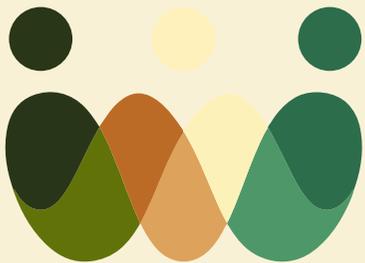




CORRIDORS
DIALOGUE THROUGH COOPERATION

Guidelines for Trauma Sensitivity in Peacebuilding and Community Work



RESEARCH AND TRAINING INSTITUTE
FOR SUSTAINABLE DEVELOPMENT

 **HEINRICH BÖLL STIFTUNG**
TBILISI
South Caucasus Region

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Guidelines for trauma sensitivity in peacebuilding and community work

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Table of Contents

Introduction	➔	1
1. Psychological Trauma	➔	3
1.1. Traumatic Events and Trauma	➔	3
1.2. Importance of Safety	➔	4
1.3. Nature of Trauma	➔	6
1.4. Trauma Membrane	➔	8
2. Conflict-Induced Traumas in Society	➔	10
2.1. Violent Conflicts as Traumatic Events	➔	10
2.2. Collective and Social Traumas	➔	11
2.3. Community's Chosen Trauma	➔	13
2.4. Trauma in the Armenian Context	➔	14
2.5. Trauma in the Georgian Context	➔	17
2.6. Torture Survivors of Violent Conflicts	➔	18
3. Trauma-Informed Peace and Community Work	➔	20
3.1. Post-traumatic Growth	➔	21
3.2. Recommendations for Trauma-Sensitive work	➔	22
References	➔	29

Introductions

War is probably the oldest human-made disaster. Armed conflicts cause huge economic and infrastructural harm. Nevertheless, war's global psychological impact is often not adequately estimated. There are direct costs related to caring for soldiers, victims, and survivors of violence who suffer from war-related post-traumatic stress disorder (PTSD). However, we also need to consider the indirect burden and costs of unemployment, followed by mental health difficulties and related distress, increased domestic violence, psychosomatic diseases and related costs, poverty, and insufficient food supplies. Heavy destruction of the psychological systems that armed conflicts inflict on community members has the most long-lasting negative effect on society. Sometimes, such experiences become reasons for individual or social trauma.

After armed conflicts, many peacebuilding organizations and missions try to support the stabilization and transformation of society and contribute to peace in communities. They cooperate and engage with different local and international organizations and directly with community members. The abovementioned emotional and psychosocial injuries and traumas are invisible and often complicated to identify. Therefore, community workers and peacebuilding practitioners should have essential competencies in understanding the impacts of traumatic experiences and acting in a trauma-sensitive manner to apply the "do no harm" principle, which is a crucial one for community and peace work.

These guidelines are intended for representatives of communities, peacebuilding organizations, and non-governmental organizations (NGOs) and civil-society organizations (CSOs), who work with communities after wars and armed conflicts and try to support them with social, educational, and humanitarian activities. This handbook describes the main aspects of the impacts of traumatic experiences on individuals and communities. It also offers ways to be trauma-sensitive and the factors to consider when planning and implementing activities with members of post-war communities. The more trauma-sensitive the interventions are, the more meaningful and relevant they become. These guidelines also provide some ideas on how to be trauma-sensitive toward oneself as a peace and community practitioner to prevent burnout and being overwhelmed.

Psychological Trauma

1.1. Traumatic Events and Trauma

We need to differentiate trauma from traumatic events when discussing psychological trauma. Trauma is not the event itself but the body's response to the event, and it becomes dysfunctional in the long term (Van der Kolk 2014). Trauma is a type of internal experience that cannot be processed and integrated into a psycho-somatic system but disorganizes and overwhelms that.

According to the International Classification of Diseases, 11th Revision (ICD-11), published by the World Health Organization (WHO), a traumatic event overwhelms a person's neuropsychological apparatus. Integrating, interiorizing, and accommodating it into the existing psycho-somatic system is too much to bear. Such events can damage the health, relationship, economic, and environmental aspects of life (WHO 2018). After experiencing traumatic events, people might consistently overcome the distress caused by the events or develop different traumatic reaction patterns. One of these patterns is widely known as PTSD.

When we talk about distress, we consider the type of stressful internal experience that is overwhelming psychologically, emotionally, and somatically. Most part of the population has resilience against traumatic experiences and can overcome them within 1–3 months. However, some people remain traumatized and require bio-psycho-social support (IASC 2007).

One of the main expressions of traumatization syndromes is PTSD, which can occur in cases where people are exposed to an event or a situation (lasting either for a short or a long period) of a highly threatening or horrific nature. Such events include but are not limited to natural or human-made disasters, combat, serious accidents, torture, sexual violence, terrorism, assault, and acute life-threatening illness (such as a heart attack). PTSD can also occur after witnessing the potential or actual injury or death of others in a sudden, unexpected, or violent manner and experiencing the sudden, unexpected, or violent death of a loved one (WHO 2018). PTSD is described in detail in the following chapters.

