



(RE)CONCEPTUALIZING TRAUMA
AN AIR CONVENING

— SEPTEMBER 22-24, 2014 • KIGALI, RWANDA —

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ABOUT THE CONVENING

The cross-pollination of ideas is essential to our work.

—Nokwanda Khumalo, Clinical Psychologist and Doctoral Fellow
University of Cape Town, South Africa

From 22 to 24 September 2014, AIR held its first convening on *(Re)conceptualizing Trauma* in Kigali, Rwanda. We crafted it as a space for African practitioner-activists to have a vital—and sometimes rare—space to reflect and analyse the concepts underlying our work around emotional well-being and mental health in the face of HIV/AIDS and violence against women and girls (VAWG).

The discussions during the *(Re)conceptualizing Trauma* convening were vibrant—energized by the diversity of participants' professional backgrounds from medicine to psychology, social work, law, community mobilization, organizational development, medical anthropology, arts for social change and public policy. In the group, participants also shared first hand knowledge of responding to the impacts of genocide, armed conflict, political upheaval and severe economic marginalization in the lives of women and girls on the African continent.

WHY RECONCEPTUALIZE TRAUMA?

Both VAWG and HIV/AIDS can have an impact on the emotional well-being and mental health of people, including women and girls



who are survivors of violence and/or living with HIV, and the people that care and advocate for them in a social or professional capacity.

The idea for the *(Re)conceptualizing Trauma* convening came out of shared questions within the AIR Steering Committee around how African practitioners are currently approaching these emotional well-being and mental health challenges. In particular, we wanted critical debate around mainstream mental health approaches and some of the limits we have found in dealing with client and community realities: namely, placing mental health in a overly medicalized frame, and applying theoretical frames and practical methods developed in very different contexts from those in which we work. The psychiatric diagnosis of Post-Traumatic Stress Disorder (PTSD) which emerged out of European and North American military psychiatry¹, and the relatively apolitical, individual-focused psychotherapies are examples of frameworks that are not always adequate in meeting the collective distress caused by persistent forms of exclusion, violence and marginalization across clients' lives. Most interventions are less inquisitive about the methods that survivors of violence and women living with HIV have developed themselves as ways of managing their emotional lives, cultivating agency to survive distressing experiences and contexts. Although we work in diverse cultural contexts, it still remains that there is less attention paid to specific understandings of well-being and to existing positive healing practices, including African traditional medicine practices.

1 For an early critique of PTSD see Summerfield, Derek. [*"The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category."*](#) *British Medical Journal*. 322.7278 (2001): 95–98.

AIMS OF THE CONVENING

- Question some of the key theoretical concepts underlying work on trauma in relation to VAWG and HIV/AIDS (including in contexts of armed conflict, civil unrest and extreme social and economic marginalization) and share alternative frameworks as a means of influencing our sector and our own work
- Outline elements of a transformative feminist approach to emotional well-being/ mental health in African contexts
- Share examples of practice on which we can learn and build
- Generate knowledge and identify tools that can be shared with the sector.
- Begin to build a community of practice around (re)conceptualizing trauma and transformative feminist approaches to emotional well-being/ mental health around VAWG and HIV/AIDS in the African region.

UNDERSTANDING OUR CONTEXTS

Our work is not just about the immediate wound, it's about addressing the context that created these wounds in the first place.

—Jessica Horn, Senior Advisor, AIR, Stephen Lewis Foundation

Political, economic, social and cultural dynamics all play a direct role shaping if, and how, people experience violence and ill health, and access support for wellness and justice. All participants in the convening work in countries that have experienced armed violence—in formally declared wars, genocides, and armed independence movements; and in moments of political upheaval around elections and xenophobic discrimination. The legacy of past conflict and displacement remains and often continues to echo in everyday life. The majority of African women and girls live in contexts of severe economic marginalization, with minimal access to quality health and other social services. African practitioners themselves also come from and live in these environments, and may experience similar histories and vulnerabilities as their clients. This is particularly the case for practitioners working in conflict zones and in contexts of severe poverty.

Taking this big picture view, it becomes necessary to develop frameworks for response to individual acts of violence, and people's physical and mental health needs or claims for justice that take these **root causes and structural drivers** into account.

Recent research I have been involved with in eastern Congo shows that violence happens in the fields that are far or isolated from the villages—making women farmers who cultivate the land a target. This points to the need to consider issues such as women's access to and ownership of land when we are analysing patterns of violence against women.

—Ndeye Sow, Expert on gender and conflict, United Kingdom

The problem is not only sexual violation, the trauma is poverty, unemployment, traumatized families and communities, insecurity. When you deal with one issue it doesn't mean you are stabilizing them because they have other traumatic issues, which trigger their traumatic experience.

