



Healing Trauma and Community Recovery from War and Natural Disasters

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Introduction

by Amy Erickson

Each year large numbers of people across the world are afflicted by war and natural disasters. These traumatic events are destructive not only to material realities—destruction of infrastructure and other property—but prolonged traumatic stress can also be harmful to the very physiology of us as human beings and the social fabric of our communities. After war and natural disasters people often experience feelings of hopelessness, powerlessness, fear, insecurity, and a lack of meaning or purpose in their lives. The stress of traumatic events also strains relationships both within and between families and communities. In many situations of war and natural disaster, resources for the social and mental health sectors are minimal and those sectors cannot respond effectively to the increased levels of traumatic stress. In response, Menonite Central Committee (MCC) is increasingly supporting partners and programs that are working to assist individuals and communities in trauma healing and social recovery.

MCC's involvement in trauma healing grows out of its peace commitment, rooted in the holistic, biblical understanding of peace as *shalom*. The Hebrew word for peace, *shalom*, includes health and healing, reconciliation and right relationships, safety and security, justice and material well-being. In situations of war and natural disaster, this means that all of us who choose to be peacebuilders are called not only to respond to material needs by sending relief kits and food aid, but to also assist in the psychological, emotional and social recovery of indi-

viduals and communities. Many of MCC's peace-building partners have developed holistic approaches to trauma healing which address the psychological, social, and spiritual welfare of individuals and communities through a wide range of approaches such as counseling, prayer, traditional reconciliation rituals, and involvement in advocacy to address root causes of violence.

In response to its increased support of partners and programs involved in trauma healing, MCC sponsored a conference in Salatiga, Indonesia, in September 2008. Titled "Trauma Healing and Community Recovery from War and Natural Disasters," the conference brought together forty people who are working in trauma healing and community recovery from eight MCC country programs and partner organizations around the world. The time together in Indonesia provided a unique opportunity for MCC program staff and partners to learn new approaches to trauma healing work and to document "best practices" and "lessons learned" in that work.

Participants in the conference are working in complex contexts such as war-torn Sudan, northern Uganda, Bosnia, Colombia, and Rwanda/Burundi, as well as trauma responses after the 2004 tsunami in Indonesia and India. Each participant came with a wealth of knowledge and experience that was shared during the conference through participant-led workshops and informal sharing sessions. In addition, resource persons from India, Indonesia and North America shared practical and theoretical

knowledge and techniques in responding to trauma. Space was also provided for participants to reflect on how they as caregivers can better sustain themselves in their work.

The conference was an occasion for teaching and learning from one another, while sharing the joys, sorrows, challenges and opportunities of engaging in trauma-healing work. Several participants expressed how stepping into the pain and suffering of others has helped them in their own healing and reconciliation. It has therefore been a mutually transformative process. This issue of the

Peace Office Newsletter brings you some of these stories of transformation. All the authors in this *Newsletter* issue attended the Indonesia 2008 conference. We hope that the stories and experiences shared provide a better understanding of some of the trauma-healing programs that MCC is accompanying around the world. Those programs intend to work for the holistic recovery of individuals and communities, so that they might embrace life in its fullness.

Amy Erickson is Peace Program Coordinator in the Program Development Department of Mennonite Central Committee.

Psychosocial Interventions after Large-scale Violence, War and Natural Disaster

by Barry Hart

Natural disasters are not usually associated with peace issues or seen to be the result of human causes.

What is joyful is often found through pain.” This is a statement from a Kenyan woman, Doreen Ruto, who lost her husband in the 1998 U.S. Embassy bombing in Nairobi. It is through this traumatic event *and* a creative healing process that life took on a new and deeper meaning for her. During the extended healing process, Doreen experienced a greater love for her children and bonded deeply with other bomb blast victims. Without this tragedy, she believes she would have never moved to the level of care for others or be of help to them in the ways she has. Doreen currently works throughout east Africa as a trauma educator and psychosocial and restorative justice advocate for people traumatized by acts of violence and war.

For a growing number of trauma victims, the healing process brings new understanding of themselves as well as their place and role in the world. Individuals become activists against oppression, or advocates for better building codes and tsunami early-warning systems—taking paths they may never have chosen had they not suffered the traumatic experience. However, not everyone moves through trauma to this deeper level of knowing. One important reason is that they are not provided the opportunity to do so. This is due to the lack of general infrastructure, political will, psychological aid available, or external care givers willing to engage in an individual’s or community’s suffering.

It may also be that cultural expectations disallow the healing process to take place, e.g., standing “strong” in the face of fear and dan-

ger or the call to “just get over it.” The other side of this issue is that people may be offered a process that actually deepens the trauma or doesn’t allow it to be released physically or integrated emotionally. When there are no procedures available, or the ones in place fail to consider the psychological, social, cultural, identity and spiritual needs of the individual as victim of trauma, then healing becomes difficult. The result is that individuals and groups are less likely to comprehend what happened to them and how they might live and act in the world in new ways.

Where possible, therefore, individuals who have experienced a traumatic event should be given the opportunity to go through a healing process. They cannot and should not be forced to do so since not all may desire or need it. However, such a process can be extremely useful to move many to explore themselves and their community in new ways. Moreover, when this process relates to war or large-scale violence—and addresses the full range of psychosocial help—individuals, groups and sometimes whole societies may discover important windows to the past that expose the root causes of the violence that led to their trauma. This insight is usually an important element of healing and may also provide windows to the future for individuals and groups. Through such windows peace can be envisioned and ways of doing peace revealed.

