

RESEARCH REPORT

‘The Search for People’s Well-Being’

Mainstreaming a Psychosocial Approach to Transitional Justice

September 2024



Cover Image: “Flight,” a painting by Tunisian artist Sabra Ben Fradj, explores the child’s imaginary world and its boundless creative possibilities. The painting was part of ICTJ’s 2022 Wide Awake Art Contest, which showcased works by artists in Lebanon and Tunisia who are seeking to document the stories of their communities in times marked by instability, resistance, and change. (ICTJ)

RESEARCH REPORT

‘The Search for People’s Well-Being’

Mainstreaming a Psychosocial Approach to Transitional Justice

September 2024

Virginie Ladisch and Shayna Lewis

About the Authors

Virginie Ladisch is a senior expert in truth seeking and reparative justice at the International Center for Transitional Justice (ICTJ). She currently leads ICTJ's research and work on mental health and psychosocial support and work in the United States. She has provided technical support to transitional justice processes in Australia, Canada, Colombia, Côte d'Ivoire, Cyprus, Liberia, The Gambia, Kenya, Nepal, Tunisia, and Uganda. Virginie has expertise in convening and facilitating dialogues to advance justice, particularly with marginalized groups. Her work has been published in the *International Journal of Transitional Justice*, the *Journal of Public and International Affairs*, the *Cyprus Review*, and the *Journal of the History of Childhood and Youth*. Virginie Ladisch holds an M.A. in International Affairs from the School of International and Public Affairs at Columbia University and a B.A. in Political Science from Haverford College.

Shayna Lewis contributed to this report in her capacity as a Fellow at ICTJ. She is now Sudan Specialist and Senior Advisor at Preventing and Ending Mass Atrocities (PAEMA) and Project Director of Sudan Cries Hope, an advocacy project centering the role of Sudanese young women as positive agents of change in the revolution and post-conflict future of Sudan. She is a Fulbright Alumni and winner of the Columbia University 2023 Human Rights M.A. Thesis Competition (Faculty Choice) for her primary research on the priorities for accountability of victims of the Darfur genocide.

Acknowledgments

The authors would like to thank all of those who were very generous in sharing their time and expertise, in particular Miatta Abu, Neneh Binta Barrie, Carlos Martín Beristain, Danica Damplo, Abiosseh Davis, Mona Duale, Nomfundo Mogapi, Amina Mwaikambo, Brenda Reynolds, Celeste Robinson, Lina Rondon, María Fernanda Uribe Díaz, Gugu Shabalala, Graeme Simpson, Shanee Stepakoff, and Valerie Waters.

The authors would also like to acknowledge the ICTJ Colombia Office and Lina Rondon, who wrote the case study on Colombia that informed this report. The authors appreciate the ICTJ colleagues who spoke about their efforts to integrate a psychosocial lens into their work and who continue to push for the well-being of those most impacted by injustice around the globe.

This publication was made possible with support from the Ministry of Foreign and European Affairs, Defence, Development Cooperation and Foreign Trade of the Grand Duchy of Luxembourg.

About ICTJ

The International Center for Transitional Justice works across society and borders to challenge the causes and address the consequences of massive human rights violations. We affirm victims' dignity, fight impunity, and promote responsive institutions in societies emerging from repressive rule or armed conflict as well as in established democracies where historical injustices or systemic abuse remain unresolved. ICTJ envisions a world where societies break the cycle of massive human rights violations and lay the foundations for peace, justice, and inclusion. For more information, visit www.ictj.org

© 2024 International Center for Transitional Justice. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without full attribution.

CONTENTS

Executive Summary	ES-1
Introduction	1
Methodology.....	3
A Conceptual Overview of Mental Health and Psychosocial Support in the Context of Transitional Justice	5
No Health Without Mental Health	5
Psychosocial Health.....	6
Psychosocial Harm and Trauma.....	7
Psychosocial Landscape and Risk Factors.....	9
Bringing It All Together: Mental Health and Psychosocial Support.....	12
Embedding Trauma Sensitivity to Advance Well-Being	13
The Trauma-Focused Approach	14
The Trauma-Informed Approach	14
Meaningful Mainstreaming and Key Considerations for Operationalizing MHPSS in Transitional Justice Processes	17
MHPSS Within Formal Transitional Justice Processes	18
MHPSS and Reparation	18
MHPSS and Truth Telling.....	19
MHPSS and Criminal Accountability	20
Mainstreaming MHPSS: Key Points of Consideration	23
Embedding Work in Local Communities	23
Creating Conditions for Positive Participation	24
Overcoming Stigma.....	25
Identifying Clear Roles	26
Building Collaboration Across Silos.....	27
Developing a Long-Term Process.....	28
Focusing on All Stages of Work	29
Considering Trauma Among Leaders and Institutions	31
Securing Adequate Funding.....	32
Measuring Progress.....	33
Caring for the Caretakers: The Psychosocial Needs of Transitional Justice Practitioners	34
Conclusion and Recommendations	39
Conclusion.....	39
Recommendations.....	39

Executive Summary

The field of transitional justice increasingly recognizes the relevance of mental health and psychosocial support (MHPSS) to its processes and objectives in contexts of massive human rights violations. Despite growing advocacy and awareness at the global policy level, however, the field lacks a systematic approach to the issue, signified by, for example, the persistent conception of MHPSS programming solely as a form of service provision to victims and survivors.¹ This study contributes to the development of a psychosocial approach to transitional justice work that applies MHPSS as a lens through which to analyze contexts, assess needs, and design and implement programming as a way to make transitional justice more impactful and transformative in improving the well-being of victims, communities, and broader social systems. This study offers guidance on key points of consideration for integrating MHPSS in transitional justice for both civil-society and government actors.

A Psychosocial Approach in Concept

Psychosocial harms that result from human rights violations have an impact not only on individuals but also on social relations and collective entities. At the individual level, these can include fear, distrust, isolation, and loss of control. At the societal level, they can include intergroup distrust, cultures of violence, polarization, and reduced collective action and engagement. In considering these harms, applying an MHPSS lens guides practitioners away from a medicalized focus on pathologies towards an understanding of trauma as a range of responses to violence and repression that includes emotional suffering. It helps to identify the different ways in which people suffer psychosocial harms; how they experience and express those harms, including through social, cultural, and identity-related mediators; and the immediate and underlying causes of those harms to inform the design of appropriate interventions to address them.

Mainstreaming MHPSS in transitional justice means including both formal MHPSS programming and integrating a psychosocial approach in all relevant interventions and practices, including reconciliation initiatives, testimony collection, truth telling, and memory work. In this sense, psychosocial interventions are defined by the objectives of psychosocial well-being rather than a specific type of intervention. It is helpful to distinguish between a *trauma-focused approach*, which involves direct engagement with individuals affected by trauma, often through

¹ The terms “victims” and “survivors” are used interchangeably throughout the report though both are in reference to persons who have suffered harm during the conflict. ICTJ uses the term “victim” strategically to affirm and trigger the legal rights of individuals whose rights were violated and have a legal claim to a remedy. The term “survivor” is used in relation to the social context and to emphasize the resilience and agency of those who have suffered harm.

the provision of services that require trained mental health practitioners; and a *trauma-informed approach*, which recognizes that transitional justice practitioners work in contexts of individual and collective trauma and appreciates how trauma can affect people across the work of an organization, process, and broader social systems.

Overall, a psychosocial approach needs to be applied outwardly to inform the analysis of the overall context, design of the intervention, and support for victims, and inwardly to consider how trauma affects organizational structures, team dynamics, and individuals' ability to do their work.

Integrating a Psychosocial Approach in Practice

MHPSS in Transitional Justice Processes

At the level of formal transitional justice processes, a psychosocial approach can be integrated into reparative justice, truth-telling initiatives, and judicial processes seeking criminal accountability. In Colombia, an Emotional Recovery Strategy at the Group Level program provides psychosocial care to survivors of the armed conflict through support groups explicitly within the framework of reparation. The program validates natural responses to harm, targeting the most common and recurring symptoms and developing different responses for different groups. Also in Colombia, the government's Victims' Unit, which is part of the state-led transitional justice process to address a decades-long internal conflict, created a program called "Interconnecting," which addresses collective harm through collective expressions of mourning, reducing labeling and prejudice, transforming places of symbolic violence, reinvigorating community interactions, and public education.

In Canada, a central component of the Indian Residential Schools Settlement Agreement, signed in 2007 by survivors of the residential school system and the government of Canada, is the Indian Residential Schools Resolution Health Support Program. The program provides survivors with emotional and cultural support from local Indigenous organizations, community workers, and Elders, and mental health counseling by counselors and psychologists. In response to specific patterns of traumatic experience in which power and control had been deliberately taken away from victims, an important aspect of the work of the Truth and Reconciliation Commission of Canada, a transitional justice measure created to study and understand violations committed as part of the government's Residential School program, was to recognize survivors' right and agency to have full autonomy over how they shared their stories. In Australia, the recent Yoorrook Justice Commission, a formal truth-telling process on injustices experienced by First Peoples in Victoria, integrated a psychosocial approach into all aspects of its work, including making it a core qualification of its leadership and a provision of social and emotional well-being support.

In Sierra Leone, the Special Court for Sierra Leone, which was established as a criminal justice measure to address serious crimes committed during the country's decade-long civil war, prioritized the integration of psychosocial support throughout its work, including offering support to victims and witnesses that recognized their agency, and promoted their well-being and participation. Members of the court's Witness and Victims Section also developed a set of guiding principles for supporting witnesses, because of the known harmful effects that some victims experience from testifying before a criminal tribunal. In Colombia, the Special Jurisdiction for Peace (JEP), a transitional justice mechanism created by the 2016 peace agreement signed between the Colombian government and the Revolutionary Armed Forces of Colombia (FARC-EP) guerrilla group, has created an innovative approach to "psycho-legal care." It aims

to provide victims with the emotional tools that they need to participate in the JEP's legal processes at different procedural stages, including during preparation for and participation in public acknowledgment hearings, when perpetrators come forward to testify and share information about crimes they were involved in.

Mainstreaming MHPSS: Key Points of Consideration

Beyond formal processes, the application of a psychosocial lens should be foundational for all aspects of transitional justice work. It requires a deep understanding of both the context and the diverse psychosocial needs of the affected society, community, or group and the development of responses that address those needs across different interventions.

Embedding Work in Local Communities: Within a transitional justice framework, MHPSS programming must be responsive to the specific forms of injustice that occurred, local behavioral and cultural practices, and the underlying systems of discrimination at the root of past injustices. Ensuring that MHPSS programming resonates with and is relevant to victims and society requires a nuanced approach rooted in the local community and responsive to the specific psychosocial context, including historical harms, cultural norms, and coping strategies. Practitioners need to make efforts to create a space that is responsive to these dynamics. Embedding MHPSS work in the community is essential for several reasons, including maximizing resources, ensuring sustainability and cultural relevance, and avoiding stigmatizing victims and communities.

Creating Conditions for Positive Participation: Victims' and survivors' increased participation in transitional justice processes has been accompanied by growing pressure on them to be part of technical assistance and help resolve ongoing and recurring conflict or repression. Bringing technical experts together with victims and survivors can be counterproductive from a psychosocial standpoint if not done well. Integrating MHPSS in transitional justice, therefore, calls for transitional justice practitioners to be attuned to the pressures that victims and survivors can feel and to work against their possible tokenistic involvement in policy discussions. It is important to ensure that they are part of making the plan for the activity and are in the right emotional state to take part in the discussions.

Overcoming Stigma: In many contexts, the term MHPSS can elicit strong reactions, misconceptions, and social stigma. In implementing a trauma-informed approach, it is therefore important to choose terminology carefully. Practitioners should adapt their language to the specific audience and culture and avoid pathologizing by, instead, using terms that describe the context in a way that raises awareness of the elements of psychosocial health at the individual and community levels, and focusing on the goals of the survivors (rather than what is "wrong" with them). Another way to circumvent stigma is to discuss mental health impacts indirectly.

Identifying Clear Roles: Mainstreaming MHPSS requires everyone involved in transitional justice to have an understanding of how their work can contribute to psychosocial well-being. In formal processes, staff need to understand the mental health significance of all aspects of their work, including how phone calls are answered and how survivors are greeted at the door. While this work is not the purview of select specialists, psychosocial support persons should be available if a topic or context is particularly difficult. It is also important to distinguish between the different roles of professionals who interact with victims. For example, the goals are different between a professional who collects stories from survivors and a professional who provides psychosocial support, because one seeks to minimize harm and the other seeks to help people from a therapeutic perspective. The need to distinguish roles, however, does not preclude the

development of synergies between transitional justice practitioners and psychosocial support workers, psychologists, and counselors.

Building Collaboration Across Silos: The integration of a psychosocial approach calls for the intentional and explicit application of psychosocial insights to inform the design and implementation of transitional justice efforts. However, integration is not a unidirectional process, as it can result in better psychosocial interventions and outcomes, as well. Providing survivors with an opportunity to engage in human rights documentation or access support while participating in judicial processes, for example, can have a positive impact on their well-being. In this way, MHPSS providers and transitional justice organizations can work together to create a holistic and therapeutic justice process for victims. This entails collaborative programming at the intersection of shared objectives, with each bringing specific expertise.

Developing a Long-Term Process: Providing psychosocial support is a long-term process that must be adapted to the changing circumstances. The needs of victims and survivors evolve over time, so responding to them requires long-term thinking and should also take into account new or emerging traumatic stressors, including potential setbacks, political developments, and systemic violence. In work with people affected by human rights abuses, one-off interventions risk doing more harm than good; as part of building trust, it is important to offer repeated activities that build on each other over time and for planners or designers to be realistic about what can be offered and achieved. The goal is not to “fix” or “heal” people but to provide accompaniment in the healing journey. Providing sustained engagement and continuity of care, however, is a challenge for many psychosocial-support organizations.

Focusing on All Stages of Work: Mainstreaming MHPSS calls for practitioners to include a trauma-informed approach in all stages of their work. This starts with assembling a project team that includes psychosocial expertise or establishing partnerships with local psychosocial practitioners. The assessment phase is a time to assess the MHPSS needs and resources in a specific context, which includes seeking information about cultural and social attitudes regarding suffering and historical trauma. In the design phase, transitional justice practitioners should reframe the questions they ask and pay attention to individual and collective well-being as part of their objectives. It is important to understand who will be participating in the planned activity and what their needs are and avoid treating victims as sources of information. In the implementation phase, practitioners should be able to recognize signs of potential distress and trauma and take steps to attend to participants' well-being. In the follow-up phase, referrals should be made for anyone who expressed a need for more support.

Considering Trauma Among Leaders and Institutions: The people who lead transitional justice processes often carry historical and collective trauma that can negatively impact their ability to lead if not addressed. There must also be a focus on institutional transformation, particularly in contexts where affected individuals and groups have conflictive relationships with power and authority.² Several transitional justice efforts have stalled or failed in part due to a lack of leadership or interpersonal infighting within an institution. Practitioners should therefore not just think about supporting leaders with technical tools and trainings but also attend to their trauma. This can help them to avoid replicating and perpetuating that trauma in their own work.

Securing Adequate Funding: Given the complexity of transitional justice efforts, practitioners have long advocated for sustained, long-term funding rather than one-year grants. Mainstreaming MHPSS adds more urgency to this call. In practice, however, most organizations that pro-

2 Nomfundo Mogapi, Chief Executive Officer, Centre for Mental Wellness and Leadership, interview, April 18, 2023.

vide psychosocial support are funded by short-term grant cycles that do not provide a guarantee for sustained engagement. When resources are limited, more funding should be allocated to strengthening community and family support, yet funders may prioritize supporting individual interventions with more measurable scale and results instead. This is where it is essential to raise awareness and understanding among the donor community of the importance of mainstreaming MHPSS and the implications that it has for budgets and program management.

Measuring Progress: As a first step to measuring progress, it is necessary to clarify the objectives hoped to be achieved through the integration of MHPSS in transitional justice. Practitioners should be careful to not imply that a process will necessarily result in healing or add that as a burden on victims. Instead, the role of MHPSS is to ensure that people and communities can choose their healing journey and to support them in making meaning of their experiences. It is important, then, to develop a set of culturally adapted indicators to measure the comprehensive integration of MHPSS in transitional justice processes. While individual medicalized approaches to MHPSS may be easier to document and assess, long-term community support and engagement have proven to be more effective from a psychosocial perspective in helping a greater number of people and communities.

Caring for the Caretakers

Within organizations and institutions that integrate MHPSS in their external work, there is often a disconnect when it comes to applying those same standards and approaches internally. For these actors, a trauma-informed approach needs to be infused in the overall organizational structure and rooted in its human resources practices. Staff care has to be mandated, integrated within the organization, and supported by leadership. If not provided with an appropriate outlet, emotional strain can jeopardize a person's own well-being, the well-being of those involved in the process, and the effectiveness of the overall work. While it is ideal to have a psychosocial support person within the organization to provide support to staff, the majority of staff will benefit from a baseline of support that can be provided by the organization and their own colleagues. Peer support has proven to be effective, because colleagues understand the stress and pressure of the work, while training and professional development can prepare staff to face difficult situations. A holistic approach to staff welfare must be built into a positive organizational culture, which is then infused and mainstreamed throughout its structures and policies.