—Juvenal Balemire, Clinical psychologist
Panzi Hospital, Democratic Republic of Congo

WHEN TIMES OF 'PEACE' FEEL LIKE WAR

We considered the statistics and lived realities of our clients and communities, which show that the violation of women's bodies happens as much in contexts of so called 'peace' as in formally declared wars. In the Democratic Republic of Congo (DRC) for example, while sexual violence committed by soldiers and rebels remains a catastrophe requiring action, intimate partner violence is, statistically speaking, more prevalent². Marital rape is still not a crime in DRC, which means that women

² See for example Peterman, Amber; Tia Palermo and Caryn Bredenkamp (June 2011). "Estimates and Determinants of Sexual Violence Against Women in the Democratic Republic of Congo". *American Journal of Public Health* 101 (6).



sexually violated by their husbands have no recourse to legal justice.

We also discussed how cultures of violence against women are entrenched during active armed conflict and remain after ceasefires are declared, particularly if there are no organized interventions to address them, and support respectful, non-violent attitudes towards women and girls.

We need to consider rape as a continuum. We cannot differentiate between rape within the home and outside.

—Ndeye Sow, *Expert on gender and conflict, United Kingdom*

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I sometimes feel that the emphasis on conflict minimizes the violence that women experience on a daily basis. There are very few resources to address rape in non-conflict times. Rape is rape, it does not matter whether it happens in war or not.

—Netty Musanuh, *Executive Director, Musasa Project, Zimbabwe*

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When the post-election violence happened, the sexual violence that took place was not only soldiers or police. It was our brothers and fathers and neighbours. Who are these rapists? Have you talked to your son about rape? In Kenya, rape is happening every day. Children are being defiled by brothers, fathers, family friends and those who are close to children.

—Mary Akoth Elias, *Programme Officer, TICAH, Kenya*

Violence leaves a legacy in the lives of children during moments of upheaval or sustained war, those born as a result of the rape of their mothers, and those living in societies grappling with the impacts of widespread violence. This poses issues around how to manage the **intergenerational transmission of trauma**, and refine methods to meet children and young people's needs.

Amongst the youth [after the genocide] there is a lot to consider, many do not have guardians and struggle with earning a living and life skills, and they have no mentors. When we counsel them, we also find that sometimes children who are themselves born out of rape lack identity; they do not want to speak in groups. Speaking on an individual level and providing counselling allows the child to gain trust, self esteem, confidence and practice breaking the silence; they are then able to speak with their mother and then eventually ask about their father.

—Jane Abatoni Gatete, *Executive Secretary
Rwanda Organization of Professional Trauma Counsellors*

ENGAGING TRAUMA AS PRACTITIONER-ACTIVISTS

As part of our analysis of trauma, we explored the history of the development of ideas around trauma in Western psychology and how these ideas shape much of our work in therapeutic contexts.

The prevailing critique of PTSD is that by medicalizing trauma, you limit and individualize the response to it. It also moves the eye from the political context that drives the root causes and shifts it to the individual. PTSD doesn't acknowledge what happens to the community when violence or trauma happens. It does not speak to the environments in which women are 'traumatized'. Another issue with PTSD is that it assumes that people are 'post-trauma', which is problematic when people are continually faced with a lack of security. Women's responses to a lack of feeling safe are a reflection of reality. When a woman says that she does not feel safe, it is an appropriate response. So to 'force' a woman to feel safe [by expecting her to be 'post'-trauma] both neglects the legitimate context in which she lives and ignores the fundamental issue which needs to be addressed.

—Nokwanda Khumalo, Clinical Psychologist and Doctoral Fellow
University of Cape Town, South Africa

The word trauma itself comes from the medical world—we all know about trauma units in hospitals in which those with gunshot wounds, or injuries from accidents are treated. The assumption is that emotional trauma is akin to physical trauma—it can be observed, diagnosed and treated. Diagnosis and treatment—therein lies our power as specialists, the special skills that separate us from our patients or clients, that draw the line between us (who are in control) and them (who are not) and the seemingly necessary imbalance of power that is so characteristic of medicine and the science of healing.

—Johanna Kistner, Executive Director
Sophiatown Community Psychological Services, South Africa

As participants shared experiences from their service provision and advocacy work it became clear how necessary it is to have **holistic integrated approaches** to understanding and responding to violation and its resulting distress.

The legal framework is a remarkable tool, but without providing the psychosocial aspect of the work, the gains can be limited for our clients.

—Irene Ochola, Client Services Officer/ Counsellor, FIDA Kenya

Panzi Hospital began as a medical facility. It was only after three years that we realized the medical support was not enough—that the women who have been treated for their physical health issues continued to come to

Panzi with medical needs. They complained of stomach pain, but when we examined them we found nothing medically wrong with them. We began to realize that this was the effect of mental stress...We have found the importance of recreational activities—drama, and music therapy have become an important aspect of the healing, especially in Congo where music is used as a form of expression both happy and sad.