Natural disasters are not usually associated with peace issues or seen to be the result of human causes, yet these links should be

made. Human causes, for example, have been connected to the lack of safe building codes or to the often-forced placement of socially-disadvantaged people in areas with a greater exposure to the effects of tsunamis, flooding or earthquakes. Therefore, a deep analysis and set of actions related to the relational, social and structural justice factors is essential as part of any healing process. As is true after a war, post-disaster situations also require progressive leaders and just policies of change that benefit and protect everyone. To heal individuals and rebuild infrastructures is not enough. There must also be clarity about how to address the injustices that caused a war or made the social, political and economic aftermath of a natural disaster much worse.

Identity and Psychosocial Healing

Another important factor in healing is identity. The deep emotional and physical wounding caused by acts of violence or natural disasters is devastating to the *identity* of individuals and groups. Identity concerns people's existential needs and values. People need to live life with a set of values that reflect their social and/or religious principles in ways that are meaningful and safe. When threatened by highly traumatizing events, individuals and entire communities do not feel safe and their lives become frightening and unpredictable.

Human identity needs are satisfied when individuals and groups feel this safety and are recognized by others as equals.¹ Equality means that they are valued as human beings and seen as contributing members of society. People want to feel connected to others, to be bonded in emotional and spiritual ways-to give and receive love. In their longing for *interdependency*, they also value autonomy within the group and group autonomy in the larger system within which they live.²

Identity needs are linked to the worlds (worldview) people construct for themselves based on their culture and language. These factors provide both a common framework and a way of *seeing* and creatively *acting* in the world. Worldview and the identity of an individual or group are woven together in ways that reflect their rootedness in common beliefs and assumptions, and those become a map of reality that lead to a set of shared interests and a common future (Clark, 2002).

It becomes clear that when identity needs are threatened (or not satisfied) and worldviews are disrupted by violent acts or structures or natural disasters, the common future of the individual's or group's security is at stake.

Psychosocial interventions that are concerned with the psychological well-being of individuals and communities must include an awareness of identity/worldview and a set of skills that reflect deep concern for wholeness at the individual and group level.

Trauma Healing and Social Stability

Traditional western clinical models of trauma recovery are concerned with the disruption of the normal integration between motivational and cognitive regions of the brain. These models provide individuals with ways to deal with their trauma that include rational and cognitive plans to replace old self-defeating ones (Young, 1995). In this way, traumatized persons are given tools and helped to more fully understand what has happened to them and are more able to complete the "irreversible transformation" of the individual that was brought on by the trauma.

As part of this process, western medicine prescribes drugs to ameliorate the traumatic symptoms of depression or disassociation in order "to restructure past traumatic memories so they no longer unleash such an overwhelming flood of emotion" (Clark 2002). In tandem with psychotherapy, this approach helps traumatized individuals reduce the intensity of the trauma and, over time, integrate it more fully into their life experience.

There are other important and culture-specific methods of healing individuals and their communities that include prayer and meditation, breathing exercises, dancing, singing, and story-telling. Rituals and symbols can be used to heal or transform trauma, as well as community rebuilding projects and trauma and restorative justice education. Housing assistance and radio programming for information about trauma healing and trauma healing locations can be important. In addition, there are self-help projects, women's circles, art and play for children, and the use of community drama that create the *space and means* for healing to occur.

Central to these healing methods is to help individuals and communities feel safe and provide them with a sense of hope beyond the violence and/or destruction they have just experienced. This often requires caregivers who listen deeply and have great respect and empathy for all who have been traumatized. Trauma healing best takes place in a context where both the *tangible issues* of rebuilding homes, schools, mosques and churches happens while also addressing the above-mentioned *intangible issues* related to psychological, spiritual and identity needs.

The church understands itself as a *sanctuary of peace*. The church is a body with a diversity of gifts. The community of faith brings healing, protection and shares the good news of the Gospel.

—Teusaquillo Mennonite Church, Bogotá, Colombia

This often requires caregivers who listen deeply and have great empathy.

My country, Serbia, was in war for over 10 years. What I realized is that no one is talking about trauma openly. No one is saying that the way we behave towards each other is because we had some traumatic experiences. I was studying for some years in Germany and when I came back I couldn't recognize my own people because the people I left were totally different when I came back after the war started. I was totally shocked how the people that I grew up with now behaved. And I asked myself, "Why did these people change in 6 years so extremely?" I then started studying trauma and Post-Traumatic Stress Disorder and decided to become a therapist. I started working with people to make them conscious that the experiences that they have had are influencing their life today. That was for most of the people very new. They said, "that was in the past, we got through that well and everything is over."

I helped them to understand that they are not crazy and there is nothing wrong with them. But that they experienced something that is crazy and wrong and that is the cause of their behavior. That was a relief for them.

—Snežana Andelić, Serbia

The tsunami destroyed lives and tangible things, but the victims could still share and look after each other.

Finally, this larger framework requires that justice, economic, political and educational factors be addressed as a means to further the healing of individuals and communities. This framework may include the development of early warning systems that help prevent conflict from becoming violent or natural disasters from having such devastating after-effects. With such a *comprehensive* approach to healing through creative psychosocial interventions, there is greater opportunity for people to discover a different part of themselves. They may become more caring parents or spouses, and they become partners with others in advocating for justice and environment issues, or as leaders helping to rebuild and sustain the development and growth of their communities.

