

GREEN STRING NETWORK
[TRAUMA-INFORMED PEACEBUILDING]

GROWING CONNECTION, AGENCY, AND RESILIENCE:

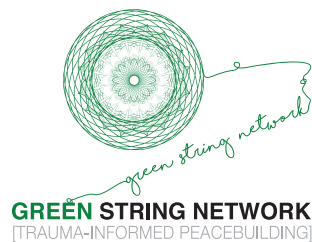
The impact of community-led trauma-informed peacebuilding in response to violent extremism in Kenya



Belkys López, Biren (Ratnesh) A. Nagda, Angi Yoder-Maina,
Bonface Njeresu Beti, Hazel Spears and Halima Rahma Yassin

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Graphic World Limited

Suggested Citation: López, B., Nagda, B. A, Yoder-Maina, A., Beti, B. N., Spears, H., & Yassin, H. R. (2019). Growing connection, agency and resilience: The impact of community-led trauma-informed peacebuilding in response to violent extremism in Kenya. Nairobi, Kenya: Green String Network.

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Foreword by Mr. Koen Doens

It has been very rewarding to support the Green String Network (GSN) and their innovative and unique work on trauma-informed peacebuilding. I discovered GSN and the Kumekucha approach through my engagement at the Paris Peace Forum. In fact, during the 2018 edition, *Kumekucha*, which in Kiswahili, means “*It’s a New Dawn*,” was selected by a jury composed of members of both the Paris Peace Forum Scale-up Committee and the Selection Committee as one of the ten governance solutions to be scaled up in 2019.

The GSN Team can be proud of what they have achieved over the past year. My mentoring focused on providing to the GSN Team with time and space to take a step back and reflect, and they have demonstrated their capacity of innovative thinking, dedication and enthusiasm. Meeting after meeting, the trusted relationship we built allowed me to challenge them on multiple issues to support their growth. Understandably, this young NGO was mainly concerned on rather immediate issues and I have gently pushed them to consider their longer-term development. Through those exchanges, often very open and stimulating, the GSN Team has put words on complex concepts and zoomed in on their unique selling point, a key element to foster both peer recognition and communications activities. The conceptualization of the uniqueness of its method, the sales pitch and their visibility and recognition were further enhanced through participation in panels and high-profile events such as the European Development Days in June 2019.

This report is exemplary of the work done, as it addresses the central question: In what ways is the community based *Kumekucha* approach unique? It is grounded on a very clear premise: addressing trauma as it influences thoughts and beliefs increases resilience and resistance to reactionary forces.

This is an important matter, as there exist a myriad of initiatives and programs that address violent extremism. Scholars and practitioners will continue debates and discussions on this question for a long time come. There is a need to contribute to filling the gap between research and practice, and *Kumekucha* does exactly that, and the evidence from this report demonstrates the importance of *Kumekucha*'s innovative approach.

In the pages that follow, you will benefit from evidence-based prevention of violent extremism practices that show the impact of trauma-informed interventions implemented in various parts of Kenya. In addition, the reader will be enjoined to examine and assess how programs and evaluation data can be considered in light of prevention of violent extremism's broad and localized objectives.

Wishing GSN's team every success



Koen Doens
Director General
European Commission
Directorate General for International Development and Cooperation

LIST OF ACRONYMS

CBO	Community Based Organization
CC	Community Coordinator
CF	Community Facilitator
CVE	Countering Violent Extremism
ETE	Exposure to Traumatic Events
FGDs	Focus Group Discussions
HTQ	Harvard Trauma Questionnaire
GSN	Green String Network
NGO	Non Governmental Organization
PTS	Post-Traumatic Stress
PTSD	Post-Traumatic Stress Disorder
PVE	Preventing Violence Extremism
SGBV	Sexual and Gender-Based Violence
STDs	Sexually Transmitted Diseases
VE	Violent Extremism



Executive Summary

Green-String Network (GSN) is a Kenya-based, Non-Governmental Organization that incorporates a trauma-informed peacebuilding approach to address complex and protracted violence. From 2017-2019, we implemented *Kumekucha: It's a New Dawn*, a social healing program, for the prevention of Violent Extremism (VE) in areas along the coast of Kenya and in Nairobi. These areas were selected because they are local recruiting zones for al-Shabaab and suffer from various forms of instability including poverty, gang violence, and sexual and gender-based violence. The causes of VE are widely debated; while poverty, ideology, injustice, marginalization and oppression are all cited as possible causes, none of these factors can be said to predict VE. The path to extremism is indeed complex and developing an appropriate set of interventions for the Prevention of Violent Extremism (PVE) can be especially challenging.

“Our intention is to harness the power of relationships not for radicalization rather for resilience against terrorism and for social healing”

Because the reasons for joining extremist groups are varied, we focus on the why and how of recruitment processes, or the relationships and social networks that lead to recruitment in particular. Our intention is to harness the power of relationships not for radicalization but for resilience against the effects of violence and for social healing.

Kumekucha focuses on trauma awareness and social healing as a peacebuilding, conflict transformation effort. While trauma-informed approaches can be used in

any type of conflict, this method is not widely understood. We begin with asking how *Kumekucha* addresses violent extremism. The assumption is *Kumekucha* tackles VE by building social bonds, resilience and agency. In this report the quantitative and qualitative findings from the last three years of *Kumekucha* show the relevance of this method for addressing violent conflict and the program's impact.

This report assesses the concepts behind the fields of Countering Violent Extremism and more specifically the Prevention of Violent Extremism. We found the discussion around root causes of VE tend to concentrate on linear pathways to violence; factors are examined in isolation as if they are discrete variables that link to VE directly. Ignored are the ways these factors overlap and emerge from social processes embedded in distinct contexts. Unfortunately, these oversimplified frameworks and tools commonly used to inform PVE determine what is judged to be in the scope of PVE and what is considered a success.

Trauma awareness and resilience are the foundations of the program. Trauma awareness includes knowledge of different types of trauma and the neurological, biological, psychological and social effects of trauma. Resiliency is a counterpart to trauma, offering ways to address distress and alleviate the effects of trauma. An important part of building resiliency in the context of trauma is the use of tools for self-regulation and co-regulation that allay the stress-based responses of fight, flight, freeze and submit to triggering events.

Violence and socio-economic instability fracture social relationships within communities across groups and between communities, and the institutions that are meant to serve them. Social cohesion can be seen as a level of healthy engagement and an appreciation of the differences and humanity of others. Building relationships is a primary focus of *Kumekucha* and central to its PVE strategy. Some of the motivating reasons for individuals who join extremist groups are search for identity and a sense of belonging. As an antidote to this, the program offers fellowship or togetherness and a safe space where identities are affirmed, and pain and grievances are heard.

The healing component of the project aims to unlock the creativity and energy of participants so that they may begin a process of transformation and in this way build agency. Perspectives are shifted to allow for hope and vision rather than a concentration on limitations. Attitudes centered on powerlessness are characteristic of depression and get in the way of individuals resolving challenges. Though

structural inequities are real barriers, generally there is still space for individuals and communities to maneuver to overcome limitations.

Pre-post intervention survey was conducted with a sample of 537 participants to measure attitudes and behavior related to social cohesion and community engagement, exposure to traumatic events, Post-Traumatic Stress symptoms, support symptoms and stress coping mechanisms. The Harvard Trauma Questionnaire was used for the analysis on trauma exposure and symptoms.

We found that *Kumekucha* had a significant impact in relation to social cohesion, trauma and resilience, and agency. Agency was assessed through key informant interviews and focus group discussions.

The findings were as follows:

“Violence and socio-economic instability fracture social relationships within communities across groups”

Impact on Trauma and Resilience:

- using healthier ways of alleviating stress;
- going to one’s place of faith more frequently;
- having a stronger support system;
- having reduced PTSD symptoms.

Impact on Social Cohesion:

- increased trust in members of one’s community;
- increased trust in members of other groups increased;
- increased willingness to forgive someone who has harmed them even if they do not regret what they have done;
- stronger belief that former members of armed groups should be allowed to return to their communities increased;
- stronger feeling that your community has been treated unfairly compared to others increased;
- stronger belief in the necessity of fighting to resolve differences increased but not significantly.

Impact on Community Engagement:

- greater belonging to any social, civic, sports or cultural groups (any group that meets regularly increased);
- increased level of engagement in one’s community, socially, civically or politically;
- increased interaction with members of “other” groups.

Impact of *Kumekucha's* Pedagogical Components on Outcomes:

Beyond the overall impact of the program, further investigation of the impact of distinct pedagogical components on program outcomes also yielded important insights. The pedagogical components, constituting specific content and process elements of *Kumekucha* program, included trauma knowledge, building social relationships, and self-regulation practices. Results show common and distinct impact of these pedagogical components on trauma and resiliency, social cohesion, and community engagement. These results are important in elucidating those pedagogical components that are effective, and those that can be improved to achieve desired outcomes.

Lessons learned

The report concludes with discerning lessons learned and delineating recommendations for international aid agencies, practitioners and researchers. Three major lessons are distilled from research, evaluation and practice.

1. A community-centered perspective on violent extremism reveals interconnections among all forms of instability to extremism. International donor priorities often contradict those of the community. There is a need for an integrated approach to violent extremism that is locally devised and based on the ways violence in all its associated forms unfold in the communities.
2. The power of relationships for communal good provides a viable transformative alternative to relationships used to recruit community members into violent extremism. Social cohesion in *Kumekucha*, crucial in healing fractures in society, was likely achieved through shifts in attitudes and behaviors in

support of peace objectives. Social relationships also proved to be pivotal in spreading the knowledge of trauma and trauma healing community-wide.

3. Cultivating people- and community-centered agency tapped into the power of hope and vision to fuel agency at multiple levels. The first level of agency is reflected in participants' sense of hope and belief to change themselves or their circumstances. The second level refers to actual individual change in behavior. The third level involves participants taking action informally within their social networks, such as helping friends and neighbors or resolving disputes. The fourth level refers to participants organizing formal initiatives and founding community-based organizations. The initiatives focused on healing, income generation, community banking, advocacy, community service, PVE and CVE, sports and the arts.

Recommendations

Three major recommendations are offered to inform continued understanding, interventions, and impact of efforts aimed at preventing violent extremism.

1. Refine understanding of prevention of violent extremism and countering violent extremism that involves clearer conceptualization, developing interdisciplinary approaches, and practitioner-academic partnerships.
2. Develop integrated social healing approaches that build on holistic approaches combining trauma awareness and resiliency, social cohesion, and agency.
3. Center local and community knowledge, practices and expertise that tailor interventions to local cultures and contexts, move beyond the mental health biomedical approaches to trauma healing, and tap into the power of collective healing.



1 Introduction

“The first gun I held was a 45-caliber which takes 7 bullets. I started doing drastic things and making money. ...it got to a point I was wanted in (name of location). What made me become wanted is that when we went to steal somewhere in (name of location), all my friends were killed and I was the only survivor. I survived by squeezing myself in a sewer where I hid.... I was stranded, the guy who supported me who I saw as a brother was dead... I didn’t know the next step, I had nowhere to go and I had a gun. I thought the only thing I could do was find a way to go to Somalia. That was my only way out, I was wanted, if my mum saw me, she would report me to the police, my face was on wanted posters all over (name of location). I started wondering, where to start and I thought my only option would be going to Somalia. I was looking for a way to go to Somalia.”

Kumekucha participant, February, 2019.

Violent extremism (VE) is a global threat embedded in local, complex and dynamic contexts. The phenomenon is difficult to address because of its transnational, borderless nature and the various ways that people join extremist groups shows that the path to VE is neither

clear nor predictable. What drives an individual to go to Somalia to join al-Shabaab? Poverty, ideology, criminality, injustice, marginalization and oppression are all cited as possible causes of VE. Though these factors may indeed play a role, studies show that these realities

cannot be said to lead to VE. Just as there is no clear path to violent extremism, there is no obvious road map to prevent it. Rather than focus on the causes of VE, more attention needs to be paid to the process individuals undergo in joining extremist groups. How do we intervene not merely to address the symptom of joining extremist groups but address the roots of what draws individuals to seek such membership? How do we harness the power of relationships not for radicalization but for resilience against terrorism and for community betterment?

At Green String Network, a Kenyan Non-Governmental Organization (NGO), we advance a trauma-informed peacebuilding approach to address chronic violence. We focus on trauma awareness and healing as a critical yet often ignored variable in peace and development programs focused on conflict containment. Historical wounds rooted in a peoples' collective memory can trigger a complex range of conflicts.¹ Thus, healing these festering wounds is a means for conflict prevention and building peace. In other words, social healing is a strategic instrument for conflict transformation. The trauma-informed approach can be applied to any sector or type of conflict and in Kenya we employed it as a tool for the Prevention of Violent Extremism (PVE).

Kumekucha, a Kiswahili word meaning it's a new dawn, is a community social healing program implemented on the coast of Kenya and in Nairobi. The program is implemented in areas where the populations experience an extensive array of trauma, similar to war-torn areas. Groups of up to 15 people are formed and meet weekly for a period of 3 months. Community facilitators build the group's knowledge about trauma, skills for positive relationships and constructive dialogue, and practices for self-regulation and community resilience. Art and storytelling are used to discuss experiences of trauma, inequality, violence and injustice from the perspectives of both the victims and perpetrators as well as to imagine

forgiveness, reconciliation and community betterment. The program reached a diversity of people across groups and sectors in order to build social cohesion. Between 2017 and 2019, 3,887 individuals took part in the program focused on PVE. With participants encouraged to share their knowledge with other community members, more than 60,000 individuals were reached by the program.

The relationship between communities and the police is an important yet fragile bond and has also been a GSN focus during the implementation of *Kumekucha*. Oppressive security measures are resulting in a police-community divide and creating conditions conducive for recruitment to extremist groups. Still, police operate under duress protecting communities from VE war-like threats and other forms of violence without much support from the communities they aim to serve. GSN is working with security forces through the *Muamko Mpya: Healing the Uniform* (a New Beginning in Kiswahili) program designed

“The relationship between communities and the police is an important yet fragile bond”

for police. Police violence has been increasingly recognized as a public health issue globally. In Africa, it is viewed as one of the largest factors driving

young people to join violent extremist groups. When GSN began implementing *Kumekucha*, one of the key recommendations from the community was the need to involve security actors in a similar initiative, particularly the police. The program supports police officers' wellbeing and addresses their line-of-duty perils.

Violent extremism is similar to other types of violence experienced in the areas where *Kumekucha* is implemented. Understanding the similarities and ways that different forms of violence are connected should inform approaches to violence prevention. Sometimes gang violence is indistinguishable from extremist violence. The random attacks by gang members with machetes occurring in these areas² are destabilizing acts of terror that blur the distinction between VE and other criminal activity. Concentrating on how the different forms of violence

are related is not meant to minimize terrorism. Indeed, hundreds of lives have been lost in Kenya beginning in 1998 with the bombing of the US embassy, to the attacks on Westgate Mall, Garissa University and more recently the Dusit Hotel. The threat deserves the attention it is given but VE prevention strategies need to be informed by the realities of the areas targeted for recruitment.

Internationally, VE is given heightened attention and is differentiated to the extent that connections and similarities to other forms of violence are not seen. There is an “othering” of VE that contrasts the

communities’ experience where the different forms of violence overlap and the exposure to it cannot be easily discerned. Though ideological motivation distinguishes VE from other forms of violence, concentrating on this particularity at the expense of other considerations is not especially helpful when addressing this phenomenon.

The field of PVE is emerging and there is uncertainty about what types of prevention measures actually support its objectives. For the past three years, GSN has worked on the coast of Kenya and in a neighborhood informally called Majengo in the Kamukunji vicinity of Nairobi. Three areas in Mombasa (Likoni, Old Town, Kisauni) along with Majengo are considered central recruiting zones for al-Shabaab. Poverty, gang violence, drugs,

sexual and gender-based violence (SGBV), and abuse from security forces aiming to tackle violent extremism are among the communities’ struggles. Prior to working in these communities, we began in the coastal areas of Kilifi, Lamu, and Malindi and in Tana River which are experiencing similar issues regarding VE and other forms of violence. However, the Tana River insecurity issues are

mostly a product of banditry and conflict resulting from ethnic differences over control of natural resources, mainly, between farmers and pastoralists.

“The field of PVE is emerging and there is uncertainty about what types of prevention measures actually support its objectives”

Kumekucha is an innovative

approach to PVE with a strong trauma-healing component. This report covers PVE as a concept and the challenges it poses for practitioners. It includes a discussion about the trauma-informed peacebuilding approach, and how *Kumekucha* addresses PVE. Thus, the question at the center of this report is how does *Kumekucha* address VE? One assumption is that through a process of social healing, *Kumekucha* tackles VE by building social cohesion, resilience and agency. We present findings from quantitative research about the impact of the program that used a pre-test/post-test design. We draw on insights from key informant interviews and focus group discussions of participants. We conclude with a discussion of key lessons about the intervention and implication for the PVE field as a whole.



2 Prevention of Violent Extremism

Kumekucha, a trauma-informed peacebuilding intervention, was funded as an intervention focused on the Prevention of Violent Extremism (PVE). The field of PVE is broad and still emerging. The question of how a trauma-informed peacebuilding approach relates to PVE is often asked. To answer this question, understanding the field of PVE is necessary.

Conceptualization

The terms Countering Violent Extremism (CVE) and Preventing Violent Extremism (PVE) are often used interchangeably, reflecting how the field is still evolving and not yet fully understood. In the most general sense, a CVE strategy is focused on stopping terrorists from acting and carrying out violence, while a PVE strategy attempts to curb extremist recruitment. The conflation of one strategy with another may also be a display of the tensions regarding underlying expectations of prevention measures. Counter-terrorist practices utilizing security-centered tools of policing and intelligence gathering were once the central non-military strategy for addressing

violent extremism (VE).³ These procedures are more clearly connected to attempts to thwart VE than they are prevention tactics aimed at the root causes of extremist violence. Issues related to development and poverty eradication are now becoming more central to discussions about curbing and preventing terrorism.⁴ While the advent of PVE has expanded the scope of counter-terrorism efforts, the relationship between PVE interventions and counter-terrorism objectives is not so direct.

Preventing violent extremism is largely viewed through lens of root causes and drivers of violent extremism. The discourse of causes is primarily focused on “push and pull” factors.⁵ Push factors are defined as structural and systemic factors that drive individuals towards violence e.g., poverty, state repression, weak governance structures, political and economic marginalization, and social injustices. Pull factors refer to individual motivations for joining extremist groups, including ideological beliefs, sense of victimization, social and political exclusion, issues of identity, and a wide range

of grievances against government authorities, police, or historical events that have devastated particular groups. The “push and pull” framework has served as a heuristic to capture the divergent, unpredictable and complicated factors that impact on individual, community, national and international safety and well-being. This broad framework allows for a generalized discussion of VE across different contexts and in ways that many people across sectors find accessible.

Limitations

The overarching simplicity of the “push-and-pull” framework, however, is also a liability. Much of the discussion regarding VE has reduced the complexities associated with this phenomenon to a “checklist.”⁶ Furthermore, discussion about root causes of VE concentrate on linear pathways to violence; factors are examined in isolation as if they are fixed and discrete variables that link to VE directly. Ignored are the ways these factors are intersecting and emerging from social processes embedded in distinctive contexts.⁷ For instance, a question often posed is whether poverty or ideology contributes more to VE. An assumption is that poor socio-economic conditions create a vulnerability to VE recruitment. Individuals with little opportunity may see enlisting in extremist groups as a way to meet financial needs. To test this theory, some studies have applied universal economic models based on rational choice. Their results, however, have not found any correlations between poverty and involvement in terrorist activities,⁸ and thus the role of poverty in VE is questioned or downplayed. Similarly, ideology is also cited as a primary motivating factor for violent extremism but this root-cause deduction is not well substantiated.⁹ Despite the lack of evidence regarding ideology as a driving factor of VE, this view has become a predominant lens for assessing why individuals become terrorist.¹⁰ Concentrating on one factor over another with little attention to local dynamics that are driven by multiple actors, institutions and groups may be why understanding what drives VE remains elusive.

“The overarching simplicity of the “push-and-pull” framework, however, is also a liability”

Moreover, a flaw in these types of inquiries is that they are acontextual, leading to conclusions where the deductions are universally applied, without consideration of the social, historical, cultural, or political variability of other contexts. The path to VE is diverse. The UK and France are different from Somalia and vulnerable areas of Kenya, and the path toward extremism for the middle-class individual will likely vary from that of people from impoverished communities suffering from intractable violence.¹¹

The question of how individuals commit to VE and by what methods is buried in the discussion of the factors driving them to this end. There are social processes that lead to VE through connections with peers and leaders.¹² VE recruits do not make decisions in a vacuum; their understanding of injustices, ideologies, and other reasons for joining extremists’ groups are shaped and constructed through relationships. Since men are more likely to take part in extremist violence and relationships are not well considered, women are not seen as essential to this work even though they support VE passively and actively.¹³ Analyses that reduce the scope of study to a set of discrete individual or structural factors disregard women’s involvement.

Another major area lacking consideration is the cognitive process behind decision-making. The studies that utilize rational models of inquiry,¹⁴ where individuals make choices to optimize benefits, are built on assumptions on a degree of meta-cognition that cannot be said to be present in every decision-making process. Research consistently shows that individuals suffering from trauma have reduced critical thinking and executive function abilities which then limits their abilities to understand their choices or behavior or be in full control of them.¹⁵ Since it is mostly youth who join or are targeted for recruitment, considering their cognitive and experiential developmental stage, and how they judge and make choices is important to consider. Though the direct connection between

adolescence and risky behavior is not agreed upon, there is a fundamental understanding that risky behavior increases during adolescence. Some neurologists reason that the risky behavior derives from the structural and functional imbalances that occur between the area of the brain that rewards emotion compared to the area that supports cognitive control.¹⁶ Others, however, propose that the increase in risk-taking is a form of adaptation to gain the experience required to assume adult roles.¹⁷ Understanding root causes of violent extremism is critical. There needs to be a greater focus on the relations and processes that lead to VE that do not assume linear or rational connections.

Similar problems with theoretical frameworks concerning VE are found with the tools practitioners use for designing and planning PVE projects. Practitioners are greatly influenced, if not constrained, by the dominant frameworks of project planning. This is not an unusual challenge for practitioners as logical frameworks¹⁸ are still the main project tool for setting goals, objectives and planning. These planning models are based on linear outcomes that can be predicted, but cause and effect assumptions are often without empirical evidence of these relationships.¹⁹ The logframe has its use, in terms of calculating needed resources and organizing logistical matters but it is limited when applied to fluid political circumstances.

