵

Lastly, CSVR supported the development of more extensive community-based mental health and psychosocial support. The programme was extended to communities outside Banjul. The second mental health and psychosocial support practitioner undertook mental health and psychosocial support, social cohesion and reconciliation training workshops and capacity-building for communities in remote areas, including the former strongholds of Yahya Jammeh. The mental health and psychosocial support practitioner also established a nationwide mental health and psychosocial support referral network, consisting of Banjul-based and non-Banjul-based civil society organizations and community-based organizations. Since 2020, the mental health and psychosocial support practitioner has been providing technical and context expertise to two additional organizations providing psychosocial support to victims in the Gambia (Fantanka and the Organization for Psychosocial Innovation) beyond the initial and ongoing support provided to the Gambia Center for Victims of Human Rights Violations.

¹⁵ This approach emphasises the value of local knowledge and practices while aiming for equality in the relationship between CSVR practitioners and local stakeholders and the broad-based inclusion and participation of affected individuals and communities in the development of activities. CSVR practitioners have recognised the need to acknowledge the influence of factors common to African contexts, including cultural values, the legacies of colonialism, liberation struggles and postcolonial development challenges, as well as contestations related to ethnicity, religion and other identity-based factors. These regional experiences shape the social environment and the psychological factors that affect people's physical and mental wellness, combined with family, community and national specificities.

APPENDIX 3

Case Study

From war wounds to promoting sustainable development in Sierra Leone¹⁶

The website of the Fambul Tok project states:

“Fambul Tok (Krio for “Family Talk”) emerged in Sierra Leone as a face-to-face community-owned program bringing together perpetrators and victims of the violence in Sierra Leone’s eleven-year civil war through ceremonies rooted in the local traditions of war-torn villages. It provides Sierra Leonean citizens with an opportunity to come to terms with what happened during the war, to talk, to heal, and to chart a new path forward together.

Fambul Tok is built upon Sierra Leone’s “family talk” tradition of discussing and resolving issues within the security of a family circle. The program works at the village level to help communities organize ceremonies that include truth-telling bonfires and traditional cleansing ceremonies – practices that many communities have not employed since before the war. Fambul Tok drew on age-old traditions of confession, apology and forgiveness, to address the legacy of the conflict.”¹⁷

Through these community-driven engagements with local leaders and local community development programmes, former child soldiers have been successfully reintegrated into communities while the psychological pain of the past has been addressed (see also Cole, 2012; Graybill, 2010; Hoffman, 2008 and 2019; and Iliff, 2012). This project serves as a direct example of a tradition-based psychosocial initiative with a significant impact on rehabilitation and non-recurrence.

In partnership with the Catalyst for Peace foundation, based in the United States of America, Fambul Tok has always embodied a larger vision of sustained whole-community engagement, rather than working with limited constituencies (such as people who have been directly injured in the war). Although it was initially focused on addressing the direct wounds of war, the more comprehensive vision centres on local community creativity and agency, with the aim of building structures and holding spaces for local people and communities to address their own needs (Catalyst for Peace, 2019). The core approach is to partner with, “‘go to’ and ‘walk with’ communities in the planning and implementing of their own programming” (Catalyst for Peace, 2019, p. 11).

¹⁶ The author thanks Libby Hoffman from Catalyst for Peace for comments on this case study. ¹⁷ Extract from the project website. A range of resources, including a film and teaching guides, are available at www.fambultok.org.

This has meant that a more sustainable network has been developed across the communities with which Fambul Tok works. This community mobilization process has had significant impacts:

“When Ebola struck Sierra Leone in 2014, many of the same patterns from the post-war period emerged – a short-term, massive influx of aid from the outside, hardly reaching local communities or creating space for them to lead. What aid did reach local communities was often met with such distrust as to be counterproductive, in contrast to the success of the trusted local networks Fambul Tok had established, which became effective prevention channels. As the crisis abated, Fambul Tok and Catalyst for Peace stepped up efforts to shift the national response and adapted their community-building methodology to post-Ebola recovery and development. The local level work was renamed the People’s Planning Process (PPP), which we built on by then creating district-level inclusive governance structures (Inclusive District Committees, or IDCs) as a space for all of the district development stakeholders to collaborate. These structures, in turn, were a bulwark against violence during the hotly contested national election of 2018” (Hoffman, 2019, p. 16).