Recommendations

- Adopt the notion of a psychosocial approach to transitional justice that goes beyond the provision of support services to encompass the application of a psychosocial lens to the analysis of contexts, the assessment of needs, and the design and implementation of programming.
 - Situate well-being as a core objective of transitional justice in order to move beyond the “do no harm” principle towards achieving positive mental health and psychosocial impacts.
 - Move away from a medicalized focus on pathologies towards an understanding of trauma as a range of responses to violence and repression that includes emotional suffering.
 - Recognize the interconnections between individual and social well-being, which means considering the psychosocial harms that result from human rights violations and the impact of the corresponding interventions at both the individual and collective (societal) levels.

- Connect with related fields that support the intersection between individual and social spheres. Particularly in contexts of sustainable development, transitional justice practitioners should seek out and collaborate with development partners to shape development programming to be sensitive to MHPPS needs.
- Direct trauma sensitivity *outward*, to inform the analysis of the overall context, design of the intervention, and support for victims and *inward*, to consider how trauma also affects organizational structures, team dynamics, and individuals' ability to do their work.
- Apply a psychosocial lens to the design and implementation of all transitional justice interventions, including both formal state processes and civil-society, community, and organizational efforts.
- Develop programmatic approaches rooted in the local community that respond to the specific psychosocial context, including historical harms, cultural norms, and coping strategies.
 - Include flexibility in project planning so that specific activities and approaches can be adapted and build on what already exists in the community.
- Infuse psychosocial assessment and preparation into victim engagement in transitional justice processes to facilitate meaningful engagement and guard against tokenistic or retraumatizing participation.
 - Practitioners need to be attuned to the pressure that victims and survivors feel and build in preparatory time to discuss the process, workshop, or intervention with participants to ensure that they understand the plan and that they are emotionally prepared to take part in the discussions.
- Take steps to overcome social stigma by being sensitive to the choice of terms and tools:
 - Develop nuanced, context-specific terminology to normalize and validate the emotional responses to violations and reorient programming to all those who are experiencing emotional suffering, not just those diagnosed with mental health issues.
 - Adapt language to the specific audience and culture; avoid pathologizing, instead use terms that raise awareness of the elements of psychosocial health at the individual and community levels; discuss psychosocial impacts indirectly when necessary.
- Provide basic psychosocial training to all staff in a transitional justice process or organization, to ensure everyone understands that they have a role to play in contributing to well-being by creating a positive, respectful experience for victims, starting from the front desk worker to the commissioner, while being sure to provide clarity on the distinctive functions of these roles.
- Build trust within communities by avoiding one-off interventions that risk doing more harm than good; prioritize activities that are repeated and build on each other over time; provide sustained engagement and continuity of care over the long-term course of people's healing journeys.
- Explore opportunities to build collaboration across silos through collective programming in which psychosocial support providers and transitional justice organizations work together to create a holistic, therapeutic justice process for victims.

- Integrate a psychosocial lens and trauma-informed approach in all stages of work, recognizing that *how* interventions are implemented is as important as *what* is implemented.
 - In the assessment phase, seek information about the cultural and social attitudes regarding suffering and the historical trauma in that context. Seek to identify the networks of support that exist within a particular community or area, which can in turn serve as the foundation for the program.
 - In the planning phase, center victims' and survivors' needs by respecting their choice and agency. Consider the short- and long-term well-being of victims and ensure that their participation benefits them and helps them to advance in their journey to seek justice.
 - In the implementation phase, train practitioners to recognize signs of potential distress and develop grounding techniques to help foster emotional well-being and regulate stress.
 - Include in project proposals the psychosocial context, the psychosocial aspect of planned interventions, provisions for staff welfare, and accompanying budget lines.
- Consider levels of historic trauma among leaders and institutions:
 - Supplement technical support to transitional justice leaders and institutions with psychosocial support, including trust building and interpersonal support to address historical trauma and psychosocial needs among leaders and within institutions.
 - Support leaders to avoid replicating and perpetuating trauma in their own work, to, instead, transform it and act with transparency, accountability, and inclusion.
- Create incentives within funding structures and grant requirements to encourage the mainstreaming of a psychosocial lens in transitional justice:
 - Target donors with awareness-raising efforts to increase understanding of the importance of mainstreaming MHPSS and sustained engagement at the community level.
 - Allow for flexibility in project planning, and encourage collaborative programming through funding that fosters the creation of joint programming and referral networks.
- Infuse a trauma-informed approach throughout the organization's entire structure and human resources department:
 - Secure leadership from senior staff, boards, and funders to advocate for financial support, and mandate provisions to ensure staff well-being.
 - Ensure everyone understands the centrality of supporting and safeguarding staff welfare and the need for flexible budget lines to cover that work.
 - Include a dedicated budget for staff welfare (including opportunities for professional development and access to trauma-informed care) and training on psychosocial support strategies that can be applied internally and externally.
 - Integrate a comprehensive staff welfare policy, including recovery time separate from vacation or personal days. Recovery time should be mandated time-off after an intense engagement.

- Include a psychosocial lens in the design, monitoring, and evaluation of transitional justice processes and programs.
 - Develop appropriate indicators to measure both the integration of a psychosocial lens throughout the process and the psychosocial impacts of the intervention or process.
 - Encourage ongoing evidence-based research on the impact of mainstreaming a psychosocial lens within transitional justice.
 - Include a psychosocial lens in donor-reporting requirements.
- Create an interdisciplinary, international working group that meets yearly to review and advance guidance and work towards common goals, such as research, standards, indicators, and referral networks.
 - Bring together various practitioners from different disciplines at distinct stages of this work, to share strategies, approaches, and challenges.
- Create a research/practitioner hub as a collaborative effort between universities and practitioners where researchers, guided by challenges and questions emerging from the work, can continue to advance thinking on the topic and serve as a resource to practitioners. This hub could also be the convener of the working group and a space to foster reflection, interdisciplinary learning, and collaboration.

Introduction

Transitional justice work around the world has long been guided by a focus on the well-being of victims and a commitment to “do no harm.” However, in recent years, in response to growing demand and over a decade of advocacy, there has been an increased awareness of the relevance of mental health and psychosocial support (MHPSS) to transitional justice and the interconnections between these two fields. This is leading the field of transitional justice to move beyond a “do no harm” principle towards achieving positive mental health and psychosocial impacts.

Transitional justice work is complex, long-term, and affected by changing political forces. It is therefore not possible to guarantee a positive advancement or outcome of official transitional justice processes, but as practitioners, transitional justice actors do have control over the way in which they engage with individuals, groups, and communities they support and accompany in their search for justice. That accompaniment should be guided by a psychosocial lens and a trauma-informed approach to help advance a holistic sense of justice. This calls for reflection on how transitional justice work, interventions, and processes set in motion can contribute to individual and societal well-being.

MHPSS is a term generally used to describe “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.”¹ From a transitional justice perspective, MHPSS can be understood as support that aims to engage with the psychosocial and mental health impacts of mass human rights abuses. It seeks to ensure that transitional justice interventions do not cause mental health or psychosocial harms to the victims engaging with them, but also promotes well-being at the individual, community, and institutional levels. This requires mainstreaming MHPSS at all levels of transitional justice similarly to how gender justice has been integrated into transitional justice.

Presently, the field lacks a systematic approach to MHPSS. It occurs on an ad hoc basis, mainly in organizational and disciplinary siloes. There are many lessons to be learned from existing initiatives and how related fields of practice, such as peacebuilding and humanitarian interventions, have integrated MHPSS. There is great synergy and shared goals between MHPSS and transitional justice. MHPSS is not a new topic to add to transitional justice work: The two fields are already deeply intertwined and overlapping. MHPSS approaches provide a more nuanced analytical lens through which to assess contexts, evaluate needs, and design programming.

¹ Brandon Hamber, Denis Martinez, David Taylor, Marlies Stappers and Thomas Unger, “Youth, Peace and Security: Psychosocial Support and Societal Transformation,” *Interpeace Outside the Box Series* (2022), 6.

Bringing this lens forward and into greater focus can lead to more powerful achievement of their overlapping aims.

At the global policy level, there is increased awareness, political will, and advocacy for MHPSS to be considered in transitional justice processes. However, there is still a need to push beyond the conception of MHPSS solely as individual support provided to victims and survivors. The African Union Transitional Justice Policy (2019) highlights the need for psychosocial support but limits it primarily to women, children, and victims of sexual and gender-based violence (SGBV). While the policy emphasizes healing as a core goal of transitional justice, it does not recognize MHPSS as central to all transitional justice processes. Taking the point further, a 2022 United Nations Human Rights Council resolution recognized:

. . . the importance of mental health and psychological support services for victims and affected communities from early on and throughout transitional justice processes, as a measure of rehabilitation and non-recurrence, to help to address grievances and overcome the intergenerational impact of atrocities and gross human rights violations and abuses, which may otherwise become risk factors for new violations and abuses.²

But more than adding services, meaningful integration calls for applying MHPSS to the assessment, design, and implementation of transitional justice programming. As Brandon Hamber and Elizabeth Gallagher argue, MHPSS interventions and practices should in themselves shape and drive social change.³

This report aims to push beyond the idea of service provision to mainstream MHPSS as a lens that frames current understandings of and responses to massive human rights violations. This more holistic approach is reflected in the most recent UN Transitional Justice Guidance Note, which calls on the United Nations to:

. . . systematically incorporate a mental health and psychosocial support lens to enhance analysis, to improve provision of mental health and psychosocial support internal to transitional justice mechanisms, to make links with community level mental health and psychosocial support to complement transitional justice processes, and to enable people to participate in transitional justice processes.⁴

In this way, more than mental health and psychosocial *support*, it is concerned with mental health and psychosocial *design*.⁵ Building on this growing recognition of the importance of MHPSS, this report describes and analyzes what this means in practice, to advance its integration into transitional justice theory, design, and practice.

Transitional justice has the potential to become more impactful for victims and their lived experiences through the integration of MHPSS at all stages and levels of programming thereby further advancing transitional justice's transformative and preventative capacity. Similarly, an understanding of the dynamics at play in situations of massive human rights violations, particularly the historical and political context, is crucial to achieving this goal. A trained therapist without an understanding of the context may focus exclusively on individual therapeutic

2 UN Human Rights Council, "Report of the Human Rights Council on its 51st session (A/HRC/51/2), 12 September – 7 October 2022" (December 9, 2022).

3 Brandon Hamber and Elizabeth Gallagher, eds., *Psychosocial Perspectives on Peacebuilding* (Cham: Springer Science and Business Media, 2015).

4 UN, "Guidance Note of the Secretary General: Transitional Justice a Strategic Tool for People, Prevention and Peace" (2023), 24.

5 Valerie Waters, "Documentation and Transitional Justice Processes and Psychosocial Support," Presentation to ICTJ staff, August 11, 2014 (on file with the author).

approaches, rather than embedding them within a systems approach, which risks pathologizing the victims in a way that depoliticizes the causes and effects of suffering.⁶ Instead, linking MHPSS to transitional justice provides the opportunity to think about how to directly address the conditions that caused, and continue to cause, suffering.

By drawing on experiences in related disciplines and from a variety of contexts, this report offers guidance for supporting the mental health and well-being of transitional justice practitioners and addresses practical considerations as they operationalize MHPSS within their own work.

Methodology

Research for this report began with a desk review to understand relevant insights from other areas, such as peacebuilding, humanitarian interventions, psychology, and gender studies, to build on the growing body of literature on MHPSS and transitional justice. After compiling an annotated bibliography and identifying gaps in the literature on the integration of MHPSS within transitional justice, the authors then conducted internal interviews with ICTJ staff to understand how MHPSS is currently conceived of and operationalized. This allowed for the identification of knowledge gaps in the team and the collection of examples of best practices from colleagues' extensive experience in transitional justice design and implementation. Finally, external interviews were conducted with experts in the field to understand how other organizations approach MHPSS, to learn from their experiences, including challenges in integrating MHPSS and best practices.

“MHPSS cannot be divorced from justice. MHPSS cannot exist without transitional justice processes, just as transitional justice processes cannot sustain peace if an MHPSS approach is not embedded in them.”

— Gugu Shabalala, MHPSS Program Manager,
Center for the Study of Violence
and Reconciliation (CSV)

6 Brandon Hamber, *Transitional Justice, Mental Health and Psychosocial Support: Renewing the United Nations Approach to Transitional Justice* (New York, 2023), 9; and Vanessa Pupavac, “Pathologizing Populations and Colonizing Minds: International Psychosocial Programs in Kosovo,” *Alternatives: Global, Local, Political* 27, no. 4 (2002): 489–511.

A Conceptual Overview of Mental Health and Psychosocial Support in the Context of Transitional Justice

The work of integrating MHPSS into transitional justice begins with establishing a shared understanding of key terms and concepts from the fields of psychology, peacebuilding, and humanitarian assistance. MHPSS guidelines first emerged in humanitarian emergency settings, which generally involve short-term interventions. While the United Nations highlights that its MHPSS guidelines do not refer to long-term mental health support needs resulting from conflict or massive human rights violations,⁷ the UN Inter-Agency Standing Committee defines MHPSS as “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.”⁸ This definition seems to prioritize the individual, leaving out the need for a broader structural analysis at the communal and societal levels. To be relevant for transitional justice, the focus needs to be expanded to include analysis of the long-term legacies of violence and their impact on the psychosocial well-being of individuals, communities, and broader social systems resulting from harms compounded over years, if not decades, of conflict or repression.

No Health Without Mental Health

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁹ This reflects the idea that mental health is more than the absence of mental illness and relates to a state of mental well-being. This framing is analogous to the theory of positive peace advanced by Johan Galtung and John Paul Lederach, who note that peace is more than the absence of conflict (“negative peace”), but also includes justice and the respect for human rights as critical elements of peace.¹⁰

7 UN Development Programme, “Research Findings: Summary Report – Integrating Mental Health and Psychosocial Support into Peacebuilding” (2022), 17.

8 UN Inter-Agency Standing Committee, “IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings” (2007), <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>.

9 UN General Assembly, *Constitution of the World Health Organization*, A/RES/131, November 17, 1947.

10 Johan Galtung, “Three Approaches to Peace: Peacekeeping, Peacemaking and Peace Building,” in *Peace, War and Defence: Essays in Peace Research*, ed. Johan Galtung, Vol. 2 (Copenhagen: Christian Ejlertsen, 1976), 297; and John Paul Lederach, *Building Peace: Sustainable Reconciliation in Divided Societies* (Washington, DC: U.S. Institute of Peace Press, 1997).

It is impossible for individuals to achieve full health without positive mental health. The WHO adds that mental health is “a state of well-being in which every individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”¹¹ Therefore, a state of well-being allows individuals to participate in advancing justice for their community and country, a crucial component of effective transitional justice processes. In turn, effective and inclusive transitional justice processes can have positive impacts on well-being, highlighting a circular relationship between MHPSS and transitional justice in which they reinforce each other.¹²

Social determinants of health, such as economic conditions, social inclusion, and the accessibility of health-care services, are crucial “non-medical factors that influence health outcomes.”¹³ This means that the factors that affect health are not just biomedical but also multisectoral.¹⁴ In contexts of mass human rights abuses, the social issues that affect mental health also include the compounding of historical injustices, the effects of conflict on livelihoods, and harms to one's social relationships.

Noting the impact of conflict on mental health, in Colombia, as part of the country's transitional justice process, the Ministry of Health uses a nuanced definition of *mental health* as “a collective and individual asset of a symbolic, emotional and relational nature, and therefore, a social and individual desire that contributes to human and social development, which generates social, cultural, symbolic and economic capital (global capital).”¹⁵ Additionally, it defines mental health as “a dynamic and multidimensional construction, determined and determining . . . it is, at the same time, end, means and product: an end, as a good that is counted on; a means for individual and collective development, the increase of capital and the exercise of rights, and a product of what it itself has contributed to develop, increase and guarantee.”¹⁶

While mental health is a vital component of health for every person, a great deal of stigma exists around the term. In many contexts around the world, the term *mental health* often evokes its lack, and its use is often associated with “being crazy.” This presents a challenge when attempting to address the mental health impacts of mass abuses and points to the need to find different ways of articulating and normalizing harms. It also highlights the need to increase awareness of what mental health is and to grasp the specific understanding of possible terms and the associated stigmas encountered in each country or community context. The concept of *psychosocial health* can help in this regard.