In addition, the planning process rarely involves community members and leaders who have an insider understanding

“Another major area lacking consideration is the cognitive process behind decision-making”

of their contexts. Outcome assumptions are often derived from donors who establish objectives and the scope for the success of programs. Though the field of PVE is expansive and there is a growing understanding of a need to address VE and terrorism through a broad set of measures²⁰ (including socio-economic, social, cultural, and psychosocial measures), there is uncertainty about how the impact of PVE can be proven. Thus, indicators closely reflecting compartmentalized and linear views of VE are anticipated. For example, changes of perspectives related to very specific grievances assumed to signal vulnerability to VE ideology are the type indicator desired for proof of successful impact. Yet studies have shown that the link from grievance to action is not direct and unlikely to predict behavior.²¹

The frameworks and tools used to inform PVE have real consequences for what is considered within the purview of PVE, how interventions are designed and implemented, and what are deemed to be indicators of success. The experiences from *Kumekucha* will highlight that there are no “conveyor belt”²² connections that automatically lead from push and pull factors to

“PVE interventions can stand on the foundations of development and peacebuilding without the insecurity of needing to justify impact through the narrow lens of frameworks that have limited use in complex and fluid contexts.”

VE. The field of PVE needs to own its prevention moniker and distinguish itself further from counter terrorism (CT) and CVE expectations. PVE interventions can stand on the foundations of development and peacebuilding without the insecurity of needing to justify impact through the narrow lens of frameworks that have limited use in complex and fluid contexts.



3 The Approach: Trauma-Informed Peacebuilding

The *Kumekucha* program is designed specifically for communities suffering from chronic violence and instability. Violent extremism is occurring in a landscape where poverty, lack of services, weak justice and governance systems, gang violence, high exposure to traumatic events, sex- and gender-based violence (SGBV), prostitution, drugs, and police abuses are among the myriad causes and consequences of toxic stress. Thus, *Kumekucha* addresses VE within a wider context of social, political and economic instability. While the prevailing discourse of push and pull factors in VE focuses on a narrow set of critical causal factors and resultant interventions, GSN's trauma-informed peacebuilding approach shifts to a more holistic view. Different forms of instability are assumed to collectively create a climate that heightens susceptibility to violence, including VE. This chapter is focused on the actual programmatic aspects of *Kumekucha* and how it addresses VE along with other forms of insecurity. *Kumekucha* is situated within the larger field of trauma-informed peacebuilding. Three

pillars derived from the larger field--trauma awareness and resiliency, social cohesion and agency--then help define programmatic foci that are common with other trauma-informed peacebuilding interventions and unique strengths of *Kumekucha*.

A Trauma-Informed Peacebuilding Approach to Violent Extremism

Trauma-informed peacebuilding seeks to break the unending cycles of actual and structural violence through a systems approach. It requires fundamental changes in how systems are designed, how organizations function, and how practitioners engage with people and communities. Trauma-informed peacebuilding recognizes that systems and structures should be supportive of recovery but are greatly damaged and often broken by the same violence. Noting stakeholders in the communities -- individuals, groups, officials, leaders, and social institutions --are motivated and act from different yet interdependent spheres,²⁷ the trauma-informed peacebuilding approach

brings together as many people as possible at different levels of society and from different sectors. Rather than concentrating on specific elements of conflict, trauma-informed peacebuilding focuses on the social forces resulting in violent conflict and those supporting positive change. Members of the communities are charged with forwarding their own social healing agenda and not merely implementing externally prescribed solutions for mending conflicts. Because they have a lived understanding of the issues of instability and violence they encounter, local community members are the ones best equipped to find solutions to their challenges.

The *Kumekucha* program draws from the work on trauma-informed peacebuilding advanced by Carolyn Yoder, Elaine Barge and others through the STAR (Strategies for Trauma Awareness and Resilience) and Village Star programs. STAR was developed in response to the aftermath of terrorist attacks in the United States on September 11, 2001.²⁸ Trauma-informed peacebuilding's foundational elements include:

- Drawing insights from a multi-disciplinary and multi-sectoral knowledge and practice foundation--human and economic security, conflict transformation, restorative justice, neurobiology, and applied psychology--to address the effects of trauma and increase individual and community resilience;
- Understanding the physiological, emotional, cognitive, behavioral and spiritual impact of traumatic events (both current or historic) on individuals and their communities, and how unaddressed trauma contributes to cycles of violence;
- Going beyond traditional mental health diagnoses and symptoms such as Post-Traumatic Stress (PTS) as the measure of trauma's effects, and recognizing that community and societal dynamics and behaviors (such as, the inability to engage in nonviolent ways and

“Trauma-informed peacebuilding seeks to break the unending cycles of actual and structural violence through a systems approach”

in building peace) are also indicators of unaddressed trauma;

- Recognizing that addressing the psychological needs of populations creates the need to monitor the caregivers for secondary trauma and to equip them with self-care skills and tools.

The *Kumekucha* program, while drawing on these foundational principles from STAR and its derivatives, was designed to be context-

specific and responsive to the needs of local communities. Three areas derived from the field of trauma-informed peacebuilding -- trauma awareness and resilience, social cohesion, and agency--are discussed to highlight common elements across trauma-informed peacebuilding as well as the unique programmatic strengths of *Kumekucha* grounded in and for the Kenyan context.

Trauma Awareness and Resilience.

The trauma-informed peacebuilding approach draws from Olga Botcharova's "Breaking Cycles of Violence" framework,²⁹ which informs "approach[es] based on helping people to develop societal and structural responses that address the causes and consequences of conflict and violence. It explores how to think about and respond to traumatic events--including terrorism--so that communities do not get caught in a cycle of tit-for-tat violence or see themselves as perpetual victims."³⁰ The framework posits reactive behavior can lead to negative expressions of grievances through "acting-in" (hurting self, such as depression, rage, and suicide) or "acting out" (hurting others, such as, a terrorist attack harming the larger society). When trauma is not healed, in other words, the cycles of being harmed and harming continue unabated. Gaining knowledge on how trauma influences our responses, however, is on the path to recovery and social integration, and to break the cycles of violence. The process aims to rekindle individual and communal healing, and social reconciliation.

Building individual and communal resiliency is a central element in social healing and cohesion. In environments where populations experience high levels of instability, the ability to withstand and emerge from devastating events is a critical resource. Resilience is generally referred to as the ability to absorb and recover from shocks, and overcome crises.³¹ The notion of resilience in relation to VE is not fully clear;³² social isolation, however, has been linked to vulnerability to violent extremism³³ and poor social support to depression.³⁴ Because the process of radicalization is largely dependent on connections and relationships, healthy social networks are an important part of resilience. Thus, trauma-informed approaches and peacebuilding efforts focus on providing a sense of safety to acknowledge the cycles of violence and a means for reconnection to break these very cycles.

“Building individual and communal resiliency is a central element in social healing and cohesion”

The unique strengths of *Kumekucha* are reflected in making the program content relevant for the local context, the use of interactive pedagogy, and the incorporation of participants’ own knowledge practices.

Localizing trauma awareness and the cycles of violence. In developing the *Kumekucha* curriculum, the knowledge of trauma and Cycles of Violence were adapted for the local context in three important and related ways. One, the specific forms and effects of trauma, brain states, the sources of violence, and conflict transformation and peacebuilding approaches (to break the cycles of violence) were engaged as points of storytelling and dialogue between key stakeholders and curriculum designers. They reflected on how the specific dimensions of trauma, stress-based responses, victimhood, victimization and violence, recovery and resilience manifest in the local communities and the terms that exist for these manifestations. Two, actual or modified stories from key stakeholders and curriculum designers that reflected these concepts were written for use in the participant handbook. Third, these written

stories were shared with local artists who then developed artwork based on genuine stories.

Engaging participants through storytelling and visual arts. To move beyond simply cognitive knowledge and awareness to embodied understanding, the *Kumekucha* pedagogy specifically encourages telling stories of trauma experiences from the perspective of both victims and perpetrators. The stories are third-person narratives depicted in the artwork showing historic events and depictions of common occurrences of trauma, conflict and violence experienced in the communities. As part of specific learning activities, such as the victim

experience showing the effects of being victimized, participants imagined what may be occurring in the paintings and shared third person narratives.

In one key interactive exercise, participants share the story of aggression from the perspective of a person who feels victimized. This is usually a transformative moment of reflection and learning that the dualistic view of victims and perpetrators is much more complex and complicated and is not about being right and wrong. Participants often talk about how they gain new insights and greater empathy with the “other” through the experience. In the breaking cycles of violence, local folktales were also used to provide more animated stories that conveyed important lessons like truth, restorative justice, forgiveness, peace and reconciliation.

Telling stories engages participants in interpreting the artwork and folktales through their own lived knowledge and experiences, and the meanings of the stories are discussed and deliberated with participants sharing different perspectives. This process supports humanizing both the “other” and the “self,” and perspective taking while challenging oversimplified narratives. It is important to note participants are thus not required to share their own personal trauma experiences; they can still engage

meaningfully and learn about how the trauma responses affects them, and ways to see and build resiliency. When participants choose to share first-person accounts of traumatic events and experiences, the facilitators and other group members hold the space by listening deeply and providing connective support.

Integrating cultural resiliency and healing practices.

An important part of building resiliency in the context of trauma is using tools for self-regulation and co-regulation that allay the stress-based responses of fight, flight and freeze to triggering events. Therapeutic and embodied tools such as the emotional thermometer, deep breathing, mindfulness and meditation, and tapping practices are introduced. Existing research demonstrates how simple activities can improve a wholistic sense of wellbeing by slowing heart rate, reducing stress, and coping response to stress for extended periods of time and reactivity.³⁵ While helpful, these tools also represent a bias toward individual regulation and coping as opposed to collective regulation and healing. Because *Kumekucha* operates in contexts where cultures tend toward collectivism, participants were encouraged to teach other collective resiliency and healing practices and rituals, such as opening and closing prayers, circle processes, peer support, storytelling, traditional dancing, singing, cultural celebrations, and more.

Social Cohesion.

In environments where populations experience high levels of instability, social relationships within communities and across communities are usually fragmented; social relationships are the actual vehicles and engines of the cycles of violence. Some of the motivating factors for individuals who join extremist

groups are a search for identity, a symbol of status, and a sense of belonging.³⁶ There is growing recognition of the need for building social cohesion for countering extremist and violent forces.³⁷ Social cohesion can be seen, as a level of healthy interaction, engagement, and the recognition of the humanity of others. It is an antidote to dehumanization, a dangerous element in conflict and key feature of extremist beliefs and propaganda.

Dehumanization is a significant predictor of aggressive and violent outcomes, such as support for torture, and armed conflict.³⁸ Thus building social cohesion necessitates fostering understanding and an expectation that even if differences and conflict surface, members of the community have the interest and ability to resolve differences without violence.

Because the process of radicalization is largely dependent on connections and relationships, we consider healthy social networks an important part of both individual and communal resilience. In addition to providing safer spaces, the coming together of people influences ideas, norms and beliefs formed through the dynamic process of communication and interaction. Through the collective experiences and interactions of individuals

and groups, meanings are formed. These inter-subjective meanings such as ideas, perceptions and beliefs, drive individual and group choices, behaviors and actions.³⁹ These ideas have no physical existence, but “what is subjective becomes objective through action”⁴⁰ and thus have a structural

impact on individuals and communities. Consequently, this space where meaning and ideas are shaped by the different forces making up society, is essential terrain for peacebuilding and central in the *Kumekucha* program.

“[S]ocial relationships are the actual vehicles and engines of the cycles of violence”

“Because the process of radicalization is largely dependent on connections and relationships, we consider healthy social networks an important part of both individual and communal resilience”

The unique strengths of *Kumekucha* are reflected in building on community leadership, harnessing the power of groups through support networks and group processes, and empowering community facilitators in their own healing journeys.

Building on and strengthening local leadership. Social cohesion requires connections bonding and bridging ties across groups and vertical ties with institutions.⁴¹ *Kumekucha* works with leaders from diverse sectors, such as government officials from county governments, community leaders, women leaders, religious leaders, youth leaders, and private sector representatives of institutions. Because it is hard to reach people *en masse*, peacebuilding interventions are often limited to civil society and other grassroots leaders.⁴² In contrast, *Kumekucha* reaches large numbers of individuals, concentrated in a number of key locations.

The main drivers of *Kumekucha* are the volunteer Community Facilitators (CFs) who are either already active community leaders or known to local leaders as potentially influential community members. Community facilitators undergo intensive training that parallels the trauma-informed peacebuilding *Kumekucha* curriculum so as to deeply familiarize themselves with the content and process of the curriculum. In addition, the training fosters skills development in delivering educational lessons, facilitating group sessions, emphatically supporting participants, and mobilizing for community projects.

Continued support for facilitation skill building and trauma healing for CFs is provided by local community coordinators who are affiliated with GSN. In *Kumekucha*, CFs can be particularly vulnerable to secondary trauma, a vicarious experience of another person’s trauma, because

of their intense attention to listening to trauma narratives from participants, most of who are fellow community members. Both debriefing sessions and moderated *Whatsapp* groups attend to the needs of the groups as well as individual CFs. Community Coordinators help CFs debrief *Kumekucha* sessions, plan for future sessions, and continue skill building. They also engage CFs in self-reflection about the psychological and emotional impact of facilitating on themselves, about possible triggering incidents, and how they are seeing their own resiliency

affirmed and strengthened through their facilitation. In essence, the individual and group supervision supports CFs on their own healing journeys in ways enhancing their work with and the healing journeys of the *Kumekucha* participants.

“The model for the groups emerges from indigenous circle processes and peace practices, and not from bio-medical, psychological counseling approaches”

Growing community-based peer groups. Through their community connections and relationships, the CFs recruit participants for the program, individuals affected by VE and trauma or thought to be particularly vulnerable. The model for the groups emerges from indigenous circle processes and peace practices, and not from bio-medical, psychological counseling approaches.⁴³ The conflict-prone zones in which *Kumekucha* was implemented also suffer from lack of qualified psychologists and counselors. The *Kumekucha* groups are comprised of 12-15 participants from the same locality. CFs guide participants through a 12-week program, meeting for two hours a week, beginning with an introduction to toxic stress and trauma and then proceeding to sessions on the neurobiology of the brain and methods for self-regulation. The sessions continue with examination of the effects of trauma, the cycles of violence (i.e. “hurting self” and “hurting others”) and breaking the cycle of violence. The sessions end with a focus on social healing and cultural, social and political reconciliation.

The *Kumekucha* pedagogy is contextually adapted for the locations. The majority of participants have only completed primary education, and many communities lack an infrastructure of formal meeting spaces. Rather than presenting content in formal or traditional instructor roles, CFs rely heavily on portable visual materials -- flip charts, flashcards with watercolor paintings, tactile materials like yarn -- to convey the lessons. Pictures of all the artwork created specifically for *Kumekucha* are compiled in a picture book, in the local language, and a copy given to each participant. This enables participants to continue to reflect on past lessons and preview future lessons, but most importantly these picture books become conversational pieces to share *Kumekucha* learning with others in the participants' social networks.⁴⁴

Fostering spaces of hope and healing through attention to group processes. As discussed above, social relationships are vulnerable to the negative effects of trauma, and at the same time, they can be the very focus of healing and mobilization for peace. Issues of safety and connection are of paramount importance in *Kumekucha*, particularly because participants are from communities vulnerable to violent extremism, structural violence and persistent trauma. These spaces, offering both a psychological sense of safety and social sense of connectedness with others, can help participants shift from automatic fight, flight and freeze reactions to more rational, socially engaged responses. Thus, CF volunteers are intentional in creating safe spaces that foster dialogue, not debate, through inclusive participation and deep listening. CFs also attend to holding the space, and encourage group members to do the same, by supporting participant sharing, building connections among participants, and deepening understanding through inquiry. CFs model for participants how to listen carefully and without conveying shame, blame or guilt, all of which can be re-traumatizing for participants. By holding the space for participants to share experiences, perspectives, and emotions, CFs can help break the sense of isolation and self-blame that so many victims of trauma experience and instead nurture a sense of shared reality and validation with others.

CFs also foster transformative possibilities within the groups by motivating participants to challenge negative and destructive narratives toward themselves and others. CFs work diligently so that participants recognize their strengths and resiliency, and to envision continued hope and healing. Ultimately, CFs imbue participants with the responsibility to expand the learning to those in their social networks outside the group. The building of positive social relationships within the *Kumekucha* group can thus serve as an inspiration to transfer the learning and skills to other social relationships in their lives.

Agency.

Change and transformation are driven by choices, beliefs, and the attitudes that influence behavior. Trauma-informed peacebuilding efforts, therefore, are ultimately aimed at building effective individual and community agency. Agency that emerges as part of or through the healing process assists in unlocking energy and resourcefulness needed to address the challenges of one's life and those of one's community. It helps in shifting perspectives associated with a depressed mindset often focused on barriers and limitations to achieving personal and community objectives. Beliefs centered on powerlessness are characteristic of depression and impede individuals from resolving their problems.⁴⁵ Though structural constraints are real hindrances that cannot be downplayed, individuals and communities can still maneuver within these limitations to overcome challenges. Transformation of these structural limitations requires the will and actions of communities along with their leaders. Thus, expanding notions about possibilities of what may be achieved, more specifically combating hopelessness, is central to the healing process promoted in the program. Structural change is driven by actors, and thus the question of agency and empowerment are critical to peacebuilding and development objectives. Furthermore, empowerment and agency are at the heart of why resilience is crucial; resilience not only helps buffer shocks and strengthens the ability to bounce back, it is also essential to agency and empowerment to actively propel change and transformation.

The unique strengths of *Kumekucha* are reflected in drawing inspiration from lives of local peacebuilders, shifting from victimhood to resourcefulness, and imagining continued peacebuilding work in different spheres of influence.

Honoring local peacebuilders. The thread of storytelling in *Kumekucha* carries forward to breaking the cycle of violence and actively engaging in peacebuilding. The program draws on stories and lessons of local community leaders who have transformed their own adversities and traumas for the collective good. In the penultimate session of the 12-week *Kumekucha* program, participants engage with the story of a Kenyan peace activist, the late Dekha Ibrahim Abdi:⁴⁶

Dekha was born in 1964 in Wajir, near the border to Somalia, to a humble Somali pastoralist family. ... Wajir was [a] conflict area, where violence from gangs within Kenya and neighboring Somalia was an everyday occurrence. ... "My mother and I were born into a violent, unstable society. I wanted peace in the most basic sense of safety." ...

Dekha started peacebuilding work in the 1990s, a period of change in Kenya and the neighboring states of Somalia, Ethiopia and Rwanda. ... Local conflicts turned into violence, neighbors were suspicious of each other, children were killed, and women were raped. When Dekha became a mother, she knew she had to stop asking when the conflict would end. ... Dekha was resolute that her children did not deserve such a future; they deserved better and she needed to do more for peace.

Participants reflect and discuss the real or potential transformations in their own lives, where they are able to break out of the cycles of victimhood and violence and step into being peacebuilders. Like Dekha, participants often discuss the influences in their own lives and communities that inform their work for peace and how they embody or would like to embody being a resource for peace.

Transforming trauma: Shifting from being victim to being resources for peace.

Dekha's story is both aspirational, reflecting their own potential, and inspirational, providing real lessons and tools to actualize what is possible. For many, Dekha's story can be their story of trauma healing and peacebuilding.

In a speech at the 2010 Action-Asia Peacebuilders Forum, Dekha reflected on her own journey from victimhood to becoming a resource for peace: "Transforming our woundedness is transforming the whole system and sometimes, step by step, healing each component physical, psychological, emotional, intellectual and spiritual healing. Healing these different components can be fast or slow, conscious or unconscious. For some it may heal and for some it never will."

Building on Dekha's story, participants reflect on how their own healing journey in *Kumekucha* has influenced if and how they are transforming their trauma, that is, if they are shifting from seeing trauma as an ending to embracing it as the beginning of transformation. The shift from being a victim, and presumably from being a perpetrator, to being a resource for peace is deeply liberating; what may have been once seen as a point-of-no-return suddenly opens up into a door of individual and collective choice making and commitments to break out of the cycle of violence. In Nagda's words: "Trauma does not have to be a life sentence or a death sentence; it can be an invitation to transformation and authoring newer chapters of our lives and the lives of our communities."⁴⁷

Imagining peacebuilding actions in spheres of influence.

Dekha's story also serves as an inspiration for participants to imagine their own spheres of influence--individual, family, work and social, community, national and beyond--for peacebuilding actions. Dekha's beckoning that transforming one's woundedness is only a partial answer to the call of peacebuilding; it is participating in the transformation of others and our communities and societies that we answer the call fully.

Dekha knew that Wajir was not an island, and part of the larger Kenyan community. Sustaining peace in one's own community was not enough. With the insight that peace in Wajir was interconnected with peace nationally, she worked on peace efforts in different regions of Kenya. ...

"To transform one's own woundedness is one thing, to transform that of others and of the society requires collective wisdom. I have learned two key ingredients: those are the ability to take risks and the ability to have hope and faith in the face of difficulty. This process, in my experience, contributes to the growth of the individual and institutions, from being actors in the conflict to becoming resources for peace." 48

Reflecting and dialoguing about the spheres of influence enables participants to build collaborations with each other, be they to build peace together or to be accountable to each other in building peace in each person's own distinct spheres. As much as resilience is a crucial buffer against trauma, healing and empowerment as forms of resilience are crucial ingredients in sustained individual and collective efforts to overcome resistance to change toward greater peace and justice.

The *Kumekucha* program is focused not only on raising trauma awareness, but also on changing individual and communal behaviors and responses to build resiliency, healing and empowerment. While drawing multidisciplinary research and practices-- human security, neurobiology, applied psychology, restorative justice, conflict resolution, peacebuilding, and spirituality--the strengths of the program lie in its unique attention to local and cultural relevance, resourcefulness, and resiliency.

Expected Impact of the *Kumekucha* Program

Situating itself in the emerging field of community-based and systemic efforts to prevent violent extremism, the

expected impact of the trauma-informed peacebuilding *Kumekucha* program is multidimensional:

- *Kumekucha* increases knowledge of trauma and awareness of trauma symptoms.
 - As a result of the intervention, participants will gain knowledge about brain anatomy and function; flight, fight, freeze and submit responses and trauma symptoms. They will also be more able to recognize trauma symptoms in themselves and others than they were prior to the intervention.
- *Kumekucha* alleviates trauma symptoms.
 - As a result of the intervention, participants will show significantly lower scores on the PTSD inventory than prior to the intervention.
- *Kumekucha* fosters individual and collective resilience and healing.
 - As a result of the intervention, participants will be better able to self-regulate emotions and stress, use healthier means for addressing stress, and make greater use of social support networks than they did previously.
- *Kumekucha* engenders mindsets toward peaceful communities.
 - As a result of the intervention, participants will be less likely to favor fighting to resolve differences, more likely to forgive, more trusting of one's community and members of other groups⁴⁹ compared to their orientation prior to *Kumekucha*.
- *Kumekucha* empowers individual and collective agency for community building.
 - As a result of the intervention, participants will be more active in their communities, more active in peace projects, and more engaging of other groups and members of their communities than they were previously.