Subsequently, the Ministry of Local Government and Rural Development and the Ministry of Planning and Economic Development began working with Fambul Tok to roll the process out nationally and incorporate it as the basis of the country’s national development plan. The resulting Wan Fambul National Framework for local government and rural development is now national policy, and its implementation continues.

Fambul Tok came about to fill the gaps left by the Sierra Leone Truth and Reconciliation Commission (2002–2004) to address the impact of the conflict at a community level. It demonstrates not only how the psychosocial needs of communities can be addressed through tradition-based psychosocial approaches but also how rooting such work in wider community mobilization creates more sustainable peace. Fambul Tok has developed a community network that is now capable of addressing the wounds of war and broader health-related issues, with guarantees of non-recurrence and development.

APPENDIX 4

Psychosocial support for survivors of sexual violence in Kosovo¹⁸

Case Study

The prevalence of sexual violence following the end of the Kosovo conflict after the North Atlantic Treaty Organization (NATO) bombing of June 1999 was extensive. Reports of conflict-related sexual violence against ethnic Albanian women emerged during and immediately after the conflict. In the mid- and late 2000s, allegations emerged of sexual violence against other groups, including Kosovar ethnic Roma, Ashkali, Egyptians and Serbs, as well as Kosovar men and boys. Sexual violence carries a tremendous stigma in Kosovar society.

Civil society in Kosovo led the momentum for recognition of sexual violence during and after the conflict. Medical and psychosocial service providers such as Medica Kosova, Medica Gjakova and the Kosova Rehabilitation Center for Torture Victims have responded to survivors' medical and psychosocial needs and have been raising awareness. The Kosovo Women's Network, an umbrella body of over 140 women's rights civil society organizations in Kosovo, played an instrumental role in galvanizing this support.

The Commission on the Recognition and Verification of the Status of Sexual Violence Victims During the Kosovo Liberation War was established in 2017. Three years after the commission was established, it had received 1,463 applications for support and recognition, as *Exit News* reported in 2021. Those who obtained "official recognition" status as a victim of sexual violence were entitled to a monthly pension of €230. As was evident, however, the number of women coming forward remained low, which was linked to ongoing stigma, and families (including husbands) often did not know what had happened during the war (Loxha, 2020).

With a mandate to advance gender equality and women's empowerment, UN Women in Kosovo has supported initiatives to provide justice for survivors of conflict-related sexual violence. Between 2015 and 2018, with the support of the European Union, UN Women implemented a gender-sensitive transitional justice programme in Kosovo. Through this programme, UN Women provided technical support to the Commission on the Recognition and Verification of the Status of

¹⁸ The details of the case study are taken from Hobbs, Siobhan, *Bees of Change: The Exponential Impact of Micro-Grants for Survivors of Conflict-Related Sexual Violence in Kosovo* (Prishtinë/Priština, UN Women, 2019). Much of the text is replicated directly from this report, but with some additions in the introduction. The author thanks Emily Kenney and Siobhan Hobbs for their comments and assistance with the case study, and for allowing it to be replicated in part.

Sexual Violence Victims During the Kosovo Liberation War, the Inter-Ministerial Working Group on Dealing with the Past and Reconciliation and civil society organizations on a range of transitional justice-related areas.

After extensive consultation with survivors on the reparations process (Hobbs, 2019) it was found that supporting livelihoods was an express need among women. Responding to this direct request, UN Women established a microgrant project to assist survivors to start or upscale their own small businesses, with the intention of creating synergies with future reparations.

Through the microgrants and the relevant support, survivors could purchase raw materials, livestock and other resources needed for their small businesses, which ranged from tailoring and hair-dressing to farming and beekeeping. With additional support given by the service providers (e.g. assistance with bookkeeping), the business beneficiaries of the grants managed their own small businesses and became financially independent, in most cases, for the first time.¹⁹

An evaluation of the programme found that, although the economic impact varied from beneficiary to beneficiary and from business to business, it had been substantial for all survivors. All survivors consulted reported extreme excitement about the cash flowing through their hands and their ability to purchase items they had previously not been able to buy. Generally, beneficiaries felt more in control of their own life than before, along with confidence and independence, with one woman saying that, *“with this business, I feel that I can move on, move forward.”*

Physical and mental health impacts were also reported, including an improvement in general well-being and a renewed sense of hope for life and the future. This was described by beneficiaries as transformative and as an exponential change, and these changes extended to the wider family. Many beneficiaries reported that the assets not only provided economic opportunities but, importantly, facilitated greater respect and support from their husbands and other family members. Engagement in the project and establishing a small business provided many with the opportunity to start a dialogue with their family (particularly husbands), talking for the first time about their experiences in the conflict. Small businesses have also been having positive effects on conflict-affected family members. One survivor spoke of her son as having been in a reclusive state since reportedly being tortured during the conflict. The beneficiary has been thrilled to see her son take an active role in her business.