Psychosocial Health

Psychosocial health, which is perhaps a less contentious or misunderstood term than *mental health*, can be defined as “the dynamic relationship between psychological aspects of experience (our thoughts, emotions, feelings and behavior), our wider social experience (our relationships,

11 World Health Organization, “World Mental Health Report: Transforming Mental Health for All” (2022).

12 See, for example, Jan Ilhan Kizilhan and Johanna Neumann, “The Significance of Justice in the Psychotherapeutic Treatment of Traumatized People After War and Crises,” *Frontiers in Psychiatry* 11 (2020): 540; and Phuong N. Pham et al., “Human Rights, Transitional Justice, Public Health and Social Reconstruction,” *Social Science and Medicine* 70, no. 1 (2010): 98–105.

13 World Health Organization, “Social Determinants of Health,” www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

14 World Health Organization, “Transforming Mental Health for All,” xiv.

15 Ministerio de Salud y Protección Social de Colombia, *Protocolo de Atención Integral en Salud con Enfoque Psicosocial* (2017), 34.

16 Ibid.

traditions) and our values and culture.”¹⁷ Health according to this definition is not only about individuals feeling better but also “about reconstructing relationships as humanizing, that is, based on respect, dignity and spiritual depth.”¹⁸

The term *psychosocial* demands that people are viewed as social beings connected to others, such as family, community members, civic groups, and institutions, via webs of relationships. This concept resonates with a core goal of transitional justice efforts, to build civic trust and re-establish (or establish) relationships of respect and dignity among citizens and between citizens and state institutions. Under this holistic conception, it is understood that a person's health is impacted by their relationships with others and that a person's health cannot be addressed without understanding their social context. As Hamber notes, the term “psychosocial denotes the interconnection between psychological and social processes and how each continually interacts with and influences the other.”¹⁹ Through this lens, suffering not only has psychological causes but also psychosocial causes, which may be identified as forms of structural violence, including repression, violence, deprivation, and discrimination embedded within institutions, government policies, and state apparatuses.

Psychosocial Harm and Trauma

Psychosocial harms emerge when violence, conflict, human rights violations, and repression attack the web of social relations that hold society together. According to the Colombian Ministry of Health and Social Protection, *psychosocial harm* is defined as:

. . . any permanent or temporary damage or impairment, which generates the loss or negative transformation of significant values and beliefs; of the emotional world, the mental balance and psychological integrity, as well as the family, community and collective bond. These losses or transformations usually manifest with the deterioration of the proper meaning of existence; the capacity of future projection; the senses of belonging and social affiliation, identity, security, dignity, honor, freedom, autonomy and empowerment.²⁰

Thus, psychosocial harm not only impacts the individual but involves broader social units and networks, limiting the potential for collective action and engagement. The specific manifestations of these harms depend on the context in which they happen and the prevailing patterns of violations.

In contexts of historic authoritarian repression, as in Tunisia, the legacy of government informants and silencing of opposition creates an enduring climate of fear, distrust, and isolation in which victims become alienated from each other.²¹ Consequences of mass violence and atrocity

17 International Federation Reference Centre for Psychosocial Support and Hansen, cited in UN Development Programme, “Integrating Mental Health” (2009), 11.

18 Michael Wessells, Conference presentation: “The Journey So Far: Exploring How Far We Have Come in the Last Decade in Expanding the Methodologies to Address the Psycho-Social and Mental Healthcare Needs of Conflict-Affected Societies” (2015), www.youtube.com/watch?v=VWGw3HfPu_o&ab_channel=JusticeReconciliation, cited in UN Development Programme, “Integrating Mental Health,” 11.

19 Hamber, *Transitional Justice, Mental Health and Psychosocial Support*, 13.

20 Republica de Colombia, Ministerio de Salud, “Estrategia de Atención Psicosocial a Víctimas del Conflicto Armado, en el Marco del Programa de Atención Integral en Salud” (2017), www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/PS/estrategia-atencion-psicosocial-victimas-conflicto-armado-papsivi.pdf.

21 Virginie Ladisch and Christalla Yakinthou, “Cultivated Collaboration in Transitional Justice Practice and Research: Reflections on Tunisia's Voices of Memory Project,” *International Journal of Transitional Justice* 14, no. 1 (March 2020): 80–101, 85.

create “circles of silence” that can persist past the violence itself.²² In cases of prolonged arbitrary detention and the missing and forcibly disappeared, the long-term uncertainty and lack of closure can cause psychological harms for families, including a sense of isolation, being forgotten, loss of control, and social detachment.²³ At the individual level, those who are exposed to or participate in violence may suffer from fear, stigmatization, flashbacks, sleep, learning, and physical disorders, and deeper identity and spiritual problems.²⁴ At the broader societal level, enduring psychosocial harms can include intergroup distrust, cultures of violence, entrenched attitudes, and cycles of violence. When “organized, systemic and institutional violence is practiced and then denied by the perpetrators, social schisms are created, and social polarization is intensified,”²⁵ which highlights the need for truth seeking and reckoning. More generally, studies reveal that prolonged exposure to repression and violence produce “cultures of fear that present psychosocial obstacles to the establishment of good governance, healthy populations, and a human rights culture.”²⁶

Following a wave of repressive dictatorships across Latin America in the 1980s, it became apparent that many people were suffering from social issues, not individual mental illnesses. Not only had their personal lives been harmed, but damage was done to social structures, including the norms, values, and principles that guide social interaction and institutions that govern the lives of citizens.²⁷ As Ignacio Martín Baró, a Spanish psychologist working in El Salvador, noted, the condition of abnormality was not in the person but in the violent acts: “It may be that a psychological disorder is an abnormal reaction to a normal situation, but it may also happen to be a normal reaction to an abnormal situation.”²⁸ It was the post-dictatorship society that was sick, not necessarily its individuals. He adds that “psychosocial trauma can be a normal consequence of a social system based on social relations of exploitation and dehumanizing oppression,” as occurred in wartime El Salvador.²⁹

The notion of *liberation psychology* provides useful framing for this discussion.³⁰ Historically, the field of psychology has focused on the individual “presenting the pathology of persons as if it were something removed from history and society, and behavioral disorders as if they played themselves out entirely in the individual plane.”³¹ In contrast, liberation psychology “illuminates the links between an individual’s suffering and the social, economic, and political contexts in which he or she lives.”³² It goes beyond a “therapeutic approach to trauma, linking the personal

22 Ignacio Martín Baró, “Political Violence and War as Causes of Psychosocial Trauma in El Salvador,” *International Journal of Mental Health* 18, no. 1 (1989): 3–20, 10.

23 Pauline Boss, *Ambiguous Loss: Learning to Live with Unresolved Grief* (Cambridge, MA: Harvard University Press, 1999); Mara Giovanna Bianchi, “Victims of Enforced Disappearances: Absent Bodies, Inner Presences,” *The Journal of Analytical Psychology* 68, no. 2 (2023): 327–336.

24 Judy Barsalou, US Institute of Peace, “Trauma and Transitional Justice in Divided Societies” (2004), 4, www.usip.org/sites/default/files/resources/sr135.pdf.

25 Martín Baró, “Political Violence,” 9.

26 Joan Simalchik, “Disrupting Legacies of Trauma: Interdisciplinary Interventions for Health and Human Rights,” *Health and Human Rights* 23, no. 1 (2021): 11–26, 12.

27 M. Brinton Lykes, “Possible Contributions of a Psychology of Liberation: Whither Health and Human Rights?” *Journal of Health Psychology* 5, no. 3 (2000): 383–397.

28 Martín Baró, “Toward a Liberation Psychology,” in *Writings for a Liberation Psychology*, ed. Adrienne Aron and Shawn Corne (Cambridge, MA: Harvard University Press, 1994), 17–32.

29 *Ibid.*, 125.

30 *Liberation psychology* is “a body of thought and practice centrally concerned with the experience, knowledge and action of those who have been excluded and marginalized. The effects of dominant power and its structures on the oppressed are explored, together with the lived impacts of poverty, social injustice, censorship, repression and violence.” See Mark Burton, “Liberation Psychology,” English Language Liberation Psychology Network, <https://libpsy.org/welcome/defining-liberation-psychology>.

31 Martín Baró, “Toward a Liberation Psychology,” 27.

32 Mary Watkins and Helene Shulman, *Towards Psychologies of Liberation* (New York: Palgrave Macmillan, 2008), 26.

journeys of those affected with social struggles against impunity, for the recovery of collective memory, against impunity and for ethical social transformation.”³³

Informed by concepts of liberation psychology and MHPSS, in Colombia, the Victims' Unit recognized the need to create a new common language to attend to diverse psychosocial needs stemming from the war.³⁴ This was part of an effort to avoid pathologizing trauma or the difficulties that people and communities face after a period of protracted conflict or repression. Building on the Colombian Ministry of Health and Social Protection's nuanced definition of mental health, the Victim's Unit went a step further by creating the term “emotional suffering” separate from psychological illness and the ensuing medicalized response provided by the ministry. Psychologists within the Victims' Unit felt it was important to acknowledge victims under the category of emotional suffering, not only under the category of psychological harm, which has more of a direct connection to psychiatric illness and the need for medicalized interventions.³⁵ Developing new terms was not just a question of semantics but part of an effort to develop new meanings and understandings in order to normalize and validate emotional responses to violations and reorient programming to all those who experience emotional suffering, not just those diagnosed with a mental health issue.

Psychosocial Landscape and Risk Factors

Collective trauma does not imply that everyone in a society that experienced widespread human rights violations is affected in the same way. Studies show that following mass atrocity many people in the population may experience mild distress, some will have a moderate trauma reaction, and a few people will exhibit severe symptoms of trauma, as depicted in Figure 1.³⁶

The distribution of psychosocial harm within a population and the ensuing needs should shape corresponding interventions, as reflected in the UN Inter-Agency Standing Committee's pyramid of care (Figure 2), where the width represents the number of people in need of a service and the height represents the level of specialization required to render those services.³⁷

In planning and designing psychosocial interventions, it is necessary to assess (or refer to existing assessments of) the overall social landscape and potential risk factors that will affect the number of people requiring different types of assistance (as illustrated by the size of each section of the pyramid). Factors that can increase psychosocial needs and impacts include the degree of human culpability behind traumatic experiences,³⁸ the degree to which the experiences violated

33 Mark Burton, “Liberation Psychology.”

34 The Unit for the Attention and Integral Reparation to the Victims (Victims' Unit for short) was created in January 2012 as a result of the 1448 Law (on victims and land restitution), which mandates aid, assistance, and integral reparation measures for victims of the internal armed conflict. See Government of Colombia, “The Unit's Review,” www.unidadvictimas.gov.co/en/unit/units-review/28230.

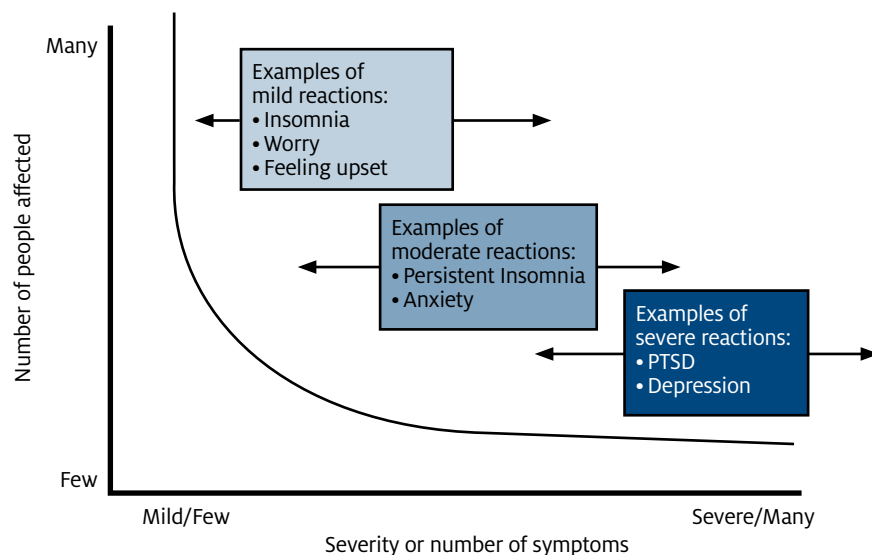
35 Rondón Daza and Lina Paola, “Enfoque psicosocial en la reparación integral: Unidad para la Atención y Reparación Integral a las Víctimas” (working document, 2013).

36 U.S. Institute of Medicine, Committee on Responding to the Psychological Consequences of Terrorism, “Understanding the Psychological Consequences of Traumatic Events, Disasters, and Terrorism,” in *Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy*, ed. A. Stith Butler, A.M. Panzer, L.R. Goldfrank (Washington, DC: National Academies Press, 2003).

37 UN Inter-Agency Standing Committee, “IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings” (2007).

38 Betty J. Pfefferbaum, Dori B. Reissman, Rose L. Pfefferbaum, Richard W. Klomp, and Robin H. Gurwitch, “Building Resilience to Mass Trauma Events,” in *Handbook of Injury and Violence Prevention*, ed. L.S. Doll, S.E. Bonzo, J. A. Mercy, and D.A. Sleet (Springer Science and Business Media, 2007).

Figure 1: Severity of Psychological Reactions Experienced by a Population Following a Traumatic Event



social norms and disrupted communities,³⁹ the degree of uncertainty,⁴⁰ and the communities' previous experience of disaster (defined broadly as conflict, repression, and deprivation).⁴¹

Research in the field of disaster psychology reveals that psychosocial harm is likely to be more significant when the disaster is caused by humans (i.e., conflict or repression), rather than a natural disaster. Belief systems tend to make it easier to process natural disasters, which can be framed as “an act of God.” But when people are responsible for violations, it is often harder for victims to accept and process their emotional suffering.⁴² For example, in 2004 psychologists rushed to Sri Lanka to provide support after a tsunami only to find that people were handling the tsunami losses quite well but still suffering mental health consequences from internal conflict that had ended five years prior.⁴³

Social norms and community disruption are also important factors that need to be considered. Societies exposed to long-term violence can become engaged in “self-destructive political dynamics . . . and undergo profound psychological changes that affect the behavior of those societies and particular groups within them.”⁴⁴ Periods of conflict and repression tend to limit

39 Anthony Charuvastra and Marylene Cloitre, “Social Bonds and Posttraumatic Stress Disorder,” *Annual Review of Psychology* 59 (2008): 301–328.

40 Toyomi Goto, John P. Wilson, Boaz Kahana, and Steve Slane, “The Miyake Island Volcano Disaster in Japan: Loss, Uncertainty, and Relocation as Predictors of PTSD and Depression,” *Journal of Applied Social Psychology* 36 (2006): 2001–2026.

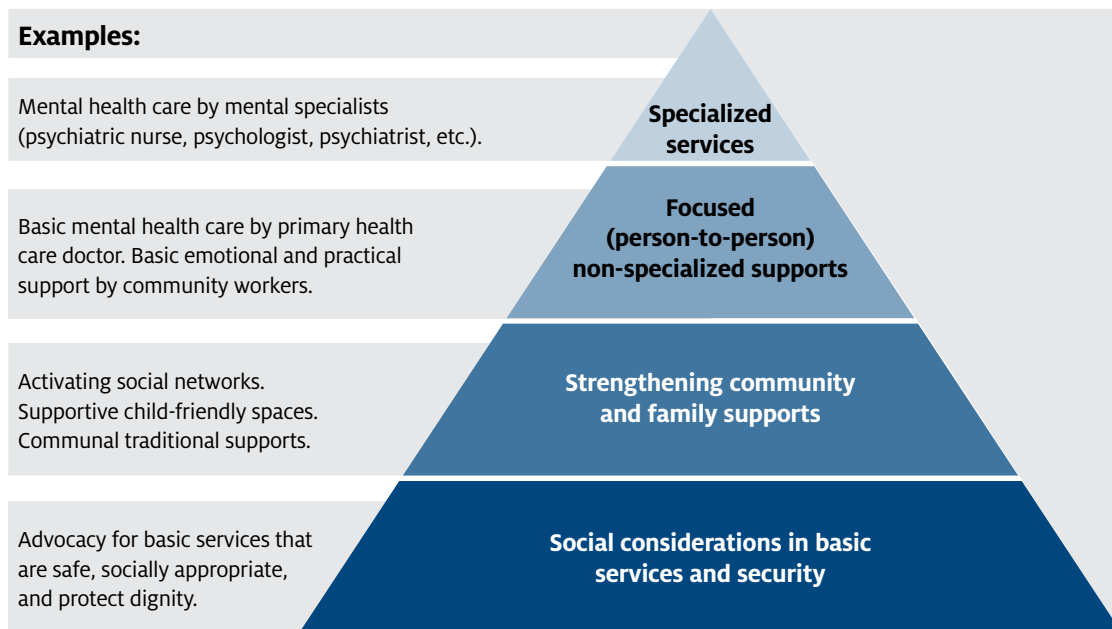
41 Claire Leppold, Lisa Gibbs, Karen Block, Lennart Reifels, and Pheobe Quinn, “Public Health Implications of Multiple Disaster Exposures,” *Lancet Public Health* 7, no. 3 (2022): e274–e286.