4 Methodology

Study Design

The evaluation used a pre- and post-intervention survey designed for *Kumekucha* participants from all project locations in Kenya. The surveys covered questions regarding wellness and resilience. Participants were asked about how they coped with stress, their engagement with their community, trust in members of their community and in members from other communities, and attitudes toward peace and conflict issues. The surveys also asked about exposure to traumatic events and PTSD symptoms. In the post-test, additional questions asked about participants' self-assessment of growth through the *Kumekucha* program.

Participants' rights to confidentiality during the intervention and the evaluation were upheld. Participants were assigned a key card with an identification number. This key card number was then used to collect information

on session attendance and as an identifying number for both the baseline and endline evaluation interviews. Confidentiality was especially important because of the PVE aspect of the program. Association with CVE or PVE activities may put people at risk, so great care needs to be taken to protect participants' identities. Because the focus of the *Kumekucha* program was trauma-informed peacebuilding and there was no overt focus on VE, the risks for participants were low. Nonetheless, the decision was to lean towards caution in regards to protection of participant data. The data was collected through ONA, an online data collection tool.

The pretest (also referred to as baseline survey) and the post-test (also referred to as endline survey) were administered via telephone by enumerators based at GSN's call center in Nairobi, Kenya. All the enumerators were psychologists with master's degrees from the

United States International University in Nairobi. They were trained to carry out the telephone interviews in English and Kiswahili (national language of Kenya), and the rights of the human subjects were emphasized. They were taught how to respond to participants in distress and connect them to the program's Community Facilitators for help in case of any emergencies.

Ten participants (through their key card numbers) were chosen from each group to ensure that all groups were represented in the sample. After the list was scrambled, it was divided among the enumerators with the participant's phone number and key card ID number, and the name of their community facilitator listed. The ID number was used as the means of identifying survey participants for the questionnaire and ensuring their confidentiality. Enumerators did not have access to the names of participants.

The baseline data collection began in March 2017 and the endline data collection was concluded in May 2019. The data was collected as each round of 12-week sessions began, and there were four rounds of data collection for the baseline and endline data. The baseline sample total from all locations was 988. The endline sample was 537. The largest drop in number of respondents occurred in Kilifi, Malindi, Lamu and Tana River. There were floods in the area, and many of the participants numbers were no longer working.

Focus Group Discussions (FGDs) and key informant interviews were conducted as well. Participants were selected from a range of *Kumekucha* groups. Questions were asked to gain clarity on the quantitative data and to learn about the initiatives that were being developed. The FGDs were recorded and transcribed and translated by GSN staff. Two members of GSN staff who were not directly working with the communities facilitated the discussions. After all of the quantitative data was collected, the findings were shared with participants and Community Facilitators for their information and in support of the analysis. They offered their insights to the findings.

Measures

Trauma and resilience.

Trauma was assessed through exposure to traumatic events and PTSD. Trauma is more than the sum total of PTSD symptoms and is expressed in many ways that are not captured by PTSD scales. Nonetheless, measuring PTSD and the number of traumatic events allowed for a measurement of trauma that has helped gauge the participants conditions, environment and the changes that occurred after undergoing *Kumekucha*.

PTSD expresses itself in emotional, cognitive, physical and behavioral symptoms. Physical symptoms may include high blood pressure, stomach and headaches, and difficulty breathing. Cognitive and emotional symptoms may include emotional numbness, inability to concentrate, inability to think critically or plan, feelings of deep sadness, anger or rage. Behavioral symptoms may include substance abuse, being hyper alert, being attached and withdrawn or impulsive behavior.¹ These symptoms are viewed not only for how they affect participants' wellness but also for the ways they influence attitudes and behaviors related to social cohesion and peace objectives. The presence of trauma symptoms in a significant portion of a population has a real effect on the environment. Trauma compromises the ability to bond and form ties to the community and arguably presents an obstacle to the type of understanding and empathy needed for peaceful coexistence.² Rage, substance abuse, domestic abuse, and impulsivity that may result in the spread of Sexually Transmitted Diseases (STDs) or criminal behavior are all symptoms that disrupt communities. Thus, "trauma is not only a consequence of violence, it is also a source of instability."³ Untreated trauma exacerbates the fragility of vulnerable communities.

The trauma exposure and post-traumatic stress disorder (PTSD) modules of the survey employed the Harvard Trauma Questionnaire (HTQ) to assess different types of potentially traumatic events and post-traumatic stress

symptoms. The PTSD symptoms correspond to the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria of PTSD. We looked at risk for PTSD, using scores on the PTSD scale ranging from 1 (not at all affected) to 4 (extremely affected). It determines whether participants seem to be at risk for PTSD by looking at a cut-off score. Respondents likely have a symptom of PTSD if they score a 3 (quite a bit affected) or 4 (extremely affected) on a corresponding item (thus a total score greater than 2.5 on the HTQ), and/or meet DSM-IV criteria for PTSD (one or more intrusion symptoms, three or more avoidance symptoms, and two or more hyperarousal symptoms). The traumatic event items are based on events commonly reported by communities impacted by displacement, war and genocide. In this study, the traumatic events items were adapted to reflect urban exposure to violence. Participants were asked if they experienced the following events: disappearance of a family member, exposure to war/gang related fighting, witnessing killing of friends or family, death of a close family member, being threatened with death, physical mutilation, home raid, rape of a family member, witnessing rape, torture, destruction of home, destruction of property, displacement, being ill without access to medicine, lack of access to food, lack of access to water, and drought.⁴

Social cohesion.

To gauge social cohesion, we asked participants about their attitudes toward trust and forgiveness, both qualities needed for social healing and growing connections. For trust, we asked “How much do you trust the members of your community?” and “How much do you trust the members of other groups?” For forgiveness, we asked: “How strongly do you feel you could forgive someone that harmed you even if they do not regret what they have done?” and “How strongly do you feel former members of armed groups should be allowed to return to their communities?” We also asked two questions that are potentially considered as obstacles to social cohesion. “How strongly do you believe that sometimes fighting is needed to resolve differences?” and “How strongly do you feel your community has been treated unfairly

compared to others?” Participants used a Likert-scale to indicate their response: 1 = No (not at all), 2 = A little, 3 = Somewhat, and 4 = A lot. Participants could also decide not to answer the question or indicate that they did not know, and these responses were changed to missing data in the final analyses.

There were constraints regarding questions that could be asked as the communities are wary of surveillance, so the questions were framed in a general way not relating to any specifics that might raise questions about GSN’s intentions. Questions related to local authorities, such as the police and government representatives, were not asked. However, participants opened up after the conclusion of *Kumekucha* sessions and spoke about sensitive issues affecting their communities during focus group discussions.

Community engagement.

Respondents were also asked questions about how they engage their community. The bonds in a healthy society should extend beyond identity groups and extend to institutions that serve and represent the communities. Three questions assessed actual self-reported behaviors. “How much do you socially interact with members of other groups?” and “How actively engaged are you in your community? (this means socially, civically or politically).” Participants used a Likert-scale to indicate their response: 1 = No (not at all), 2 = A little, 3 = Somewhat, and 4 = A lot. Participants could also decide not to answer the question or indicate that they did not know, and these responses were changed to missing data in the final analyses. Lastly, “Do you belong to any social, civic, sports or cultural groups (any group that meets regularly)?” Participants responded (2=Yes, 1=No).

Kumekucha program components.

We asked for their self-assessment of change in relation to different components of the *Kumekucha* program. As discussed in the program approach section, participants learn knowledge about trauma and its effects, engage in building relationships with other participants and

strengthening relationships in the larger community, and practice self-regulation tools. Specifically, to assess the impact of knowledge, we asked: “How much has your knowledge of trauma grown?” To assess impact of relationship building, we asked: “How much has *Kumekucha* positively changed the way you interact with your family? and “How much has *Kumekucha* positively changed the way you interact with other groups?” Participants used a Likert-scale to indicate their response: 1 = No (not at all), 2 = A little, 3 = Somewhat, and 4 = A lot. We also asked participants, “Did you share the lessons of *Kumekucha* with others?”, which they

could answer with a “yes” or “no” response. To assess for use of self-regulation tools, participants were asked an open-ended question: “What *Kumekucha* tools are you using for coping with stress and emotional or psychological distress?” Enumerators then recorded the responses (allowing for multiple responses) into the following: Emotional Thermometer; Meditation; Breathing Exercises; Stretches/physical exercises; Negative thoughts to positive thoughts; and, Other. Participants could also decide not to answer any question or indicate that they did not know, and these responses were changed to missing data in the final analyses.



5 Findings

The previous chapters described the approach and methodology used in evaluating the *Kumekucha* program. This chapter focuses on the findings from an evaluation study of the program presented in three scaffolded layers:

- What is the community context and who are the participants in *Kumekucha*?
- What is the impact of participating in *Kumekucha*?
- How do different components of the *Kumekucha* program contribute to its impact?

The three-part trauma-informed peacebuilding framework—trauma and resilience, social cohesion, and community engagement—is built on under each layer.

Findings I: What is the community context and who are the participants in *Kumekucha*?

A total of 988 *Kumekucha* participants comprised the sample and completed the baseline survey. This sample

included 296 women (55%) women and 241 men (45%). Seventy-six percent of the sample were between the ages of 18-35. Fifty-four percent were not earning any income at the time and 40% reported not having an occupation. In regards to level of education, 9% had completed university, 7% had attended university, 33% completed secondary school and 22% completed primary school (see Table 1).

At the time of endline survey, post-intervention, the sample size decreased to 537 participants. Some participants were not reachable because their phone numbers on record were no longer working while other participants did not make themselves available after the intervention. The average *Kumekucha* dropout rate was 10% but heavy rains brought on challenges in Tana River, Lamu and Kilifi. Tana River became a disaster zone due to flooding in the region. Thus, there were 9 groups that were not able to complete the 12-week sessions.

Trauma and resilience

The findings on exposure to traumatic events highlighted the levels of physical and economic insecurity. To understand the range of experiences, we will focus on exposure in Majengo and Mombasa. The population in Majengo experiences considerably more violence than Mombasa and other project areas. The violence experienced is extreme with 69% of the sample in Majengo experiencing the disappearance of a close family member (Figure 1). Fifty percent of the sample in Majengo and 40% of the sample in Mombasa witnessed a family member or friend being killed. Thirty-six percent of the sample in Majengo and 24% of the sample in Mombasa were threatened with death (Figure 2). The turmoil in the lives of the participants can also be seen in the percentage of homes raided. Twenty-four percent in Mombasa and 37% in Majengo experienced having their homes raided. In a Focus Group Discussion when asked how these raids affected the community, respondents reported the fear

instilled as the raids happen in the middle of the night and can happen several times a week. Everyone is affected as it is anyone’s guess who’s home will be raided. The raids are conducted by police but respondents say the police are not in uniform and do not identify themselves. People who are taken away may not return. Women are sometimes taken but women generally are able to return. Of those abducted, it is nearly impossible to get information about their whereabouts. Respondents say that though there are reasons these searches are conducted, everyone pays the consequences for the acts of a few criminals.

Instability is also seen in the percentage of respondents reported having experienced having no access to food. Sixty-seven percent in Majengo and 59% in Mombasa reported experiencing going without access to food. Thirty-five percent in Majengo and 32% in Mombasa reported having no access to water. The participants in Majengo

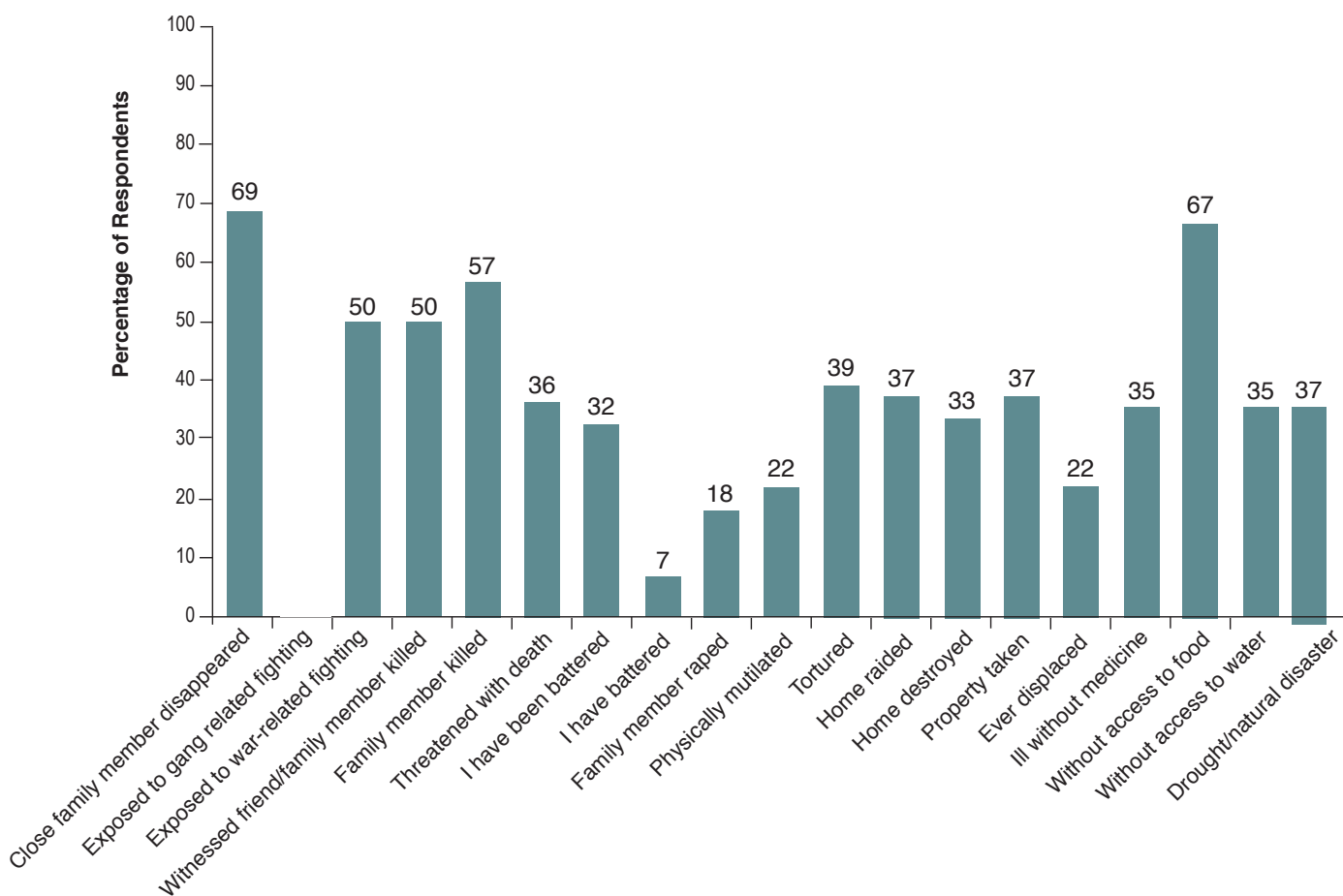


Figure 1: Exposure to Traumatic Events (Majengo Baseline, N=136)

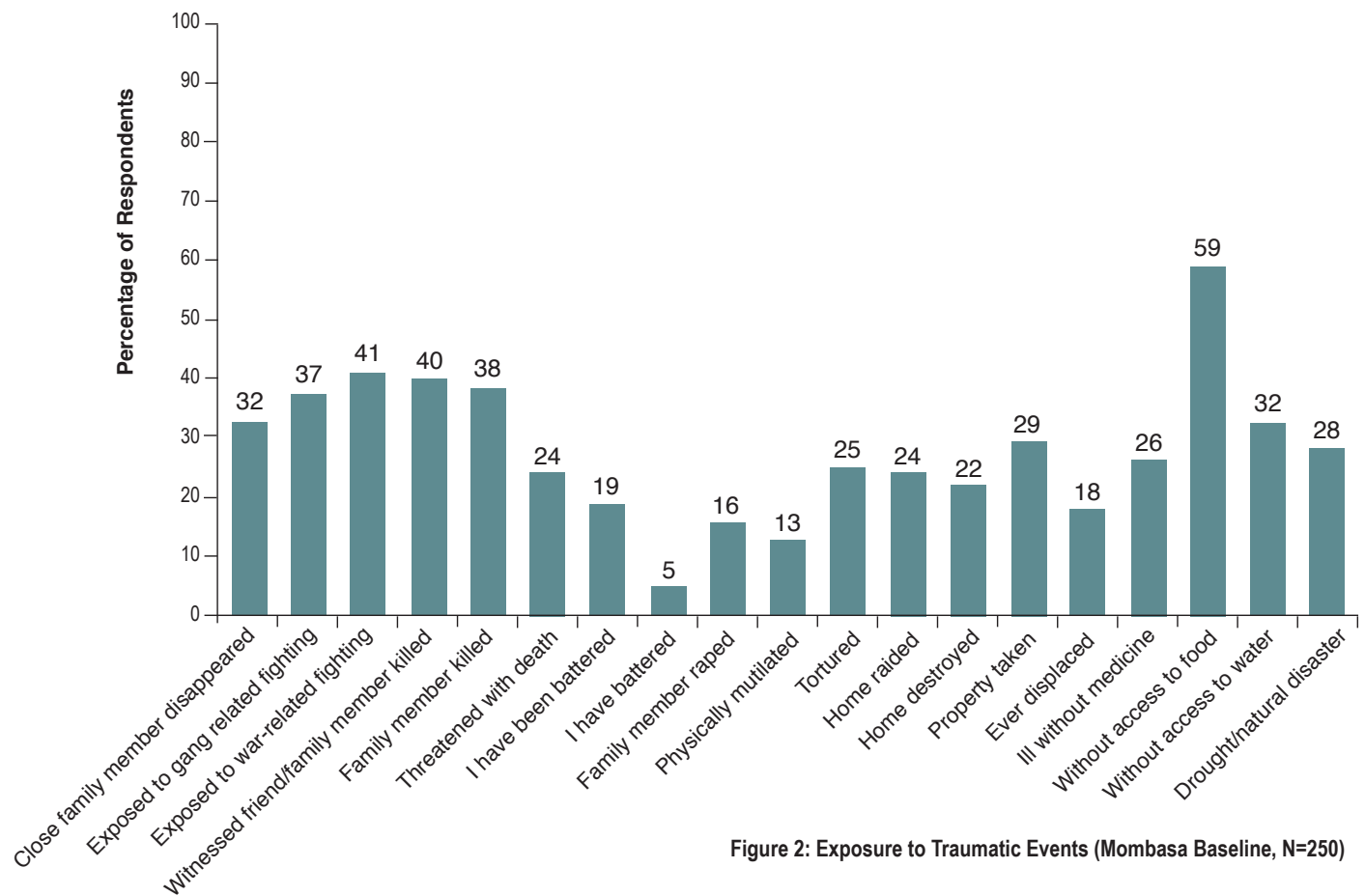


Figure 2: Exposure to Traumatic Events (Mombasa Baseline, N=250)

reported their struggles with water and sanitation. In Majengo, residents pay for access to public toilets and showers which they are not able to use at night because of security concerns and possible police harassment.⁵⁰ Residents of Mombasa generally have toilets in their homes however access to water varies. The poorer areas of Mombasa generally get access to city water just twice a week.

In order to understand factors contributing to PTSD symptoms among the participants, regression analysis predicting PTSD were conducted. The significant factors were:

- Number of traumatic events is positively related to PTSD-- the higher the traumatic exposure, the more likely to experience PTSD symptoms
- Gender is related to PTSD--women are more likely to experience PTSD
- Strength of one's support system is related to PTSD--the stronger the support system the less likely to

experience PTSD symptoms, or the weaker one's social support system the more likely to experience PTSD symptoms.

We also assessed predictors of healing behavior or support systems:

- How healthy the ways participants chose to alleviate their stress was predicted by:
 - Their support system, that is the stronger their support system, the healthier the ways of alleviation of their stress.
 - Belief that one's community is treated unfairly compared to others, the more they thought they were treated unfairly, the healthier the ways of alleviating stress.
- The strength of respondents' support system was predicted by:
 - Education, the higher the level of education completed, the stronger the support system.

- o Healthy alleviation of stress, the healthier the ways of alleviating stress, the stronger the support system.
- o Trust of member of one's community, the higher the level of trust in one's community, the stronger the support system.

Social cohesion.

A regression analysis with attitudes and behaviors of social cohesion as dependent variables was conducted on the baseline data. The findings on predictors of attitudes and perceptions were as follows:

- Trust in the members of one's community was predicted by:
 - o Gender--men are more trusting of members one's community than women.
 - o Support system--the stronger the support system, the greater the level of trust.
 - o Community treated unfairly- the stronger the respondent felt their community was treated unfairly, the greater the trust in one's community.
- Trust in members of "other" groups was predicted by:
 - o Healthiness of stress alleviation--the healthier the ways stress is alleviated, the greater the level of trust.
- Willingness to forgive, even when the person who has harmed you does not regret what they have done is predicted by:
 - o Support system--the stronger the support system, the more willingness to forgive.
 - o Healthiness of stress alleviation--such that the healthier the ways stress is alleviated, the more willingness to forgive.
 - o How strongly the respondent felt their community was treated unfairly--that is the stronger the respondent felt they their community was treated unfairly, the more willingness to forgive.
- How strongly respondents felt their community was treated unfairly compared to others was predicted by:
 - o The number of traumatic events--the lower the exposure to traumatic events the more likely the respondent thought their community was treated unfairly.

- o The more actively engaged in the community--the more likely the respondent was to believe their community was treated unfairly compared to others.

Women indicating lesser trust of members of their community may have to do with the high incidence of SGBV in these areas. The problem occurs within the home through domestic abuse, which was underreported by respondents in this study. Even more generally, incidences of harassment, molestation, and rape are prevalent. The exposure to violence is gendered, with women facing acute security threats linked to SGBV.

Community engagement.