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Notes

1. There is also a negative identity recognition by which the individual or group sees him/her or itself as superior to others. And in certain hierarchical societies, social acceptance is determined by status or caste and the accepted narrative is one of superiority and inferiority.

2. People belong to different groups concurrently, e.g., ethnic, religious, or gender groups, and therefore many of their identity and other needs may be met in and/or across these groups.

Barry Hart is a professor of trauma, identity and conflict studies in the Center for Justice and Peacebuilding at Eastern Mennonite University. This article is based on his presentation at the September 2008 "Trauma and Community Recovery from War and Natural Disasters" conference.

Culture and Healing

by Kuriake Kharismawan

The tsunami that hit Aceh and other regions in Asia in late 2004 was one of the tragic natural disasters that have occurred in Indonesia this century. There were numbers of victims and wide areas were impacted.

Mennonite Central Committee (MCC) Indonesia assisted my organization to provide psychosocial care in the post-tsunami disaster in Aceh. MCC provided financial support, invited Evelyn and Karl Bartsch to train us in community-based trauma healing, and connected us with other partners so that we could work together to help the victims.

Consulting with the Bartsches, Americans, made me realize that our main resource as Indonesians to restore ourselves from the disaster is our own culture. It has the power to protect and restore community members in the aftermath.

Tsunami and Culture

The tsunami destroyed buildings, killed people, and separated people from their communities. Rural villagers who had always lived with the same people now had to relocate to shelters where they lived with strangers. The tsunami damaged their long-established social structures and communities.

The tsunami also required a change in habits of the survivors. Rice paddies that filled with sea water could no longer be cultivated. Shops, schools, boats and merchandise were destroyed. There was no means of transportation. The familiar routines of going to the fields, to the market, to the school and to the mosque were destroyed by the tsunami, as well as the normal sense of security and strong community culture.

As I worked in partnership with MCC for three years I had the opportunity to see the strength of communities and cultures. Although the survivors had to live with people they did not know, they started to build new social structures and routines. Some displaced people became strong informal leaders in the barracks. Rituals were performed again. Survivors maintained the barracks, looked for water for cooking, cared for the children, told stories, made toys for entertainment, and prayed together.

The tsunami destroyed lives and tangible things, but the intangible culture had its own strength. Even within their limitations, the victims could still share, look after each other, rebuild a new social structure and worship God. The tsunami could not destroy their culture.

Some of that familiar culture helped carry people through. One mother shared a plastic container of food that she had received from guests with other survivors. She put the food in the middle of the tent so all people had equal access to it.

In the days after the tsunami, many people showed grief on their faces. Some people daydreamed and some stared with blank eyes. Yet when the regular Islamic call to prayer came, all the people seemed to move naturally to one of the barracks to pray together. Many still had questions, but the tsunami could not destroy their faith.

Cultural resources for healing: Community first

In Aceh also, culture has the power to protect a community. We worked to bring psycho-social healing through community reunification, the recovery of symbols, and the use of rituals.

Immediately after the disaster, being with family members and neighbors—members of their community—was the first step towards healing. In the first days, another MCC partner worked to unite community members who had been separated by the chaos of the disaster. This organization rented several public transportation vehicles that moved from village to village free of charge so people could seek family members and familiar faces. The survivors were pleased with this program because they did not have money at that time to pay for the transportation. This program gave them opportunity to gather together surviving community members to live together. For two days in a row, I met a father and his son with dirty clothes and without sandals riding in the free transport vehicle. The man still looked in pain from wounds in his legs, but he was excited to find information about members of his community.

We collaborated with another faith-based Christian group that decided to clean up a mosque which was covered with mud and rubble. They located a surviving mosque and cleaned it. For Acehnese people, the mosque is a symbol of the existence of the community and symbol of God. The mosque serves as the community activity center. People gathered in the mosque when they had problems and held discussions to find solutions. When the mosque could be used as an activity place, victims regained a feeling of security.

Over the years community mosques have been an anchor of hope for Acehnese people. The ability to worship together and the faith in the greatness of God allowed their hope to stay alive and to become stronger.

Cultural resources for healing: Rituals

Our organization decided to work on restoring the victims through their own rituals. We worked with the “wounded healers” approach with survivors. We held meetings for women, men and youth to help them move from being victims to survivors, and then to become wounded healers, and used a variety of local rituals during each phase.

“Tahlilan” is a tradition of praying for the community members who have died. Tahlilan is a unique tradition in most parts of Indonesia and comes from the fusion of Islam and Hindu taught by the Islamic religious leader, Walisongo, in the 17th century. Most people in Aceh trust Tahlilan to be able to help dead people reduce their suffering and to go to heaven. Tahlilan makes people who are still alive feel calmer and relieved because they are still connected and can do something good for people who have died.

When the tsunami came, hundreds were fleeing. One girl and her sister tried to outrun the tsunami waves to safety. When they could not run anymore, they embraced each other, but the wave separated them. The girl has never found her sister. She experienced depression and often dreamed about her sister crying in the middle of the sea, and felt guilty because she had been powerless to save her sister. We invited her to have tahlilan together, and prayed that her sibling’s soul would be happy and in peace. A week later she told us that her dreams have changed and that she now saw her sibling happy. Tahlilan gave her a feeling of connection, the opportunity to contribute to her sibling, and to reduce her sadness and guilt as a tsunami survivor.