42 Krzysztof Kaniasty and Fran H. Norris, “Social Support in the Aftermath of Disasters, Catastrophes, and Acts of Terrorism: Altruistic, Overwhelmed, Uncertain, Antagonistic, and Patriotic Communities,” in *Bioterrorism: Psychological and Public Health Interventions*, ed. R.J. Ursano, A.E. Norwood, and C.S. Fullerton (Cambridge: Cambridge University Press, 2004).

43 Daya Somasundaram, “Collective Trauma in Northern Sri Lanka: A Qualitative Psychosocial-Ecological Study,” *International Journal of Mental Health Systems* 1, no. 1 (2007): 5.

44 Barsalou, “Trauma and Transitional Justice,” 4. (Note: this report identifies many of the themes addressed here, but it highlights the lack of clarity and debate around how to proceed and adapt the work in light of these reflections on the prevalence of psychosocial harm and trauma in transitional societies. This conversation is not new. It helps to show that

Figure 2: UN Inter-Agency Standing Committee's Pyramid of Care



Source: UN Inter-Agency Standing Committee.

people's ability to meet their basic needs, resulting in fractures at the base of the pyramid. This is made more severe when armed groups commit atrocities, like abducting children and forcing them to kill their family members, as happened in Uganda. In such cases, the perpetrators are "intentionally targeting the next layer of the pyramid and destroying the natural social supports within communities," which in turn increases the need for interventions focused on rebuilding social networks.⁴⁵

Another key factor is the degree of uncertainty that victims experience around violations. In contexts where there are high numbers of people who are forcibly disappeared or where armed groups are unpredictable and resort to terrorist tactics, the psychosocial needs of individuals and the community are likely to be more significant than in a more predictably violent context.⁴⁶ Finally, previous experiences of disaster, natural or human made, may erode the community's psychological infrastructure, leaving the community more susceptible to psychosocial harm.⁴⁷ The more of these factors that are present in a particular context, the greater the need will be for more specialized psychosocial support.

In addition to these societal-level risk factors, several other factors can increase risk at the individual level, including the victim's gender, age, religious identity, physical ability, sexual orientation, socioeconomic status, and previous experience of trauma. Therefore, successful integration of MHPSS in transitional justice relies on a deep understanding of the social context where the

there is greater consensus now around some of these issues than there was in the early 2000s and more examples are to be found of steps that have been taken to address them. Still, there is lot more to be done.)

45 Waters, "Documentation," 7.

46 Kaniasty and Norris, "Social Support," 210.

47 Leppold et al., "Public Health Implications," 276.

violations took place and the variations in violations that can exist across geographical regions and demographic groups, such as in different generations, tribes, ethnicities, or religions.

Bringing It All Together: Mental Health and Psychosocial Support

Because psychosocial trauma “resides in the social relations of which the individual is only a part,”⁴⁸ the challenges that people and communities face in the aftermath of massive human rights abuses are not necessarily pathological, but rather primarily psychosocial. It follows that interventions seeking to address psychosocial harm after periods of violence, conflict, and repression must address the individuals who were impacted and the systems that perpetrated or allowed those violations to occur—as well as the underlying power dynamics. More than a psychological analysis of harms alone, a psychosocial lens calls for analysis of the power structures in society to understand abuses of power and areas where people feel their power has been curtailed, and then develop a response through efforts to redistribute that power.

Thus, justice practitioners need to expand their understanding of trauma beyond “regard[ing] the singular human being as the basic unit of study and prescribe technical solutions . . . [Trauma] is not a private experience and the suffering it engenders is resolved in a social context.”⁴⁹ Psychosocial support recognizes the importance of relations to and within the community and “plunges people into a collective process.”⁵⁰ At the same time, though, it is important for practitioners not to lose sight of individual protections that may be needed. By combining a focus on individual mental health support and psychosocial support, the MHPSS frame encourages a nuanced look at the various needs within the community and broader society.⁵¹ It allows practitioners to think holistically about the many factors that affect well-being and embrace the resilience that is embedded within communities.

Within the context of transitional justice, a MHPSS lens guides practitioners away from a medicalized focus on pathologies of mental illness toward the causes of mental health and psychosocial harms, which, within contexts of mass abuses, often lie at the intersection of politics, economics, and social conditions. This affects the way that practitioners understand the range of interventions and practices that are relevant in these contexts. In a definition advanced by Hamber and others, MHPSS encompasses:

. . . any intervention or practice that promotes well-being through recognizing the link between the psychological and the social. These interventions and practices can take place with a range of constituencies (e.g. victims groups, refugees, young people or women) that operate in different spaces (e.g. the courtroom, indigenous healing rituals, the therapy room or churches) and are driven by different practitioners (e.g. mental health workers, the local community or activists).⁵²

According to this view, MHPSS includes more than just formal funded programming. A core part of MHPSS are existing practices at the community level that can help to advance community well-being, including various healing and grieving rituals.⁵³ MHPSS interventions can also

48 Martín Baró, “Toward a Liberation Psychology,” 124.

49 Tankink Marian, Friederike Bubenzer, and Sarah van der Walt, “Achieving Sustainable Peace Through an Integrated Approach to Peacebuilding and Mental Health and Psychosocial Support: A Review of Current Theory and Practice” (Institute for Justice and Reconciliation and The War Trauma Foundation, 2017), 28.

50 Abiosseh Davis, Head of Global Design, Monitoring, Evaluation, and Learning, Interpeace, interview, April 18, 2023. Ibid.

52 Hamber, *Transitional Justice, Mental Health and Psychosocial Support*, 18; and Brandon Hamber, Elizabeth Gallagher, Stevan M. Weine, and Inger Agger, “Exploring How Context Matters in Addressing the Impact of Armed Conflict,” in *Psychosocial Perspectives on Peacebuilding*, ed. B. Hamber and E. Gallagher (Cham, Switzerland: Springer, 2015).

53 Hamber, *Transitional Justice, Mental Health and Psychosocial Support*, 19.

include reconciliation initiatives, gathering testimonies, truth telling, and memory work, which are all core transitional justice efforts.⁵⁴ This overlap highlights the point that MHPSS interventions are defined by their outcome—well-being—rather than a specific type of intervention. In this way, mainstreaming MHPSS in transitional justice does not necessarily involve the development of entirely new activities, but rather calls on practitioners to situate well-being more consciously as a core objective of transitional justice and adjust the implementation process to ensure that it is met as an objective alongside other transitional justice objectives.

From an MHPSS perspective, it is important to note that many transitional justice processes pose a risk of causing psychological harm to survivors and participants. Valerie Waters, registered psychotherapist and MHPSS specialist, notes, “In MHPSS, we caution against detailed discussion of traumatic events except as part of trauma-focused intervention, facilitated by trained and supervised psychosocial workers;” yet, “detailed discussion of traumatic events is the central focus of truth-seeking and prosecution efforts.”⁵⁵ Given this tension, Waters recommends engaging in a discussion about the potential for psychosocial harm as part of any consent process. Informed consent encompasses a range of conversations, information, protections, and offerings that aim to empower participants. In this way:

. . . even if a survivor experiences psychosocial difficulties after giving their testimony, they will have the option of seeing their suffering as a willing sacrifice they have made in the name of justice, rather than yet another unexpected, unwanted experience of pain and fear. This simple reframing situates them as hero rather than victim, which increases the likelihood that any negative psychological effects of their testimony will be short-lived.⁵⁶

These areas of tension, where traditional methods of transitional justice do not line up with MHPSS best practices, provide an opportunity to improve standard transitional justice practices and subsequently improve work outcomes overall.

Embedding Trauma Sensitivity to Advance Well-Being

In mainstreaming MHPSS in transitional justice, it can be helpful to distinguish between two overarching approaches: a trauma-*focused* approach and a trauma-*informed* approach.⁵⁷ Both share a “do no harm” tenet and the desire to avoid re-traumatizing victims of mass human rights abuses; however, depending on the specific focus and expertise of the organization or institution, one approach may be more relevant or appropriate than the other. In either case, trauma is understood in a holistic way, rather than as a specific mental disorder, using the definition of *trauma* as “an emotional response to a terrible event.”⁵⁸ Building on that definition, Judith Herman notes that:

. . . at the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and

54 Ibid., 17.

55 Valerie Waters, e-mail message to authors, May 18, 2023.

56 Ibid.

57 Nomfundo Mogapi, Chief Executive Officer, Centre for Mental Wellness and Leadership, interview, April 18, 2023.

58 American Psychological Association, “Trauma,” www.apa.org/topics/trauma.

meaning. Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.⁵⁹

The challenge for transitional justice practitioners is to adopt a trauma-informed approach at all levels of practice while avoiding the pathologizing of normal responses to abnormal events, like atrocities.⁶⁰ In the context of transitional justice, the focus is on both individual and collective trauma resulting from conflict, repression, or systematic state-sanctioned violations.

The Trauma-Focused Approach

Every person within a setting of massive human rights violations likely has some level of traumatic experience. With a focus on the individual, the trauma-focused approach directly engages with persons affected by trauma, often through the direct provision of services like one-on-one therapy. This involves mental health practitioners such as psychologists, trained counselors, and social workers conducting these interventions. As efforts are made to mainstream MHPSS in transitional justice, it is important to clearly distinguish work that requires specialized training and sustained engagement (the tip of the pyramid of care, Figure 2) from other general work.⁶¹ The goal is not to equip all transitional justice practitioners to provide psychological support; that would be problematic and potentially very harmful. It is therefore important to have a clear understanding that trauma-focused work requires expertise in mental health, and mental health practitioners should be brought into the process.

Individual therapy can be part of a MHPSS response, but it is only one component carried out by trained professionals. General transitional justice practitioners can play a role in this regard by referring victims to specialized services where necessary. The challenge for transitional justice practitioners is to be able to determine when and how to make that call. This is an area where it would be helpful to have input from psychosocial experts to provide guidance on the possible parameters for determining when additional individual support is needed. As part of psychological first aid training, transitional justice practitioners should be trained to recognize when someone's level of distress requires a higher level of care than they can provide and be equipped to offer a referral for the next level of care.

Having an emotional response to extreme violence is normal,⁶² as is questioning world paradigms following experiences of atrocity. What should not be accepted is for these responses to persist indefinitely and to perpetually limit victims' ability to resume their previous activities and routines or prevent them from seeking justice through transitional justice processes for the harms they suffered.

The Trauma-Informed Approach

The bulk of MHPSS work within the transitional justice field is best described through the trauma-informed approach.⁶³ This approach recognizes that transitional justice practitioners

59 Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 33.

60 Nomfundo Mogapi, Chief Executive Officer, Centre for Mental Wellness and Leadership, interview, April 18, 2023.

61 Ibid.

62 UN Development Programme, "Integrating Mental Health," 12–13.

63 The US Centers for Disease Control and Prevention's Substance Abuse and Mental Health Services Administration has developed six guiding principles for a trauma-informed approach. These are: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. See U.S. Centers for Disease Control and Prevention, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (2014), www.cdc.gov/orr/infographics/6_principles_trauma_info.htm.

work in contexts where there have been high levels of trauma. Conflict, repression, and systemic human rights violations impact individuals and collectives. In many contexts there is also historical trauma that needs to be understood, including the intergenerational transmission of trauma to young people. To work effectively in these contexts, practitioners must assume that everyone in an affected community has been impacted by trauma and implement measures to decrease potential re-traumatization.⁶⁴ This calls for at least a basic understanding of how trauma manifests and affects people. Infusing this awareness across the work of an entire organization or institution would allow practitioners to better respond to collective trauma.

A trauma-informed approach extends to transitional justice practitioners even if they do not have their own direct experience of trauma, because working with victims and repeated exposure to testimonies of abuse can lead to secondary trauma. They do not have to have experienced the same human rights abuses as victims to be impacted by them. The negative impacts of trauma can affect a person's ability to carry out work and, if left unaddressed, can ultimately lead to burnout. (See the "Caring for the Caretakers" section for more.) From a pragmatic stance, if individuals do not address their own trauma through organizational structures or support, they cannot do their work to the best of their abilities, and they are doing victims a further injustice on top of those already suffered.

Overall, trauma-sensitivity needs to be directed *outward* to inform analysis of the overall context, design of the intervention, and support for victims and *inward* to consider how trauma also affects organizational structures, team dynamics, and individuals' ability to do their work.

64 Nomfundo Mogapi, Chief Executive Officer, Center for Mental Wellness and Leadership, interview, April 18, 2023.

Meaningful Mainstreaming and Key Considerations for Operationalizing MHPSS in Transitional Justice Processes

Transitional justice practitioners committed to mainstreaming MHPSS throughout their work can learn valuable lessons from the discussions around mainstreaming gender. Advocates for gender mainstreaming had to overcome the misperception among local and international organizations and institutions that merely including women at an event, activity, or body would achieve their gender-justice goals. Similarly, mainstreaming MHPSS in transitional justice work requires more than bringing counselors to some activities. Meaningful mainstreaming of MHPSS calls for an examination of power dynamics (notably, when and how a psychosocial lens is factored into resource allocation and the design process) and the inclusion of psychosocial factors as decision-making criteria for determining programming. As Carlos Beristain noted, “Psychosocial care cannot just come after decisions are made based off other criteria.”⁶⁵ When psychosocial elements are not considered at the decision-making stage, it creates a situation where additional work must be done later to minimize harm, rather than preemptively deciding on the best intervention to advance well-being.

Meaningful integration of MHPSS in transitional justice efforts is a foundational lens that requires deep understanding of the context and the psychosocial needs of a given society, community, or demographic. Formal transitional justice processes that have mainstreamed a psychosocial lens provide an idea of what this looks like in practice. As noted earlier in the paper, these considerations are not limited to formal, state-led, transitional justice processes. Even within such processes, a crucial component is building on existing support structures in communities.

“Mainstreaming MHPSS is not just about bringing in counselors; practitioners need to understand the intricacies and nuance of this work and of each context.”

—Amina Mwaikambo and Gugu Shabalala,
*Center for the Study of Violence and
Reconciliation (CSVR)*

65 Carlos Beristain, Commissioner, Commission for the Clarification of Truth, Coexistence, and Non-Repetition in Colombia, interview, October 11, 2023.

MHPSS Within Formal Transitional Justice Processes

MHPSS and Reparation

A concern for victims' mental health and the provision of psychosocial support can be integrated directly into a reparative justice framework. In Colombia, for example, the Emotional Recovery Strategy at the Group Level program sought to "provide tools to survivors of the armed conflict through group meetings to mitigate damage in the psychosocial, moral, political and economic dimensions that contribute to the transformation of the lives of the participants, in the comprehensive repair framework."⁶⁶ The program is implemented through nine group encounters that occur weekly for eight weeks with one final follow-up meeting a month later. The program validates and normalizes natural responses to harm in the face of abnormal events in the context of war.

Conceptually, the program's protocol is based on the understanding that victims of the armed conflict in Colombia are not necessarily "sick" nor do they manifest symptoms of mental illness, rather they are experiencing emotional reactions to their exposure to war. In the face of this natural response, the program offers psychosocial care aimed at facilitating the externalization of pain that may be unnamable for victims. Group meetings have been characterized by the Victims' Unit as "collaborative spaces" where people engage in reflective processes in which they seek to "give rise to the representation of 'suffering' in the word, in the body and in dialogue in light of other experiences."⁶⁷

This program did not seek to address the most serious expressions of emotional harm resulting from the conflict on the premise that psychological pathologies require a different mental health response. Instead, it targeted the most common symptoms and recurring forms of harm experienced by victims, developing different approaches for different age groups and identity groups. By the end of 2021, the program had reached 227,537 victims of the armed conflict.⁶⁸

The Victims' Unit also created a program called *Entrelazando* (Interconnecting or Interweaving) specifically aimed at addressing collective harms. Based on a participatory process of cocreation, communities in this program identify the collective harms that they have experienced, develop a plan to address them, and then implement those plans. The process is led by "weavers," individuals who have been historic caretakers of communities who have received training to support the rebuilding of their communities.⁶⁹ Overall, it aims to establish trust and improve collective mental health among the population. This program lasts three years and has five different components.⁷⁰

The objective of the *Entrelazando* program's collective mourning component is to "contribute to the individual and collective expression of suffering by: understanding its complexity, recognizing actions taken to validate, contain and allow suffering to be integrated as part of the history of individuals and collectives, and strengthening or generating community coping practices."⁷¹ This component is developed through the group of weavers trained in promoting spaces for listening to grief and ritual acts of collective mourning.⁷² The second component on "collective

66 Unidad para la Atención y Reparación Integral a las Víctimas, *Procedimiento Estrategias de Recuperación Emocional a nivel Grupal* (2021).

67 Ibid.

68 Management team, Psychosocial group, Victims' Unit, interview, September 7, 2022.

69 L.P. Rondón, "Reconstruir el tejido social. Un trabajo por hacer con las comunidades afectadas y una orientación dirigida a rehumanizar la sociedad," in *Entre acuerdos y desacuerdos: memorias de una paz en disputa* (2018).