We assessed the predictors of community engagement and social interactions and found the following:

- Belonging to any social, civic, sports or cultural groups, any group that meets regularly is predicted by:
 - o Gender--women are more likely to belong to groups that meet regularly
 - o Age--the younger the respondent, the more likely to belong to a group that meets regularly.
 - o Traumatic events--the fewer the number of events experienced, the more likely to belong to a group that meets regularly.
 - o Support system--the weaker the support system, the more likely to belong to a group that meets regularly.
 - o Trust in one's community--the less trust in one's community, the more likely to belong to a group that meets regularly.
- How actively engaged participants are in their community is predicted by:
 - o Age--the older the participant, the more active they are in their community.
 - o Support system--the stronger the support system, the more actively engaged in their community.
- How much do you socially interact with members of other groups is predicted by:
 - o Age--the older age, the more likely they were to interact with members of other groups

- o Support system--the stronger the support system, the more likely they are to socialize with people from other groups.
- o Trust--that is the stronger the trust in one's community the more likely to interact with members of other groups.
- o Feeling that their community was treated unfairly--that is the stronger the respondent felt that their community was treated unfairly, the more likely they were to interact with members of other groups.

The findings of how resiliency, social cohesion and community engagement are related to PTSD symptoms concur with other studies. Gender and exposure to traumatic events have been consistently found to be predictors for PTSD.⁵¹ Women are significantly more likely than men to suffer from PTSD,⁵² but it is still not clear why gender is a significant predictor. Edna Foa, a psychologist at the University of Pennsylvania, found that when men and women with the same type and number of traumatic events were tested, women are still more likely to suffer PTSD symptoms than men. She believes there may be a gender bias in the scales used to measure PTSD where symptoms associated with emotion rather than behavioral ones are emphasized. Women are more likely to exhibit emotional symptoms and what we may refer to as "acting in" behaviors with harm directed toward their own minds and bodies. Meanwhile, men are more likely to abuse drugs or display aggressive behavior, what we may refer to as "acting out" behaviors directed toward harming others.

Trust in members of one's community and members of "other" groups and forgiveness was predicted by strong support system and healthy ways of alleviating stress, showing that indicators for resilience are positively connected to outcomes desirable for peacebuilding and PVE objectives. Predictors of resilience are as expected: higher levels of education and healthier means of alleviating stress predict stronger support systems. And, a strong support system predicts healthier alleviation of stress. For the most part, community engagement was predicted by indicators relating to resilience such as

strong support system and lower exposure to traumatic events. However, belonging to a group that meets regularly was predicted by a weaker support system and less trust. This finding highlights the need for holistic approaches. Whereas these respondents are exhibiting healthy, productive behavior, support is still needed to achieve peacebuilding aims.

The one area of unexpected results involve the perceptions of fairness in how one's community is treated compared to others. While trust was a predictor of a strong support system, belief that one's community was treated unfairly was also a predictor of healthier ways of alleviating stress. Respondents' belief that their community is treated unfairly compared to others is also positively related to attitudes aligned with peace objectives. *Kumekucha* participants who feel their community is treated unfairly compared to others have strong support systems, are active members of their community, have lower exposure to traumatic events, are more willing to trust members of their community and more willing to forgive. This finding is counterintuitive because we would expect that feeling victimized may be related to less forgiveness and more vengefulness. Because the question regarding one's community being treated unfairly is meant to gauge a sense of victimization,⁵³ these findings point to two lines of consideration. One, it is debatable whether the question is measuring a subjective reality rather than an objective one. Perhaps a higher sense that one's community is treated unfairly is not a grievance implying an inordinate sense of ill-treatment, but a recognition of a reality. Two, at least for *Kumekucha* participants who responded to the baseline survey, there appears to be a distinction between perceptions of unfairness and feeling traumatized. Respondents who feel their community is treated unfairly compared to others have strong support systems, are active members of their community, have lower exposure to traumatic events, are more willing to trust members of their community and more willing to forgive. It is possible that a sense of strong relationships and resilient support systems buffers the feeling of being victimized even when there is a recognition of unfairness toward the community.

Findings II: What is the impact of participating in *Kumekucha*?

Paired t-test analyses, comparing participants' responses at the endline survey (post-test) to the baseline survey (pretest) were conducted to assess change as a result of participation in *Kumekucha*. This set of analyses focused on participants who had completed both the pretest and post-test surveys. Table 1 shows results of the paired t-test analysis comparing pre- and post-intervention scores. The significance level (last column in Table 1) indicates the level of statistical significance in the difference between endline score and the baseline score. The results show that participants were significantly and positively impacted by their involvement in *Kumekucha* program on all dimensions of interest. Results and discussion of the specific areas of interest are elaborated below.

Impact on trauma & resilience.

The findings show that participants reported significant changes from baseline to endline scores in the following:

- using healthier ways of alleviating stress
- going to one's place of faith more frequently
- having a stronger support system
- having reduced PTSD symptoms

Kumekucha addressed trauma symptoms through the trauma awareness component of the intervention, where participants were taught lessons about the brain and responses to traumatic events. Participants were also encouraged to incorporate healing and were taught basic tools such as emotional regulation through the use of an emotional thermometer, meditation and breathing exercises. About 95% percent of respondents are using healing tools for regulation and to cope with their stress. Most importantly, participants were supported through the fellowship of the weekly *Kumekucha* sessions.

The quantitative findings reflected what was reported in the open interviews. Many participants spoke of the regulation as one of the more transformational aspects of the program.

*"I know people have different types of trauma. And we the people with trauma are the ones to decide whether this trauma can be continuous or heal completely. It depends on you."*⁵⁴

*"I used to be hot tempered but I've been able to deal with that and I have also changed my lifestyle for the better. I understand better what trauma is and its impact and how it made me angry and aggressive."*⁵⁵

Another respondent spoke specifically about how learning about brain functions helped:

*"I am now better able to regulate my moods and emotions. I used to be easily angered and aggressive but I now understand why I was that way and how the brain works and what I need to do to regulate myself."*⁵⁶

Impact on social cohesion.

From baseline to endline surveys, participants reported significant changes in indicators of social cohesion:

- increased trust in members of one's community
- increased trust in members of other groups increased
- increased willingness to forgive someone who has harmed them even if they do not regret what they have done
- stronger belief that former members of armed groups should be allowed to return to their communities increased.
- stronger feeling that your community has been treated unfairly compared to others increased.
- stronger belief in the necessity of fighting to resolve differences increased but not significantly.

The findings show that trust in members of one's community and that in members of other groups grew significantly along with willingness to forgive. These findings reflect responses from interviews with participants who emphasized their interactions with people they normally would not engage. Many focus group participants shared

Table 1
Kumekucha Program Impact: Paired T-Test Analyses Comparing Pre- and Post-tests

Outcome	Pre-test	Post-test	Significance Level ⁵⁷
TRAUMA & RESILIENCY			
● PTSD Symptoms (1=Not at all affected, 4=Extremely affected)	1.64	1.40	***
● How healthy are the ways you choose to alleviate your stress? (1=Not at all, 4=A lot)	3.12	3.56	***
● How often do you go to your place of faith (meaning mosque or church)? (1=Seldom, 4=Daily)	2.67	3.22	***
● How strong is your support system? (1=Not at all, 4=A lot)	2.93	3.35	***
SOCIAL COHESION			
● How much do you trust the members of your community? (1=Not at all, 4=A lot)	3.11	3.30	***
● How much do you trust members of other groups? (1=Not at all, 4=A lot)	2.69	2.88	***
● How strongly do you feel former members of armed groups should be allowed to return to their communities? (1=Not at all, 4=A lot)	2.79	3.06	***
● How strongly do you feel you could forgive someone that harmed you even if they do not regret what they have done?	3.23	3.41	***
● How strongly do you feel your community has been treated unfairly compared to others? (1=Not at all, 4=A lot)	2.74	2.98	**
● How strongly do you believe that sometimes fighting is needed to resolve differences?	1.40	1.33	
COMMUNITY ENGAGEMENT			
● Do you belong to any social, civic, sports or cultural groups (any group that meets regularly)? (1=No, 2=Yes)	1.34	1.24	***
● How actively engaged are you in your community? (this means socially, civically or politically). (1=Not at all, 4=A lot)	3.05	3.25	***
● How much do you socially interact with members of other groups? (1=Not at all, 4=A lot)	2.81	3.19	***

stories about forgiveness of family members, friends, neighbors and local officials. As one respondent stated:

“I have reconciled with different people that I was holding a grudge with the community because I learned about the power of forgiveness.”⁵⁸

A community facilitator also observed the power of forgiveness in group members:

“...the issue of extra-judicial killings was prominent in my group which had many widows and women whose husbands were made to disappear... You find that these women could never be at peace with the police, but now I give thanks, God is great because now they see the

police differently, as their fellow human being. So, I observed forgiveness and at least there are good relations between us (members of my group) and the police.”⁵⁹

A major challenge in these communities is the return of former combatants. In FGDs in Majengo and Mombasa participants were asked about their interpretation of the question regarding members of armed groups. They were asked to identify what was meant by “members of armed groups.” In Majengo the respondents said that it referred to former al-Shabaab members while on the coast participants thought it referred to both former al-Shabaab and gang members. When asked where would the gang members be returning from, respondents said they would return from jail or hiding. There is little to no

support for returnees, and members of communities are by and large not accepting of them.⁶⁰ Additionally, those who return are often pursued by police or al-Shabaab; according to FGD respondents, returnees are more often than not killed either by al-Shabaab or police extra-judicial killings. In interviews with a group of former al-Shabaab members preparing to return to their communities, being accepted by their communities in Somalia was their greatest concern along with income generation. An FGD respondent offered,

“We have these returnees who went, and saw that what they were told they were going for is not what they found when they went and they decided to return. When they return, didn’t the government say they were giving amnesty? They come back and don’t even know where to start and even when they do start and follow the given procedures, anti-terror police follows them. For example, there were three young men who returned and one of them disappeared. Upon hearing of the disappearance, one of them returned saying they would rather die in Somalia.”⁶¹

Impact on community engagement.

Beyond promoting more positive attitudes toward social cohesion, peace and reconciliation, we were interested in seeing the impact on actual behaviors that promoted social cohesion through community engagement. Participants reported significant changes in community engagement from baseline to endline surveys:

- greater belonging to any social, civic, sports or cultural groups (any group that meets regularly increased).
- increased level of engagement in one’s community, socially, civically or politically
- increased interaction with members of “other” groups

These findings indicate higher levels of actual connecting and bridging behaviors with people beyond themselves or their immediate families. In the words of one participant from Majengo:

“I can say it has helped because prior to this I used to hate people but now I understand there is no point holding bitterness in my heart. At least now I release and look for appropriate ways to... I have been able to talk to many of the people who have wronged me and the hate I had for them is no longer in my heart. They also got some relief because now we even greet each other yet in the past we hated each other a lot.”⁶²

A community facilitator remarking on the changes witnessed stated:

“Looking at my participants, they are now participating in different community forums and dialogues. This has shown change because many wouldn’t talk much, they weren’t social. There was another event...it was a dialogue, my participants were very active talking about things that can help the community.”⁶³

This is a critical finding as the central premise of the program is focused on social healing in order to build bonds across groups.

The *Kumekucha* program shows a significant and positive impact across the different outcomes--trauma and resiliency, social cohesion and community engagement. The decrease in PTSD symptomatology at endline compared to baseline speaks to ways in which the overall program is positively impacting the effects of trauma in the communities. Such as emotional dysregulation, which is poorly controlled emotions, is linked to impulsive behavior but can be addressed through interventions focusing on emotional regulation.⁶⁴ Impulsive behavior is an important issue in the discussion of youth who are vulnerable to criminal activity through VE or gangs. There is considerable evidence that severe stressors, those that are persistent and not under the individual’s control, have “toxic” effects on a wide range of health outcomes.⁶⁵ Various forms of toxic stress during childhood predict

adverse forms of risk-taking later in life. In particular, early stressors such as physical and emotional abuse, emotional neglect, exposure to violence were linked to later adverse adolescent outcomes.⁶⁶ The populations from the areas of Kumekucha participation face extreme levels of exposure to violence as seen in the findings on the exposure to traumatic, thus it is especially important to address the vulnerability that comes from exposure at a very young age.

The findings also show overall positive effects on social cohesion--more positive beliefs and attitudes toward other groups and the community. It is noteworthy that participants' belief that their community is treated unfairly compared to others increased post-intervention. Because this variable has been shown to be significantly related to positive indicators--such as less exposure to traumatic events, more trust, more forgiveness, and a strong support system--the increase in this sentiment is not an undesirable outcome. This may in fact reflect a critical and realistic view of the respondents' circumstances. That is, findings from exposure to traumatic events and from the FGDs show that the communities face a lack of services, a lack of economic opportunity, and security threats from members of extremists, gang members, and criminals. They also highlighted problems and threats coming from security forces.

Findings III: How do different components of the Kumekucha program contribute to its impact?

The preceding results and discussion speak to the strong overall and positive impact of the *Kumekucha* program on the participants. As discussed in the Approach chapter, *Kumekucha* uses indigenous pedagogies of storytelling and artwork to integrate knowledge, relationship building, and healing practices. Elucidating if and how these different program components influenced different outcomes was an important part of the evaluation. To do this, multiple regression analyses were conducted with the program outcomes as the dependent variables.

In each of the regression equations, we controlled for Age, Gender, Income, Baseline Trauma exposure and Baseline score on the particular outcomes. The specific program components--Learning Trauma Knowledge and Sharing Trauma Knowledge, Relationship Building, and Self-regulation Practices were included as independent variables.

Table 2 shows the impact of the different program components on the outcomes. A significant relationship indicates that the higher the self-assessed learning (e.g., gaining knowledge about trauma), the higher the participants' score on the related outcome. For example, the more knowledge the participants gained in *Kumekucha*, the healthier their habits to alleviate stress.

Impact of program components on trauma symptoms and resilience.

A trauma-informed peacebuilding approach necessitates that participants and communities learn knowledge about trauma, build stronger social relationships, and know and practice more self-regulation tools. In regards to gaining knowledge of trauma and sharing that knowledge with others, both central pedagogical components of *Kumekucha*, the results in Table 2 show the following impact:

- The more knowledge about trauma participants self-reported gaining from *Kumekucha*, the healthier their ways of alleviating stress and the stronger their support systems.
- Participants who shared their knowledge with others also showed stronger support systems.
- Neither gaining knowledge nor sharing knowledge was related with alleviation of PTSD or going to places of faith.

Participants were also asked questions about self-assessed change to build more positive relationships with other groups, with their families, and in the community. Results show that:

- The more positive relationships participants reported building as part of *Kumekucha*, the healthier their ways of alleviating stress and the stronger their support systems. This impact is consistent whether it is about relationships with other groups, with family, or with the community.
- The more positive relationships participants built, the less often they are going to places of faith.

Participants were also asked about the use of tools of coping with stress and emotional or psychological distress. The question solicited multiple responses (that is, the question allowed for the use of as few or as many tools that the participants listed). Because *Kumekucha* taught different practices, and participants also accessed their own practices, a dummy variable (practicing and not practicing) was created for each tool. We analyzed the impact of both the total number of tools and the specific impact of each tool. For the total number of tools, a sum score of the dummy variables was created. For the specific tools, dummy variables of all six practices--Emotional Thermometer, Breathing, Meditation, Physical stretching/exercise, Positive Thinking and Other--were entered together as independent variables in the regression equation. In this way, the effect for each practice is based on its unique contribution to the outcome. Results show that:

- The more tools participants reported using, the healthier their ways of alleviating stress, the stronger their support systems, and the more often they go to their places of faith.
- The greater use specifically of the emotional thermometer and physical stretching exercises is related to healthier ways of alleviating stress and stronger support systems.
- Neither the number of tools nor any specific tool is significantly related positively or negatively with PTSD symptoms.

Impact of program components on social cohesion.

One of the effects of trauma, chronic conflicts, and toxic stress is on fracturing community relationships and

increasing social fragmentation. As part of its social healing work, *Kumekucha* focuses on strengthening social cohesion in the communities through building trust, tolerance and acceptance, and reducing fighting as a way of resolving differences. A question about fairness in the way the community was treated was also asked. The results in Table 2 show that:

- The more knowledge about trauma participants self-reported gaining from *Kumekucha* and sharing that knowledge with others, the greater their sense of trust in their communities and with other groups, the greater their willingness to accept and repatriate former members of armed groups
- Participants reporting that they shared their knowledge with others show greater sense of trust in their communities and with other groups, greater their willingness to accept and repatriate former members of armed groups when compared to those who reported not sharing that knowledge.
- Uniquely, the greater trauma knowledge is also related to greater willingness to forgive those who have harmed them, and a stronger belief that the community has been treated unfairly.
- Uniquely, those who shared their knowledge with others showed stronger support systems and less strong beliefs that the fighting is needed to resolve differences when compared to those who did not share the knowledge.

The program component of building relationships would be expected to show a significant relationship to results on social cohesion. Even though *Kumekucha* focuses very specifically on bettering relationships with other groups, all three kinds of relationships--with other groups, with family and with community--mostly support the hypothesized positive relationship to social cohesion:

- The more positive relationships participants built, with other groups, with their family and with their community, the greater trust they had toward other groups, greater acceptance of former armed members, greater willingness to forgive perpetrators of harm, and greater sense that their communities were treated unfairly.

Table 2: Summary of Regression Analyses of Relationship between Kumekucha Program Pedagogical Components and Outcomes

KUMEKUCHA PROGRAM PEDAGOGICAL COMPONENT							
OUTCOME	TRAUMA KNOWLEDGE		RELATIONSHIPS			SELF-REGULATION PRACTICES	
	Learning	Sharing	Other Groups	Family	Community	Number of Tools	Specific Tools
TRAUMA & RESILIENCY							
● PTSD Symptoms	ns	ns	ns	ns	ns	ns	ns
● How healthy are the ways you choose to alleviate your stress?	***	ns	**	***	**	**	et*, st+
● How often do you go to your place of faith (meaning mosque or church)?	ns	ns	* (-ve)	* (-ve)	*** (-ve)	***	ns
● How strong is your support system?	**	***	***	***	*	***	et**, st**
SOCIAL COHESION							
● How much do you trust the members of your community?	*	**	ns	***	***	ns	ns
● How much do you trust members of other groups?	*	*	**	***	***	ns	pos*
● How strongly do you feel former members of armed groups should be allowed to return to their communities?	*	**	**	**	**	+	ns
● How strongly do you feel you could forgive someone that harmed you even if they do not regret what they have done?	*	ns	+	**	*	ns	ns
● How strongly do you feel your community has been treated unfairly compared to others?	***	ns	+	**	*	ns	med+ (-ve)
● How strongly do you believe that sometimes fighting is needed to resolve differences?	ns	***	ns	ns	ns	ns	et** pos+
COMMUNITY ENGAGEMENT							
● How actively engaged are you in your community? (this means socially, civically or politically).	*	ns	ns	**	+	ns	ns
● How much do you socially interact with members of other groups?	ns	*	**	***	**	*	med+ - (-ve)

*** p ≤ .001, ** p ≤ .01, * p ≤ .05, + p ≤ .07

et=Emotional Thermometer; st=stretching and physical exercises; br=breathing; med=meditation; pos=negative to positive thinking

- More positive relationships with family and community were also related to a sense of greater trust in their community.
- None of the relationships were related to increasing or decreasing the participants' belief about the use of fighting to resolve differences.

In looking at the impact of the use of coping tools, both the total number of tools and the impact of specific tools, on social cohesion, the results show that:

- The higher the number of tools participants used is only marginally significantly related to greater acceptance

of former armed members. The number of tools does not have an impact on any other measures of social cohesion.

- Looking at the use of specific tools, the results show that:
 - participants who use emotional thermometer are less likely to believe that fighting is necessary to resolve differences
 - participants who use positive thinking show greater sense of trust with other groups and trend toward subscribing less to the belief that fighting

- is necessary to resolve differences (marginally significant)
- o participants who use breathing (marginally significant effect) and other practices more likely feel their community has been treated unfairly
- o participants who use meditation may trend toward believing less strongly that their community has been treated unfairly (marginally significant)
- o no specific tools show significant relationship with sense of greater trust in the community, greater acceptance of former armed members, or greater willingness to forgive.

Impact of program components on community engagement.

A social healing, trauma-informed peacebuilding approach means that participants translate their attitudes and beliefs about social cohesion to actual behaviors and engagement in the community. Table 2 shows the following impact of *Kumekucha* program components on community engagement behaviors:

- The more knowledge about trauma participants self-reported gaining from *Kumekucha*, the more engaged they are in the community through social and civic groups.
- Greater trauma knowledge is not related to greater interactions with other groups.
- The more the participants shared their knowledge with others, the greater their interactions with members of other groups.
- Greater sharing of knowledge with others is not related to how engaged participants are in their community.

Participants were also asked questions about self-assessed change to build more positive relationships with other groups, with their families, and in the community.

Results show that:

- As a whole, the more positive relationships participants built as part of *Kumekucha*, the greater their engagement in the community and greater their interactions with members of other groups.

- The only exception to this overall trend is that more positive relationships with other groups are not related to greater engagement in one's own community.

In looking at the impact of the use of coping tools, both the total number of tools and the impact of specific tools, the results show that:

- The higher the number of tools participants used, the more they interacted socially with members of other groups.
- The use specifically of meditation shows a marginally significant effect on lesser social interactions with members of other groups.

Learning about trauma, as a foundational component of *Kumekucha*, shows positive impact on the different outcomes related to individual well-being and resiliency, social cohesion, and community engagement. Sharing this knowledge with others, encouraged by *Kumekucha* community facilitators, also works to strengthen participants' social support systems, more positive attitudes toward community and interactions with other groups. In essence, knowledge of trauma is important for both individual and community good.

Kumekucha focuses particularly on building positive social relationships with other groups to promote community healing and reconciliation, and to counter the effects of social fragmentation. The results provide strong support for the positive effects of strengthening relationships with other groups on strengthening individual well-being, greater social cohesion--trust in the community and with other groups--and greater engagement in the community. This pattern of results is largely consistent with strengthening relationships with family and community as well. Thus, social relationships that heal interpersonal divides, within community tensions, and intergroup relationships are important in building individual and collective capacity for living well and contributing to the greater good of the community. Fractured relationships, be they a consequence or source of trauma, are brought into a place of potential

transformation. Through understanding the potential causes of relational divides rooted in traumatic events and experiences as well as the resultant prejudices and biases, participants gain an understanding of how victims can become perpetrators because of unresolved trauma. At the same time, participants may also be able to envision and develop ways to stop the cycles of violence that are enacted through relationships. Thus, building strong social relationships across groups that goes beyond simply strengthening individual support systems becomes an integral component of trauma healing and transformation.