We used the “Marhaban” tradition as a recovery ritual. Marhaban means “welcome.” In Aceh, the welcome takes the form of a religious sing-together using the tambourine. Through the Tahlilan and Marhaban traditions, communities that experienced disaster felt safety and social support and had an opportunity to express their grief communally. The rituals helped survivors see the traumatic events in new perspective, to build hope and a healthy self-identity, and to be able to effectively cope in their communities.

Conclusion

We found that psychosocial support for disaster survivors in a collective society must focus on the community rather than on individuals. When restoration of the community and its structure occurs, individuals will also recover.

Community-level workers are one important means of providing psychosocial care services to the affected population for a broader reach in a short period of time. The community-level workers could be from the government sector such as health, education, women and children, and welfare. Other resources could be the community-based organizations such as non-governmental organizations, workers, women’s self-help groups, civil defense personnel, elected local government representatives, youth clubs and college students. Most of these community-level workers are residents of the local areas and most would also be survivors of the disaster.

—Dr. Kasi Sekar, India

Dr. Sekar was one of the presenters at the September 2008 Salatiga conference.

During recovery, the use of inappropriate interventions not based in the local culture poses a new threat for the community.

Resources for Further Reading

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A collective society has symbolic places that can be used to speed recovery. Mosques, churches, temples, synagogues and other worship places are symbolic places that give strength to individuals and the community, and they should be given priority during disaster recovery.

During recovery, the use of inappropriate interventions not based in the local culture poses a new threat for the community. Cultural differences mean that advances in Western psychotherapeutic techniques cannot be automatically exported and applied to non-Western cultures. For example, only a few survivors sought individual counseling at a hospital in Banda Aceh. They were not comfortable in sharing their personal problems with people they did not know. And the counseling room at the hospital was in a closed area, quite different than talking in

open rooms or pavilions with other members of their community around.

Every culture is built over centuries to protect the community. Each culture has a system to balance the things that do not run in harmony. When the collective community places disaster in a historical context and sees life as a sustainable thing, individuals who are experiencing disasters can still have hope.

Outside agencies such as MCC Indonesia can provide some resources, but we Indonesians also have our own cultural resources which we must use to help in the recovery of an injured community.

Kuriake Kharismawan is lecturer in the Department of Psychology at Soegijapranata University, and Psychologist for the Indonesian Forum of Humanity and Peoplehood in Solo, Indonesia.

The local church addressing psychosocial needs of armed conflict victims—Colombia

by Paul Stucky

The emergence of work by the Mennonite (MC), Mennonite Brethren (MB) and Brethren in Christ (BIC) churches in Colombia to address the psychosocial needs of victims of the armed conflict has various roots. One root is that our churches take seriously the mission to contribute to fostering human rights and holistic peace. This is in a country with more than 40 years of internal war, more than 3 million internal refugees¹—270,675 in the first six months of 2008, an average of 1,503 per day²—and at least 13,634 deaths as a result of the sociopolitical violence between July 2002 and December 2007³. A second is in the mutual support which exists within the Mennonite sister and brotherhood worldwide. We were invited to participate in STAR program trainings in Eastern Mennonite University's Conflict Transformation Program, and then to share our learning in Colombia. Mennonite Central Committee (MCC) also shared with us a training manual developed in South Africa under the leadership of Karl and Evelyn Bartsch. A third root is in the way that MCC works in Colombia, seeking to be an expression of the Mennonite (MC), Mennonite Brethren (MB) and Brethren in Christ (BIC) churches and to facilitate all of them working together.

The MCC-supported Mennonite Foundation for Development, *Mencoldes*, is a joint pro-

gram of the MC and MB churches of Colombia. For eleven years it has been operating the Center for Holistic Attention to Displaced Families (CAID) for persons displaced by the armed conflict who arrive in Bogotá. CAID provides holistic care, including psychosocial attention and orientation. Also the MCC-supported Christian Center for Justice, Peace and Nonviolent Action, *Justapaz*, has been working to promote non-violence and peacebuilding for nearly 20 years. The local churches have historically attended to the spiritual and social needs of their congregations. In 2003, representatives of the three denominations and their seminary programs, of *Mencoldes*, *Justapaz* and MCC, began to meet to consider ways to work together to address the psychosocial needs of the many victims of the armed conflict. A coordinating structure emerged, known as Church Coordination for Psychosocial Action (CEAS).

Even before there was any formal structure we began trainings for pastors and local church workers with the support of STAR and Karl Bartsch. These brought the topic to the fore. They provided ways to understand what victims experience, how to care, and gave an opportunity for pastors and church workers to share their burdens from caregiving. It became evident that the emotional, psychological and social needs of victims of

the armed conflict were not a central concern to all churches, but primarily to those who had victims within their congregations or who had intentionally chosen to reach out to victims. It also became clear that we needed to clarify what problem we were seeking to address, what was meant by terms such as “trauma healing,” why we would do this sort of work, and how we would go about it. We needed a biblical, theological, and conceptual framework.