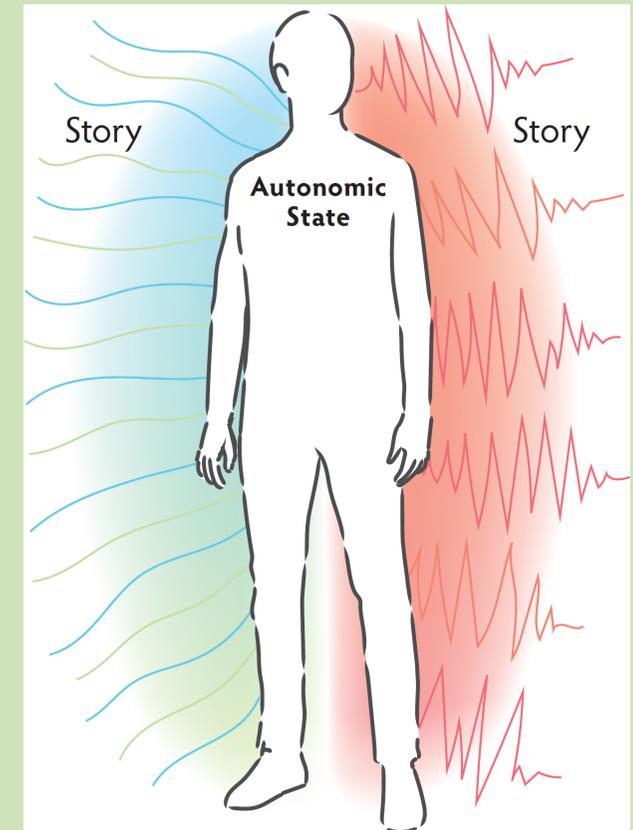
1.2. Importance of Safety

The human neuropsychological system has two main functions. The first is to drive and act to survive (find a safe place), and the second is to strive for a connection with other humans. The system (to be precise, the autonomic nervous system [ANS]) looks for context, choice, and connection to find safety. When one of these is missing, a sense of unease develops, and the ANS prepares the human physiology and mind for protection (Dana 2020). When feeling unsafe, the mind (how people think) and the body (sensations, what people feel) automatically, without their conscious decision, concentrate on protection and less on connection, understanding, and compassion.

People operate with the stories about the self, the world, and the relationships created by the state of the ANS. When the ANS identifies the environment as safe, then people operate with the stories that others are friendly; people can relax, feel calm, confidently start an action, or reach out to others; it is safe to start a new connection, and so on. When the ANS identifies the context as insecure, then the dominant stories (consciously or unconsciously) are that others might be wishing people harm and life itself is unsafe.

It is also related to the idea that the universe is unsupportive and unfriendly, that starting new relationships can bring pain or be harmful to people, and that they should always be ready to compete. When people feel safe, they have an ongoing sense of connection with and curiosity about others. In this state, neurobiology supports social connection, communication, and cooperation. This story is one of abundance (Dana 2020).

When people lose the feeling of safety, they move out of abundance into a mode of scarcity and protection. In that state, they move into a state where their system expects danger even in neutral contexts and attempt to be "better" and "stronger" than everyone else because this is the only way to survive. In such situations, the human system might interpret neutral phrases, gestures, and behaviors of others as dangerous and threatening.



(Dana 2020)

For this reason, we might often notice suspicious attitudes and distancing from community members who have experienced serious traumatic events. This is because war traumas and violent conflict experiences have an adverse impact on community members' neuro-psychological systems. First and foremost, their feeling of safety is threatened, and they continuously feel threats to their lives and economic and social insecurity. In such situations, they tend to lose trust in other humans, and their belief that the world is unfriendly emerges. There can be moments when community and peacebuilding practitioners feel distanced and isolated from traumatized people when working with them. In such situations, the practitioners should not take it personally but keep in mind that these people behave that way because their ANS is trying to protect them, and their decisions are often unconscious. Such a professional attitude will also protect the practitioners from feeling frustrated and overwhelmed.

1.3. Nature of Trauma

According to ICD 11, PTSD is a syndrome that develops after exposure to a highly threatening or horrific event or series of events, but it occurs only in a number of cases (WHO 2018). Potentially traumatic events can be categorized into three types – Trauma I type, Trauma II type, and medically caused trauma--as presented with examples in Table 1:

	Trauma I type (singular/short term)	Trauma II type (multiple/long term)	Medically caused trauma
Accidental	Traffic accident Short-term natural disasters (fire, hurricane, etc.)	Long-lasting catastrophes (earthquake, flood) Technical disaster (e.g. nuclear disaster in Chernobyl)	Life-threatening and life-limiting diseases
Human-made	Assault (sexual, criminal) Bank robbery Terrorist attack	Sexual/physical violence Torture Domestic violence Child abuse War Genocide Imprisonment	Treatment mistakes