Self-regulation is another important part of trauma healing; regulation allows participants opportunities and tools for not acting out of trauma (or survival flight, fight and freeze responses), but to access more rational brain thinking and social engagement skills. Participants in *Kumekucha* learn many different tools--assessing mood through emotional thermometer, breathing, physical exercises and stretching, mindful meditation, moving from negative thinking to positive thinking, and other methods. In many of the weekly sessions, participants are asked to teach other participants these regulation tools or other stress-relief methods that they use. The results show that having more such tools positively impacts individual well-being and support systems, but there is hardly any impact on attitudes and beliefs related to social cohesion. A higher number of tools also seems to be related to greater interaction with other groups in the community. Emotional thermometer seems to be the most commonly impactful of the tools. It is possible that the ability to assess one's moods (e.g., angry or "seeing red," depressed or "feeling blue," and being balanced and "feeling green") helps participants regulate their actions; they may not act on the anger or unhappiness and wait to interact with others and take action until feeling more balanced. Stretching and physical exercises also seem to be positive for individual resiliency. Turning negative thoughts to positive thoughts shows impact especially in building trust with others groups, which may be a sign of turning dehumanizing thoughts and judgments into more affirmative and

relational perceptions. Instead of "othering" the enemy, positive thinking enables participants to humanize others and see themselves in connection, not separation, from others.

The results reveal two areas for further consideration. One, there is a need to understand the meaning of meditation in the communities and if it is seen as withdrawal from the community. This seems to be indicated by the marginally significant negative trend of meditation with social interactions and sense of unfair treatment of the community. Two, an immediately evident place of expansion in regulation tools may be in the area of co-regulation and collective regulation tools. Listening deeply, negotiating differences working toward equitable solutions, conflict resolution and transformation methods, group dialogues and more can help expand the positive impact of individual self-regulation tools to positive impact of social cohesion and community engagement.

Investigating the impact of specific pedagogical components on program outcomes yielded important results. We understand that the self-reported changes related to the different parts of the *Kumekucha* program are not objective or behavioral measures of participants' engagement with those components. At this time, therefore, the measures are best seen as proxy measures. Nonetheless, the specific and general patterns of impact show interesting results that can help further refine trauma-informed peacebuilding interventions. Knowledge of trauma (and sharing that knowledge with others), building more relational capacities that challenge individual isolation and relational tensions, and developing more self-regulation practices are indeed effective.

Limitations and Future Study

This study was conducted for the Monitoring and Evaluation portion of *Kumekucha*. Overall constraints on time and resources, an ongoing reality for NGOs and community-based organizations, posed limitations on the scope of the study.

Design.

1. While the findings show positive results for the impact of *Kumekucha*, assessed as change from baseline to endline, it is not possible to make the attribution of change solely to the intervention program. The study was limited in not being able to randomly assign community members or interested participants to *Kumekucha* and to a matched control group of non-participants.
2. The study assessed change based on only two points in time from baseline to endline. Ideally, a longitudinal study with follow-up assessment at multiple times post-*Kumekucha* would allow for assessing sustained impact or lack thereof.

Future research can be designed as a longitudinal study with follow-up assessment at multiple times post-*Kumekucha* to assess sustained impact or lack thereof.

Measurement.

3. Apart from trauma exposure and PTSD symptoms, all the measures are single-item questions and not validated scales. The phone survey interviews posed time limitations and thus affected the length of the survey. In addition, as we have noted earlier, many participants were not reachable at endline because their phone numbers were no longer functional.
4. While PTSD symptoms significantly reduced from baseline to endline, none of the program components were significantly correlated with that change. That is, there remains a knowledge gap in knowing what about the program may lead to the desired effect.
5. As stated earlier, measures for the pedagogical components of the program were at best proxy measures. The questions related to knowledge, relationships, and self-regulation tools were all self-reported.

Future research can include more precise measures of program's pedagogical components that assess participants' actual engagement with the program. For example, periodic knowledge quizzes could show actual knowledge learned as opposed to simple self-report. Another example to assess relationship building may be behavioral observations of participants' engagement with others in the *Kumekucha* groups and in the larger community. A final example for assessing actual use of self-regulation tools may be a weekly log throughout the 12-week *Kumekucha* program and beyond.

Summary

In summary, this chapter has highlighted (a) the findings to understand the community context and provided a profile of *Kumekucha* participants in relation to factors that related to PTSD symptoms; (b) the impact of participating in *Kumekucha* program; and, (c) an investigation of how specific programmatic and pedagogical components are related to the changes in trauma and resiliency, social cohesion, and community engagement. The findings speak to the nature of complex trauma in the *Kumekucha* community locations, to the positive impact of the program, and the importance of specific foci of the programs. The concluding chapter carries forward these findings into lessons learned and recommendations for practitioners and researchers in the field of countering and preventing violent extremism.



6 Conclusion: Lessons Learned and Recommendations

The introductory chapter of this report highlighted the diverse, and sometimes opposing, perspectives on what leads to violent extremism as well as the overlapping, yet distinct, approaches of countering and preventing violent extremism. The central question of the report is:

- How does the *Kumekucha* program address violent extremism?

Two additional guiding questions capture the challenges upon us to substantively address violent extremism:

- How do we intervene not merely to address the symptom of joining extremist groups but to address the roots of what draws individuals to seek such membership?

- How do we harness the power of relationships not for radicalization but for resilience against terrorism and for community betterment?

These questions provided a basis for understanding the larger field of preventing violent extremism, and the promise of a trauma-informed peacebuilding approach to prevent violent extremism. The *Kumekucha* program, implemented in communities in Kenya that are especially adversely affected by violent extremism or its threat, exemplifies a trauma-informed program designed with specific attention to local contextual factors. The program, with roots in trauma-informed peacebuilding, focuses on increasing trauma awareness and resiliency, building social cohesion, and generating community engagement.

Evaluation results, using a pre-test and post-test design complemented by focus group discussions, showed the positive impact of the overall program and the specific programmatic and pedagogical components defining the approach. This final and concluding chapter revisits the central question and the two guiding questions with a view of discerning lessons learned and delineating recommendations for international aid agencies, practitioners and researchers. Our insights are now grounded in the theoretical and practical foundations informing *Kumekucha* as well as evidence from the evaluation.

Community-Centered Perspective on Preventing Violent Extremism

A contradiction between much of the literature on VE and the experiences of the *Kumekucha* participants is how they emphasize the interconnections among all forms of instability to extremism. Stories about VE centered on numerous overlapping factors. Respondents mentioned happenstance, how things come together at a certain place and time with terrible outcomes. They spoke of broken families and clerics that promoted extremist versions of their religion, affirming some of the youth by giving tasks and awards such as motorbikes and payment. Some pointed to the vulnerability of petty criminals and gang members to extremist recruitment. Given that they are already involved in illegal activity and accustomed to high levels of risk-taking, they are likely recruits. In fact, studies have shown the link between criminality and violent extremism in Kenya and Somalia.⁶⁷ The world of crime offers a reliable source of recruits and funding. Respondents also talked about how global VE influences manifest in their communities. In one interview the respondents discussed foreign online recruitment content and promotional videos that were once shown at different sites in their neighborhoods. Others discussed how cross-border VE recruitment offered a way to escape the law. Issues of injustice at the hands of authorities were among the most cited causes of VE. Nonetheless, most discussion participants saw VE fundamentally as a socio-economic issue which was bound with ideology, and peer-to-peer influence. When participants were

asked about what factors cause VE i.e., poverty, ideology, marginalization, injustice, the response generally was, “all of it.”

Furthermore, community concerns and priorities differ from that of the international donors. We found that nearly all respondents reported unemployment, lack of opportunity as their communities’ greatest challenge. Lack of education was the second most-cited problem. A few individuals cited VE, however they did so in relation to joblessness.⁶⁷

“Very many people think being recruited will get them money, so you find many [peers]inciting (encouraging, recruiting) each other. They see it as a shortcut to getting money. ...they may be idle, maybe they never had the amount of money they are being offered.”⁶⁸

Another respondent stated,

“Young men, Christian men, converting to Islam so that they can join al-Shabaab. That is a very big challenge and you find that it is brought about my young men lacking jobs.”⁶⁹

Though VE is not at the top of the list of their concerns, it does not mean that international donor priorities contradict those of the community. Instead, it highlights the need for an integrated approach to VE that is locally devised and based on the ways violence in all its associated forms unfold in the communities. For instance, from the perspective of the community, their relationship to the police is a crucial concern. The work of police is often associated with chaos and pain brought on by home raids, disappearances and extra-judicial killings of friends and family. Rather than ridding crime from communities, the police are perceived to heighten insecurity by fueling the cycle of violence. The vulnerability conveyed by participants to violence at the hands of police highlights the urgency for social cohesion between the community and security forces.

In interviews with police tasked with counterterrorism, frustration with community members who do not assist in their work to keep communities safe was often voiced.⁷⁰ Accordingly, criminals have support of family and friends that hide them from security forces, thus creating an enabling environment. For example, the mother of the Dusit terror attack's mastermind was arrested and charged with failing to disclose the whereabouts of her son. The prosecution told the court that information on his whereabouts could have prevented the terror attack that left twenty-one people dead.⁷¹ Policework in these neighborhoods is extremely risky, and officers' lives are often in jeopardy. They are on the frontlines in the struggle against terrorism within their country's borders, tasked with curbing the threat in settings where they are not fully trusted and even derided. Both the community and the police are exposed to high levels of trauma, which most likely deepens the chasm between the two. Officers interviewed conceded that abuses are occurring and that there is a need to understand motives of citizens who are not supportive of the police. The community-police divide points to a lack of resilience in security and justice systems because their ability to respond to threats is weakened. As this issue tops the list of grievances feeding into VE narratives, it demands urgent attention.

What we learned left us with several questions. How does the recruitment of middle class and poorer members of society differ? Is ideology and identity more of a motivating factor for people of means as compared to others lower on the socio-economic strata? Ideology plays a strong part in radicalization but given the stories we heard, there is question about the degree of belief in ideology promoted. If sometimes choices are driven by criminality and economic concerns, to what extent are they radicalized?

The Power of Relationships for Communal Good

Kumekucha participants spoke to the importance of relationships in relation to violence or violent extremism. Relationships were seen as sites of violence or resilience. As sites of violence, relationships were seen as factors in the recruitment of local community members into violent

extremism or in their impact on fracturing the social fabric of the communities. As sites of resilience, relationships were seen as crucial to individual well-being through social support systems and to collective community betterment efforts.

Social cohesion, as an antidote to fractures in society, was likely achieved through shifts in attitudes and behaviors in support of peace objectives. These shifts are meaningful because the bonding and bridging processes of social cohesion in the communities were informed by principles that counter dehumanization and promote tolerance and understanding. Respondents reported better relations with family, their community and members of other groups, which includes the police. They shared the process of healing by coming together and supporting each other in discussions of individual and community trauma and pain. Many of the *Kumekucha* groups continue to meet and support each other especially in times of difficulty.

Intuitively, we surmise that attitudes inform behavior. Thus, changes in attitudes would result in changes in behavior. The relationship between attitudes and behavior, however, is not necessarily predictable. Social psychologists have established that the relation between attitudes and behavior is tenuous, and that it is more likely that attitudes will be unrelated or only slightly related to explicit behaviors.⁷² Other considerations are likely to influence behavior along with attitudes. Given that the connection between attitudes and behavior is more complex, we cannot expect that changing attitudes through *Kumekucha* dialogues, public service or media campaigns will cause direct changes to behavior. Psychologist Elizabeth Levy Paluck tested the impact of a reconciliation-themed radio soap opera in Rwanda. She found that the radio program changed listeners' perceived norms and behaviors with respect to inter-ethnic cooperation.⁷³ That is, though it did not change listeners' own beliefs about other groups, it changed what they believed was acceptable in their community and this belief mitigated their behavior. Messages embedded in stories were more effective in influencing attitudes, beliefs and shaping norms than the sharing of facts.⁷⁴

Media that draw emotions and engage audiences' problem solving capacity is effective in changing attitudes.⁷⁵ These types of media become more effective when people view them together as the messages and lessons become a communal reference point⁷⁶ and because they become the topic of discussion within social networks.⁷⁷ *Kumekucha* mirrors these approaches by influencing attitudes and beliefs through storytelling based on artwork, doing so in a communal setting, and considering the subjects taught with other participants and members of the community. Findings from *Kumekucha* show, there are many overlapping factors that influence individuals' directions and choices. When considering attitudes, beliefs or perceived norms, as drivers of behavior, it should be remembered that they are influenced or often stopped by opposing forces, psychological and material.⁷⁸ *Kumekucha* through its mass outreach sought to change the environment and perceived norms, and it afforded participants an avenue by which to exhibit this change in beliefs and behavior.

Cultivating People- and Community-Centered Agency

Participants were encouraged to make immediate use of the lessons learned and to take charge of healing themselves and their communities. Participant interviews and focus group discussions revealed four levels of agency:

- Respondents exhibited a sense of hope in their ability to effect change and envisioned possibilities of transformation. This initial stage of agency is necessary for individuals to begin any process of change of (figure 3). It shows that a person is cognitively and emotionally in a state of mind that characteristically is the opposite of what is found in a traumatized or depressed state where individuals who are overcome by hopelessness are unable to act.⁷⁹ The systemic constraints on low-income communities can be overwhelming. Objectively, economic, social and political environments shape possibilities but the ability to maneuver within these constraints depends on agency. While optimism or positive thinking may

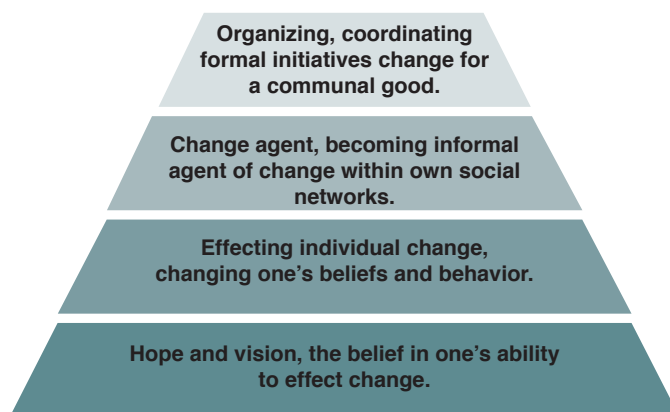


Figure 3: Level of Agency

be part of hope, they are not sufficient. Hope involves having the will and the skills to put optimism into action.

- The second level of agency reflected in reports of participants changing their own behaviors or circumstances. As noted, many participants spoke of the healing they underwent, especially in their ability to regulate emotions. As a result, participants were able to change their way of being, in terms of extending themselves to others, being more productive, and being more understanding of others.

“I would say the biggest benefit is that I have organized my life and how I live. I used to be very angry and I never got along with people. Ever since I joined Kumekucha until the end, I learned how to get along with people very well.”⁸⁰

“I have changed the way I would deal with things. For instance, I am not vengeful anymore and I don't isolate myself when stressed. I share with others what I'm going through.”⁸¹

- The third level of agency was reflected in participants becoming informal agents of change within their families or through their informal community networks. According to our research, approximately 60,000 people were reached indirectly by community participants who shared their learning in *Kumekucha* with other community members. Participants began to

take action as needed or when the opportunity arises. These actions are not through any organized initiatives but through the goings-on in participants' day-to-day lives.

“Kumekucha has helped me a lot because I used to be a very angry person, and it has helped me be able to talk with youth. For example, yesterday there was an incident at our office where some police had arrested a young man other youth started complaining, and I was able to calm them down and they listened to me. Kumekucha has helped me become a leader who can talk to people and actually be listened to.”

Another respondent noted,

“For me personally, Kumekucha has helped me relate better with my community. Now when someone in the community is facing a problem, I take it as my own.”

A small but powerful example came from one of the program's Community Coordinators. He had deep-seated grievances against the police who regularly harassed him on suspicions of being a member of al-Shabaab. He took it upon himself to visit the local police station and plant flowers in the flowerbed at the entrance of the building. This was a poignant act, illustrating transformation of anger into grace.

- The fourth level of agency relates to formalized activities -- organizing groups around a common interest or need, designing and implementing events and initiatives, and organizations founded. This is the type of agency and level of organization that is needed for effecting systemic and structural challenges.

There were initiatives, events and organizations related to:

- Healing
- Income generation
- Community service

- Social and political advocacy
- Peacebuilding, PVE and CVE
- Youth
- Women
- Sports
- Arts and culture

The levels of agency are essentially interconnected as each can reinforce others. Together, and especially through the transformative relationships and collective organizing emerging out of *Kumekucha*, the social fabric of communities is being changed. The individual and group levels of healing are translated to community healing. School-based programs on trauma awareness and resiliency have been initiated. Other programs focus on community populations that have been especially marginalized, such as the deaf population, which has a target to reach 3,000 deaf people.⁸² Recognizing the need for counseling and psychological support, a referral network of social services and mental health providers has been developed in the coastal region of Kenya. Three community-based organizations (CBOs) were founded. One such CBO, *Kumekucha* Youth, has formed drama and poetry groups and staged public performances. A *Kumekucha* community facilitator who takes part in a weekly radio talk show also promotes trauma awareness for the general public.

The transformative power of healing and agency is also evident in integrating each element in what would previously have been disparate activities. For example, several initiatives formed to address economic issues incorporated healing activities. A group working on trade and economic activities also came together for fellowship and healing practices. One participant began teaching community members to make soap and other cleaning products for sale. Trauma healing is a central component of her initiative. Many participants formed *sacco chama* groups, which are community savings groups. One of the groups provides small business loans to individuals outside of the savings group. Conversely, many of the community based 12-week groups have continued meeting to support each other and have engaged in joint community service projects.

Changing the social fabric in communities is especially reflected in agency and empowerment of women. Women are too often sidelined in countering and preventing violent extremism activities.⁸³ Yet, they are central actors in these communities and any effective methods for tackling extremism needs to include them. One participant recounted,

“You see Majengo is a slum, people from Majengo are looked down upon. When al-Shabaab started, women from Majengo were very vocal; they even appeared on Citizen TV saying that so and so was introducing this thing.”⁸⁴

Women represented the majority of *Kumekucha* participants and have taken a lead in many of the post-intervention initiatives. Many of the women participants were head of households in charge of all members of their families and contend with the security issues related to VE. Women’s groups were formed, and they are involved in several different types of activities such as healing, *chama* (*Sacco*) and other economic and training activities. Some groups address gender-specific issues such as advocating against female genital mutilation (FGM) distribution of sanitary napkins. One group focused specifically on CVE and PVE initiatives at mosques.

The levels of agency emerging out of *Kumekucha* span from a generalized sense of hope for a better community and a better future to specific individual, group and community change activities. Individuals and groups enact informal and formal change efforts, small scale and big scale outreach, and incorporate trauma healing elements into their daily occupations. Especially impressive is how these efforts are connected to changing the social fabric of the community. The cumulative effect of continuing *Kumekucha* groups connected to community projects, outreach to specific groups and institutions, engaging groups that are often social marginalized (such as youth, the deaf, and women), increasing public awareness,

strengthening social and psychological support, and founding community-based organizations is to infuse trauma awareness and trauma healing into the social and culture life of the community as well as to restructure social and community systems for sustained change.

The widespread agency and wide-reaching impact points to possibilities of the grassroots effecting substantial social change. But individual and community agency may still be stymied by structural forces. Grassroots efforts, like *Kumekucha* and emergent efforts, must be combined with vertical linkages and institutional change. Changes in governance structures, security systems and justice institutions are required to meet peace objectives. Lacking the vertical linkage to the bonding and bridging components of social cohesion can convey a pull-yourself-by-your-own-bootstraps ideology. Resilience, in such a situation, is limited to coping with circumstances rather than fueling healing and community change.

- An interdisciplinary approach to the research is required because of the coinciding factors, the at once global and local aspects, the dynamic complexities need discussions across disciplines.
- Countering Violent Extremism and the Prevention of Violent Extremism though very connected are distinct. Prevention efforts should not be confused with CVE or CT and should not need to prove any direct connection to VE. We need objectives that pertain to prevention focused on processes and factors that may lead to VE.
- *Kumekucha* draws much from psychology but the tools used for this study and much of what we know about trauma especially childhood trauma, is not derived from our region. We need additional tools designed for and validated/tested in our context.

Recommendations

This final section focuses on recommendations emerging out of the lessons learned and shared throughout the report.

Recommendation 1: Refine understanding of prevention of violent extremism and countering violent extremism

- a. **PVE ≠ CVE.** The areas of countering violent extremism and prevention of violent extremism are connected yet distinct. While the former focuses on issues of national security and intervening post-violence, the latter focuses on intervening pre-violence and creating the conditions in communities to curb factors and processes leading to violent extremism. Given the different foci, the interventions and the consequent outcomes are also distinct.
- b. **Interdisciplinary approaches.** An interdisciplinary approach to both the research and program design phase is required because of the coinciding factors, at once global and local, the dynamic complexities need discussions across a variety of disciplines including among others, peacebuilding and conflict transformation, security studies, applied psychology, neurobiology, social work, education, religious studies, political science, law, development studies, international relations, journalism, law enforcement, etc...
- c. **Practitioner-academic partnerships.** In reviewing the scholarship on VE the lack of empirical evidence is conspicuous. Despite the understandable barriers and risks with working in conflict zones marked by extremism, local practitioners and those from outside the regions provides a potentially pivotal focus of understanding. Thus, for the sake of study of VE and the interventions that seek to address it, the academic and practitioner worlds need to be brought together to develop more field-based evidence and knowledge.

Recommendation 2: Develop integrated social healing approaches

- a. **Trauma-informed approaches for transformation.** Social healing, for true community transformation, must combine trauma-awareness and resiliency

with social cohesion and community empowerment. Efforts focusing only on one area usually fall short of transforming individuals and communities. Trauma awareness and resiliency by themselves, for example, may lead to individuals developing better coping mechanisms to survive in dire situations but fall short of addressing the root cause of the violence and/or conflict and will not bring the required changes to the community. A focus solely on social cohesion may change community relations in the short term but fall short of sustained transformation. However, social healing interventions integrating trauma awareness and resiliency with social cohesion can lead to community transformation. As reflected in our preceding discussion, individuals and communities develop agency and empowerment at multiple levels through such a social healing approach.

- b. **Social cohesion as a catalyst.** Even though a multitude of factors make predicting engagement with violent extremism difficult, what is clear is social networks and relationships are critical in recruitment whatever the socio-economic circumstances of the individuals. A trauma-informed approach transforms these social networks from perpetuating violence to bettering communities. Social cohesion as a tool for countering and preventing violent extremism can create healthy bonds among community members and with institutions, especially security forces.
- c. **Outreach to socially excluded populations.** Social healing efforts must take a holistic view of communities and involve as broad and as diverse groups in the community. As mentioned earlier in this report, CVE and PVE efforts have often focused on boys and men as they are the primary targets of recruitment into violent extremism. As was mentioned in this study, women were seen as the vanguard to CVE in the days of al-Shabaab's emergence in these communities. The women in the *Kumekucha* program also took up P/CVE as a focus for their community work. However, women as active participants in the community must be integral partners in social cohesion efforts.