¹⁹ The microgrant scheme was managed by the Kosovo Women’s Network through a UN Women project entitled Supporting Women Survivors of Sexual Violence. The network has extensive experience assessing applications and providing grants to women’s rights organizations through the Kosovo Women’s Fund. Utilizing this experience, the Kosovo Women’s Network established criteria for distributing the project funds. In consultation with the network and UN Women, the four selected sub-granting organizations (service providers) each followed their own selection process for selecting the individual survivors to receive the microgrants. Through the project, the selected organizations also received funding to provide psychosocial support to survivors (not limited to survivors receiving microgrants) and undertake advocacy activities in support of the Commission on the Recognition and Verification of the Status of Sexual Violence Victims During the Kosovo Liberation War. Comments expressed here have focused on an evaluation of 177 micro loans carried out by Hobbs (2019).

The programme has had relevance in the wider transitional justice landscape. As the reparations process has taken longer than anticipated, the microgrant project has encouraged survivors not to give up hope, and to have confidence that their supporters remain with them. Survivors who were interviewed spoke of having the energy to see the process through and ensure that justice was done. This demonstrates the power of the microgrants and the broader psychosocial impact, boosting self-confidence among survivors in accessing and exercising their right to reparations and assuaging their fear of stigma and backlash.

In other words, in addition to the psychosocial benefits (individually, in the family and in terms of livelihood), this project appears to explicitly link reparations with development assistance to enhance the transformative impact of the existing reparations been given by the Commission on the Recognition and Verification of the Status of Sexual Violence Victims During the Kosovo Liberation War, giving a place for survivors to invest their reparations funds sustainably while encouraging sustained engagement in wider transitional justice processes.

APPENDIX 5

Befriending in Northern Ireland

Case Study

Befriending, a prominent service in generally developed Western social care contexts, focuses on supporting marginalized and isolated groups, including older people, people with intellectual difficulties, those with disabilities that restrict mobility, people suffering from dementia and even young unaccompanied refugees (see, for example, Scott and others, 2019; Tse and others, 2021; Wiles and others, 2019). However, in Northern Ireland befriending has also been used to assist survivors of the political conflict.

Trained befrienders visit those who have lost relatives and develop a supportive relationship with them. Befriending in Northern Ireland has usually consisted of home visits or group meetings or activities in drop-in centres (Dillenburger, Fargas and Akhonzada, 2007a). Much of this approach originally grew from spontaneous community connections. It was later professionalized, in particular by bereavement organizations (not focusing only on conflict deaths), and was later used by community-based organizations focusing specifically on victims of the conflict. Befriending generally included home visits, offered by people who listened and helped with small tasks (such as filling in forms or assisting with other practicalities), and offered company to particularly isolated survivors (Dillenburger, Fargas and Akhonzada, 2007a). Traditional befrienders might also contact victims on specific days such as anniversaries of the death of a loved one, checking in and offering informal support. Befriending can play a significant role in combating isolation and linking survivors to support networks or, in some cases, professional services.

In some instances, befriending has led to engagement with self-help groups. This may entail a simple process of survivors gathering and sharing (with or without a trained professional) in a familiar space, such as a community centre, religious building or other traditional meeting place. Befriending services in Northern Ireland have run alongside other more transitional justice-focused processes, providing community support when a survivor is engaging with a specific process such as an inquest or inquiry.

A review of services to the victims of the conflict in Northern Ireland found that community-based services such as befriending, self-help groups and some complementary therapies were the most effective aspects of service provision, and were related to significant improvements in general psychological health and levels of depression (Dillenburger, Fargas and

Akhonzada, 2007a and 2007b). Survivors considered them crucial. The review further found that the results for some of the other services, such as “advice and information, massage, aromatherapy, group therapy, respite care/time-out, youth work, narrative work and counselling were not as clear, i.e., while some people improved significantly using these services, others who did not avail of these services also improved significantly. However, all these services were highly valued by interviewees” (Dillenburg, Fargas and Akhonzada, 2007b, p. 204).