Addressing the psychological and emotional impact of the armed conflict is not new in Colombia. *Mencoldes* has had its CAID program, local congregations have been a place of spiritual comfort, and there are a number of high quality programs offered by secular institutions. What was to be the reason for a ministry of the churches in addition? We visited different programs throughout the country, and then held a two-day country-wide consultation with representatives from our churches. It became clear that responding to the psychological, emotional and social needs of victims and offenders was part of Jesus’ mission as in Luke 4:16–21—a mission which heals, liberates and transforms individuals and structures. Moreover, we understood this mission to be intrinsic to the very identity of the church, succinctly expressed in Ephesians: the church, as Christ’s body (1:23) is called to align itself with God’s purpose of gathering up all things in Christ (1:10), and bring to the world the good news of peace (2:17). This understanding has led us to center psychosocial work within the local church congregations, as part of their way of being and ministry.

We identified the problem we wished to address as (a) *the direct and indirect harm, particularly psychological and relational, suffered by persons and communities as a result of the armed conflict⁴*, and (b) *the aspects of the sociopolitical context and of persons that generate violence and cause harm.*

From this consultation, clarity emerged as to the specific contribution CEAS can make. It is to be a resource to local churches and church ministries as they seek to be communities of faith and strengthen the capacity of victims to overcome and transform the psychological, emotional and relational harm inflicted on them. It is also to help aggressors—people and institutions—move to conversion. In this way CEAS will contribute to individual and societal transformation with a vision from Micah 4 of an end to war and life with dignity for all.

More recently, MCC invited the MC, MB and BIC churches, CEAS, *Mencoldes*, *Justapaz* and *Sembrandopaz*⁵ to collaborate in

a holistic proposal for the churches to contribute to reconciliation in Colombia. In this collaborative effort, psychosocial work will be part of a holistic approach.

The work of CEAS includes training, making information and materials available, and encouraging local processes. We focus on churches that already have victims as a part of their church life and also those that want to develop contact and ministry with victims.

The Teusaquillo Mennonite Church in Bogotá offers an example of the psychosocial response to victims as part of local church ministry. Its teaching and preaching emphasize that following Jesus Christ has implications for personal, social and political life. As victims have come to the church they have become active participants in times of worship, prayer, Bible study, service, work for peace and advocacy for an end to the armed conflict. Weekly there is a noontime *Moment for Peace* in which community biblical reflection and prayer is followed by consideration of current affairs—human rights, legislation, social movements, etc. Then a simple meal is shared. Some 30 to 50 people participate, most of them victims and many currently under threat. A church Justice and Peace Committee meets with displaced persons under threat. Together they consider safety measures, and the possible need to seek refuge in another country, typically Canada. Sometimes victims are invited to include their stories in a human rights documentation and advocacy project led by *Justapaz* and the Colombian Council of Churches. When necessary, people can be referred for legal counsel.

Church members, some victims themselves, have been trained in basic therapeutic skills and meet with victims, and there is a weekly support group meeting. Refugees have become actively involved in other service projects of the church such as soup kitchens and programs for children, and in advocacy actions to end the war and redirect public funds from militarism to peacebuilding. Service and action are enormously restoring. At the same time, subsistence is one of the great needs of internal refugees who have been forced to abandon their homes. Although the church’s ability to help in this is limited, some food and funds donations are shared. This is how one person who has become a part of the church describes his experience:

God puts persons along the way and you begin to make it. God molds you. You discover new abilities you didn’t know you had. You learn to trust more in God, and difficult situations are no longer suffocating. And you need to learn to forgive. If I forgive, I have new ideas, better health. I need to learn to cry, to depend

Resources for Further Reading (continued)

Publications from the Center for Victims of Torture (CVT), Minneapolis, Minnesota.

Healing the Hurt: A Guide for Developing Services for Torture Survivors: a multidisciplinary guide that addresses some basic considerations when working with this population; from the Center for Victims of Torture.

Helping Refugee Trauma Survivors in the Primary Care Setting.

Rebuilding Communities: Training Trauma Survivors to help communities heal after Atrocities.

Global War and Violence Curriculum for social work instructors who wish to prepare their students to work with torture survivors and survivors of war trauma.

ONLINE RESOURCES

Learning and experiences from the September 2008 “Trauma Healing and Community Recovery from War and Natural Disasters,” conference have also been documented at <http://healingtrauma.pdd.mcc.org>.

A network of partners and MCC programs addressing community trauma has been formed to serve as a resource for ongoing work in this field. To become a part of this network, go to the link <http://groups.google.com/group/healingtrauma?hl=en>.

Addressing the psychological and emotional impact of the armed conflict is not new in Colombia.

Walking with victims has been immensely restoring to the local church.

on God. God does not abandon us. If we ask, God will help us find our way. In your anguish, you ask, 'how can I carry on?'. And you discover new abilities.

Walking with victims has been immensely restoring to the local church, especially as the victims become part of the congregation. We are learning and growing. In our country where impunity is the norm, demobilization has not necessarily meant repentance, and injustice continues, it is an immense challenge to learn how to work with perpetrators also. We seek to be faithful to God's leading.

Notes

1. See UNHCR report, <http://www.acnur.org/crisis/colombia/desplazamiento.htm>.

2. See UNHC report, http://www.acnur.org/index.php?id_pag=7992

3. See *Informe para el Examen Periódico Universal de Colombia*, July 2008. http://justiciapaz.atarra.org/IMG/pdf/informe_ingles.pdf. Report issued by nine human rights and peacebuilding coalitions in Colombia.