(ICD - 11, WHO 2018)

- 1) Re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares, which are typically accompanied by intense and overwhelming emotions, such as fear or horror and overwhelming physical sensations or feelings of being overwhelmed or immersed in the same intense emotions experienced during the traumatic event
 - 2) Avoidance of thoughts and memories of the event or events or avoidance of activities, situations, or people reminiscent of the event or events
 - 3) Negative alterations in reactivity and arousal – persistent perceptions of heightened current threats, for example, as indicated by hypervigilance or enhanced startled reactions to stimuli, such as unexpected noises
-

All these symptoms represent dysfunctional coping of the human psyche with overwhelming and tragic, traumatic life events, which result in negative alterations in mood and cognition, emotional reactions such as shame and guilt, and changed perceptions and sense-making of the world and the self (WHO 2018). Although most human beings experience one or more traumatic events throughout their lifetimes, only 3–8% of them develop PTSD (Koenen et al. 2017), which indicates the resilience of human beings and the existence of strong coping mechanisms to defend themselves against life's traumatic events.

1.4. Trauma Membrane

The "trauma membrane" as a term is a metaphor that is used in the mental health work field. Similar to any metaphor, trauma membrane has implications or overlapping, multilayered, implicit meanings (Martz and Lindy 2010). Trauma implies a wound. A membrane that forms on the surface of a wound implies a natural event in which coagulation forms a scab on a cut. Thus, the membrane covers a wound and forms its new outer edge. As a living biological membrane, the term also calls to mind the microscopic activity between a membrane and its outside surface. These meanings are consistent with the function of a semi-permeable membrane, which permits the entrance of certain items and extrudes others, as well as the biological activity on the surface that permits and governs this function. Each of these layers of meaning deserves some elaboration. It serves dual functions: 1) as a protective barrier that keeps noxious substances from contaminating or exacerbating the wound and 2) as a conserving edge covering that keeps healing substances inside. The membrane is thin, hardly visible, and, at least initially, easily broken. A biological membrane implies organic, natural functions that mark the body's edge, not artificial constructs inserted from the outside. When intact and functioning well, the membrane serves as a biological pump, carrying out a transport function in which noxious materials are expelled and healing elements are introduced (Martz and Lindy 2010).

As a psychological metaphor, the trauma membrane concept at an intrapsychic level reflects the fact that individuals may distance themselves or dissociate from or split off the traumatic memories until they are ready to face such memories. In integrating traumatic memories, individuals may respond to neutral events with types of reactions that do not match the stimuli. In such circumstances, the neutral events "function as if they were enzymes with a special molecular configuration.

Such configurations tend to draw to them and fix traumatic memories and precipitate their being 'metabolized'. The medium of a healthy trauma membrane offers hope for healing and is thus a way to facilitate recovery after a significant traumatic event disrupts individuals and communities. The formation of a trauma membrane can be understood as "multicellular" in that it forms around groups of people and individual survivors (Martz and Lindy 2010). As such, the trauma membrane might be open or closed to practitioners attempting to gain access to traumatized individuals; this access depends on a specific context, interpersonal relations, and how safe and secure the community members feel at the moment of the peacebuilding or another community project.

Therefore, if practitioners observe passivity, low level of participation in the activities, and even some skeptical attitudes in the community, they can also keep in mind the metaphor of the trauma membrane. Sometimes, the "trauma membrane" of the individuals or the whole group might be too sensitive, and specific activities or projects might not appear safe or comfortable. In such moments, a low level of participation and interest from community members should not be taken personally by the practitioners, but they must reflect on/rethink their work with self-compassion. The intentions might be good, but supportive interventions from practitioners might not always be fitting to the needs of soothing and healing the membrane of the community members at that moment

Conflict-Induced Traumas in Society

2.1. Violent Conflicts as Traumatic Events

The Catastrophic Trauma Recovery (CTR) project of the Common Bond Institute (CBI) refers to psychological and emotional damage as the most long-lasting effects of war (CBI 2014). However, historically, these are the least addressed challenges in the rebuilding process of society and preventing future violence. The project contends that most of the supportive actions concentrate on the more tangible needs, such as food, shelter, and physical health, and underestimate the impact of deep psychological trauma on persons, families, and communities. Trauma becomes integrated as part of the psyche of a community, transmitting pain to future generations, where it becomes an unconscious reason or fuel for further violence (Volkan 2001).

It is essential to empower national democratic institutions, develop public services, and enhance an atmosphere of reconciliation in conflict and post-conflict contexts. However, such objectives must be adapted to the goals of reconstructing long-lasting peace. It is also crucial to pay proper attention to survivors' emotional and psychological needs. The failure of contemporary peace processes to result in sustainable peace may be attributed to the failure to address the bitterness, memories, and images associated with the conflict and mass violence. This points to the need for the survivors' participation in peace-building work, grassroots peace work, and people-to-people activities – an area that she argues is plagued by limited academic research (Wanja Gitau 2017).