Interestingly, however, over recent years, befriending services have not been as dominant as they used to be in the late 1990s and the earlier part of the 2000s. The so-called victims sector has become increasingly professionalized, with a much stronger push toward accreditation and psychotherapy (Gilligan, 2006). In some cases, befriending has been replaced with services from professional “outreach workers”. Professional psychotherapy and counselling services have been put in place, including the Government-funded Victims and Survivors Service²⁰, along with services offered by community organizations. As early as 2002, however, there was a warning that valuable community-based services such as befriending might become marginalized, with shifts in funding driving positive community support services toward services at the so-called professional end of the spectrum, including counselling (Clio Evaluation Consortium, 2002). Arguably, the real value of befriending, a highly rated service provided by survivors built from an indigenous practice of community members supporting one another and then utilizing trained befrienders at relatively low cost, is increasingly being lost.

²⁰ See www.victimsservice.org.

APPENDIX 6

Intergenerational psychosocial work in Burundi²¹

Case Study

A Truth and Reconciliation Commission was established in Burundi in 2014 to investigate the inter-ethnic conflicts from independence from Belgium on 1 July 1962 to the ceasefires on 4 December 2008. However, it was hamstrung by its apparent lack of legitimacy and independence from the Government and its limited budget. At the end of its four-year mandate, it had achieved little and was largely unknown among victims and communities across Burundi. A new commission was established in 2018, with a mandate now extending back to 1885. It has proven to be much more active but has attracted even more significant criticism of its independence, and some accuse it of being an instrument of the ruling party.²² One of its key strategies has been to undertake exhumations of mass graves, although it has done this with limited expertise without all the appropriate protocols. By the commission's own admission, these exhumations have almost exclusively focused on violence in 1972, leading to accusations from many observers that it is acting to further a particular Hutu version of the past. Failure to deal with the past effectively has meant that collective myths have become constitutive elements of identity and powerful drivers of fear and violence.

One manifestation of this was the crisis in 2015, when popular demonstrations against the former President's third term in office erupted, often fuelled by local understandings of violence in the past and present. This culminated in the May 2015 failed coup. The events of 2015 marked something of a change: despite attempts by certain political figures aligned to the party in power to frame the protests as Tutsi-led, the mainly young protestors were both Hutu and Tutsi. Impunity Watch research showed, however, that young people still often fell back on their ethnicity to understand and explain the political upheavals surrounding them, acting on the back of inherited traumas from the past and politicians who had manipulated these issues (Impunity Watch, 2015).

In this context, and working in collaboration with the Burundian civil society organization Trauma Healing and Reconciliation Services (THARS), Impunity Watch implements trauma-healing, psychosocial support and intergenerational strategies at the community level. Young people are central to these strategies. This work has included participatory action research conducted by 140 young people known as "peer researchers" from 70 communi-

²¹ This case study was drafted with David Taylor, director of the Impunity Watch office in Burundi. ²² See www.justiceinfo.net/en/39395-burundi-a-truth-commission-as-political-diversion.html.

ties in three provinces (Bujumbura, Cibitoke and Muyinga). The objective was to enable a truth-seeking process about the past, whereby the young people were supported to research their community's history of violence. Histories were subsequently used to facilitate platforms for dialogue between different generations and provide a catalyst for community-driven memory initiatives. The entire process was accompanied by various psychosocial support measures, both individual and collective.

This process has produced a memory book of community histories compiled into a resource and a series of pedagogical tools that serve as a memorial for the communities, ensuring that multiple narratives of the past are highlighted. In this initiative, young people are engaged as actors in addressing the past, rather than passive recipients. Young people essentially drive intergenerational discussions and community-based justice or memory processes, thereby contributing to both youth and wider communities in generating a more holistic understanding of the past.

In 2020 alone, 180 intergenerational dialogues were conducted at the local community level. In 70 communities on the Nyubahiriza programme and 60 communities in the Akariho karavugwa programme, local authorities periodically participated in capacity-building or advocacy workshops. More than 900 people were provided with psychosocial counselling support, and more than 450 people participated in interactive theatre sessions centred around intergenerational dialogue and memory transmission. Having credible forums for dealing with the past, such as memory platforms, local community transitional justice initiatives and trauma-healing processes, has been found to help to promote social cohesion. This all contributes to the longer-term effect of building resilience, which helps limit political manipulation and thus prevents future outbreaks of violence.