4. Our focus is primarily on the armed conflict, without excluding other forms of violence

5. *Sembradopaz* is an MCC-supported initiative on the Caribbean Coast of Colombia that works with churches there on holistic approaches to peacebuilding

Paul Stucky is coordinator of Church Coordination for Psychosocial Action (CEAS). He is part of the Teusaquillo Mennonite Church and lives in Bogotá, Colombia, with his wife and two sons.

Violence As A Pattern Of Behavior In Bosnia

by Naira Hodzic

Those who fought for their country until yesterday are no longer needed by society.

The war in Bosnia and Herzegovina lasted from 1992–1995. Although it began because neighboring Serbia and Croatia wished to divide Bosnia, in the end it became a multiethnic conflict among Serbs, Croats, and Bosniaks in Bosnia Herzegovina. The outcome of the war was a divided country, approximately 80,545 dead and 16,662 missing, 320 mass graves, and 900 mass murders, as well as destroyed bridges, religious and other buildings, and traumatized citizens.

The country is divided into two parts. The Republika Srpska (RS) occupies 49 percent of the territory and mostly Serbs live there. Croats, Bosniaks, and others were expelled or sent to concentration camps or killed. The other is the Federation of Bosnia and Herzegovina (FBH) which includes mostly Bosniaks, Croats, and some Serbs. There are also people who understand themselves to be Bosnians, but they are not allowed to declare themselves that way. It suits the political parties in power to keep people in ethnic groups because it makes it easier to manipulate them. During the war there were bitter conflicts between Croats and Bosniaks which resulted in divided schools and divided towns within the Federation.

According to the World Health Organization (WHO), more than 10 percent of the population of Bosnia and Herzegovina suffers from Post-Traumatic Stress Disorder (PTSD). The government does not deny, but

rather ignores, the existence of PTSD. It ignores the fact that Bosnian society is made up of traumatized citizens and that it is necessary to work on processing trauma for the good of the whole society.

While politicians fight for their position and their pay in the name of their ethnic group, most of the population is on the edge of survival. Those who fought for their country until yesterday are no longer needed by society. The dissatisfaction and frustration of Bosnian citizens with the postwar period, with the work of their politicians, with unprocessed wartime and postwar trauma can be seen in the increased numbers of the sick. There are increased numbers of addicts, and family and juvenile violence. This daily violence does not recognize any entity or other border.

Sarajevo the capital city of FBH, witnessed two examples of juvenile violence within two months. In the first, minors poured gasoline on and burned an old woman in the hallway of her building. In the second, a classmate was stabbed on a tram as the other passengers simply watched without responding. This apathetic lack of response is a product of the ongoing traumatization.

Mostar a lovely city on the Neretva, is divided into a Western (Croat) part and an Eastern (Bosniak) part. In this city everything is a potential source of conflict, including soccer games. Before one game, youth from

the Eastern and Western parts arranged a place for their fight via internet! Fortunately the police were able to prevent it.

In Zenica (FBH) during Kurban Eid, an important Muslim holiday, two 16-year-olds shot a drug dealer in the center of town when there were many people on the street. There are many examples every day in the news. The RS is also not spared juvenile violence.

In previous times, people were praised for good deeds; now they are proud of inflicting pain upon others. Unfortunately this has become a standard of behavior for youth in Bosnia, including elementary school students.

Why is violence becoming a pattern of behavior in Bosnia? Many young people cannot channel their frustration. Many were born during the war and were exposed to traumatic events either directly or through the stories they heard from their loved ones. Their parents are also traumatized and are fighting for the survival of the family. Mothers and fathers cannot provide sufficient support for their children. Children are often forgotten until problems appear.

In such families, children do not feel loved and wanted. They feel a deep sadness and frustration because they feel they are superfluous and unimportant to their parents. The thought that the parents are intentionally ignoring them because they do not love them creates a desire for revenge. Children become occupied with violence which becomes a pattern of life and of resolving accumulated frustration.

If children cannot get support in their family, they should get it in the school. Unfortunately, teachers are also traumatized. Their accumulated frustration is mostly directed towards the students, so school becomes an additional source of frustration for students. Fathers, mothers, students, teachers—citizens of FBH—all view themselves as victims, and this adds to the further spreading of violence.

Trauma Center

A major challenge is whether it is possible to break the cycle of violence in Bosnia. The Trauma Center, one of the seven projects of the charitable/humanitarian organization The Bread of St. Anthony, in cooperation with MCC, has accepted that challenge.

The Center was founded in January 2008. In that year, six seminars were held. The 99 participants were from four cities in the Federation of Bosnia and Herzegovina and the Republika Srpska. Twelve workshops are planned during 2009, and similar numbers in 2010. These seminars have the approval

of the Ministry of Education and support from religious institutions.

Seminars are intended for social workers, educators, guidance counselors, psychologists and clergy, as well as students preparing for these professions. An understanding of PTSD and basic intervention techniques enables these professionals to better support traumatized individuals.

The seminars provide opportunity for the participants to reflect on themselves in order to understand what is happening to them and why. In Bosnia people are mostly concerned with the actions and problems of others. People pay little attention to themselves. Attention to other ethnic groups, and what they did, is a source of inexhaustible anger. Now, when this anger and hatred cannot be directed at someone from the other side directly, people vent their anger in their immediate environment—family, school, work or themselves.