Psychological trauma inflicted by armed conflicts can be characterized by decreased interest or participation in meaningful activities, feeling disconnected from others in the community, isolation, a sense of hopelessness for the future, and despondency. These lead to the neglect of personal and professional responsibilities and may render the survivors of conflict-inflicted trauma unable to engage in meaningful peace-building activities. The community's social order may be eroded, and its ability to care for its vulnerable people, for instance, through community self-support, can be weakened. Besides that, social cohesion can diminish as individuals withdraw from society, preoccupied with their own traumatic experiences, resulting in disharmony and the possibility of recurring violence (Wanja Gitau 2017).

When people are traumatized from having been enveloped by deep-seated pain, hurt, frustration, and disappointment, withdrawn from social and public life, no amount of peace talks or agreements can rebuild their community and mend shattered relationships. Fuertes also advocates integrating trauma healing in the peacebuilding processes and further underscores the need to listen to the survivors' voices. He recommends conducting studies on war-induced traumas – which he calls "warviews" – and how these views influence survivors' coping mechanisms (Fuertes 2004, 491-501).

Practitioners with basic trauma competencies are well aware of the tendencies of isolation of traumatized community members and fragmentation of communities after war experiences. That can help them to plan and implement various peacebuilding and community cohesion projects in a meaningful and sustainable way. Furthermore, such interventions can have better ethical quality in terms of "do no harm" principle.

2.2. Collective and Social Traumas

Psychological trauma affects society on various levels: individual, family, community, and societal. Societal or collective trauma is a compilation of psychological reactions to a traumatic event that affects the whole society and is transmitted to subsequent generations. The collective memory of trauma is passed on to the next generations, far from those who personally relived it; thus, it creates the collective identity concerning this trauma (Hirschberger 2018). Similar to the case of individual trauma, collective trauma shatters human beings' sense-making about the world and the self and sense-making as a group. As a result of collective trauma, bonds connecting the members of society are damaged, and essential parts of the self and one's identity are lost. However, collective trauma is still a catalyst for making sense of traumatic experiences. These meaning structures ultimately contribute to group identification and cohesion and provide a sense of history and destiny.

Making sense of the traumatic event is different for victims and perpetrators. Victims are eager to remember the trauma for several reasons:

Survival – Victims are vigilant and cautious toward the perpetrators and are mindful of the potential threat from them.

Alterations in cognitions – A creation of the posttraumatic worldview – vigilance towards not only the perpetrators (who may be dead) but generalized to the whole outer world, considered as an enemy or posing a potential threat.

Sense of identity – a memory of trauma gives a sense of affiliation with a concrete group of people, providing a safe space in contrast to feelings of isolation; existential loneliness gives a sense of self-continuity within the social group.

Peacebuilding and community practitioners need to keep these details in mind. While working with such victim groups, they might face certain opinions, beliefs, and behaviors from the group that is not relevant, efficient, or logical from the practitioners' side. In such situations, the practitioners should not try to confront those opinions or beliefs and change them purposefully. However, they should be aware that such positions and beliefs are necessary for the self-defense system of those groups. The practitioners can find safe and ethical types of educational activities where members of those groups can have a safe space for reflection and awareness.

For their part, perpetrators are ambiguous about remembering the trauma; however, they still make an effort to make meaning of it:

- . ignorance and denial of trauma – totally avoiding any responsibility or using the victim-blaming approach;
- . reconstructing the trauma – manipulating the historical facts or analysis of these facts or selectively recalling the historical facts, especially in cases when the nation is involved in both roles of victims and perpetrators;
- . closing the door to trauma or burying the trauma – which is an effective method, in case their victims agree with it and this is a step toward reconciliation, and
- . recognizing their responsibility for the traumatic events – raising awareness of their committed mistakes through education of children and introducing transitional justice.

2.3. Community's Chosen Trauma

After a society experiences a traumatic event, the survivors seek to restore their identities on personal and communal levels because such events cause significant damage to the self-perception of the community. Traumatic events can also cause shame, for example, disbelief that such events could happen to the survivors, which also disrupts self-identity and community pride. Volkan (2001) introduces the concept of "chosen trauma," which can become one possible component of the newly emerged identity in traumatized communities. By chosen trauma, he means the shared representation of a massive trauma that the group's ancestors suffered at the hand of an enemy. During that past event, the group may have suffered loss, pain and shame, humiliation and helplessness, and may have been unable to mourn its losses and regain its land or prestige (Volkan 2001). This chosen trauma, as part of the group identity, is reactivated when a community regresses socially and economically amid losses of general trust and safety

Chosen trauma can be characterized by transgenerational transmission. When one generation cannot deal with its trauma-related pain and shame and when the losses of people and land have not been appropriately mourned, the chosen trauma is often "deposited" to the next generation through different sources. This can occur through history textbooks in schools, university commemorations of the traumatic event, and the creation of various historical narratives. The unconscious intention is that the next generation should receive the chosen trauma to reverse the humiliation and mourn less (Volkan 2001).