They need to be included in P/CVE programming, in not only the implementation but also the design and development of programming which is meaningful to them. As shown, the women of *Kumekucha* integrated healing as a focus for their community work and took the lessons they learned back into their families and to their larger social networks. Similarly, because some ways in which trauma manifests is in the internal exclusion of individuals and groups already vulnerable (such as, youth and deaf people in our report), special efforts must be made to develop community-wide and group-specific offerings.

- d. Interlinked community interventions.** Expanding the scope of community interventions and linking diverse efforts can increase collective impact. Examples of such efforts to address critical issues include: building on the resilience of individuals and communities; addressing the real needs of young and vulnerable people who either join extremist groups or seek reintegration on their return; mobilize communities to work jointly with security actors to provide healing and promote nonviolent ways of expressing grievances; and building youth inclusive platforms for genuine dialogue generating pathways to breaking cycles of violence.

Recommendation 3: Center local and indigenous knowledge and practices

- a. Outsider-insider relationships:** International agencies and NGO relationships to the grassroots tend to be hierarchical and sometimes patronizing. Donors empower mostly international agencies, yet these organizations are not directly accountable to the people at the community level. In this way, communities are further disempowered, yet it is their agency and knowledge that is needed to realize change. Unfortunately, these communities are too often underestimated and viewed through lens of deficit and deprivation and solutions to enduring

community concerns need to be designed for them by outsider experts.

- b. Contextualized efforts:** Preventing violent extremism efforts must be relevant in the local context. A defining strength of *Kumekucha* has been community ownership of healing and transformation. The program is founded on the notion the community must own the healing agenda, and it must be led by community members. Local and indigenous knowledge and rituals must be integrated into the program. Concepts and frameworks developed in other contexts and with different populations must be critically examined for their applicability, adaptability, and utility for the local context. When appropriate, local customs may need to be affirmed and valued, and other times questioned. But, in either case, the vision of social cohesion, social healing, and community betterment should guide the engagement.

Additionally, we need tools designed for and tested/ validated in our context, including ways to measure the impact of trauma. The tools used by this survey drew primarily from western measurement instruments, yet we know the symptoms of trauma are cultural and specific. There is a need to invest in contextualization of such measurement tools.

- c. Go beyond the mental health biomedical model.** The predominantly Western biomedical approaches to mental health are based on professional expertise as a resource, something often lacking in poor and conflict-ridden communities. Mental health approaches such as one-on-one therapy, prescribing psychotropic medication may not align with indigenous practices of healing; they do not respond to the issues of collective and social healing for individuals and groups. Healing in the African context requires a more holistic trauma-informed model utilizing cultural resources, individual agency and peer-peer support in psychosocial healing and wellbeing. Alex Kamwaria and Michael Katola from their study of the Dinka of South Sudan write:

“Healing also encompasses the idea of ‘wholeness’, which the Dinka [and other African people] value as a state of balanced and harmonious relationship between people, God, ancestors, and nature. Health is a state of complete well-being based on a way of living, conduct and behavior in relation to the others. It gives due respect to the dignity of the person and brings about a link of the person with God, ancestors, community, and environment.”⁸⁵

Thus, it is critical to engage with local cultures and their approaches to healing, build on existing local resilience factors, and to strengthen relationships as the core basis of both individual and collective healing. As shown in the process of breaking cycles of violence, effort is required from each person seeking to return balance, strengthen relationships, restore dignity and enhance healthy relationship with the community.

d. **Practice-based evidence:** Kumekucha draws much from evidence-based practices in neuro- and biological sciences, psychology and public health. The Adverse Childhood Experiences Study (ACEs) has revolutionized the understanding of trauma, especially the long-term impact on health, and informed intervention designs.⁸⁶ But many of the tools used in Kumekucha and much of what we know about trauma are not derived from our region. Yet, the effectiveness of locally contextualized programs can provide much practice-based evidence to inform and transform the knowledge base of trauma healing. For example, the ACEs assessment of traumatic events is based on singular events as opposed to historic, structural and communal trauma.⁸⁷ This fundamental difference, as one example, provides a rich opportunity for trauma-informed peacebuilding interventions like Kumekucha to shift our understandings of interventions to prevent violent extremism and promote community resiliency, social cohesion, and collective agency.

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Acknowledgments

This report is the outcome of three years of community based social healing work in communities in Lamu, Tana River, Kilifi, Mombasa, Kwale, and Nairobi Counties. Green String Network (GSN) would like to thank our GSN Team, the gifted Master Trainers and Resource Facilitators, Community Coordinators, our volunteer Community Facilitators, and the community participants for the chance to engage and learn from each of you. The learnings from this report have come directly from each of you and we appreciate your willingness to share the stories of pain, humiliation, abuse and neglect but also the powerful voice of healing and your new practices which have transformed so many lives.

In Mombasa County we wish to appreciate the support from the Mombasa County PCVE Directorate at the Governor's Office and the County Commissioner's Office for their continuing support within the framework of the Mombasa County Action Plan for Preventing and Countering Violent Extremism. Additionally, Haki Africa, the Coast Interfaith Council of Clerics (CICC), and SambaSports Youth Agenda were essential local implementation partners. A special thanks to the national and local government officials especially the chiefs, the Deputy and Assistant County Commissioners and the village elders for their support in helping us reach community members in remote locations. Additionally, we would like to thank the police commanders and officers who joined hands with us to support the youth in Likoni and Kisauni sub-county locations. We are also grateful to Kaltuma Hassan and Mwanamisi Bakari who mobilized thousands of participants and achieved what seemed impossible.

In Nairobi County, the project focused its programming in Majengo. We would like to thank the County Commissioner, the Chiefs, Community leaders and the religious leaders who participated in the Wellbeing and Resilience Leadership training and Kamukunji Community Peace Network (KACPEN) for their support and engagement in the *Kumekucha* program.

We would also like to acknowledge the hard and skilled work of our enumerators, Ann Njambi, Bisharo Mohammed, Faith Wacheke, Jane Ngugi and Tasha Amadi who conducted sensitive interviews of participants with a great amount of care. And, we extend our gratitude to Zahra Juma, Mwangi Nderitu and Sophie Mukiuki for their tireless work on the Focus Group Discussions and support with the analysis. We thank Victor Otweyo for his patience and long hours on the data analysis.

Lastly, GSN is grateful for the support of the Paris Peace Forum's Scale-up Committee over the past year. It was a pleasure to have the attention and engagement of our Godfather Koen Doens, European Commission, Directorate General for International Development and Cooperation. His mentorship and guidance was a tremendous opportunity to help us envision how to accelerate and scale-up our young initiative at GSN for Kenya and the rest of the continent. Funding for the *Kumekucha* program was made possible by the US Department of State and the United States Agency of International Development Kenya's NWETU program.

Appendix

The Appendix shows the significant changes in the of individual questions which is measured in the pre- and post-surveys, including: Trauma and Resiliency, PTSD Symptoms, Social Cohesion, Community Engagement, Recognizing Trauma & Peace Engagement, and General Program Impact.

Trauma and Resiliency (Figures 4-6)

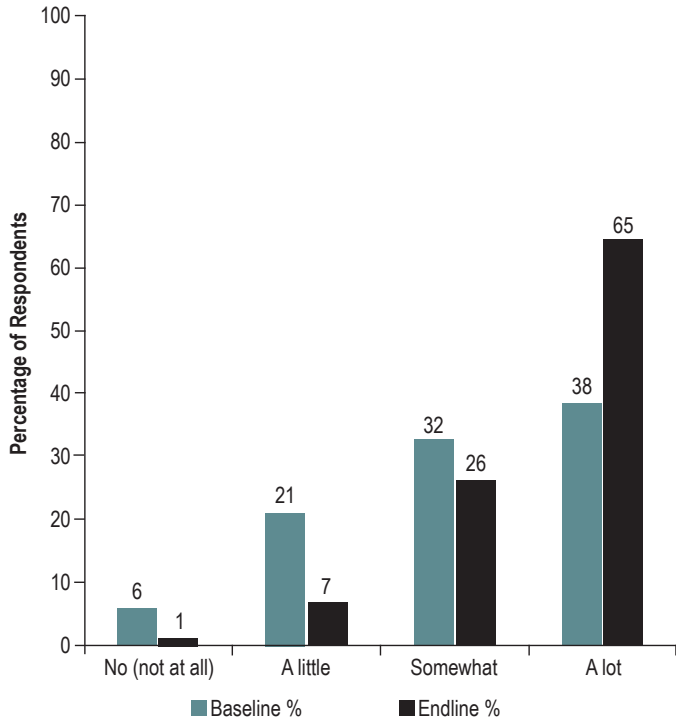


Figure 4: How healthy are the ways you choose to alleviate your stress?

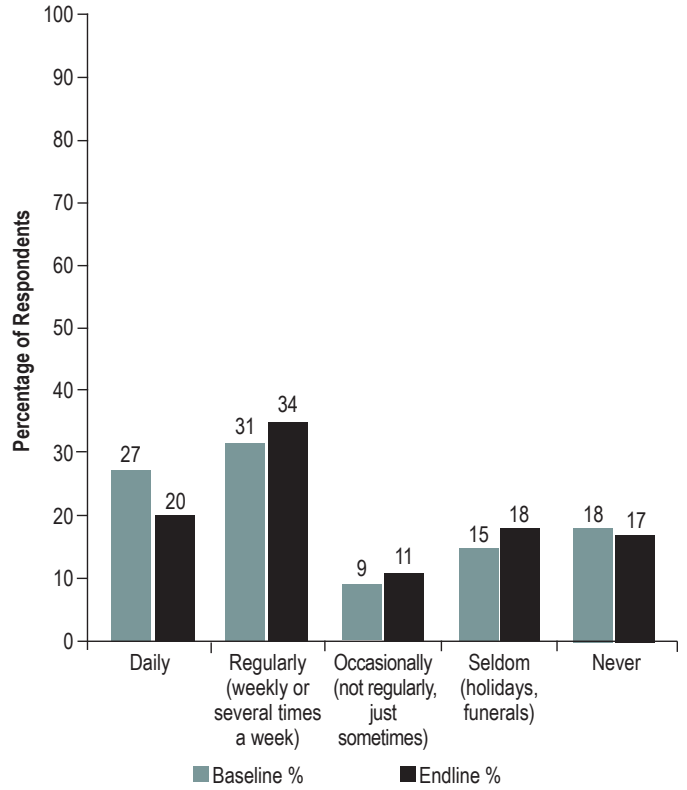


Figure 5: How often do you go to your place of faith (meaning mosque or church)?

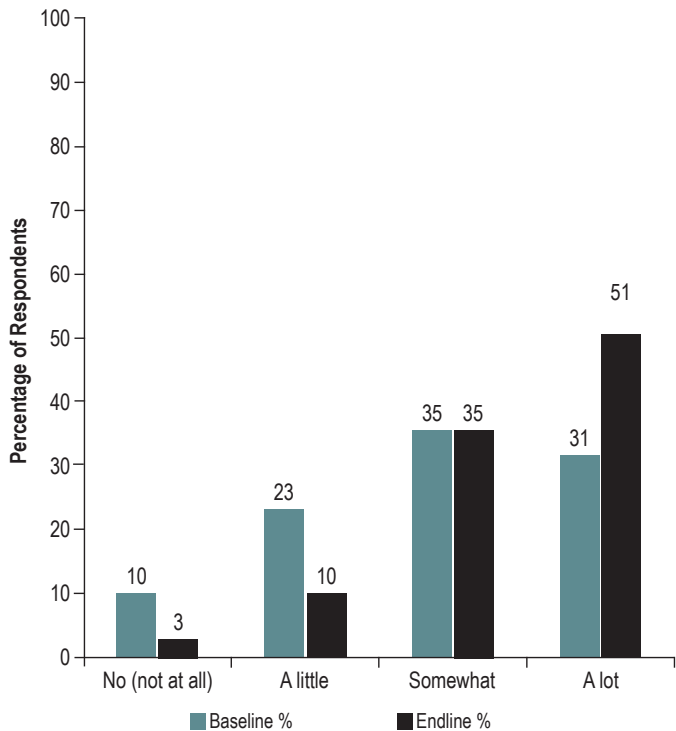


Figure 6: How strong is your support system?

PTSD Symptoms (Figures 7 - 10)

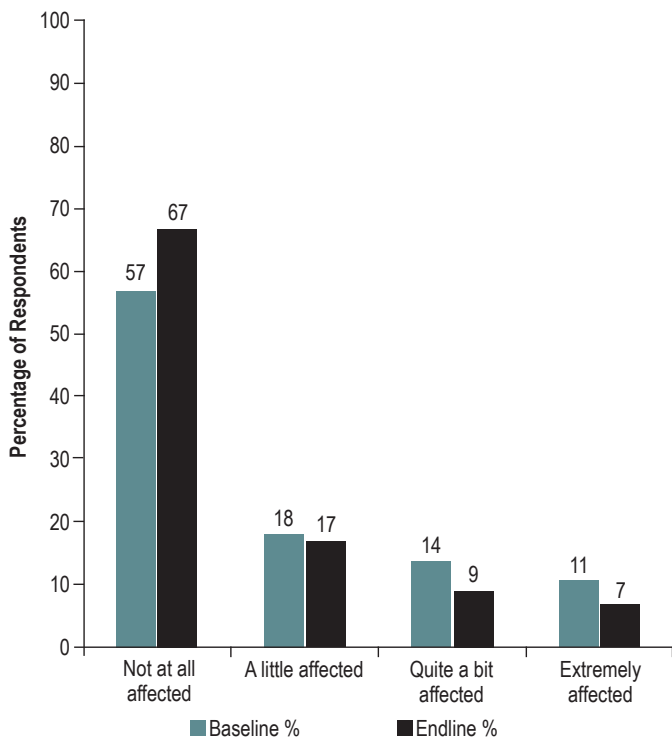


Figure 7: In the last 7 days have you had recurrent thoughts or memories of the terrifying events.

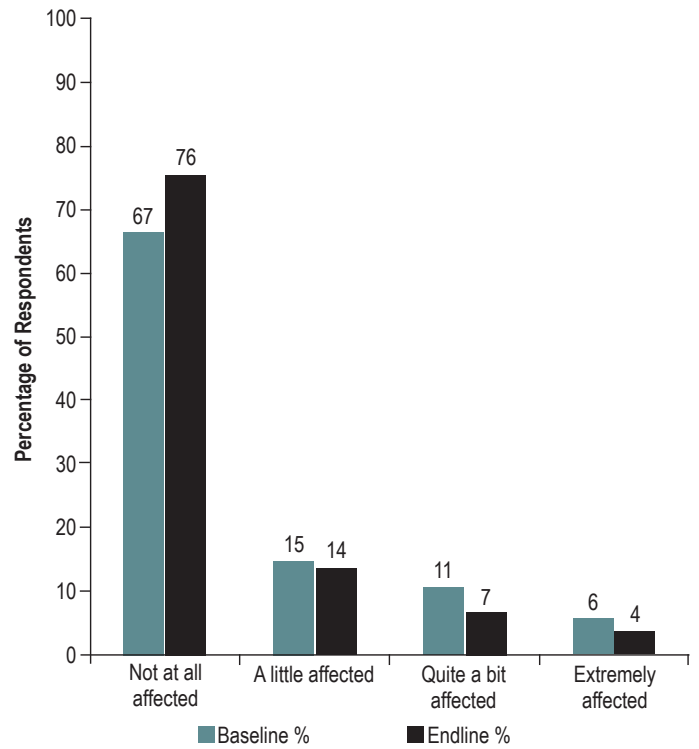


Figure 8: In the last 7 days have you experienced feeling as though the event is happening again

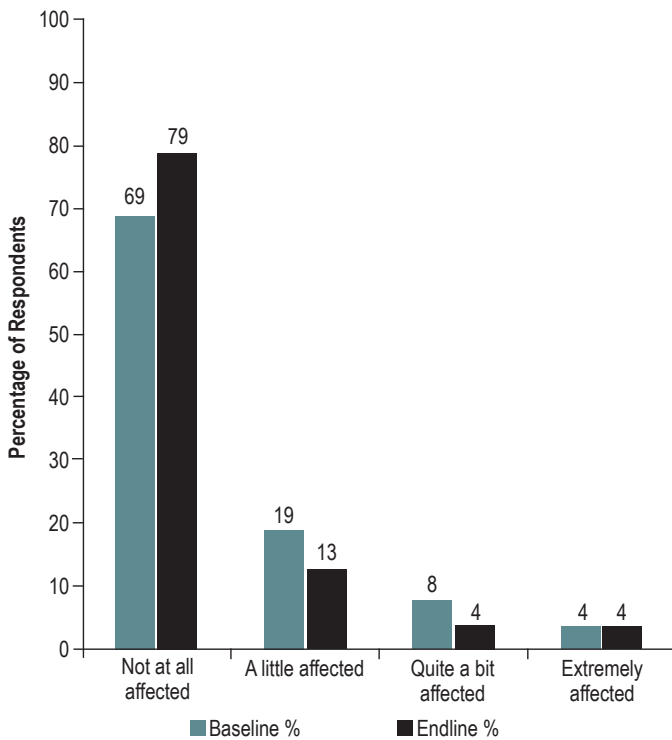


Figure 9: In the last 7 days have you had recurrent nightmares

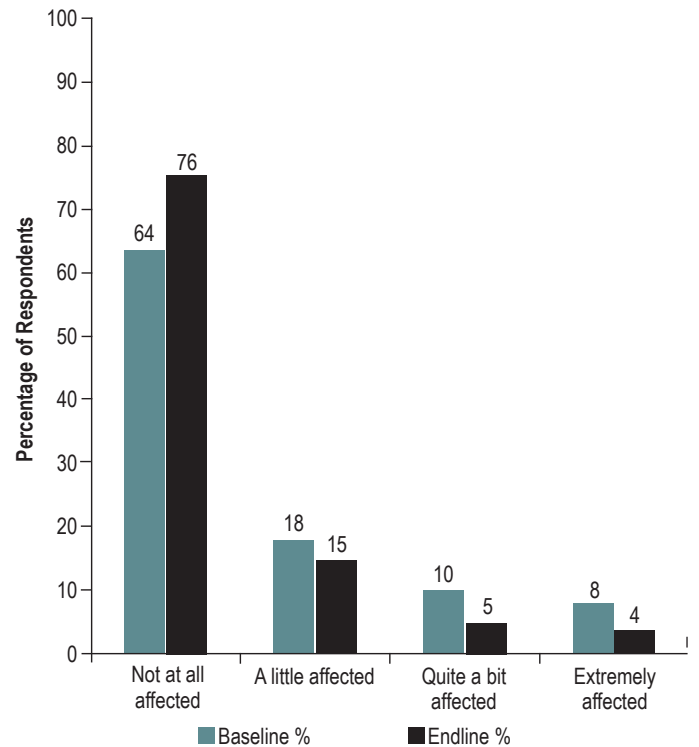


Figure 10: In the last 7 days have you experienced feeling detached or withdrawn from other people

PTSD Symptoms (Figures 11 - 14)

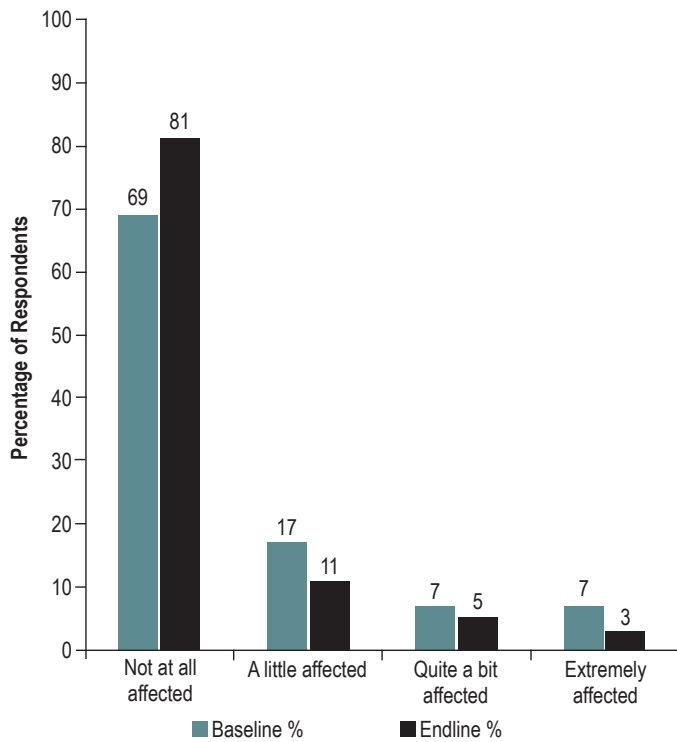


Figure 11: In the last 7 days were you unable to feel emotions.