70 Community Rehabilitation Guidelines Team, Victims' Unit, interview, February 3, 2023.

71 Rondón (2018).

72 Community Rehabilitation Guidelines Team, Victims' Unit, interview, February 3 2023.

understandings or collective imaginary (*Imaginario Colectivos*) focuses on reducing social labeling, prejudices, and stereotypes associated with patterns of discrimination against groups who were widely victimized. This component promotes reflections on ways of thinking entrenched by the conflict in which notions of the enemy or suspicion have been generalized.

A third component, “transforming perceptions of local places” (*Transformación de Escenarios Locales*), aims at addressing symbolic violence embodied in places that were used as torture centers and to hide the bodies of forcibly disappeared persons or were occupied by armed actors addressed violence reflected in rumors, superstitions, and fears. This component develops processes of dignifying and recognizing victims and preserving the memory of the lives and projects of individuals who were murdered.⁷³ Other elements of the program focus on reinvigorating community interactions that were disrupted during the conflict, such as economic activity, sports, and social and cultural practices, and raising awareness of human rights violations committed during the conflict.

MHPSS and Truth Telling

Practitioners can also use an MHPSS lens to design and implement truth-telling processes in ways that are sensitive to the specific forms of abuse that victims suffered. In Canada, a government-sanctioned, church-run program of forced assimilation removed Indigenous children from their families and placed them in boarding schools with the intent to “kill the Indian, save the child.”⁷⁴ Following a class action lawsuit by survivors of the schools, the Indian Residential Schools Settlement Agreement called for the creation of a truth commission, which resulted in the Truth and Reconciliation Commission of Canada, reparations programs, and memorialization for survivors.

A central component of the agreement was the establishment of the Indian Residential Schools Resolution Health Support Program,⁷⁵ where survivors can access cultural and emotional support provided by local Indigenous organizations, community-based workers, and Elders and mental health counseling services by counselors and psychologists. Importantly, steps were taken to ensure that the support was culturally sensitive by providing health supports who were Indigenous alongside counselors from the national health service, Health Canada. Brenda Reynolds, a Saulteaux social worker from Fishing Lake First Nation, in Saskatchewan, developed and oversaw the health support program, which sought to counter the negative impacts of specific patterns of abuse. Survivors, for example, had their coping skills challenged and were forced into positions where they could not protect themselves, which produced traumatic experiences.⁷⁶ Power and control was taken away from them.

In response, an important aspect of the truth commission was giving survivors full autonomy over how they shared their story. Survivors were supported in giving their testimonies in a variety of ways: recorded privately with or without support, which many survivors found to be a useful way to share painful information with their families; in a listening circle, which was a public setting, but not recorded, with health supports available; or publicly before the commission's

73 República de Colombia, Unidad para las Víctimas, “Estrategia Entrelazando continúa fortaleciendo Planes de Reparación Colectiva en Antioquia” (2019), www.unidadvictimas.gov.co/es/reparacion/estrategia-entrelazando-continua-fortaleciendo-plan-de-reparacion-colectiva-en.

74 The first church-operated Indian Residential School dates back to 1831. By the 1880s, the Canadian federal government adopted a formal policy of financing these schools throughout Canada with the clear objective of severing Indigenous children from their families and heritage. In 1920, the Indian Act mandated Treaty-status children aged 7 to 15 to attend Indian Residential Schools. See Government of Canada, National Centre for Truth and Reconciliation, “Residential School History,” <https://nctr.ca/education/teaching-resources/residential-school-history/>.

75 Government of Canada, “Indigenous Services Canada,” last modified February 17, 2020, <https://www.sac-isc.gc.ca/en/g/1581971225188/1581971250953>.

76 Brenda Reynolds, Mental Health Consultant and Counselor, interview, May 17, 2023.

Sharing Panel, which was recorded. Imposing strict time limits and other constraints on how victims and survivors can share their testimony can be counter-productive and cause a new layer of harm. A trauma-informed approach, in contrast, is about bringing survivors to a position where they are in control of the experiences that they will share with a truth commission or other transitional justice process.

Most recently, in the state of Victoria, Australia the Yoorrook Justice Commission benefited from learning from other truth commissions and being established at a time when MHPSS is seen as a necessary and integral part of transitional justice processes. In its start-up phase, the commission took steps to mainstream MHPSS throughout all aspects of its work. This started with consideration of MHPSS as a core qualification for the commission leadership: One of the five commissioners has a background in social work and well-being support. The commission hired a Social and Emotional Wellbeing Manager to lead the development of its structure and team. MHPSS was included as a core part of the commission's work and highlighted as a priority area on its website, which explains that Yoorrook provides free, confidential well-being support and legal support to survivors: "Social and emotional well-being supports, delivered by support workers and counselors from First Peoples' Health and Wellbeing [an Aboriginal community-controlled health service], are holistic and confidential. The foundations of our support are connection to family, kin, Country, culture, community, and ancestors."⁷⁷ The commission does so by supporting self-determination, embedding protective factors, supporting healing and trauma recovery, ensuring culturally safe supports, taking a person-centered approach, and ensuring confidentiality. It also has an extensive referral network for those seeking additional services.

MHPSS and Criminal Accountability

MHPSS can also be integrated into judicial processes seeking criminal accountability. The Special Court for Sierra Leone, for example, was groundbreaking in many ways, including by highlighting the need for psychosocial support for witnesses and victims. Within the Witness and Victims Section, the second staff position hired was a psychologist, a decision that signaled a prioritization of MHPSS throughout the court's work; however, as staff who worked at the court noted, one psychologist was not nearly enough to meet the needs of the population. Since then, research and analysis of support practices developed at the court—and the International Criminal Court—show that providing appropriate psychosocial support to witnesses and victims can increase agency and well-being and reduce anxiety, in turn, facilitating participation.⁷⁸

For example, in Sierra Leone, some witnesses stated that they had enjoyed the experience of cross-examination, as it provided them with an opportunity to withstand rigorous challenges to the veracity of their testimony and, thus, to prove that they had testified truthfully. For some witnesses, the experience within the courtroom of being able to firmly insist on their firsthand knowledge of war atrocities was reparative because during the war there had been no mecha-

⁷⁷ Yoorrook Justice Commission, "Social and Emotional Wellbeing FAQ," <https://yoorrookjusticecommission.org.au/social-and-emotional-wellbeing-faq/>.

⁷⁸ Working Group on Transitional Justice and SDG16+, "Toward Victim Centered Change: Integrating Transitional Justice into Sustainable Peace and Development" (ICTJ, 2023), 3, https://www.ictj.org/sites/default/files/2023-09/jac_report_wg-tj-sdgi16_2023.pdf; An Michels, "The Psychologist-Client Relationship at the ICC: A Road Map for the Development of the Counsel-Victim Relationship," in *Advancing the Impact of Victim Participation at the International Criminal Court: Bridging the Gap between Research and Practice*, ed. R. Jasini and G. Townsend (Oxford: ICCBA-Oxford, Oxford Law In-house publication, 2020); Rebecca Horn, Saleem Vahidy, and Simon Charters, "Testifying in the Special Court for Sierra Leone: Witness Perceptions of Safety and Emotional Welfare," *Psychology, Crime and Law* 17 (2011): 435.

nism through which they could speak out about what they had seen, heard, and undergone, let alone to publicly denounce the perpetrators.⁷⁹

The court's Witness and Victims Section developed ten guiding principles for supporting witnesses at international tribunals, to mitigate the potentially harmful effects of testifying for victims.⁸⁰ The principles were grounded in the work of trauma scholar Judith Herman and organized as pre-testimony, during testimony, and post-trial categories.⁸¹ Principles for the pre-trial phase included establishing a caring relationship, establishing safety, both physical and psychological, stabilizing physiological and mental states,⁸² and creating predictability. During the testimony phase, the principles were to maximize choice, affirm dignity, and affirm the power of speech. In the post-testimony phase, the court decided that it was crucial to promote support through human connection, foster hope by looking to the future, and take steps to reconnect survivors with a sense of normalcy. Recent research led by An Michels has expanded on this work, providing additional recommendations for ways to mainstream MHPSS throughout the criminal justice process.⁸³

More recently, in Colombia, the Special Jurisdiction for Peace (JEP) has created innovative processes of "psycho-legal care." According to interviews conducted with the JEP's technical teams in charge of providing this care,⁸⁴ the purpose of psychosocial support provided to victims as part of the JEP process differs from the psychosocial rehabilitation policy implemented by the Colombian Ministry of Health and Social Protection and the Victims' Unit. Compared to a broader focus on emotional recovery, the specific aim of this support is "to provide the victims with the emotional and thinking tools necessary to face the legal processes."⁸⁵ Therefore, they use the term *psycho-legal*, not *psychosocial*. Targeted specifically to the JEP process, this support seeks to ensure that judicial processes do not increase victims' suffering or revictimize them, but instead promote coping and participation, while empowering victims to feel they are active agents and to contribute to restorative justice efforts.

Psycho-legal support is provided at different procedural stages in the JEP process. In the initial stage of the judicial investigation, victims and victims' groups provide testimony before the judges of the Chamber for the Acknowledgment of Truth and Responsibility. Psycho-legal preparations for this involves providing for the physical and emotional security of victims' participation, assisting in emotional regulation during the presentation, allowing them to feel free enough to tell their own narrative, supporting the recall of traumatic events, and integrating the experience into their journey as justice claimants. The aim is to prevent painful memories from overwhelming the narrative capacity of victims in front of the judges, resulting in re-traumatization.

79 Shane Stepakoff, former Witness and Victims Section (WVS) psychologist for the Special Court for Sierra Leone, Miatta Abu, former WVS witness support coordinator, and Neneh Binta Barrie, former WVS senior psychosocial counselor, interview, April 18, 2023; Shane Stepakoff, G. Shawn Reynolds, Simon Charters, and Nicola Henry, "The Experience of Testifying in a War Crimes Tribunal in Sierra Leone," *Peace and Conflict: Journal of Peace Psychology* 21, no. 3 (2015): 445–464.

80 Shane Stepakoff, Nicola Henry, Neneh Binta Barrie, and Adikalie S. Kamara, "A Trauma-Informed Approach to the Protection and Support of Witnesses in International Tribunals: Ten Guiding Principles," *Journal of Human Rights Practice* 9 (2017): 268–286.

81 *Ibid.*

82 *Ibid.*, 273.

83 An Michels, Pantea Javidan, Eveline de Bruijn and Lisa M. Brown, "Integration of Mental Health and Psychosocial Support Approaches in Accountability Mechanisms for Atrocity Crimes," Knowledge Platform Security and Rule of Law (2024), <https://www.kpsrl.org/publication/integration-of-mental-health-and-psychosocial-support-approaches-in-accountability-mechanisms-for-atrocity-crimes>.

84 Care and Assistance Team for Victims, Special Jurisdiction for Peace, interview, November 3, 2022.

85 This is the definition that the ICTJ has given for *psycho-legal processes*, which are distinct from psychosocial support processes aimed at emotional recovery.

While participating in “voluntary versions” (*versiones voluntarias*),⁸⁶ victims listen to the statements of those appearing before the judges’ inquiries in adjacent rooms or through livestream transmissions and ask questions for judicial clarification. Assistance at this stage is meant to validate victims’ knowledge about what happened to them, validate their judicial and moral challenging of offenders and others who submit to the JEP jurisdiction (known as *comparecientes*), support the formulation of questions, and give their emotional experience as part of the judicial process. When information provided by witnesses is transferred—virtually or in person or individually or in groups—psycho-legal assistance seeks to bring the victim closer to the narrative of the witnesses and to allow for coping in the construction of observations. This is meant to validate victims’ voices as interlocutors in the judicial process and to channel emotional experiences such as relief, frustration, anger, rage, disappointment, compassion, or admiration into the elaboration of observations.⁸⁷

The design of the JEP’s psycho-legal processes has also required preparing victims to present their testimonies and accounts in public acknowledgment hearings, where their observations before the judges serve as a way of complementing the truth that those responsible for the facts have provided. Because assistance at this point integrates the participation of the victims in previous stages, it is important as a moment of overall validation. The preparation of victims in all cases has been ordered by JEP judges because in that procedural space, victims hear live and in their own voices the acknowledgments of those responsible for the crimes they suffered.⁸⁸

With the support of nonprofit groups, the JEP process seeks to address the needs and reintegration of both victims and comparecientes back into society through the careful provision of psycho-legal support. The preparation of victims aims to construct an image of the other as responsible for the acts of violence, provide tools for the construction of testimonies aimed at demanding recognition, reflect on the notion of recognition with the victims, humanize the reality of the harm caused to the victims, provide emotional and thinking tools to understand the purpose and scope of the hearing, and emphasize the cumulative importance of victims’ participation in previous procedural stages. In parallel, the preparation of comparecientes provides tools to reflect on command responsibility, support listening exercises that facilitate the recognition of harm caused to victims, and encourage reflection on past events without defensiveness or justification.

The JEP’s psycho-legal preparations have been gradual, carried out individually or in groups. Victims were always able to attend the preparations with their trusted psychologists and lawyers. Preparation for comparecientes combined group and individual sessions, the latter being guided by teams of psychologists and lawyers for the defense. In short, the preparation of the comparecientes consisted of “bringing” the victims’ narratives into the scenario in different forms (audio, role-playing, videos, and photographs) so that the comparecientes could advance in the practice of listening to the narratives and their underlying emotional content.

86 *Voluntary Versions* refers to the JEP’s procedural phase that focused on building consensus around the facts of the alleged violations. Perpetrators who express willingness to acknowledge responsibility are encouraged to be forthcoming in this phase.

87 Jurisdicción Especial de Paz, Sala de Reconocimiento de la Verdad Responsabilidad, Auto JLR 01 No. 299 de 2021. Programa las audiencias de presentación de observaciones al escrito presentado por los comparecientes en respuesta al Auto No. 19 de 2021.

88 Republica de Colombia, Ley 1957 de 2019 (Ley Estatutaria de Administración de Justicia en la Jurisdicción Especial para la Paz - LEAJEP), art. 80, inc. 4; Ley 1922 de 2018 (Ley de Procedimiento de la JEP), art. 27c; Acuerdo Final de Paz, Subpunto 5.1.2., num. 47.

Mainstreaming MHPSS: Key Points of Consideration

Formal transitional justice processes are an important component of the reckoning process, but they are only one piece of the larger puzzle. Adopting a psychosocial lens brings into focus community support structures; the interconnection between individuals, their communities, and the broader society; and the need to consider these levels together. These are collective processes that apply to all types of intervention. As practitioners seek to effectively mainstream MHPSS throughout transitional justice efforts, they need to consider examples of efforts led by civil society and government sponsored measures. This includes embedding work in communities, creating conditions for positive participation, overcoming stigma, developing a long-term process, focusing on all stages of work, ensuring long-term and sustained funding, measuring progress, and considering levels of historic trauma among leaders and institutions. It must also include an often-overlooked need across all areas of work, caring for the caretakers.

Embedding Work in Local Communities

One of the central tenets of transitional justice work is to tailor it to the specific context.⁸⁹ Therefore, within a transitional justice framework, MHPSS must be responsive to the specific forms of injustice that occurred, local behavioral and cultural practices, and the underlying systems of discrimination at the root of past injustice. As such, the mainstreaming of MHPSS in transitional justice calls for “contextual adaptation, letting the context drive [the] work.”⁹⁰

As previously noted, it is essential to not reduce MHPSS to a clinical therapeutic model of one-on-one counseling. Ensuring resonance and relevance requires a nuanced approach that is rooted in the local community and responsive to the specific psychosocial context, including the historical harms, cultural norms, and coping strategies. Practitioners need to make efforts to open a space that is responsive to these dynamics. As MHPSS experts at the Centre for the Study of Violence and Reconciliation (CSV) reflected, “There is no list of steps to be taken. Everything is a process. Everything that you come up with must come from a joint engagement with the community.”⁹¹ Embedding MHPSS work in the community is essential for several reasons, including maximizing resources, ensuring sustainability and cultural relevance, and avoiding stigma. These objectives are interrelated, and their fulfilment contributes to more effective programming.

MHPSS is about mobilizing local resources, not parachuting in as an outsider and trying to “fix” everything. Particularly for organizations that are funded through grants with specific objectives and outcomes, it is important to include flexibility in project planning, so that specific activities and approaches can be adapted to build on what already exists in the community. According to Gugu Shabalala, MHPSS Program Manager at CSV, the core of the work is supporting affected communities in addressing their own needs. For example, in South Sudan, seeing that faith leaders were already supporting victims, CSV provided them with training rather than develop an entirely new set of support workers. There will never be enough external MHPSS professionals, therefore the goal should be to equip individuals in the community with the tools to continue helping their community, take care of themselves, and develop their own interventions.

89 Roger Duthie and Paul Seils, eds., *Justice Mosaics: How Context Shapes Transitional Justice in Fractured Societies* (ICTJ, 2017).