2.4. Trauma in the Armenian Context

The past three decades have witnessed challenges in most parts of the world. The Armenian society has experienced the following events: the tragedy of the Spitak earthquake, the victorious spirit of independence of the state, the first Karabakh war, the confusion during the "dark and cold" post-Soviet years, the subsequent immigration, the "frozen" uncertainty over the Nagorno Karabakh (NK) conflict for around 30 years, with continuous incidents and casualties at the borders, the excitement at the Velvet Revolution, the COVID-19 pandemic and its consequences, and the latest – the second Karabakh war. In this section, we focus on the first and the second Karabakh wars, which have had significant negative impacts on the population's societal fabric and mental health

The abovementioned events have contributed to constructing the identity of victimhood in the Armenian community. Nevertheless, the outcomes of the first Karabakh war in the early 1990s have shifted to glorifying the Armenians' self-perception since their victorious spirit has become a significant part of building their state and shaping the Armenian identity. In contrast, the second Karabakh war has been tragic in all its senses, expressions, and consequences. The new war has not only added traumatic experiences and pain but has awakened the old ones, which have seemed long forgotten. These include thousands of victims who lost significant territories, thousands of displaced families, unclear post-war borders, and threats to not only Artsakh but now to Armenian sovereign territories.

All these events have deepened and worsened the concept of victimhood, characterized by self-criticism and self-blaming. We can witness them by reviewing a huge amount of statements revealing the concept of guilt in the social discourse (e.g., "we are all guilty," "we should have been doing it differently for years," etc.). Similarly, the post-war traumatic state, the feeling of defeat, and the Armenian identity in crisis have led to the fragmentation of the Armenian society and polarization between the two sociopolitical poles, blaming each other for their defeat. We also observe public anomie and the narrowing of social responsibility.

On the societal and individual levels, a negative impact is prolonged with the procrastination in peace processes. Individuals and the community carry feelings of insecurity, and in their psychological state, they expect possible threats repeatedly, which is an enormous burden. The state and local/international organizations have initiated various psychological support programs for war veterans and victims' families. The Armenian Psychiatric Association has initiated psychological support programs in more than 23 hospitals across Armenia. Its representatives emphasize that these psychological problems must be treated in a timely manner to prevent further complications of mental disorders.

¹A geographical toponym used in Armenia for indicating Nagorno Karabakh

NGO-related programs are mainly directed at supporting displaced families and the families of the victims. However, in this field, the main psychosocial activities have been initiated for war veterans, and women represent only a small group. Post-traumatic psychological support has been intensively provided during and for a short period after the war. As one of the most vulnerable conflict-affected groups, women have not been appropriately addressed regarding psychological support. The causes and side effects of war are immense, and most of them are challenging, especially for women. Here are some of the most critical ones:

Around 90,000 people fled their homes, while most of the men stayed back in NK, and women took the whole responsibility of displacement, including living and sometimes even giving birth in bunkers and raising their children there. The article written by Gayane Ghazaryan (2020) accurately describes all the stages of displacement and transition to shelters in Yerevan. In September 2022, there were around 7,600 displaced individuals in the same challenging situation (Ghazaryan 2020).

Many conflict-affected women face psychological trauma and simultaneously experience poverty in sustaining their families, their children, and the elderly. However, many women are incapable of doing so because the patriarchal culture discourages them from building a career or even obtaining an education. To make matters worse, the destroyed infrastructure in many post-war communities makes it particularly difficult for women who lack education or professional resumes to provide for their families financially

The loss of a child can be one of the worst traumatic experiences for a mother; when not healed, it can turn into a lifelong trauma such as prolonged grief, self-harm, and mood disorder. The public rituals of praises of and tributes to the lost heroes leave little space for private healthy grief outside of nationalist narratives of sacrifice. Moreover, women whose relatives are missing (or their deaths are unconfirmed) are left in legal and emotional limbo.

Women can become victims of domestic violence. When domestic violence is acknowledged as violence, some women argue that the experience of war makes individuals more violent. This applies to men who have served on the frontlines and men and women who have stayed in conflict-affected communities. In some cases, women even justify the "trauma-caused" violence to themselves.

2.5. Trauma in the Georgian Context

In the aftermath of Georgian independence in 1990, the new government in Tbilisi sought to distance itself from its Soviet legacy by aspiring for a western-like political model. In doing so, state-building efforts quickly transformed Georgia into an over-centralized regime based on legislation that caused dissatisfaction among and protests from ethnic minorities. Separatist movements in the regions of South Ossetia/Tskhinvali and Abkhazia opposed the newly implemented political model from the central government in the country. Increased tensions from both sides led to armed civil conflict in Tskhinvali in 1991–1992, 2004, and 2008, and in Abkhazia from 1992 to 1993 (Cárdenas 2019).