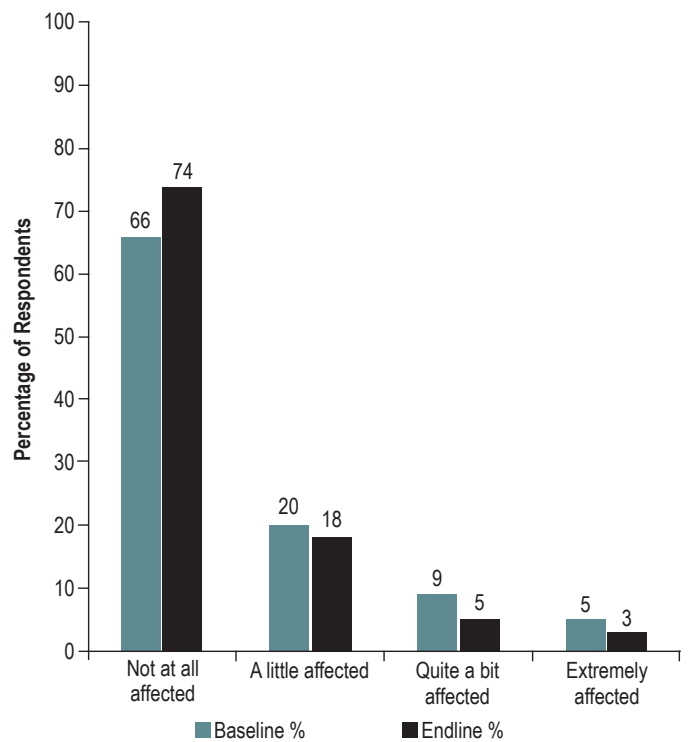


Figure 12: In the last 7 days have you felt jumpy or easily startled

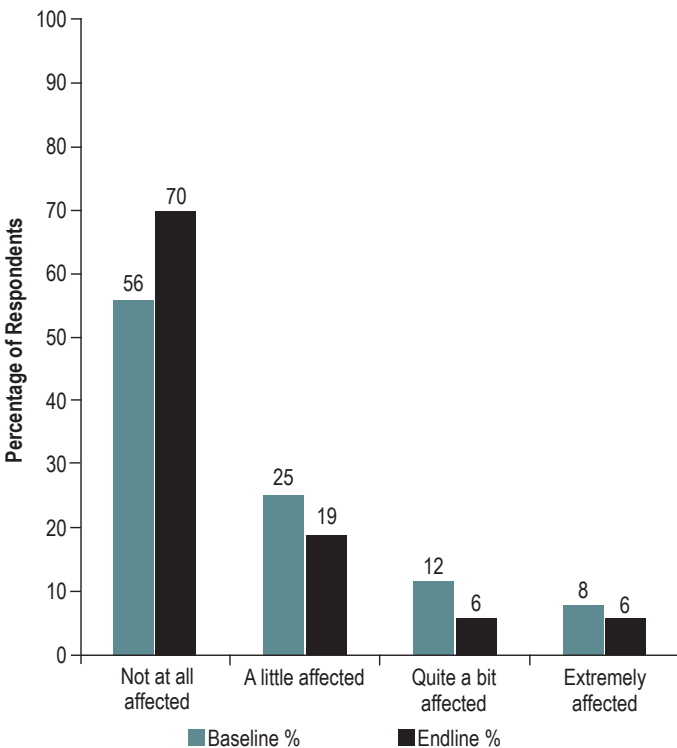


Figure 13: In the last 7 days have you had difficulty concentrating

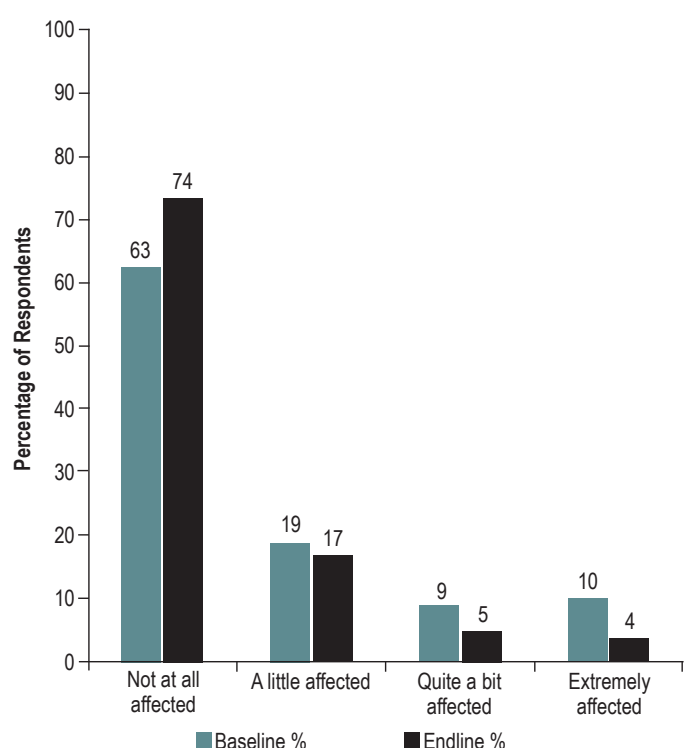


Figure 14: In the last 7 days have you had difficulty sleeping

PTSD Symptoms (Figures 15 - 18)

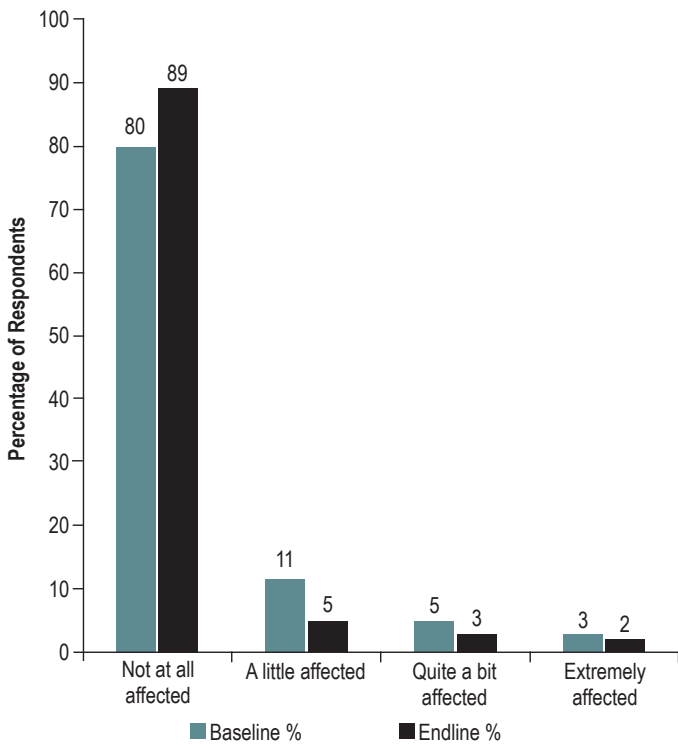


Figure 15: In the last 7 days have you experienced feeling on guard

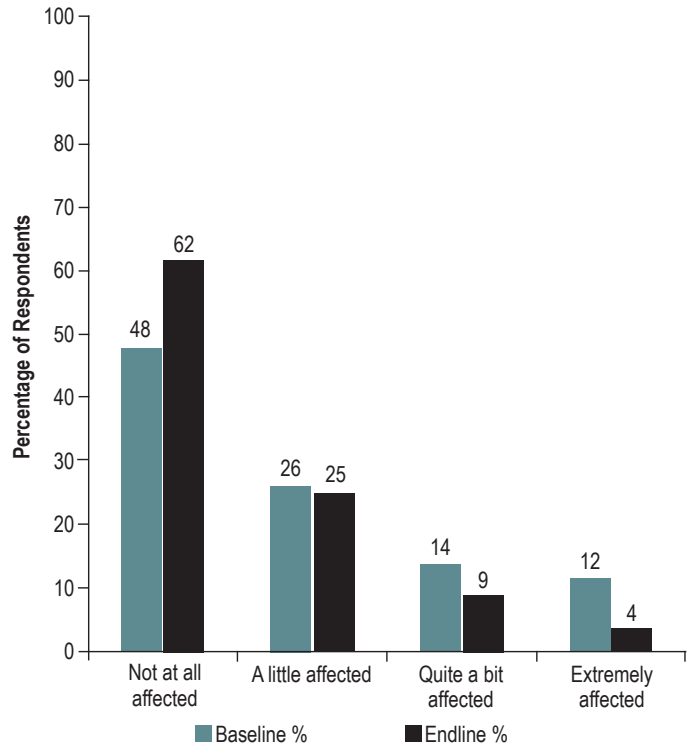


Figure 16: In the last 7 days have you experienced feeling irritable or having outbursts of anger

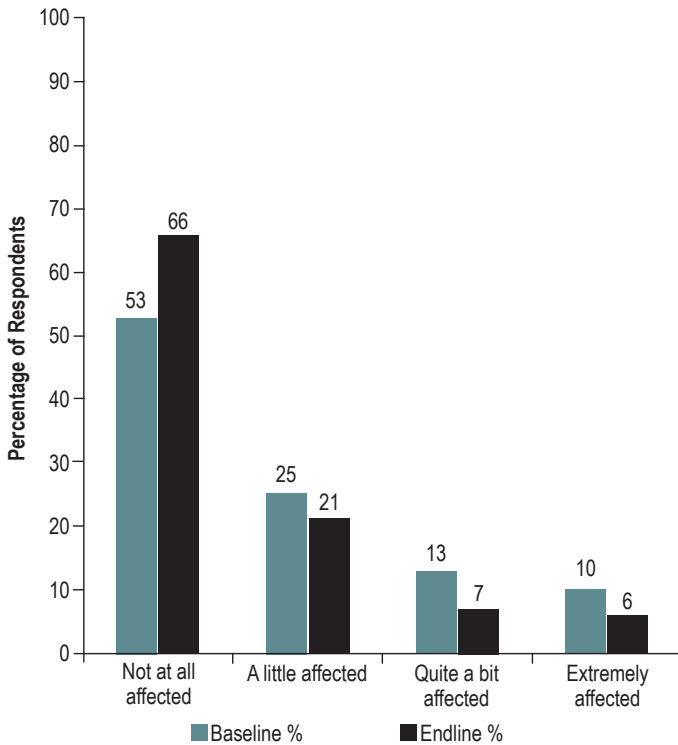


Figure 17: In the last 7 days have you avoided activities that remind you of the traumatic or hurtful events.

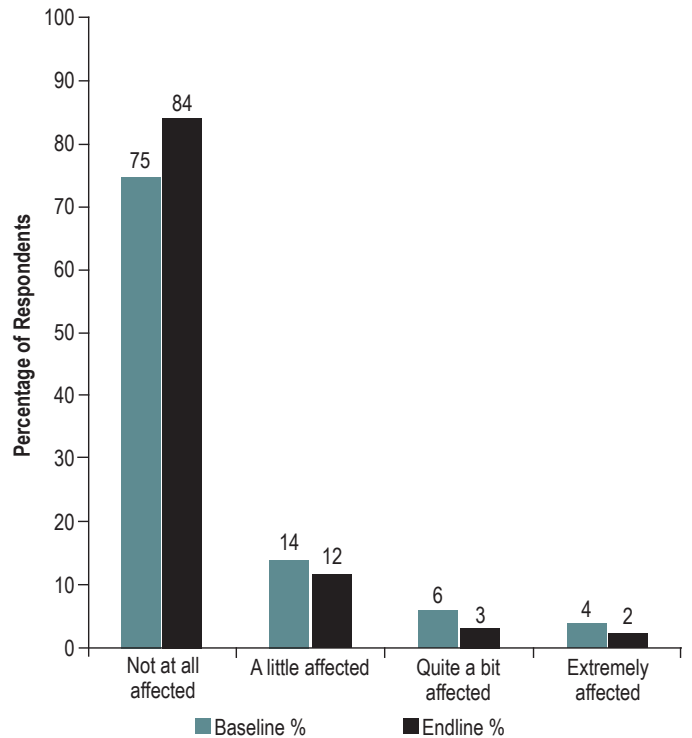


Figure 18: In the last 7 days have you experienced the inability to remember parts of the most traumatic or hurtful events.

PTSD Symptoms (Figures 19 - 22)

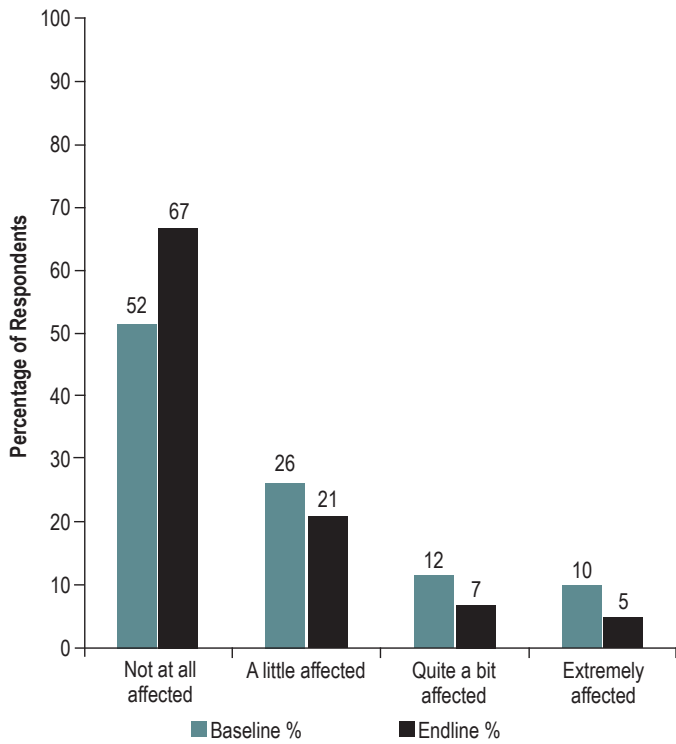


Figure 19: In the last 7 days have you had less interest in daily activities

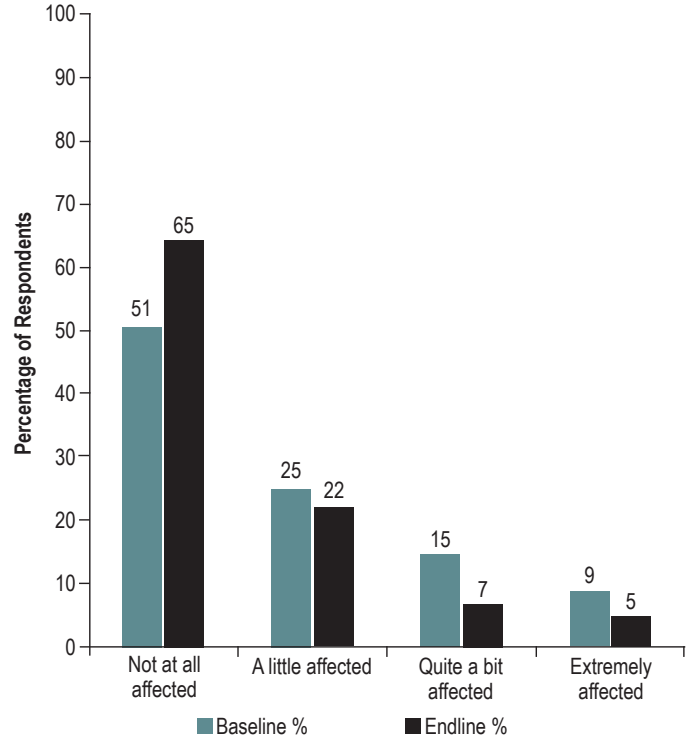


Figure 20: In the last 7 days have you avoided thoughts or feelings related to the traumatic or hurtful events

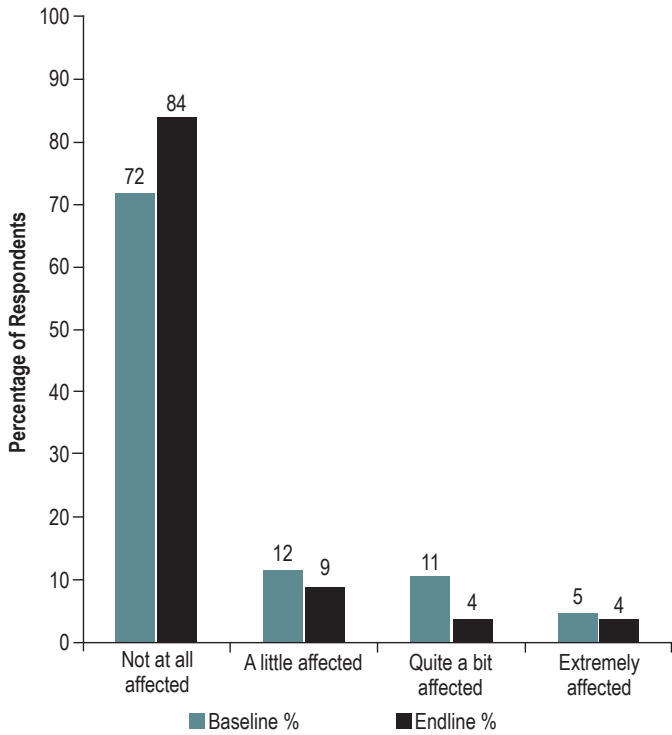


Figure 21: In the last 7 days have you experienced feeling as if you don't have a future

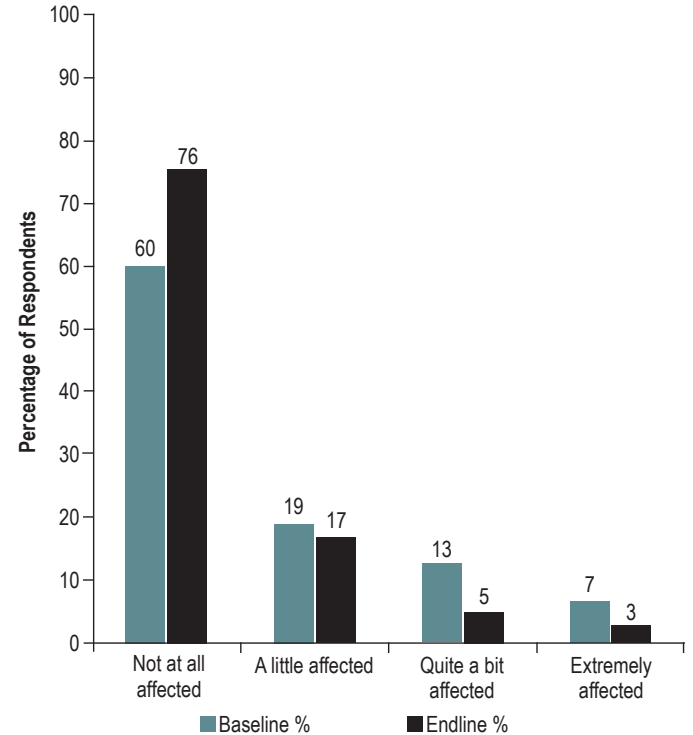


Figure 22: In the last 7 days have you experienced sudden physical or emotional reaction when reminded of the most hurtful or traumatic events.

Social Cohesion (Figures 22 - 25)

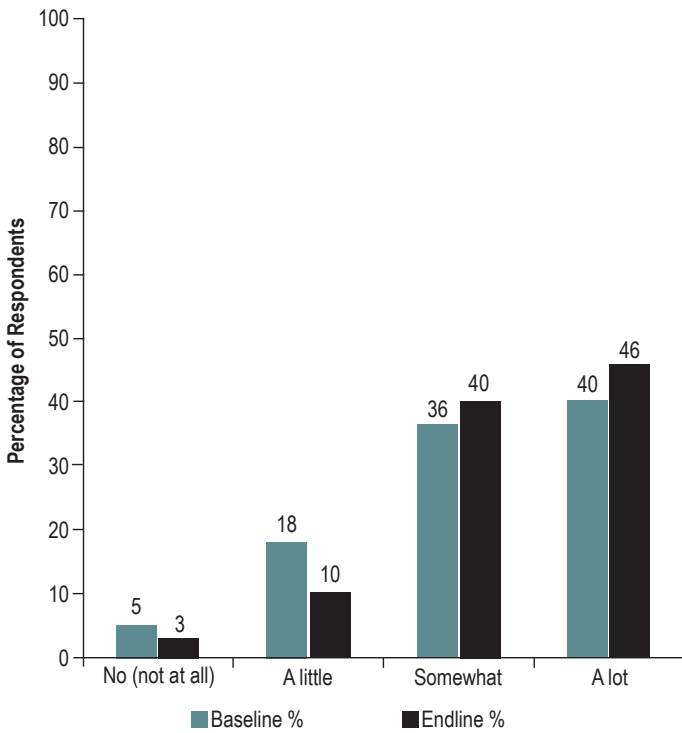


Figure 23: How much do you trust the members of your community?

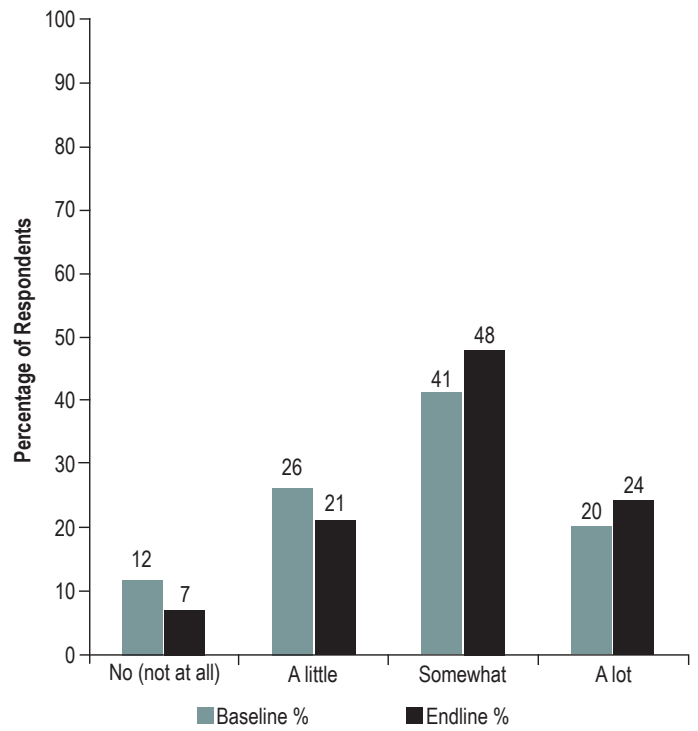


Figure 24: How much do you trust members of other groups?

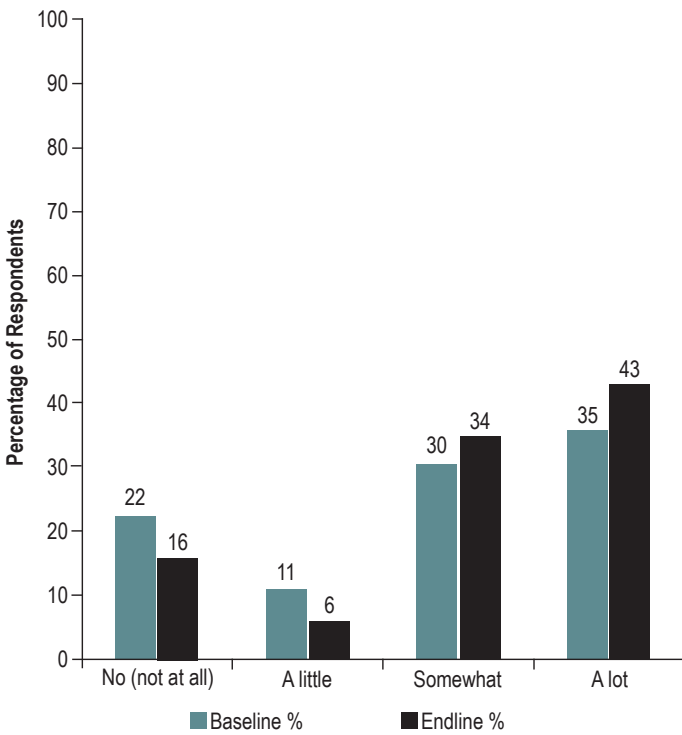


Figure 25: How strongly do you feel former members of armed groups should be allowed to return to their communities?