Furthermore, 200 young people have been trained as psychosocial assistants, referring people to provincial-level psychologists or trained to offer basic listening and support services in communities in Bujumbura Rural, Cibitoke and Muyinga. In 2019, under the Akariho karavugwa programme, the psychosocial assistants conducted 295 outreach sessions, reaching more than 20,000 Burundians. The uptake of this support has outstripped capacity, but it has challenged taboos associated with mental health. Being framed as psychosocial, this work has facilitated engagement with the local authorities to deal with the past.

Psychosocial programming has hence served to fill the gaps left by failed or weak transitional justice processes. However, the experience of Burundi also leads one to consider the power of such initiatives if, for example, they are run in parallel with or as part of a more comprehensive and effective State-driven transitional justice process.

APPENDIX 7

Community and individual psychosocial well-being of returning prisoners in Rwanda²³

Case Study

One example of a project that links mental health and psychosocial support work to the formal transitional justice process is the Reinforcing Community Capacity for Social Cohesion and Reconciliation through Societal Trauma Healing Initiative in Rwanda. As part of the initial *gacaca* process, many individuals imprisoned due to their actions during the genocide are being released. This has created an urgent need to consider reintegration and to prevent future tensions and violence.

In October 2020, a pilot project began in the Bugesera District, but it is not an isolated one-off NGO project. This programme is unique because it is run by local organizations partnering with the official government and transitional justice processes. The programme is a collaboration between Interpeace and Prison Fellowship Rwanda, in partnership with the National Unity and Reconciliation Commission and other government institutions (in particular, the mental health division of the Ministry of Health, the Rwanda Correctional Service and Bugesera District) and with funds from the European Union.

The programme offers mental health and psychosocial support structures and programmes that promote social cohesion, reduce trauma and stimulate socioeconomic development at the same time. Examples of this psychosocial work include civic education; group-based interventions such as those improving socio-emotive competence and resilience; community-based sociotherapy focused on healing fractured community relationships; and collaborative livelihood initiatives, vocational training and financial skills development to enhance prisoner reintegration.

More specifically, the programme has developed a detailed multidimensional approach to reintegration. This is psychosocial insofar as it simultaneously recognizes the importance of healing, community relationships, peacebuilding, crime prevention, economic stability and the promotion of human rights, thus embodying much of the holistic psychosocial lens. This is evident in the detailed stages of the programme, which include both healing and socio-emotive aspects, as well as community engagement and skills development, in order to support successful reintegration and minimize the likelihood of recidivism.

²³ The author thanks Frank Kayitare, Ernest Dukuzumuremyi and Abiosseh Davis from Interpeace for the drafting of this case study and for the comprehensive information supplied, additions and feedback.

The prisoners' psychosocial reintegration aspect of the programme is built on five key principles:

- Every person should be provided with an individualized reintegration plan tailored to their risks and needs;
- Prisoners should be provided education, life skills training, vocational programmes and employment training, as well as programmes related to mental health and criminogenic needs;
- Maintenance of family relationships;
- Continuity of care after release;
- Reintegration guidance prior to release.

The programme has several levels. First, a holistic and multidimensional assessment is undertaken using an entry assessment protocol, which is aimed at developing an individualized reintegration plan tailored to the risks and needs of each inmate. Without labelling the person or stigmatizing them, mental health assessments (e.g. covering general recidivism or violence, including sexual violence) are conducted to reduce the likelihood of recidivism. Other issues are also assessed, such as suicide risk, vocational skills and civic or cultural identity and knowledge. Then, a pre-release assessment is undertaken to address the various concerns that prisoners may have before their reintegration in the community and to assess the readiness of the people who will co-exist with ex-prisoners.

There is a protocol for healing spaces, which is aimed at addressing the emotional needs of the prisoners and providing them with collaboration and self-management skills through a variety of socio-emotional skills groups, to help them process their experiences and be empowered to rebuild trust within their families and communities after their release. Specialized groups are also offered if necessary (e.g. on substance abuse, anger management or vocational competencies).