The abovementioned experiences have placed a substantial emotional burden on the Georgian community. Around 350,000 people were displaced from Abkhazia and South Ossetia, and neither a crisis support infrastructure nor any related strategy existed during that period, beginning in the 1990s. International organizations alone provided internally displaced persons (IDPs) with humanitarian aid, as a local NGO sector capable of providing psychosocial assistance had not yet been sufficiently developed. The interventions mainly aimed at providing medical assistance to war-affected populations. For this reason, mental health services and research were postponed to later years. Therefore, IDPs and other groups were not researched in that period. Accordingly, we lack data concerning the prevalence of PTSD and other trauma-related conditions among communities of IDPs from the Abkhazia and South Ossetia/Tskhinvali region from 1991 to 1993 (Javakhishvili and Makhashvili 2009).

The Georgian Centre for Medical and Psycho-social Rehabilitation of the victims of torture (GCRT), in cooperation with a medical group (International Medical Corps), carried out a rapid assessment of the mental health and psychosocial welfare of war-affected people in 2008. The questionnaire results revealed that war-affected people were under substantial stress, manifested in their feelings of hopelessness and incapability. Aggression and increased alcohol consumption were observed among men; children expressed a variety of fears and regressive behavior. Overall, the survey participants exhibited a pronounced level of anxiety, with approximately 80% suffering from sleep disorders and about 60% experiencing hopelessness (Javakhishvili and Makhashvili 2009).

This study's results suggest that after armed conflicts, long-term psycho-emotional damage and pain can occur, as in the case of Georgian communities, and that a natural self-healing process does not always take place. This study showed that trauma-related psycho-emotional symptoms intensified seven months after the war among IDP Georgian communities (Javakhishvili and Makhashvili 2009). Unfortunately, we do not have data on how the wars in the early 1990s and 2008 affected communities in Abkhazia and South Ossetia/Tskhinvali region, but individual and collective trauma is likely to be present there as well.

2.6. Torture Survivors of Violent Conflicts

Unfortunately, war and armed conflicts have victims who have experienced organized torture and direct violence. Torture in the community encourages the development of some kind of repressive ecology, a state of generalized insecurity, terror, lack of confidence, and rupture of social relations (Keane et al. 2007). Various forms of violence may be perceived as having similar repressive purposes. For example, ethnic violence or ethnic cleansing is one way of influencing a community, and selective torture of individuals is another.

Torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person or a group. Often, suffering is inflicted by instigating a public official or another person acting in an official capacity. It does not include pain or suffering from inherent lawful sanctions or those incidental to them

Torture is intentional and systematic. Torture-type pressures on people may persist over long periods, even for their entire lifetimes. The effects can therefore be fundamental and persistent. In some parts of the world, adult torture survivors describe discrimination and violence going back as far as they can recall. Elsewhere, people who have previously lived under conditions of freedom may be subjected to violence and torture as regimes change. There are likely significant differences in how people react to these two conditions (Keane et al. 2007).

One group of people who are likely to know what is happening in a country comprises health professionals. Survivors of torture often have both physical and psychological health problems. When working with communities that have experienced such torture events, it is recommended that peacebuilding and community practitioners consult physical and mental health specialists to check if their activities are sensitive enough for a particular, concrete community context.

Often, it is a challenge to engage war victims in the activities as there is a tendency for them to become isolated. People who experience torture, humiliation, and maltreatment in the violent conflict context might generate highly negative self-descriptions. These can be "I am weak," "I am unlovable," "I did not do enough to avoid it," or "I cannot do anything right" in an attempt to explain the abuse (Keane et al. 2007). In both cases, language has the power to generate intense emotions that are very distressing, which frequently results in attempts to avoid emotions and control automatic self-talk. At such moments, avoidance and numbing are common maladaptive coping strategies among trauma survivors and are known to be related to poorer social outcomes in the future.

3. Trauma-Informed Peace and Community Work

In the previous chapter, we have mentioned various impacts and dynamics that adverse experiences cause to the person and community. Other elements require attention and awareness related to traumatic experiences in armed conflict contexts. Awareness of the elements of the feeling of shame, avoidance behavior, and constructing victim identity can be beneficial when working with vulnerable groups.

Shame is a painful emotion that people often feel after traumatic life events. In war and armed conflict, trauma survivors may experience shame in response to their behaviors or powerlessness to protect against violence (Van Vliet 2010). They often feel guilty that they did not better protect themselves or their beloved ones. Shame can also result from injuries and disabilities caused by conflict. If left unresolved, shame can interfere with recovery from trauma and prevent people from accessing vital sources of social support.