90 Abiosseh Davis, Head of Global Design, Monitoring, Evaluation, and Learning, and Mona Duale, Reconciliation, Transitional Justice, Peacebuilding and Good Governance, Interpeace, interview, April 18, 2023.

91 Amina Mwaikambo, MHPSS practitioner and psychologist, and Gugu Shabalala, MHPSS Programme Manager, CSV, interview, March 29, 2023.

A community-based approach also highlights and reinforces the resilience that has been developed within a particular community. As Head of ICTJ's office in Uganda Sarah Kasande reflects:

. . . we recognize the community's approaches to dealing with trauma. Survivors know the triggers of trauma and know how to address them, especially those who have moved from being victim or survivors to activists. Having them in these conversations, or having them lead the conversation, for example, rather than us facilitating, has proven to be an effective strategy since they can relate to and understand what other victims are saying.⁹²

Working together with victims from the community helps to ensure that programming is sensitive to the context and specific cultural norms and cues. A co-created and collaborative approach also facilitates outreach and access to networks of victims and survivors.

Building a peer support network can help some community members to have the courage to come forward to seek help or share their perspectives. "This approach has been transformational," explains Kasande, "for example in helping someone who could not speak before or someone who could not confront what they went through. Once they see that there are many others who have gone through the same experience, they then start a gradual process to tell their stories as others support them."⁹³

In some cases, there is a need to balance rooting the work in the local culture with upholding the rights and best interests of individual victims and survivors. This tension tends to arise around gender norms, mental health conceptions, and the treatment of children and youth. Cognizant of patriarchal attitudes and gender norms, it can be useful to stage initial interventions separately with men, women, and children before bringing these groups together.⁹⁴ In other contexts, tensions may arise around the local approaches to mental health. For example, a psychologist recounted how in Sierra Leone and Liberia people without training in psychosocial support tend to tell someone who is expressing difficult emotions: "Don't cry. You shouldn't feel bad, it was the will of God."⁹⁵ This may not be helpful for someone who is experiencing emotional harm, even if it is the cultural norm. However, imposing an externally prescribed therapeutic approach will not have a positive impact. Practitioners need to find a balance between building on networks of psychosocial support within the community and not imposing an approach that is insensitive to context, while also respecting individual human rights.

Creating Conditions for Positive Participation

Participation of victims and survivors is rightfully considered a core element of transitional justice processes. However, practitioners have noted this development has been accompanied by growing pressure on victims, survivors, and their families, both self-imposed and externally imposed, to be part of technical assistance and to help to "find a solution" to the conflict or repression in their country and become "decision makers." Bringing technical experts together with victims and survivors can be counter-productive from a psychosocial standpoint if it is not done well. Integrating MHPSS in transitional justice work, therefore, calls for practitioners to be attuned to the pressure that victims and survivors can feel and to work against tokenistic involvement of victims in policy discussions.

92 Sarah Kasande, Head of ICTJ's office in Uganda, interview, February 6, 2023.

93 Ibid.

94 Jasmina Brankovic, "Integrating Mental Health and Psychosocial Support into Transitional Justice in the Gambia: Practitioner Perspectives" (Centre for the Study of Violence and Reconciliation and Global Initiative for Justice, Truth and Reconciliation, 2021), 9.

95 Shanee Stepakoff, Miatta Abu, and Neneh Binta Barrie, interview, April 18, 2023.

For example, at a workshop about the Syrian constitution in fall 2023, several former detainees and family members of the missing were invited to participate as a group with constitutional experts on the constitutional process. The overly technical and somewhat detached tone of the conversation was emotionally triggering for some of the participants for whom this is a very real matter of survival that affects their future. Following the event, some of the Syrian participants reflected that they did not feel that they were given enough information in advance of the workshop to be able to make a substantial contribution. This highlights the need to ensure that victims are provided the tools to meaningfully engage in policy discussions.

When bringing together individuals with different backgrounds, experiences of trauma, and technical expertise, it is important to undertake a pre-screening of participants to ensure that they understand the plan for the workshop and that they are in the right space in their own journey to take part in the discussions. There are some victims and survivors who are at a point in their own personal healing journey where they are ready and eager to contribute to higher-level technical discussions to advance the rights of their communities, but others may not yet be ready to have their very personal experiences of suffering abstracted and generalized, as often occurs in global policy discussions. Organizers and facilitators need to be attuned to these distinctions and aware of what spaces are appropriate for technical versus more personal discussions.

Overcoming Stigma

In many contexts, the terms *mental health* and *psychosocial support* can elicit strong reactions, misconceptions, and stigma. As one partner shared, "Once you talk about MHPSS, the word 'crazy' comes out and that's a very loaded term."⁹⁶ In Yemen, for example, the National Commission to Investigate Alleged Violations to Human Rights is seeing increasing demand to address MHPSS as a core part of its work. Unfortunately, however, given persistent stigma and misconceptions, it is unlikely to be prioritized. Several participants at an ICTJ workshop noted that while they felt comfortable talking about MHPSS and how the work affects them at a workshop, once they are back in Yemen, given the stigma around this topic, they tend to repress and hide those feelings.⁹⁷

In implementing a trauma-informed approach to transitional justice work, it is important to choose terminology carefully: Practitioners should adapt their language based on the specific audience and culture they are in. They should avoid pathologizing or using medical terms, and instead use more psychosocial terms and phrases such as *well-being* or *disruption of relationships* to describe the context in a way that can also raise awareness about elements of psychosocial health at the individual and community levels.

Another way to circumvent social stigma is to discuss mental health impacts indirectly. Tools like body mapping can be useful in this regard. In some contexts, speaking directly about psychosocial harm can lead people to withdraw or disengage in order to protect themselves. Rather than focusing on events or emotions, "practitioners might use body representations . . . [like speaking about a tightness in the chest, rather than anxiety) to demonstrate the very normal impacts that trauma has on people."⁹⁸

Camouflaging is another approach that can be used to avoid stigma when dealing with sensitive issues and populations. In the context of The Gambia, where there is a high level of stigma around sexual violence, in consulting about reparations with victims of conflict-related sexual

⁹⁶ Mona Duale, Reconciliation, Transitional Justice, Peacebuilding and Good Governance, Interpeace, interview, June 18, 2023.

⁹⁷ Nour El Bejjani Nouredine, Program Expert for Lebanon and Yemen, ICTJ, interview, October 18, 2023.

⁹⁸ Brankovic, "Integrating Mental Health," 9.

violence, the ICTJ team was careful to not draw attention to the fact that the focus of the work was on SGBV survivors. Instead, it took a discrete approach, focused on finding and building partnerships with trusted community members and leaders to help identify and invite participants. Once trust had been established with those focal points or community leaders, ICTJ brought them on as part of the planning team and had them reach out to victims and survivors who would be interested in receiving support and training. This strategy proved effective both to identify participants discreetly in a way that protects them from community stigma and shape the overall work to be more responsive to the context. Carlos Beristain echoed the centrality of this point, noting, "Trust is key to this work . . . You need to work hand-in-hand with someone who has the trust of the population."⁹⁹

Identifying Clear Roles

The pyramid of care (Figure 2) reveals that the majority of transitional justice work takes place at the base of the pyramid, which does not require specialized psychological training. Mainstreaming MHPSS, however, does require all involved to take on a psychosocial lens and understand how their specific work fits within the overall process and how it can contribute to the well-being of those involved. In contexts where the state did not respect or uphold rights, there is deep meaning for victims and survivors to be treated with dignity and respect, have their claims processed efficiently, and have regular transparent communication, particularly in contexts where information was withheld. Taking care to improve the administrative treatment of victims "can enhance trust in state institutions and the potential for such institutions to bring mental health benefits."¹⁰⁰

This work is not the purview of a select few specialists but everyone involved. At the same time, however, if a topic or context is particularly difficult, there should be psychosocial support persons available. As Head of ICTJ's office in Uganda Sarah Kasande reflects:

We learned that it is important to have a counselor present in the room, so it's now part of our strategy, particularly when you are engaging with survivors who you have not engaged with before, who are not at that level of acceptance or coming to terms with their experience, but are still new to this . . . The other approach is to make referrals to partner organizations where they can get support.¹⁰¹

It is generally accepted as good practice to distinguish between the roles of someone who collects stories from survivors and someone who provides psychosocial support. The same psychosocial support worker involved in collecting stories should not then be providing support to victims. Psychosocial workers and those facilitating documentation have overlapping but still distinct goals. Separating these roles prevents confusion for those sharing their stories and conflicts of interest for professionals supporting the process.¹⁰²

The need to distinguish between roles does not preclude the development of synergies between transitional justice practitioners and psychosocial support workers, psychologists, and counselors. On the contrary, mainstreaming a psychosocial lens in transitional justice calls for practitioners with transitional justice and psychosocial expertise to work together to identify areas where objectives overlap and agree on a division of labor and collaboration that centers the well-being of victims and survivors. For example, the Center for Victims of Torture provides specialized

99 Carlos Beristain, Commissioner, Commission for the Clarification of Truth, Coexistence, and Non-Repetition in Colombia, interview, October 11, 2023.

100 Hamber, *Transitional Justice, Mental Health and Psychosocial Support*, 26.

101 Sarah Kasande, Head of ICTJ's office in Uganda, interview, February 6, 2023.

102 Valerie Waters, Mental Health and Psychosocial Support Specialist, interview, May 17, 2023.

and non-specialized interdisciplinary services to survivors of gross human rights violations and conflict-related abuses. Survivors may be offered a range of options—through robust informed consent and adaptations to data collection—to participate in justice-related documentation.

Building Collaboration Across Silos

The integration of a psychosocial lens in transitional justice efforts calls for more intentional and explicit application of psychosocial insights to inform the design and implementation of transitional justice efforts. However, integration is not a unidirectional process, as it can result in better psychosocial interventions and outcomes as well. Providing survivors with an opportunity to engage in transitional justice processes, for example, can lead to a positive impact on their well-being. In this way, MHPSS providers and transitional justice organizations can work together to create a holistic and therapeutic justice process for victims.¹⁰³ This entails collaborative programming at the areas of intersection of their shared objectives, with each bringing in their specific expertise.

Therapeutic documentation, an approach co-designed by the Center for Victims of Torture in collaboration with local partners, is one example of integrating MHPSS providers and human rights documentation, justice, and advocacy organizations. It provides a framework for collaboration by integrating services to further “goals of both healing and justice at the individual and collective levels.”¹⁰⁴ Through this approach, both types of organizations reimagine their work. Survivors who participate report that they experience both healing and justice related benefits; organizations who participate report that they are accomplishing their objectives more effectively through the integrated approach. For the MHPSS organization, it can offer survivors an opportunity to further their healing process and take action to pursue justice. For the documentation organization, it can help them to reach survivors, obtain high-quality testimonies,¹⁰⁵ and limit the risk of harm to participants.

Therapeutic documentation seeks to promote survivors' healing by supporting them in choosing the type of documentation approach that will advance their sense of justice and providing necessary accompaniment along the way.¹⁰⁶ Survivors thus get both the individual support they need and the chance to contribute to larger justice efforts. Centering the agency of survivors is a core element of the therapeutic documentation process. Survivors are briefed on the potential benefits and risks of engaging in documentation efforts. According to the Center for Victims of Torture, therapeutic documentation can provide the following benefits:

- Engaging in an interview process can have healing potential for individuals because narrating one's story in a supportive and accepting environment can lead to further integration of the trauma memory.
- Documenting experiences for personal or community memorialization purposes can honor the memory of those who were lost and help the individual to effectively inform loved ones about their suffering.

¹⁰³ Debra L. DeLaet, Shannon Golden, and Veronica Laveta, “Therapeutic Justice for Survivors of Human Rights Violations and Wartime Violence,” in *Gender, Global Health, and Violence: Feminist Perspectives on Peace and Disease*, ed. Tiina Vaittinen and Catia C. Confortini (New York: Rowman and Littlefield, 2019), 181–205.

¹⁰⁴ Center for Victims of Torture, “Therapeutic Documentation: Integrating Documentation and Therapy After Violations of Human Rights” (2019), 5.

¹⁰⁵ Providing therapeutic support to ensure survivors are psychologically stable enough to provide their testimony results in higher quality information being collected. Center for Victims of Torture, “Therapeutic Documentation: Integrating Documentation and Therapy After Violations of Human Rights” (2019), 6.

¹⁰⁶ *Ibid.*, 6.

- Contributing to advocacy efforts could potentially lead to better policy making and resources for survivors locally or globally.
- Contributing to transitional justice processes can help an individual feel that their suffering was not for nothing and that, despite their pain, they are able to contribute positively to future change.¹⁰⁷

Documentation processes that have therapeutic effects are “crucial to advancing both the healing process for survivors and the justice goals in a transitional situation.”¹⁰⁸

In Colombia, the nonprofit group Colombia Diversa has adopted a similar approach to bringing in an MHPSS lens to their work with survivors.¹⁰⁹ Part of the organization's mandate is to accompany LGBTQ victims who are taking part in the Special Jurisdiction for Peace. During that preparation, typically a lawyer is the one who interviews a defendant to gather evidence and builds their case, however, Colombia Diversa has a team that includes psychologists who lead the intake interviews with LGBTQ survivors while the lawyer assigned to the case only asks for relevant legal information. In this way, Colombia Diversa provides psychosocial support to their clients while preparing them for the judicial process. They use their understanding of their clients' situation and needs to influence the hearing or legal process in a way that will further both the justice claims and their clients' healing journey.

Highlighting the mainstreaming of the MHPSS approach, Maria Fernanda Uribe, a lawyer with Colombia Diversa, emphasized that it is not just that the lawyers turn over the interview to the psychologist:

All team members, including non-psychologists, are guided by the psychosocial support approach. Lawyers are also seeking the well-being of the victims and looking for ways in which they can feel repaired and can strengthen their democratic capacity. We believe that psychosocial support includes a political stand: Human rights need to be protected. Therefore, our work as lawyers seeking truth, justice, reparation, and non-recurrence is guided by our belief that we need to fully understand the discrimination against LGBTQ people, and build a comprehensive truth, including the acknowledgment of gender-based violence. We believe that all this work is also psychosocial support because we understand [it to include] the protection of human rights and the search for the well-being of people. That's why this approach is not isolated.¹¹⁰

Working together, lawyers and psychologists provide ongoing psychosocial and legal support to help victims claim their civic identity and strengthen their capacity to engage in collective processes, so they can feel empowered enough to be leaders in their communities and advocate for their rights.

Developing a Long-Term Process

When mainstreaming MHPSS, it is essential to recognize that, just as transitional justice efforts are long-term processes, so too is the accompanying mental health and psychosocial support. MHPSS is a process that takes place over time and needs to be adapted to changing circumstances. The specific needs of victims and survivors evolve; therefore, responding to them requires long-term thinking. Their needs are affected by various factors, including how victim

¹⁰⁷ Ibid., 27.

¹⁰⁸ Ibid., 15.

¹⁰⁹ See Colombia Diversa website, <https://colombiadiversa.org/>.

¹¹⁰ Maria Fernanda Uribe, correspondence, November 3, 2023.

participation in a transitional justice process is supported or not. For example, a longitudinal study carried out by Rosalind Shaw in Sierra Leone on the work of the Truth and Reconciliation Commission highlighted that victims who testified at the commission largely reported an enhanced sense of well-being after having been able to share their story.¹¹¹ However, given the delay in reparations implementation and the lack of MHPSS follow-up, when those same victims were interviewed one year later, they reported negative impacts on their well-being, including feeling that they opened their wounds to testify and then did not get any sense of closure.¹¹²

In working with people affected by human rights abuses, one-time interventions risk causing more harm than good. As part of the need to build trust, it is important to offer activities that are repeated and build on each other over time. It is also essential to be realistic, both externally and internally, in terms of project planning and what can be offered and achieved. In particular, the goal is not to “fix” or “heal” people but rather to provide accompaniment in the healing journey and to provide the best conditions possible for that to take place. There is no quick or easy remedy. As colleagues from Interpeace affirmed, “We’re aiming for societal transformation, not just healing individuals.”¹¹³

To the extent possible, it is important to seek to provide sustained engagement and continuity of care. Unfortunately, that is a challenge for many organizations that provide psychosocial support. In The Gambia, participants reflected on the limitations of workshops: “When we return home, the reality comes back;” “As soon as the meeting finishes, they are waiting for the next one.”¹¹⁴ This highlights the need for more frequent meetings. The long-term nature of MHPSS also emphasizes the need for institutional reform in areas such as education systems, mental health care, and other state institutions that impact individual psychosocial well-being.

Focusing on All Stages of Work

When moving to the details of design and implementation, mainstreaming MHPSS calls for practitioners to include a trauma-informed approach in all stages of their work. As noted, bringing in a few counselors to attend an activity that has already been fully planned will not be sufficient. Rather, mainstreaming needs to start with the design and conceptualization phase. If a new project is being contemplated, the first step is to assemble the team that will be working on it. Ideally the project team should include members with psychosocial expertise. If that expertise is not available internally, the team should explore creating external partnerships with other organizations working in that same context or with locally based psychosocial practitioners or mental health supporters. This is one area that needs to be considered in terms of the resources required to run the program; budget allocations should include funds for external expertise when needed.