A reintegration roadmap is then developed, focusing on individualized care and the continuous support provided to prisoners after their release. This includes methods to ensure that former prisoners feel comfortable and safe, with suitable services that help them understand their struggle during their reintegration journey. Community leaders, who are key to this process, will meet re-integrated community members to discuss expectations regarding their rights and responsibilities.

Proposed interventions are developed to prepare prisoners for their return to a changed society and a potentially changed family structure. Cultural and conflict sensitivity training includes topics on gender and positive masculinity, national identity, civics and contemporary governance and conflict sensitivity, while multi-family group-based interventions help reconnect former prisoners with family members and enhance the cohesion and stability of their family system. In some cases, prisoners preparing to be released are linked to the families of their victims to initiate a process of truth-telling, repentance and forgiveness. This can significantly reduce the feeling of fear among victims/survivors and the risks of recidivism among released prisoners, thus creating grounds for the integration of ex-prisoners into society and community-based sociotherapy groups.

Other innovative initiatives are being piloted in the reintegration phase, such as:

- “Human libraries” in communities. Human libraries are libraries where people can “borrow” a person (an unemployed person, an ex-prisoner or a refugee) instead of a book, so that they can listen to their life story for 30 minutes. The goal is to fight biases and prejudice through listening, storytelling and humanization.
- Halfway houses. These host people with criminal backgrounds and provide useful skills groups and further support to ex-prisoners to help them reintegrate into society without issues. Halfway houses will serve as a residence until the ex-prisoners become completely independent.
- Community-based sociotherapy. This integrates psychological trauma healing with rebuilding community trust and resilience, relying on close collaboration between several non-governmental organizations (Prison Fellowship Rwanda, Community Based Sociotherapy Rwanda, Eglise Anglicane du Rwanda (EAR) Byumba Diocese and Duhumurizanye Iwacu Rwanda), which have been implementing different variants of sociotherapy.

Many of these initiatives are delivered by community-based mental health and psychosocial support networks, which include community psychosocial workers, school counsellors, prison staff, youth centre workers, NGO staff, traditional healers, clergy and volunteers. Health centre clinical teams deal with specialized needs through ongoing clinical case management or family therapy. In some cases, psychiatrists and psychologists at the district level deal specifically with difficult clinical cases. That said, most of the key activity is happening at a community level, as resources at the other levels are significantly less. With this in mind, the overall model maps the broad IASC approach (IASC, 2007).

In addition to the programmatic activity, the project builds a framework for coordinating a mental health and psychosocial support network at the district level. It is intended for the network to connect and support community-based actors and local government in delivering and developing mental health and psychosocial support services for individuals and communities affected by the genocide against the Tutsi and its legacies while addressing other psychosocial dynamics into the broader community. To this end, and linking to wider networks and government structures, sustainability is enhanced so that services can be provided to vulnerable people suffering the immediate and long-term social and mental health consequences of the genocide, while embedding wider mental health and psychosocial support services across the community. The project partners feel that this type of networked approach, which involves working in partnership with official transitional justice processes, has the best chance of reducing fragility and minimizing the risks of a resurgence of conflict. The programme also outlines how disarmament, demobilization and reintegration, linked to transitional justice processes, could more effectively integrate both a psychosocial lens (the programme principles) and direct psychosocial interventions.

Societies that have experienced long-term exposure to violent conflict undergo significant transformations, which have lasting effects on individuals, communities and the State. In societies traumatized by ethnic conflict, younger generations are often asked, consciously or unconsciously, to perpetuate a certain mental representation of the historical event and maintain large-group ethnic markers. The potential of trauma to compromise efforts to reconcile and rebuild societies after violent conflict is increasingly recognized by the peacebuilding and development communities. To encourage social cohesion at all levels of society, intergenerational dialogue spaces have been set up. They allow young people to lay out their visions for the community's future and to receive constructive feedback and support, as needed, from older members of the community – mainly trained teachers and parents. These spaces provide a safe platform for adults to have objective discussions with the new generations about the history of the conflicts and the key lessons that young people can take from the experience in order to prevent violent conflicts and to shape a better, inclusive and peaceful future.

This mental health and psychosocial support initiative is thus making a direct contribution to transitional justice by ensuring that transitional justice processes contribute positively to social cohesion and civic trust. Transitional justice and government partners are building more sustainable mental health and psychosocial support capacities alongside community resilience and non-recurrence.

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