Avoidance is a common defensive strategy for coping with shame. It can be highly adaptive to go through an emotionally heavy period in the short term. As part of a trauma membrane that creates a buffer for shame and traumatic memories. Here avoidance may help reduce emotional arousal and allow the trauma survivor to consolidate resources. Practitioners working with trauma survivors should be aware of the possible presence of shame, and understanding the protective functions of avoidance is essential. In such moments, even only compassionate witnessing from the practitioners can be sufficient without active attempts to prove to the person that there is no reason for them to be ashamed and avoid (Van Vliet 2010).

We also observe community members taking victim identities to cope with the burden of traumatic events. There is a well-known tendency of humans to get into the role of victim in order to get care and attention and avoid responsibility for self and external events (Karpman 2014). That role can be soothing and support survivors of trauma for a short period, but staying in that identity for a more extended period might harm the personal development and capability of the person and groups. Practitioners should be aware that although trauma survivors need support, they still have capacities and social networks that enable them to contribute to their families and to be active in social, religious, and political life (IASC 2007). Practitioners can support survivors in vitalizing and using their existing resources. Practitioners should be attentive that their ways of support do not keep the survivors as passive help-receivers permanently but encourage their participation and initiative.

3.1. Post-traumatic Growth

Overcoming individual and collective trauma can also have a further empowering effect. Post-traumatic growth is the experience of positive change due to the struggle with highly challenging life crises (Tedeschi and Calhoun 2004). The development resulting from traumatic growth surpasses the moral/dignified development level that the person had attained before the traumatic event. Individuals who have undergone post-traumatic growth are not only survivors but enlightened persons with more extensive wisdom than they had before the traumatic event

Traumatic growth is reflected in changed priorities and increased appreciation for life, more meaningful interpersonal relationships with close ones, and an increased sense of personal strength. This time, there is a gained insight that if the persons survived the traumatic event, they are powerful enough to struggle with other challenges. They recognize new possibilities of their paths in life, make meaning of the traumatic event, try to become lobbyists or educators to raise other people's awareness of such an event, and finally, have more prosperous existential and spiritual lives, a culture of repentance, forgiveness, a belief in universal justice, and religious beliefs.

Various research studies reveal concrete personal traits that are highly correlated with the post-traumatic growth of individuals. These include optimism, openness to experience (both positive and negative), extraversion, skills in coping with anxiety and negative thoughts, and skills in reframing and re-evaluating traumatic events in terms of gains (Tedeschi and Calhoun 2004).

3. 2. Recommendations for Trauma-Sensitive work

We sometimes observe peace and community cohesion work, tackling symptoms of the deep and complex dynamics in the Georgian and Armenian societies but digging less into the roots of these symptoms. Applying a trauma-informed approach broadens the practitioners' focus beyond the presenting problem(s) to a deeper understanding of what is happening to an individual or a group. The knowledge gained can help explain deficiencies in education, participation, employment, health, and social functioning, as well as complex symptoms and behaviors that present barriers to community peace. Trauma-informed practitioners understand how armed-conflict experiences as traumatic events contribute to psychological changes that can influence self-perceptions, interactions, participation, and opinions on the life and the world of community members after the wars and armed conflicts. Deeper awareness enables those practitioners to make sense of the connections between past experiences of the community and current life circumstances and to carry out trauma-sensitive interventions. When taking a trauma-informed approach, organizations and practitioners can design and develop more effective, meaningful, and relevant interventions for local communities.

In this chapter, we present some critical elements that will help practitioners be more trauma-informed and act in a trauma-sensitive way, including the following:

Making community projects participatory – While planning the projects for the community, it is helpful to engage the community representatives in the planning process. It is a general advantage in community work, although communities that have experienced traumatic events are characterized by less engagement in community projects and activities. It creates better ownership of the processes and activities and a feeling of familiarity and safety among the community members. Engaging the community members improves the relevance and meaningfulness of local activities. Being trauma-sensitive also means being participatory. For this reason, peace and community organizations need to make an effort to improve relevant trauma competencies.

Providing safe space – Forms of interventions and physical environment, and a way of practitioners' presence should provide safety for the community members. We have already mentioned the global importance of safety for human psychological well-being. When conducting activities with vulnerable groups after war experiences, practitioners need to ensure that venue where participants come for activities (workshops, meetings, consultations, etc.) is neutral and safe and is not associated with past events connected to violent experiences. When the youth or adult groups are invited to outdoor activities during the project, practitioners should ensure that they do not visit any places that are too sensitive and related to the actual traumatic event that can trigger intensive emotions in the group members

Language and content be non-judgemental- Practitioners should try to use non-judgemental language and avoid evaluative words. As we already mentioned, a feeling of safety is critical for human well-being, and that feeling gets disrupted during the trauma. A traumatized system of a person perceives a judgemental language as highly threatening and devastating. Furthermore, using too positively evaluative language might make the survivors feel suspicious and overwhelmed. Therefore, practitioners should try to use language that is non-judgmental language and fits a non-violent communication style. Those include qualities of honesty, authenticity, and compassion.