The assessment phase is a critical moment to assess the psychosocial needs and resources in a specific context. To meaningfully integrate a trauma-informed approach requires an analysis of

111 Rosalind Shaw, “Rethinking Truth and Reconciliation Commissions Lessons from Sierra Leone Summary” (U.S. Institute of Peace, 2004).

112 Rosalind Shaw, “Memory Frictions: Localizing the Truth and Reconciliation Commission in Sierra Leone,” *International Journal of Transitional Justice* 1, no. 2 (2007): 183–207, 2007. This finding regarding the Truth and Reconciliation Commission in Sierra Leone contrasts with the results found in Shanee Stepakoff, G. Shawn Reynolds, and Simon Charters, “Self-Reported Psychosocial Consequences of Testifying in a War Crimes Tribunal in Sierra Leone,” *International Perspectives in Psychology: Research, Practice, Consultation* 4, no. 3 (2015): 161–181. Stepakoff notes that it might be that, in at least some instances, a legal or juridical proceeding geared toward combatting impunity and holding perpetrators accountable could yield some psychosocial benefits for victims that are not available through a truth commission.

113 Abiosseh Davis, Head of Global Design, Monitoring, Evaluation, and Learning, and Mona Duale, Reconciliation, Transitional Justice, Peacebuilding and Good Governance, Interpeace, interview, April 18, 2023.

114 Didier Gbery, Head of ICTJ’s office in The Gambia, interview, January 25, 2023.

the context from a psychosocial perspective. This includes asking questions or seeking information about the cultural and social attitudes around suffering and the historical trauma in that context. While trauma is a universal human phenomenon, it manifests differently in different contexts and may be hard to recognize across cultures.¹¹⁵ Waters suggests that recognizing trauma first requires understanding the social norms in a given context before then attempting to recognize deviations from the norms of functioning.¹¹⁶ For example, if it is normal for people to sit very still in a social setting, but someone is acting very agitated, then that is a cue that the person may be experiencing a level of distress that needs to be attended to. Understanding such social cues will help to integrate a trauma-informed approach once the work is being implemented. The assessment should also seek to identify the networks of support that exist within a particular community or area, which can in turn serve as the foundation for the program.

In the design phase of an intervention, mainstreaming MHPSS calls on practitioners to reframe the questions they ask and include attention to well-being in their objectives. When possible, this should be done in collaboration with someone with MHPSS expertise. Building on the context assessment, it is important to take the time to understand who will be participating in the planned activity and what their needs are. Practitioners should never gather more information than needed and should be careful not to ask questions that could cause harm; rather, there should be a strong connection between the information gathered and the activity. It is also important to avoid extractive approaches where victims are treated like sources of information. Practitioners should consider the short- and long-term well-being of victims and ensure that victims' participation in interviews or other activities benefits them and helps advance them in their journey to seek justice.

As part of an effort to advance reparations for SGBV in Nepal, ICTJ worked with Nagarik Aawaz, a local organization that supports conflict-affected individuals. The project team included two trained staff psychosocial counselors who were familiar with the context and knew the participants. Before starting the interviews, researchers first asked the respondents about their safety and well-being, noting that they could end the process at any time and withdraw their testimony if they wanted. Each survivor was assigned a code name to protect their identity, and researchers assured them that no identifying information would be shared outside of the team. Each interview was followed up with a self-help session that included progressive muscle relaxation, diaphragmatic breathing, and relaxation exercises, such as body scanning and guided imagery. Many survivors found these sessions very helpful. The interview also included an empowerment component: Survivors were given a brief explanation of reparation to ensure that they had a basic understanding of their rights, which they could then use to take those rights forward on their own or with the support of other victims or victims' groups in the future.¹¹⁷

In workshops, it is important to give participants a chance to talk about what they are experiencing and pressures they are facing from their contexts. For example, facilitators can help adjust the program to meet participants' needs by asking the question "What do you need to get out of this workshop?," rather than the default approach, informing the participant that "this is what you should get out of the workshop."¹¹⁸ Particularly when working in very difficult contexts of conflict, where participants are making sacrifices to be present and face a lot of pressure in their home context, practitioners need to be careful to not add more stress on them in the

115 Valerie Waters, interview, May 17, 2023.

116 Ibid.

117 Elena Naughton and Dr. Susan Risal, "We Will Never Forget the Scars and Pains of Conflict: Nepal Study on Opportunities for Reparations for Victims and Survivors of Conflict-Related Sexual Violence" (ICTJ, 2023), 12, <https://www.ictj.org/resource-library/we-will-never-forget-scars-and-pains-conflict-nepal-study-opportunities>.

118 Celeste Robinson, Program Manager, Center for the Victims of Torture, interview, March 31, 2022.

way the workshop is presented or delivered, for example, by inadvertently putting pressure on participants by asking them to take the approaches back to their community to “fix” contexts that are complex and where violations are structural.

In the implementation phase, practitioners should be able to recognize signs of potential distress and trauma in participants. If a participant appears distracted, rather than assume that they do not want to be there, steps should be taken to check in with the individual and attend to their well-being. For example, in The Gambia, ICTJ has developed a training program on attentive listening, reminding team members to pay attention to the words that people use, their body language, and their overall attitude and to allow participants to speak more than the ICTJ team speaks, give them the space to choose the activity, and open spaces for them to share their views and have them see that their views are considered and taken seriously. Approaching participants with the respect and dignity that they deserve can have positive ripple effects. As one woman who took part in ICTJ workshops noted, “Before people did not consider us, but since you came, our community pays more attention to us.”¹¹⁹

Practitioners should also be trained in simple coping strategies and grounding techniques that can help the groups they are working with. For example, in its manual on therapeutic documentation, the Center for Victims of Torture provides examples of visualizations (the content of which is reviewed for cultural or contextual nuance) and movements that can help people to pause, reconnect with themselves, and regulate their emotions.¹²⁰

Time constraints are a challenge that can add another level of pressure to interventions. Efforts should be made to balance the desire to get the work done on a certain timeline with the physical and emotional well-being of participants. The pressure that practitioners feel may lead them to try to multitask during workshops. For example, small things, such as checking e-mail, doing other work, or checking phones while at a workshop, especially by the lead facilitators, can send a signal to participants that they are not valued.¹²¹ It is also a missed opportunity to watch people's reactions and body language to assess how they are responding to the material and be attuned to necessary adjustments.

In the follow-up phase, referrals should be made for anyone who expressed a need for more support. Ideally there would already be a network of referrals in place before the workshop so that when a referral is made, participants will quickly be attended to.

Considering Trauma Among Leaders and Institutions

The concept of “wounded leadership,” articulated by Nomfundo Mogapi, one of the pioneers of integrating MHPSS and transitional justice, calls for a recognition that the people who are expected to lead transitional justice processes carry historical and collective trauma.¹²² If left unaddressed, it can negatively impact their ability to lead. In addition to sensitivity to the individual well-being of leaders, she notes that there must also be a focus on institutional transformation, because “our institutions are also filled by woundedness,” particularly in contexts with conflictive relationships with power and authority.¹²³ “At the end of the day,” she cautions, “you can have the most well-designed programs, the most well-designed strategic plans and

119 Didier Gbery, Head of ICTJ's office in The Gambia, interview, January 25, 2023.

120 Center for Victims of Torture, “Therapeutic Documentation: Integrating Documentation and Therapy After Violations of Human Rights,” (2019).

121 Celeste Robinson, Program Manager, Center for the Victims of Torture, interview, March 31, 2022.

122 Global Initiative for Justice, Truth and Reconciliation, “Wounded Leaders and Wounded Leadership” (2023), <https://gijtr.org/wp-content/uploads/2023/01/Wounded-Leaders-and-TJ.pdf>.

123 Nomfundo Mogapi, Chief Executive Officer, Centre for Mental Wellness and Leadership, interview, April 18, 2023.

implementation plans, but if the people who are responsible for driving those are wounded, they will sabotage that.”¹²⁴

Several transitional justice efforts have stalled or failed in part due to a lack of leadership or interpersonal infighting within an institution. These failures cannot be solely attributed to a lack of resources, technical expertise, or support. They stem from a lack of attention to the mental health and psychosocial needs of those leading the transitional justice efforts. Particularly at the leadership level, there is a need to focus more on interpersonal well-being and trust building for processes to be able to move forward.

In Tunisia, the Truth and Dignity Commission struggled with internal coordination and communication. Its leaders, while long-time human rights advocates, were at times inadvertently replicating patterns of authoritarianism in their leadership styles. As psychologist Lynne Layton notes, “Things that cause pain in the first place, the result of sexism, of racism, of classism, tend to get unconsciously reproduced, even as they’re being resisted against.”¹²⁵ Practitioners, therefore, should not just think about supporting leaders with technical tools and trainings but also attend to their trauma and patterns of discrimination that persist in certain systems. This could include individual support and trust-building work for the staff leading the process. This can help leadership and staff to avoid replicating and perpetuating that trauma in their own work, to, instead, transform it and act with transparency, accountability, and inclusion in the process they are leading.

Securing Adequate Funding

Given the complexity of transitional justice processes, practitioners have long advocated for sustained long-term funding.¹²⁶ Mainstreaming MHPSS within transitional justice adds even more urgency to this call. In practice, however, most organizations that provide transitional justice and psychosocial support are still funded on short-term, one-year grant cycles that do not provide a guarantee for sustained engagement. In Yemen, ICTJ was faced with a dilemma: With a sense of urgency, the commissioners from the National Commission to Investigate Alleged Violations to Human Rights requested a space to discuss the impact of the work on their mental health and that of their field monitors, but considering the sensitivity of this work and the lack of MHPSS resources in Yemen, the team was hesitant to open wounds that they could not support. “It is better not to tackle it if we cannot continue . . . or if there is an urgent need, then we have to tackle it in a general not personal or individual way.”¹²⁷ To ensure the well-being of the commissioners, a compromise was reached to provide additional MHPSS first-aid training, which is a good start, but it does not meet the full scope of the need of field monitors in Yemen.

When resources are limited, the bottom level of the pyramid of care (Figure 2) should be prioritized, with more funding allocated to strengthening community and family supports and a smaller portion to specialized individual clinical services.¹²⁸ Yet, in contexts of scarcity, funders may prioritize supporting individual interventions with more measurable scale and results, even though those interventions do not necessarily have a more positive impact on well-being. This is where it is essential to raise awareness and understanding in the donor community of the

124 Nomfundo Mogapi, Chief Executive Officer, Centre for Mental Wellness and Leadership, interview, April 18, 2023.

125 Kieran Keohane and Lynne Layton, “An Interview with Lynne Layton, Harvard Medical School,” *Irish Journal of Sociology* 30, no. 2 (2022): 124–130.

126 For example, the 2017 report by the UN Special Rapporteur for Truth, Justice, Reparations, and Guarantees of Non-Recurrence noted it is a “matter of strategy” to “provide for balanced, long-term funding to transitional justice and eschew unrealistic and short-term, project oriented timelines, and ensure that funding strategies pay proportionate attention to civil society (and victim) roles in successful transitional justice initiatives” (A/HRC/36/50/add.1).

127 Nour El Bejjani Noureddine, Program Expert for Lebanon and Yemen, ICTJ, interview, October 18, 2023.

128 Hamber, *Transitional Justice, Mental Health and Psychosocial Support*, 47.

importance of mainstreaming a psychosocial lens in transitional justice and the implications it has on budgets and program management.

Measuring Progress

As a first step to measuring progress, the objectives that are hoped to be achieved through the meaningful integration of MHPSS into transitional justice processes must be clarified. Often the idea of individual or societal *healing* is suggested as the end goal of this work. However, just as reconciliation is a complicated goal, healing is similarly a very loaded goal. From a psychosocial perspective, efforts can certainly be made to facilitate healing, but practitioners should be careful to not make it sound as though this process will necessarily result in healing or add that requirement or goal as a burden on victims. The African Union Transitional Justice Policy, for example, makes several references to healing as one of the core aims of transitional justice efforts, defining it as “the process by which affected individuals and communities mend the physical and psychological wounds that they have suffered and recover from the emotional and moral effects of violence.”¹²⁹ This definition is an important start but omits the systemic reforms and preventative efforts needed to have broader collective healing and, instead, seems to imply that it is only up to the individual to heal.

In the context of transitional justice, it may be more accurate to talk about the psychological potential for healing, through which healing is understood not as a final destination but as a journey.¹³⁰ In this view, “Once harm is inflicted, we can never completely ‘make good’” or fully repair the harm.¹³¹ Instead, “coming to terms with the past . . . is a life-long and intergenerational process that is dynamic,” shifting with time.¹³² Healing is “learning to live with situations of extreme suffering and integrating them into one’s life over time so that one can build relationships and engage productively both in everyday life and in justice processes.”¹³³ Understood as a long-term process, healing can “involve many stages, from relief of acute distress symptoms to restoring relationship with the self and others, to repairing damage to dignity and identity.”¹³⁴ The role of MHPSS in transitional justice is then to ensure people and communities can choose their healing journey and to support them in making meaning of their experiences. A psychosocial lens can help to nuance the language of transitional justice in a way that can be beneficial in both setting more realistic expectations for those involved in this work and ensuring that transitional justice processes are implemented in a way that results in greater well-being.

As the field of transitional justice seeks to integrate a trauma-informed approach in its work, it will be important to develop a set of indicators to help evaluate the progress made and where gaps remain, both externally and internally. Setting out those indicators is beyond the scope of this report, but there are already several resources that exist that could be adapted to the specificities of transitional justice contexts. One example is the “IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings” (2021), which was written specifically for emergency settings but shares common themes with transitional justice work.¹³⁵ The guidelines provide measurable components of mental health

129 African Union, *Transitional Justice Policy* (Adopted February 2019), para. 65(ii), https://au.int/sites/default/files/documents/36541-doc-au_tj_policy_eng_web.pdf.

130 Brandon Hamber and Ingrid Palmay, “A Dance of Shadows and Fires: Conceptual and Practical Challenges of Intergenerational Healing After Mass Atrocity,” *Gender Studies and Prevention: An International Journal* 15, no. 3 (2021): 100–120.

131 *Ibid.*, 103.

132 *Ibid.*, 103, quoting Melanie Klein.

133 *Ibid.*, 103.

134 Center for Victims of Torture, “Therapeutic Documentation: Integrating Documentation and Therapy After Violations of Human Rights,” (2019).

135 UN Inter-Agency Standing Committee, “IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With Means of Verification, Version 2.0” (2021), <https://>

and well-being that can be a useful starting point for thinking about indicators for MHPSS in transitional justice. These include functioning, subjective well-being, social behavior, and social connectedness.¹³⁶

In Colombia, the Ministry of Health and Social Protection has developed tools to evaluate the effectiveness of the psychosocial programs for victims. These include:

1. a self-perception instrument that the victims are asked to answer in order to identify how they perceive their psychosocial care process is progressing;
2. a second self-perception instrument, applied at the end of the process, on the achievement of their objectives in terms of psychosocial well-being; and
3. an instrument that serves as a “control point,” so that each professional in charge of carrying out the care can evaluate from their perspective the victim’s recovery process.¹³⁷

These guidelines are another helpful starting point for assessing individual interventions, but they do not capture the broader picture of how communities are impacted by trauma and how these approaches lead to transformations within governmental structures or transitional justice institutions.

Indicators should seek to capture the comprehensive integration of MHPSS in transitional justice processes. It may be tempting to focus on more individual medicalized approaches, which are easier to document and assess; however, long term community support and engagement, which are much more difficult to track and measure, are precisely the interventions that have proven to be more effective from a psychosocial perspective in helping a greater number of people and communities.¹³⁸ In response to this gap, it is necessary for transitional justice and MHPSS practitioners to develop monitoring and evaluation criteria that can help to document and encourage greater investment in community supports based on their capacity to make a more significant contribution to overall well-being in contexts that are reckoning with massive human rights violations.

Caring for the Caretakers: The Psychosocial Needs of Transitional Justice Practitioners

Even within organizations and institutions that dedicate significant time and effort to integrating MHPSS in their external work, there is often a disconnect when it comes to applying those same standards and approaches internally. As one practitioner noted, “We’re a lot better at supporting others than we are ourselves.”¹³⁹ A trauma-informed approach needs to be infused throughout the entire organizational structure and rooted in its human resources practices. Mogapi notes that trauma should be seen as an occupational hazard that needs to be addressed as a core part of the work: “Just as you give people a laptop, self-care is a tool of the job.”¹⁴⁰ For organizations to apply a MHPSS lens internally, an organization should include a budget for staff welfare and staff development around capacity building for MHPSS in their grants, include a self-care plan as part of staff performance reviews, and provide debrief sessions with

interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-emergency.