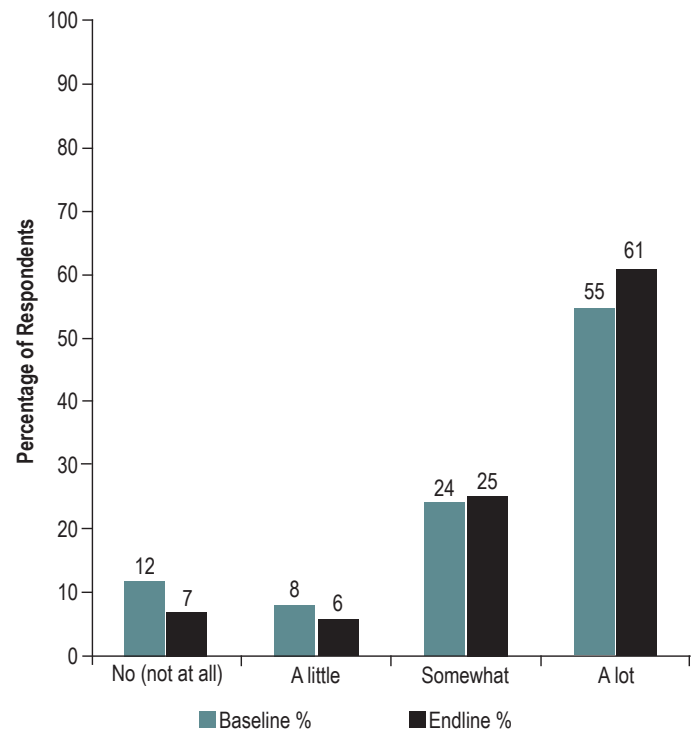


Figure 26: How strongly do you feel you could forgive someone that harmed you even if they do not regret what they have done?

Social Cohesion (Figures 27 - 28)

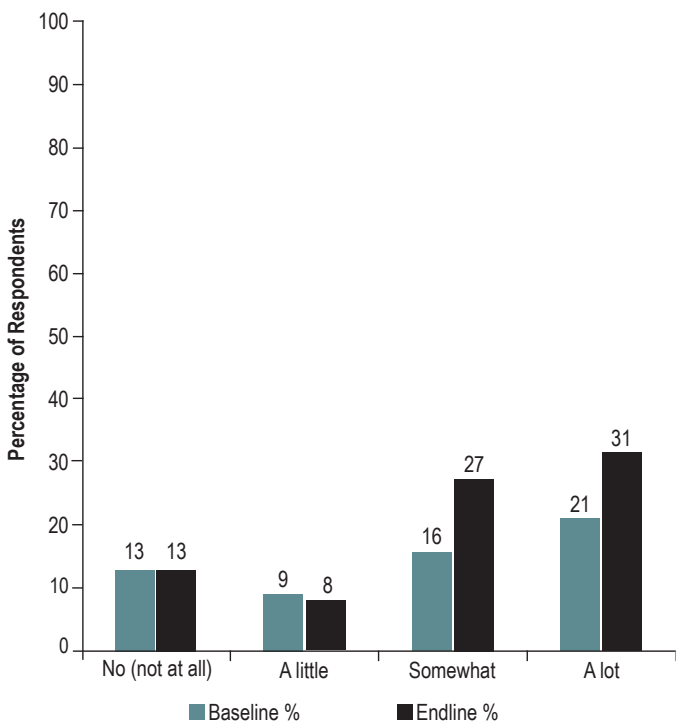


Figure 27: How strongly do you feel your community has been treated unfairly compared to others?

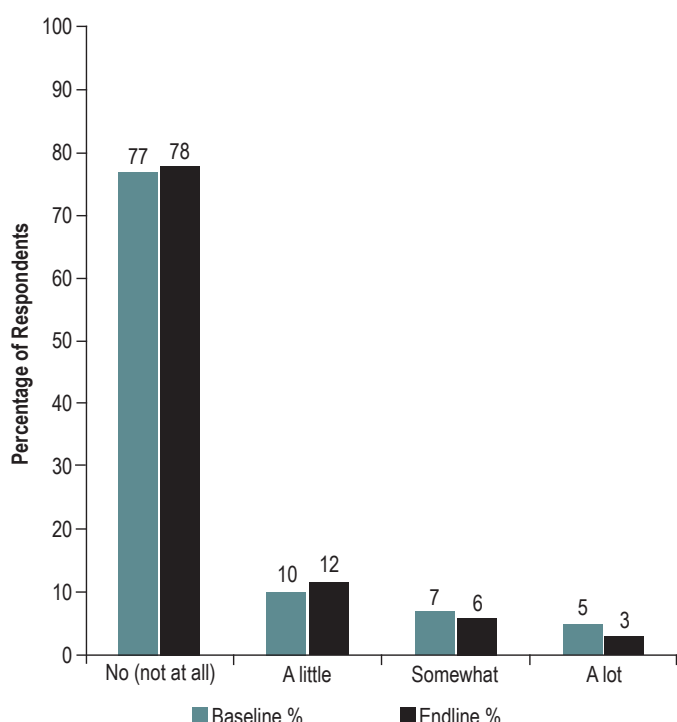


Figure 28: How strongly do you believe that sometimes fighting is needed to resolve differences?

Community Engagement (Figures 29 - 31)

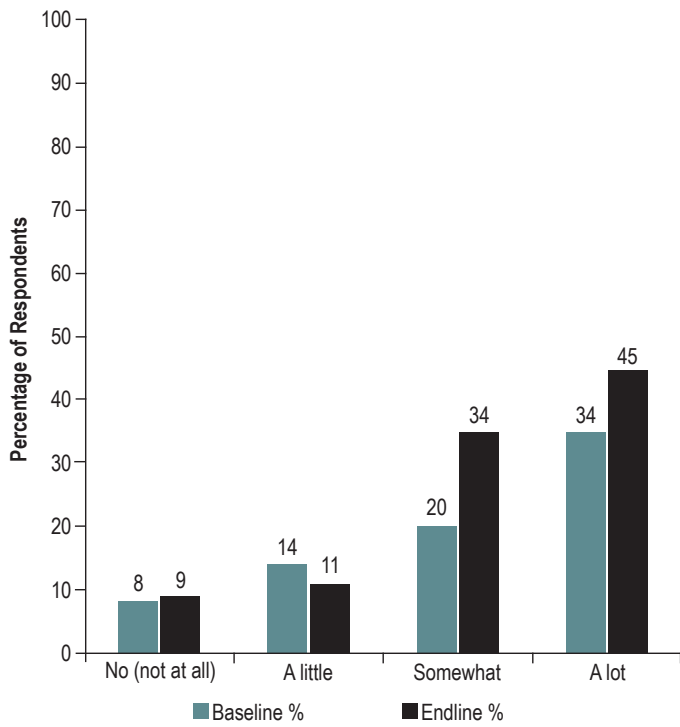


Figure 29: How actively engaged are you in your community? (This means socially, civically or politically).

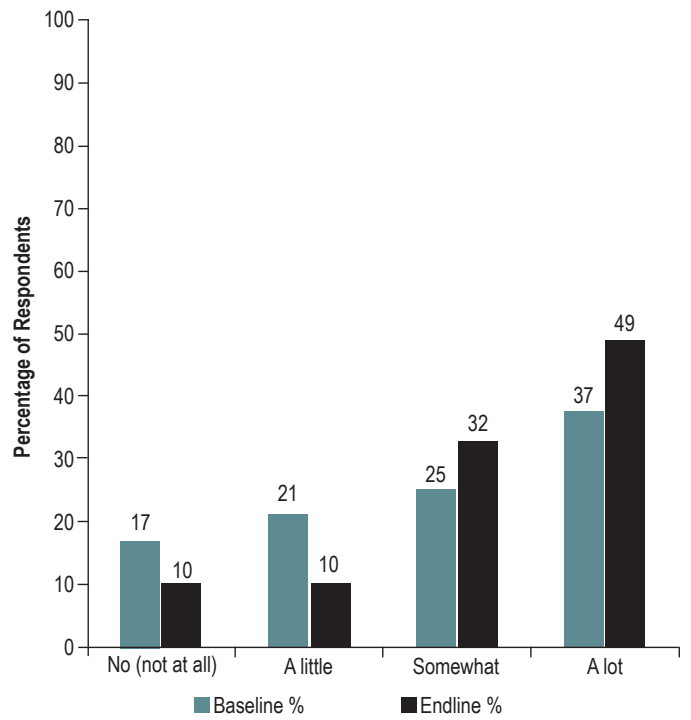


Figure 30: How much do you socially interact with members of other groups?

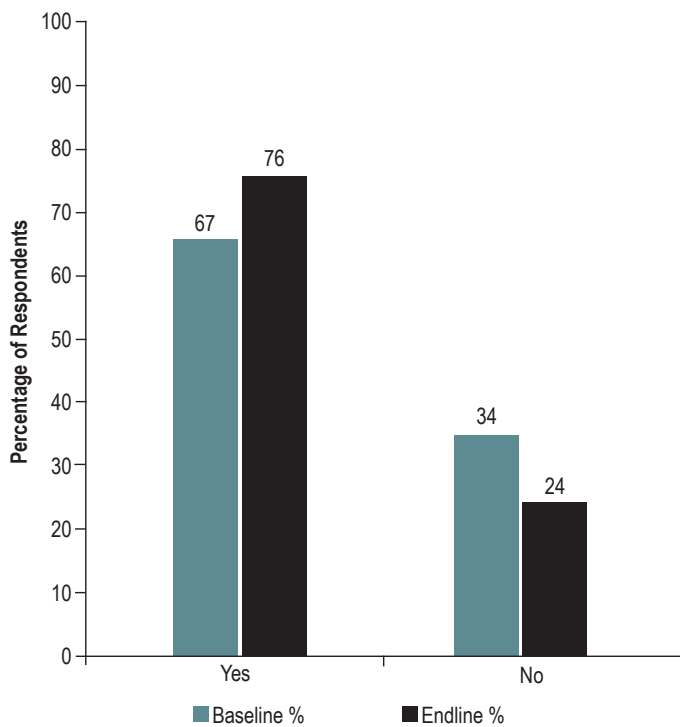


Figure 31: Do you belong to any social, civic, sports or cultural groups (any group that meets regularly)?

Recognizing Trauma & Peace Engagement (Figures 32 - 33)

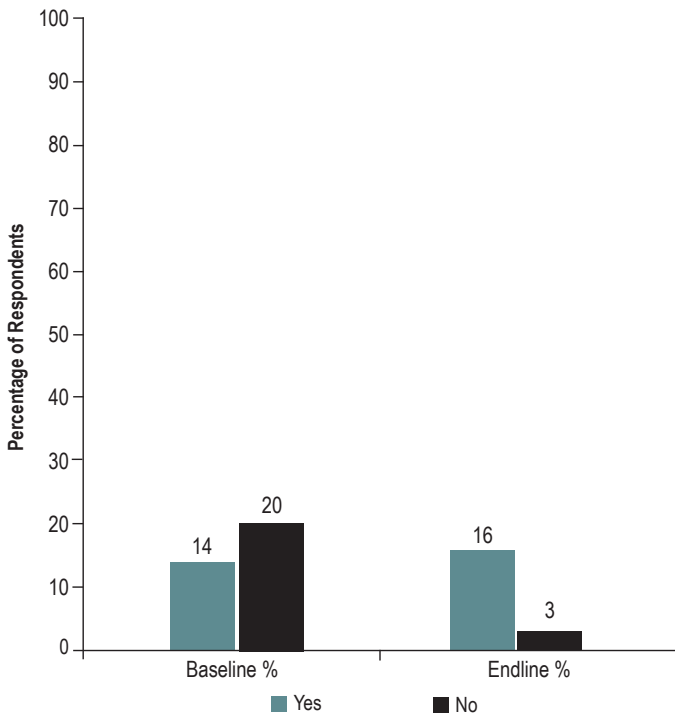


Figure 32: Are you able to recognize trauma symptoms?

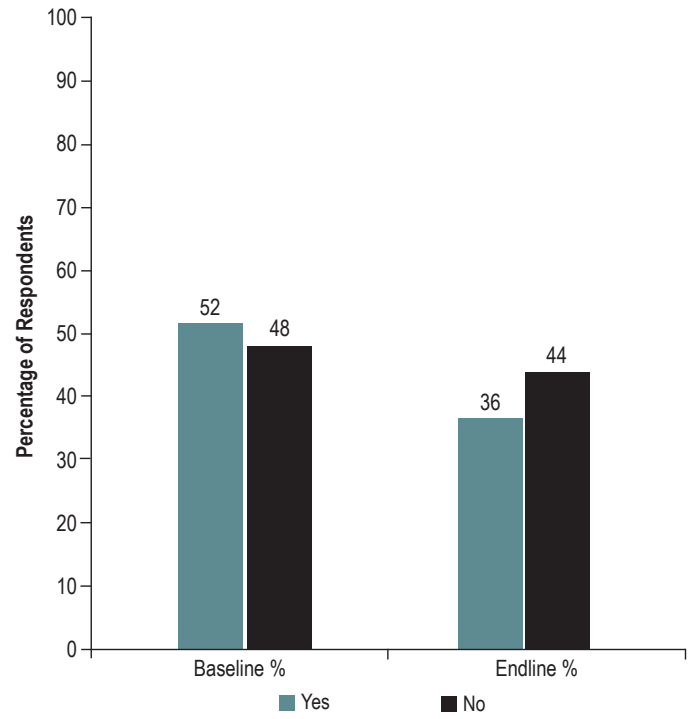


Figure 33: Are you involved in any sort of peace activity, peace process or peace project?

Impact Questions (Tables 3-6 and Figures 34-35)

Table 3: Did you share the lessons of Kumekucha with others?

	Frequency	Percent
Yes	500	93
No	36	7
Total	536	100

Table 4: With how many people have you shared the lessons of Kumekucha?

	Frequency	Percent
1-30	466	93
31-60	23	5
61-90	4	1
91-120	3	1
121+	4	1
Total	500	101

Table 5: Did you see any changes in your community

	Frequency	Percent
Yes	425	79
No	99	18
No Response	13	2
Total	536	99

Table 6: Are you using any of the healing tools taught in Kumekucha sessions?

	Frequency	Percent
Yes	83	80
No	18	17
No Response	3	3
Total	104	100

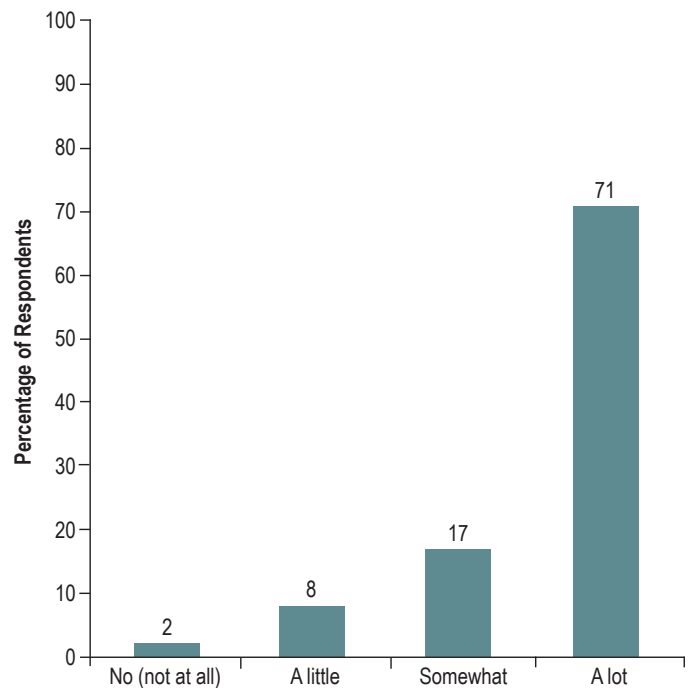


Figure 34: How much has your knowledge of trauma grown?

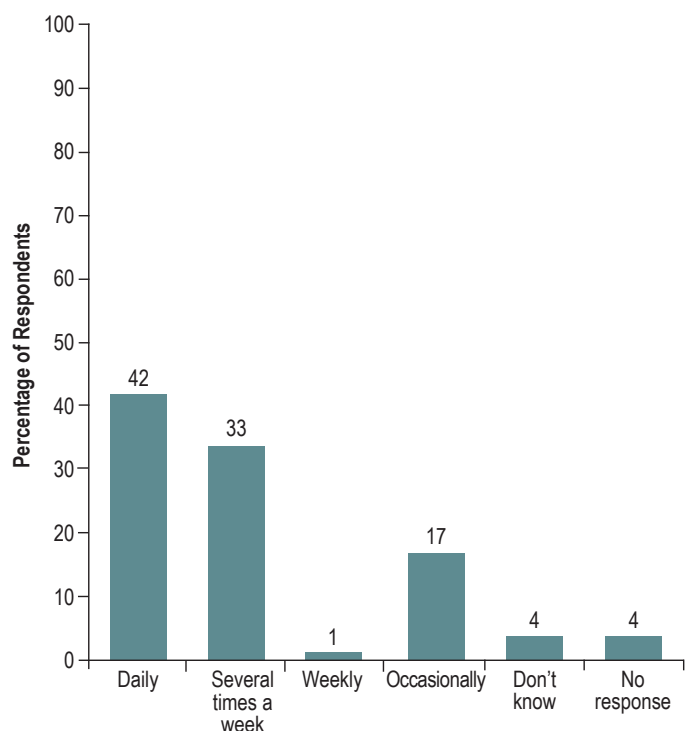


Figure 35: How often do you use the healing tools?

Impact Questions (Figures 36-38)

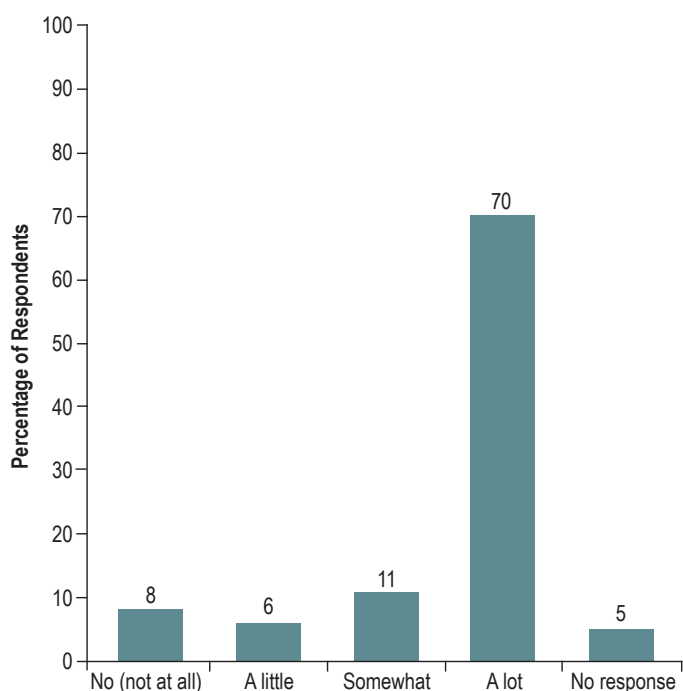


Figure 36: How much has Kumekucha positively changed the way you interact with other groups?

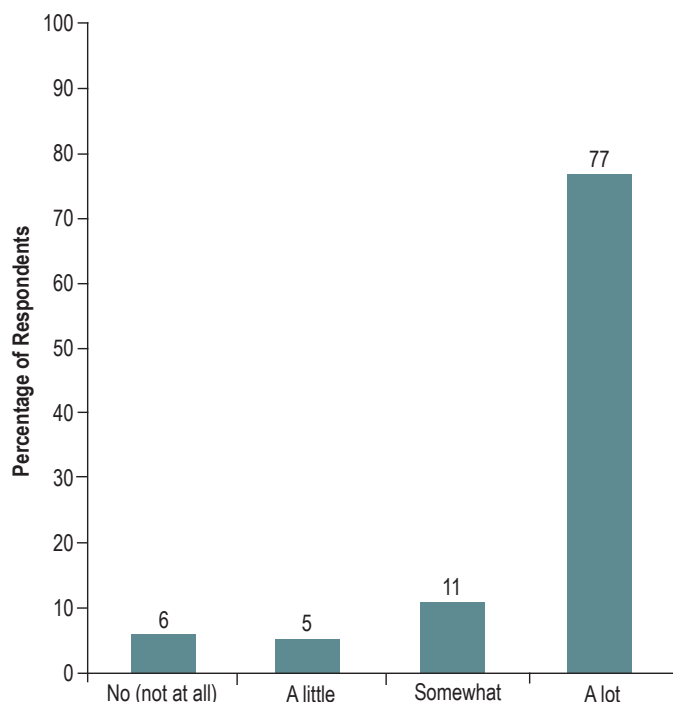


Figure 37: How much has Kumekucha positively changed the way you interact with your family?

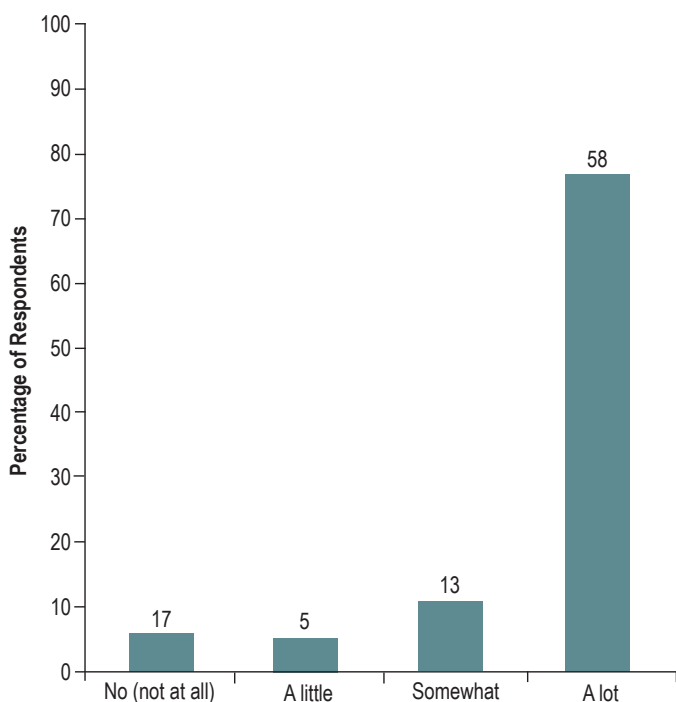


Figure 38: How much has Kumekucha positively changed the way you interact with your community?