—Dr. Neema Rukhungu, *Survivors of Sexual Violence Programme Coordinator Panzi Hospital, Democratic Republic of Congo*

I remember one woman who came to the office, and was unable to say she had been raped—instead all she could say was ‘you know what happened to me’. I realized then that woman was unable to speak, and she still suffered physically, because she couldn’t voice that she had been raped. This is when we started developing spaces where women could be counselled in the office—a very private space, where women could work through their issues. This is also where the idea to develop a GBV campaign came from.

—Mary Balikungeri, *Executive Director, Rwanda Women’s Network, Rwanda*

For participants, it was clear that the insights gained through practice could only be fully incorporated into technical approaches if they became part of **how practitioners are trained**, particularly in the fields of social work, psychology, medicine and law, but also in on-the-job training for activists and community careworkers.

THE POWER (AND LIMITATIONS) OF STORIES

Throughout the convening, we explored the role, power and potential limitations of **stories** in emotional healing and in advocacy for justice and social and political change. We considered how stories serve as a form of witnessing and breaking the silence (individual and collective) and a means of allowing women’s voices and analysis to be heard and to shape policy debates.


The reason why we have national frameworks and international frameworks on violence is because one woman dared to share her story.

—Netty Musanhu, *Executive Director, Musasa Project, Zimbabwe*

Stories can also play a therapeutic role, particularly in helping weave together people’s own understandings of their lives and how experiences of violation and trauma fit in the broader arc of their existence.

We started a storytelling process with the refugee counselling group [at SCPS] and we created visual maps of each of their life stories. They started talking about different stories— about their grannies or how they were married. Gradually the identities that were so fragmented started to become stitched together. Everyone has many stories and layers of stories—this is where we start to understand resilience.

—Johanna Kistner, *Executive Director, Sophiatown Community Psychology Services, South Africa*



While we make use of this constructive power of stories, we also asked: are there ethical and strategic limits to stories? Participants agreed that at times stories can also be limiting—framing women by their trauma or survivor/ HIV status alone and not the full aspect of who she is and wants to/will become. Stories need to be collected, told and disseminated ethically given that they can also implicate people, and can possibly result in stigma. The process of retelling stories can also re-traumatize if not managed appropriately.

Stories in themselves are not always powerful. Indeed stories without *analysis*—may not point to the political demands that make a testimony into a tool for change. Finally looking globally, we are aware that as a result of advocacy around HIV/AIDS, Female Genital Mutilation and armed conflict in particular, stories of the distress African women and girls experienced are now quite common. In international media and policy spaces, African women are the ones that ‘tell their stories’ of violation and stigmatization. What, we asked, does that mean for us symbolically and politically if stories of violation and injustice are the ‘expected narrative’ of African women? Is this constructive, or does it limit understandings by creating stereotypes?

THINKING ABOUT LANGUAGE

We returned many times in the convening to the language of trauma itself—the language of psychology and psychiatry in English and the meanings endowed in words, and the African languages used in the contexts where we live and work to speak about distress and

well-being. Sharing examples of the different ways in which our colleagues, clients and communities speak about trauma opened new ways of understanding it.

In preparation for this presentation we asked the Sophiatown team to define the concepts of ‘trauma’ and ‘trauma counselling’ without using any technical or professional jargon, hoping that we could find words for the immense suffering and distress we witness daily in people who would otherwise be referred to as traumatized... [I]n the effort to capture the experience of trauma in our clients and our own as counsellors, a different language did tentatively emerge...:

- A cocktail of circumstances that leave a person vulnerable and without solutions
- Brokenness
- Disabled
- Shaken
- Becoming new in a way that nobody can understand
- Searching for something worth living for
- Holding the client’s hand until she is able to walk on her own again

—Johanna Kistner, Executive Director, Sophiatown Community Psychology Services

When we started this work, I confronted these big words: trauma, mental health, emotions, PTSD. I wanted to understand what trauma meant. I asked women in Samia, my own language: “what is trauma?”. They described it as **obuchuuni**—a word you could translate as ‘pain’. In their

explanation pain meant discrimination, marginalization, denial of belonging, illness. Pain meant denial of the basics. All this caused them that invisible pain that affected their minds and body. That enabled me to start seeing how we could respond as an organization and start to deal with the pain in their bodies, minds and spirits.

—Ruth Ojiambo-Ochieng, Executive Director, Isis, WICCE, Uganda

DEFENDING FRONTLINERS

We turned the focus on ourselves, and looked critically at how we currently approach the interlinked issues of gender-based violation, health, and advocacy for community and structural change. The second day of the convening was dedicated to the question of how we address emotional well-being in our own workplaces, and nurture practitioners and organizations that are healthy and whole.