¹³⁶ Ibid.

¹³⁷ Management team, Psychosocial Care and Comprehensive Health Program, interview, August 26, 2022.

¹³⁸ Hamber, *Transitional Justice, Mental Health and Psychosocial Support*, 48.

¹³⁹ Interview with MHPSS and transitional justice practitioner, March 2022.

¹⁴⁰ Nomfundo Mogapi, CEO, Center for Mental Wellness and Leadership, interview, April 18, 2023.

an external psychologist after intense engagements. The debrief sessions should be a space for employees to vent and process difficult situations that arise in the work and determine whether more support or recovery time is needed. These policies require leadership, the board, and funders to understand and support the centrality of promoting and safeguarding staff welfare.

The term “self-care” is frequently used in reference to the well-being of staff. While self-care is important, at the institutional and organizational level it is crucial not to put the burden on staff to be the sole persons responsible for their own well-being. In fact, a more accurate term for such support is “staff care” or “staff welfare,” which captures the organizational responsibility towards its staff to value their well-being and mental health. Far beyond an individual matter, staff care needs to be considered as a core human resources matter.

Particularly in the field of transitional justice and human rights, it is essential for staff care to be mandated, integrated within the organization, and supported by leadership. If it is left only up to staff to seek support when they need it, there is a risk that they will ignore their own needs and try to keep going with the work. As several practitioners have reflected, “When you’re used to being a caregiver, you forget to take care of yourself.”¹⁴¹ In contexts where transitional justice processes are underway, partners in this work may be former detainees, victims of sexual violence, and people who have lost family members: “They’re constantly working to get people access to support, forgetting that they’re also victims themselves.”¹⁴²

In contexts of extreme suffering, frontline workers are often plagued with a sense of guilt that they have more resources or a way out or that they did not go through as much loss and pain as the people they are seeking to support. That guilt can lead them to repress their own feelings of emotional hurt or trauma. As one transitional justice practitioner from Syria noted, “I thought I couldn’t talk about my own issues for so long, because I was the lucky one, because I had a Canadian passport . . . My house wasn’t bombed . . . I lost a lot of things, but I always thought to myself, it’s not right for me to complain because I am a privileged Syrian.”¹⁴³ But as Brenda Reynolds, the social worker who led health supports for the Truth and Reconciliation Commission of Canada and Indian Residential School Settlement Agreement, cautioned, “If you don’t look after yourself, you are not going to last in this work. It doesn’t matter what your load is, you must be aware of it, because it can be a barrier. If you think you have a light load or privilege, you won’t access certain services when they are being offered. It will catch up to you.”¹⁴⁴

If not provided with an appropriate outlet, the emotional strain of the work can manifest itself in a loss of focus or ability to concentrate, compassion fatigue, loss of patience, outbursts of anger, and other reactions that will jeopardize the person’s own well-being, the well-being of those they work with, and the effectiveness of the overall work. It is therefore important for organizations to firmly adopt an approach to staff care that ensures there are supports in place, even for those who might resist using them. Just as airlines tell you to put your oxygen mask on before trying to help others, transitional justice practitioners need to consider their own well-being in order to be able to help others. As Reynolds reminds us, “You can’t take a survivor any farther than you have walked.”¹⁴⁵

Having a trained psychologist on staff can be a crucial resource both for working with partners and providing guidance and support internally. A trained psychologist or mental health sup-

141 Nousha Kabawat, Head of ICTJ’s Syria program, interview, October 2, 2023.

142 Ibid.

143 Ibid.

144 Brenda Reynolds, Mental Health Consultant and Counselor, interview, May 17, 2023.

145 Ibid.

port worker can provide a space for debriefing about the work, its impact on colleagues, and be attuned to signs of burn out and other needs within the staff. In the context of Sierra Leone, for example, a staff member of the Special Court for Sierra Leone recounted how helpful it was to have a psychologist on their team to hold debrief sessions, because as a Sierra Leonean, it was challenging to hear witnesses and relive all the trauma of war: "Having a psychologist at the court was one of the best investments they made, not just for witnesses. She was able to help me understand my own feelings, coming from a culture where feelings are not discussed much."¹⁴⁶

While it is ideal and beneficial both internally and externally to have a psychologist or psychosocial support person within the organization, implementing an effective staff care policy does not necessarily require a full-time psychologist as a permanent staff member. For organizations that do not have that expertise in-house, there is still a lot that can be done to promote staff welfare. Just as the pyramid of care (Figure 2) provides guidance for structuring support for impacted communities, it can also provide helpful guidance for internal support. Most staff members will benefit from a baseline of support that can be provided by the organization and their own colleagues (the base of the pyramid). In cases of more extreme exposure to harm, more specialized care may be required, in which case, it is helpful to have a network of referrals or a psychosocial support worker available on an ad hoc basis.

Several peacebuilding and humanitarian organizations have found success with opening a space for peer support groups internally. Peer support from colleagues has proven to be very effective as a support system because colleagues understand the work, stress, and pressure, especially when that support is facilitated by someone with group-facilitation experience (not necessarily a mental health professional), so long as they are seen as a mentor figure holding focused sessions. However, it is important for organizational leadership to take steps to normalize this work so that staff members do not fear they will be stigmatized for attending or participating. Waters highlights the need for institutional buy-in for the work and recommends making attendance at these sessions mandatory, but participation nonmandatory.¹⁴⁷ She cautions:

. . . be wary of "debriefing" as part of staff welfare, particularly in peer support settings. If people start recounting the details of the stories/experiences that are causing them distress, that can pose a risk to them and the group. You can still create space for people to talk about the difficult aspects of their work and the effect it has on them, but you might want a mental-health facilitator, at least at first, to help set boundaries and ground rules for what is safe to share in a group and what needs to be processed through other avenues.¹⁴⁸

Another core part of staff welfare is providing training and professional development opportunities to prepare staff to face difficult situations. If they do not feel ready or supported, it can

"Human rights work is about everyone enjoying equal rights and safety and wellbeing. We want everyone to be able to achieve that, so you cannot let go of that for yourself or you've lost sight of the goal of our work. It is an ethical and moral obligation to take care of your mental health."

— Valerie Waters, *Mental Health and Psychosocial Support Specialist*

¹⁴⁶ Neneh Binta Barrie, Senior Psychosocial Counselor, Special Court for Sierra Leone, interview, April 18, 2023.

¹⁴⁷ Valerie Waters, interview, May 17, 2023.

¹⁴⁸ Valerie Waters, correspondence, May 18, 2023.

increase the risk of burnout or compassion fatigue. As another transitional justice practitioner acknowledged:

It's still a learning process for all of us. I still can't get over the fact of how helpless I seem whenever a survivor breaks down when you're speaking with them, because you don't want to start saying, "I understand your pain" because you do not, we do not. So how to manage that in itself is very challenging. At an institutional level, I think it's very important to begin internally to learn how to deal with such situations.¹⁴⁹

Research has shown that employees tend to be more frustrated by an organization's approach and structure than the actual content of their work.¹⁵⁰ Therefore, a holistic approach to staff welfare must be built from the foundation of a positive organizational culture, which is then infused and mainstreamed throughout its structures and policies. While it will be different for each organization, institution, or context, a few elements of staff welfare include healthy working hours or work-life boundaries and equitable and just benefits that match the values of the institution. In general, human resource departments tend to focus on conforming with the minimum legal requirements, which does not apply to staff welfare. It will therefore be important to advocate and make the case for addressing staff welfare as a core part of human resources. A focus on staff care should not be seen as "nice to have" but as a "professional precondition" for the work.¹⁵¹

149 Sarah Kasande, Head of ICTJ's office in Uganda, interview, February 6, 2023.

150 Valerie Waters, interview, May 17, 2023. See, for example, Alastair Ager, Eba Pasha, Gary Yu, Thomas Duke, Cynthia Eriksson, and Barbara Lopes Cardozo, "Stress, Mental Health, and Burnout in National Humanitarian Aid Workers in Gulu, Northern Uganda," *Journal of Traumatic Stress*, 25 (2012): 713–720; Sigridur Bjork Thormar, Berthold P.R. Gersons, Barbara Juen, Maria Nelden Djakababa, Thorlukar Karlsson, and Miranda Olff, "Organizational Factors and Mental Health in Community Volunteers: The Role of Exposure, Preparation, Training, Tasks Assigned, and Support," *Anxiety, Stress and Coping* 26, no. 6 (2013): 624–642; Kinan Aldamman, Trina Tamrakar, Cecilie Dinesen, Nana Wiedemann, Jamie Murphy, Maj Hansen, Elsheikh Elsidig Badr, Tracey Reid, and Frédérique Vallières, "Caring for the Mental Health of Humanitarian Volunteers in Traumatic Contexts: The Importance of Organisational Support," *European Journal of Psychotraumatology* 10, no. 1 (2019).

151 GIZ, "What is the Role of Staff Care in Development Cooperation?" (2022), www.youtube.com/watch?v=RaYy-VlgHTY.

Conclusion and Recommendations

Conclusion

Centering the well-being of victims has long been a core element of transitional justice efforts. Recently, the increased attention to the centrality of MHPSS at the global policy level is a welcome and positive development for all practitioners supporting justice and reckoning in the aftermath of conflict and repression. There is now an opportunity to reflect more deeply on what it means to integrate a psychosocial lens in practice and what steps need to be taken to meaningfully mainstream this work in transitional justice. As practitioners have learned from gender mainstreaming efforts, this is not as simple as “add in a psychologist and stir.” More than adding services, mainstreaming MHPSS in transitional justice requires a reframing of the overall approach to more consistently and deliberately focus on advancing psychosocial well-being at the individual, societal, and institutional levels. This calls for the integration of a psychosocial lens at all stages of the work and, crucially, in the overall framing and analysis of transitional justice contexts. Integrating MHPSS in transitional justice guides practitioners to balance the individual and collective dimensions of the work by examining both structural patterns of violence and support for the well-being of those impacted.

Psychosocial interventions should aim to promote a state of well-being that allows victims, survivors, and witnesses to meaningfully participate in justice processes. In addition to promoting individual well-being, mainstreaming a psychosocial lens in transitional justice means reconstructing relationships and recognizing suffering at the individual and systemic levels. This is not necessarily about creating new interventions, but rather explicitly adding a psychosocial lens and situating well-being as an objective. Integrating MHPSS within transitional justice reinforces the need to address the root causes of harm in order to transform the underpinning structures and reduce the likelihood of future mass abuses.

To move in that direction, all those involved in advancing more just, inclusive, and rights-respecting societies should implement these recommendations.

Recommendations

The following recommendations center around three goals or phases: awareness raising, action, and reflection. They aim to raise awareness and understanding of the centrality of MHPSS in transitional justice; inform the actions to be taken by all stakeholders involved in transitional

justice interventions, including practitioners, policymakers, and donors; and encourage follow-up and ongoing reflection to assess and improve these efforts.

- Adopt the notion of a psychosocial approach to transitional justice that goes beyond the provision of support services to encompass the application of a psychosocial lens to the analysis of contexts, the assessment of needs, and the design and implementation of programming.
 - Situate well-being as a core objective of transitional justice in order to move beyond the “do no harm” principle towards achieving positive mental health and psychosocial impacts.
 - Move away from a medicalized focus on pathologies towards an understanding of trauma as a range of responses to violence and repression that includes emotional suffering.
 - Recognize the interconnections between individual and social well-being, which means considering the psychosocial harms that result from human rights violations and the impact of the corresponding interventions at both the individual and collective (societal) levels.
 - Connect with related fields that support the intersection between individual and social spheres. Particularly in contexts of sustainable development, transitional justice practitioners should seek out and collaborate with development partners to shape development programming to be sensitive to MHPPS needs.
 - Direct trauma sensitivity *outward*, to inform the analysis of the context, design of the intervention, and support for victims, and *inward*, to consider how trauma also affects organizational structures, team dynamics, and individuals' ability to do their work.
- Apply a psychosocial lens to the design and implementation of all transitional justice interventions, including both formal state processes and civil-society, community, and organizational efforts.
- Develop programmatic approaches rooted in the local community that respond to the specific psychosocial context, including historical harms, cultural norms, and coping strategies.
 - Include flexibility in project planning so that specific activities and approaches can be adapted and build on what already exists in the community.
- Infuse psychosocial assessment and preparation into victim engagement in transitional justice processes to facilitate meaningful engagement and guard against tokenistic or retraumatizing participation.
 - Practitioners need to be attuned to the pressure that victims and survivors feel and build in preparatory time to discuss the process, workshop, or intervention with participants to ensure that they understand the plan and that they are emotionally prepared to take part in the discussions.
- Take steps to overcome stigma by being sensitive to the choice of terms and tools:
 - Develop nuanced, context-specific terminology to normalize and validate emotional responses to violations and reorient programming to all those who are experiencing emotional suffering, not just those diagnosed with mental health issues.
 - Adapt language to the specific audience and culture; avoid pathologizing, instead use terms that raise awareness of the elements of psychosocial health at the individual and community levels; discuss psychosocial impacts indirectly when necessary.

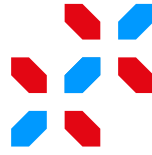
- Provide basic psychosocial training to all staff in a transitional justice process or organization to ensure everyone understands that they have a role to play in contributing to well-being by creating a positive, respectful experience for victims, starting from the front desk worker to the commissioner, while being sure to provide clarity on the distinctive function of these roles.
- Build trust within communities by avoiding one-off interventions that risk doing more harm than good; prioritize activities that are repeated and build on each other over time; provide sustained engagement and continuity of care over the long-term course of people's healing journeys.
- Explore opportunities to build collaboration across silos through collective programming in which psychosocial support providers and transitional justice organizations work together to create a holistic, therapeutic justice process for victims.
- Integrate a psychosocial lens and trauma-informed approach in all stages of work, recognizing that *how* interventions are implemented is as important as *what* is implemented.
 - In the assessment phase, seek information about the cultural and social attitudes regarding suffering and the historical trauma in that context. Seek to identify the networks of support that exist within a particular community or area, which can in turn serve as the foundation for the program.
 - In the planning phase, center victims' and survivors' needs by respecting their choice and agency. Consider the short- and long-term well-being of victims and ensure that their participation benefits them and helps them to advance in their journey to seek justice.
 - In the implementation phase, train practitioners to recognize signs of potential distress and develop grounding techniques to help foster emotional well-being and regulate stress.
 - Include in project proposals the psychosocial context, the psychosocial aspect of planned interventions, provisions for staff welfare, and accompanying budget lines.
- Consider levels of historic trauma among leaders and institutions.
 - Supplement technical support to transitional justice leaders and institutions with psychosocial support, including trust building and interpersonal support to address historical trauma and psychosocial needs among leaders and within institutions.
 - Support leaders to avoid replicating and perpetuating trauma in their own work, to, instead, transform it and act with transparency, accountability, and inclusion.
- Create incentives within funding structures and grant requirements to encourage the mainstreaming of a psychosocial lens in transitional justice:
 - Target donors with awareness-raising efforts to increase understanding of the importance of mainstreaming MHPSS and sustained engagement at the community level.
 - Allow for flexibility in project planning and encourage collaborative programming through funding that fosters the creation of joint programming and referral networks.
- Infuse a trauma-informed approach throughout an organization's entire structure and human resources department:

- Secure leadership from senior staff, boards, and funders to advocate for financial support and mandate provisions to ensure staff well-being.
- Ensure everyone understands the centrality of supporting and safeguarding staff welfare and the need for flexible budget lines to cover that work.
- Include a dedicated budget for staff welfare (including opportunities for professional development and access to trauma-informed care) and training on psychosocial support strategies that can be applied internally and externally.
- Integrate a comprehensive staff welfare policy, including recovery time separate from vacation or personal days. Recovery time should be mandated time-off after an intense engagement.
- Include a psychosocial lens in the design, monitoring, and evaluation of transitional justice processes and programs.
 - Develop appropriate indicators to measure both the integration of a psychosocial lens throughout the process and the psychosocial impacts of the intervention or process.
 - Encourage ongoing evidence-based research on the impact of mainstreaming a psychosocial lens within transitional justice.
 - Include a psychosocial lens in donor reporting requirements.
- Create an interdisciplinary, international working group that meets yearly to review and advance guidance and work towards common goals, such as research, standards, indicators, and referral networks.
 - Bring together various practitioners from different disciplines at distinct stages of this work, to share strategies, approaches, and challenges.
- Create a research/practitioner hub as a collaborative effort between universities and practitioners where researchers, guided by challenges and questions emerging from the work, can continue to advance thinking on the topic and serve as a resource to practitioners. This hub could also be the convener of the working group and a space to foster reflection, interdisciplinary learning, and collaboration.

ICTJ

Justice
Truth
Dignity

LUXEMBOURG
AID & DEVELOPMENT



ICTJ New York
50 Broadway, 23rd Floor
New York, NY 10004
www.ictj.org