The basic three-day seminars focus primarily on imparting information, and cover communication as the basis of relationships, trauma and its influence, and prevention of professional stress. The advanced seminars emphasize experiential self-learning, and discuss identity, narrative, and grieving as important factors in the reconciliation process. Even though primarily educational, the seminars have a therapeutic effect for some participants.

The majority of seminar participants are learning detailed information about trauma for the first time, even though they are often traumatized themselves and encounter traumatized individuals daily. Trauma cannot be forgotten, even though people here have developed fantastic repression mechanisms. Since the war, that which is repressed comes out as domestic violence, juvenile vandalism and so on. It is important that the seminar participants face the importance of trauma. If we don't say it in words then our bodies will. People with unprocessed trauma are like grenades without a safety pin walking the streets.

Seminar participants encounter the cycles of victim and offender. The Trauma Center encourages them to connect these cycles with examples from their lives and see how thin is the line between offender and victim. They also see how easy and dangerous it is to justify their behavior by regarding themselves always to be victims and to transfer responsibility for their feelings and behavior onto others.

Dealing with peacebuilding in Bosnia means being ready to frequently begin again, be-

During the civil war in Sudan I was once also traumatized. But with the help of community and church leaders and other partners, I recovered from my trauma. I wanted to use that experience so that I would be able to help others.

—Rev. John Khamis, Sudan

In previous times, people were praised for good deeds; now they are proud of inflicting pain upon others.

In my experience with the Ugandan people, I have noticed that people will mourn about a flood or the war that has left them homeless and hungry, but will quickly recall other disasters that have befallen them in the past. In Burundi, survivors lamented the 1993 ethnic killings, but they fast-tracked into history to recount the 1972 events.

—David Otim, Program Officer,
MCC Uganda

cause our politicians easily manipulate people and incite fear, anger, and hatred towards the other side. When these feelings find their place in human hearts, it is hard to replace them with trust and understanding. This is why we need a lot of patience and faith and support in what we are doing. Meeting those from other countries who are building peace is a source of spiritual food and support which gives us energy for the ongoing work.

During 2009 we plan to start a project of therapy in the community through continu-

ing education for therapists, and educational and therapeutic work with people with PTSD and their family members. We believe that through such education and therapy we are slowly taking steps towards building lasting peace in Bosnia. We trust that we will have enough faith and patience to be sustained in our work and be able to find funds to continue the work of the Center.

Naira Hodzic is Director of the Trauma Center, a project of The Bread of St. Anthony organization in Bosnia.

A Community-Based Psychosocial Program in Northern Uganda

by Benjamin Porter

With time my eyes were opened to the wealth of healing mechanisms that already existed in the community.

Spiritual, psychological and social well-being are strong indicators for success in recovery from war and natural disasters. These are necessary for the long term sustainability of humanitarian intervention. Spiritual, psychological and social recovery will only take root when the affected community believes in its importance and is empowered to do the work. Too often, community members are asked to do “counseling” with severely affected individuals and the result may be to do more harm than good. With the belief that people and communities have within themselves the ability to reconnect with God, their friends and families, and become resilient in the midst of trauma, how can an agency like Mennonite Central Committee (MCC) help ignite these inner strengths?

In most post-conflict developing countries, including Uganda, resources for the social and mental-health sectors are minimal. It becomes an overwhelming task to manage the heightened level of traumatic stress and other mental health issues. Uganda’s greatest strengths in trauma recovery are the social support mechanisms within the culture. Identifying and encouraging these organic support systems is vital to trauma recovery. Because only a very small percentage of people who have gone through a traumatic event develop a severe mental illness that demands specialized intervention, MCC in Uganda works within a community-based model. The attempt is to assist the community to restore right relationships and reconstruct the positive social norms and behaviors that foster spiritual and psychosocial health.

I was seconded to the Concerned Parents Association (CPA) in Uganda. It is a national

Non-Governmental Organization working toward a nonviolent resolution of the twenty-two-year conflict in the north, and empowering communities through psychosocial support, livelihood, peace-building and child-protection initiatives. The psychosocial training operates primarily as a public mental health and family education program. We developed a two-year psychosocial training-of-trainers project that was translated, adapted, and provided to over 1,300 families.

A needs assessment in two districts in northern Uganda formed the basis for the curriculum development and subsequently provided the information and indicators for the monitoring and evaluation of the project. As a result of the needs assessment, we decided to train on ten modules including:

- Basics in counseling and mental health awareness
- Trauma and crisis intervention
- Sexual and gender-based violence
- Stress management
- Conflict resolution and mediation
- Childhood development and family counseling
- Indigenous ways of healing
- Peacebuilding, non-violence and Transitional Justice
- Narrative Exposure Therapy
- HIV and AIDS

The training was not to teach community members to become professional counselors; it was rather to give them important pieces of information that they could put into practice immediately. Some basic information can be important where it is not already

known—epilepsy is not contagious, the negative effects of alcoholism, female reproductive health and prenatal care, HIV/AIDS and behavior change, communication exercises, the importance of listening to children, how to mediate and resolve domestic disputes. Such messages can indeed transform lives.