Keeping space free of over-stimulation - The confined physical space and technical aspects also play an essential role. For example, when community workers conduct activities with children from IDP and refugee families, they should avoid having loud music, intensive lighting, fireworks, and doing activities that involve shouting, screaming, and talking loudly, even though they intend to have fun. It's important for children from survivor families to have joy and fun, though such activities need to be implemented without too intensive sensory stimulation. Such details might trigger memories, emotions, and sensations related to traumatic experiences of war and violence.

Support to build new connections and relationships- The practitioners can reasonably contribute to the community in a trauma-sensitive way when planning interventions to support building new social connections and relationships. Those, specifically, reinforce systems of adaptation that include the re-establishment of safety and security and the restoration of interpersonal bonds. In that way, practitioners can create a context that allows survivors to develop new roles and identities and find their place in the changing world through conflicts.

Preventing instrumentalizing trauma - We mentioned the importance of engagement and hearing the stories of community members in peace processes. However, there is a risk that violent factions exploit the same narratives of pain and suffering among the affected populations to promote aggression. That occurs when stories are selectively chosen and emphasize certain aspects of the traumatic event while omitting others when relating the experiences. That becomes a tool for influencing the collective understanding of the event. In this way, dominant or victim groups exploit the trauma stories to provoke and justify violence to gain more power and control over other groups. Therefore, when practitioners work on such stories and content, they should ensure that external actors can not manipulate that information.

Trauma competence in a team - The CSO in Armenia and Georgia, working with the community members affected by the war(s), could try to have a mental health specialist in the team to enhance their competence in the mental health field and make their work more holistic. This specialist can be engaged in the core steps of project planning and implementation so that their work can become trauma-sensitive and better implement the "do no harm" principle. If the organization does not have the capacity for an extra employee, as an alternative, one of the team members can get training in trauma education.

Keep in touch with professional organizations - When the CSOs plan interventions for the war-affected community members or groups, it can be helpful if they consult the representatives of professional organizations involved in mental health and trauma work from the beginning. These can be the Psychiatric Association of Armenia and the Global Initiative for Psychiatry – Tbilisi office. These organizations have relevant competencies and experiences that can qualitatively contribute to trauma-sensitive interventions.

Contacts for emergency support - Practitioners should have an emergency contact at the nearest mental health support institution when conducting activities with groups from war-affected parts of the community in remote areas in Georgia and Armenia. There is a risk that participants develop intensive emotional conditions during educational or other group activities. Therefore, practitioners should have the contact information of first-aid psychological or even medical support providers.

Cultural Sensitivity - Being culturally and socially sensitive in the Armenian and Georgian contexts contributes to trauma sensitivity and the use of that type of language while disseminating information about the project on social or other types of media. This approach makes the project/activity/program appear safer for trauma-affected community members and can increase the chances of their participation.

Not everyone gets traumatized - One of the core principles of trauma sensitivity is not assuming that everyone from war-affected communities is traumatized. Often, there might be a tendency among the support provider organizations in the communities to consider most of the communities as being traumatized after armed conflicts. Such an attitude poses a risk, which might contribute to developing a trauma identity of the community members who are not traumatized. It might happen because of the expected financial or material aid that humanitarian or social support organizations might provide. In the long term, it contributes to developing the victim identity that implies a constant expectation of receiving support and help from outsiders, becoming dependent on international aid, and weakening their capacity to deal with daily challenges by themselves. In the long term, it jeopardizes the support system even for those who need it and even overwhelms the local staff members of the international donor organizations.

Asset/resource-based community development approach - Before planning the interventions, international and local organizations conduct community need assessments. This is important, but considering more elements is needed. Actors involved should also assess the community's assets – personal, relational, social, cultural, and material resources and strengths that the community carries and owns – everything that has helped its members survive the troubles and hardships until now and historically. Practitioners must ensure that community members are conscious of those resources of their own resiliency and perceive them as something that has helped their community to survive, despite going through many difficulties and challenges.

Gender sensitivity component - In different cultures, representatives of different gender have varying characteristics of support-seeking behavior when encountering mental health difficulties because this topic might be an object of taboo or stigma in their communities. Practitioners must be aware of this aspect to properly understand when and in which form men and women request mental health support when needed. It will help practitioners identify the need for support and react promptly.

Preventing secondary traumatization - Peace and community practitioners should also be trauma-sensitive toward themselves. There is a risk for the practitioners to acquire secondary trauma (ST) while doing peacebuilding and community cohesion work. ST is characterized by frequent irritability, mood swings, frequent emotional outbursts, sleep problems, concentration problems, self-destruction, and addiction. ST is a form of distress experienced indirectly by hearing details of or witnessing the results of a traumatic experience by another person. Although it may be impossible to prevent contact with traumatized individuals and their stories when working in the community, minimizing the short- and long-term emotional consequences of such experiences is possible. For this reason, practitioners can try to practice self-care activities, set emotional boundaries, refresh their work environment, and engage in outdoor activities.

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