The psychosocial challenges that community members were facing and the changes they desired formed the basis for the training modules and the indicators to measure the success or failure of the project. The Concerned Parents Association uses the “Theory of Change” framework to establish the monitoring and evaluation of projects. This process identifies the ultimate goal(s) of the interventions and does “backwards mapping” to determine the preconditions that need to exist to reach them.

The CPA also held midterm and end-of-project review workshops involving “multiplier” trainers, community trainers, beneficiary parents and children, board members, and other stakeholders to collect more quantitative and qualitative information on the progress and outcome of the project. As a result of these review meetings, more information was provided to the wider communities beyond the

groups in the training-of-trainers groups. In addition, Ugandan trainers have now taken the lead role in training the group representatives. These training are in the local language and allow for more fluid adaptation and increased relevance.

With the title “Technical Advisor,” I initially felt pressure to have the answers to the complex spiritual, psychological, and social predicaments of the community. Yet with time I transformed my status into “Technical Learner/Observer” and this opened my eyes to the wealth of healing mechanisms that already existed in the community.

This training project suggests two long-standing lessons we must remember in psychosocial programming. First, interventions must be made according to the actual needs of the community. This requires listening, observation, humility (for the international worker), the ability to ask the right kind of questions, and curiosity. Second, we must monitor and evaluate our interventions. Otherwise, we run the risk of doing harm, we will not be able to identify the strengths of the project, or we may expand and pour resources into an ineffective project.

Benjamin Porter is an MCC international service worker in northern Uganda.

One thing we have learned is that we feel that the victims of trauma have a responsibility for their own healing. Although this can often be difficult for victims to hear, we see many victims being stuck in the process of waiting for apology from the “other side.” Whereas many conflict transformation strategies focus on the difficult work of encountering “the other,” trauma healing is something that people can begin while among those of their own group.

—From *The Contribution of Trauma Healing to Peacebuilding in Southeast Europe* by Amela Puljek-Shank and Randy Puljek-Shank, MCC Representatives for Southeast Europe.

Healing and Rebuilding Community in Burundi

by Adrien Niyongabo

Since 2002 I have been part of the team that developed the Healing and Rebuilding Our Community (HROC) program in Burundi.

One of the main principles underlying the work of HROC is that each person and each society has the inner capacity to heal, and has an inherent intuition of how to recover from trauma. Sometimes the wounds are so profound that people or communities need support to re-encounter that inner capacity.

HROC workshops rely on participants’ own experiences of violence, trauma, and healing to provide the backbone of curriculum content, rather than to provide multiple didactic lectures. This approach builds a strong sense of community among group members, instills new confidence in a wounded self, and insures that the lessons learned are steeped in the context of the particular conflict and the post-conflict recovery process. The fact that the program relies heavily on

eliciting actual experiences from the participants enhances its adaptability to varying contexts and cultures.

My motivation in developing the Healing and Rebuilding Our Communities (HROC) program came while I was addressing my own need to understand the trauma of the crisis and violence I went through in Burundi.

My family situation was not very good since my father left us—my mother and four children—when I was eight. My mother was so compassionate with us. From her I learned how to be near to those in need and do what I can to help, to bring hope and joy. Like many others in Burundi, one of my parents is Hutu and the other Tutsi.

A major event that has brought me to my present work in community healing occurred on one black night in 1993 when my suburb was attacked by the Tutsi-majority army. Just after the death of the first Hutu elected pres-

There now have been many mixed Hutu-Tutsi marriages. I think many people died because they were mistakenly mis-identified.



**Mennonite
Central
Committee**

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ident in 1993, Tutsi soldiers were patrolling to move Tutsis into safe areas. But as they did so, they were also targeting Hutus. That is what happened that night. As my community was attacked by the soldiers, we Hutu fled to try to escape the killing. I was suddenly stopped by two Hutu men. They told me, “You are a Tutsi, why are you running? You are not one of us.” They then said, “You are a Tutsi and you are here to investigate us so you can go back and tell them, and then your generals will come to kill us. Better to kill you first.” I could not believe it and thought they were joking because I am Hutu. But when one of them pointed a gun at me, I was then waiting for the last second before I died. Suddenly, another man appeared beside me and asked the armed men why I was standing there. They told him, “He is a Tutsi spy.” The man said, “No, I know him. His father is a Hutu; he is a Hutu as we are.” Then they released me and I was allowed to go. I was caught in the stereotypes used to recognize Hutu and Tutsi. There now have been many mixed Hutu-Tutsi marriages, and the children look like both groups. I think many people died because they were mistakenly mis-identified during the crisis. That night I hid so that no one else would mistake me for a Tutsi.

That really has stayed in my memory. A kind of prayer came to me: “If I get an opportunity to live, I will work for reconciliation in my country.”

I later found a position in a trauma healing program run by the Friends Church. I hoped that such a job might be helpful in dealing with my own trauma as well as be of benefit to others.

It is important that individual healing takes place. Moreover, it is crucial to understand the importance of the community’s role in the healing process. There is a great danger in not looking beyond the stereotypes and how inaccurate they can be. From my own traumatic experiences I have found the strength to learn how to heal from my own trauma and loss and also to help others as they engage in this healing process. With HROC, we help individuals and also entire communities to challenge deadly stereotypes and seek healing.

Adrien Niyongabo is HROC Coordinator in Burundi, and he began that position in 2002. He and his family live in Bujumbura, Burundi.