There is growing acknowledgement globally around the particular threats and challenges faced by women's human rights defenders who face backlash and attempts to be silenced because of their activism³. This recognition tends to focus on issues of physical safety and threats to people's lives. There is far less attention paid in policy and in funding to the emotional challenges posed by repeatedly bearing witness to

3 Civil society initiatives include the [Women Human Rights Defenders Coalition](#) who have produced a range of practical resources as well a leading advocacy for recognition and mechanisms to defend women human rights defenders internationally. The United Nations is increasingly moving to recognize the particular concerns of WHRDs including through the work of the Special Rapporteur on Human Rights Defenders Margaret Sekaggya.

the violation and abuse of others (understood as vicarious or secondary traumatization); or by the stigma, marginalization and fear that activists may face themselves as they confront backlash.

We ask caregivers to open their heart, but they need to be supported to hold it. They deal with people surrounded by feelings of helplessness, pain, inability to survive...Calling someone to empathize with this is asking them to feel pain.

—Nokwanda Khumalo, Clinical Psychologist and Doctoral Candidate, University of Cape Town, South Africa

Almost all counselling organizations participating in the convening had formalized practices around staff well-being; supervision is considered standard in clinical psychology and counselling. For non-counselling organizations, **securing funding** for formal emotional support services for staff was a common challenge since many donors have yet to recognize the importance of core funding⁴ and in particular resourcing occupational well-being as a key strategy for sustaining organizations and sustaining activism. Researchers⁵, lawyers and home-based care workers face similar challenges, and may not have access to formal emotional support mechanisms to access through their employers or

4 For an analysis of the nature of funding for women's rights organizations in global perspective see Arutyunova, Angelika and Cindy Clark. 2013. [Watering the leaves, starving the roots: The status of financing for women's rights organizing and gender equality](#). Toronto, Cape Town, Mexico: AWID

5 See Sexual Violence Research Initiative. 2010. [Taking care of ourselves: A workshop for sexual violence researchers](#). Pretoria: SVRI/MRC.

host organizations.

There was strong consensus among participants that **occupational well-being and mental health support is vital** for all types of organizations working on women's health and rights—if we are to sustain work in our sectors, be responsible employers and managers, and provide quality care.

OUR OWN ROLE IN HEALING

In the dialogue, we dug deep to ask ourselves questions about our own training, practice and coping mechanisms as practitioners. We were honest about some of the weaknesses in our own ways of working and where they stem from. For example, we asked why some of our methods tend to result in fragmented rather than holistic ways of understanding and responding to women's needs and rights.

How do we not fragment the people we work with? What can we do as activists to ensure that the person we are working with is not just the fragmented bits, but they are the whole sum? We are the total sum of where we've been, where we are, and where we are going.

—Hope Chigudu, Organizational Development Consultant,
HopeAfrica, Zimbabwe

For many service providers and activists, disconnecting issues in a client's life is a way of protecting the self. How then do we find realistic methods for service providers to cope as they provide a holistic service?

—Jean Kemitare, Programme Manager, GBV Network, Raising Voices, Uganda

We began to unpack the uncomfortable dynamics of people exercising 'power under'⁶—working from a place of internalized oppression to act in ways that may be oppressive, exclusionary or even violent against other people. This phenomenon exists in the many contexts in which we work—from delivery wards and counselling rooms to organizations whose stated mission is equality and non-violence.

We need to talk about power under—women who have been abused and then turn around and abuse others. Women, who have done wonders in challenging society, then become abusers, so the process of change is never complete.

—Hope Chigudu, Organizational Development Consultant,
HopeAfrica, Zimbabwe

To participants, these issues underscored how important personal and organizational self-reflection and support are as ways to keep refining our own understandings and ways of working.

6 See Wineman, Steve. 2003. *Power-under: Trauma and non-violent social change* for a comprehensive definition

THE 'HOW TO' OF PRACTITIONER AND ORGANIZATIONAL HEALTH

Turning to techniques and methods, we looked at organizational cultures and how to build well-being more clearly into our management—to grow **organizations with a soul**.

If an organization has lost its soul, it needs to reclaim it as a process of recovery; otherwise all the other changes/strategies will not work effectively. When an organization is not 'safe' you see people separating self from professional. When an organization stops creating, it's as good as 'dead'. When an organization stops creating room for positive confrontation, it stops growing. When an organization stops theorizing their work, it becomes a dangerous space.

*—Hope Chigudu, Organizational Development Consultant,
HopeAfrica, Zimbabwe*

In 'Share a method' sessions, participants offered hands-on examples of practices and methods that they have developed and use in their organizations to facilitate discussions and provide direct support for staff emotional well-being and mental health.

SHARE A METHOD: TICAHEART CARDS

TICAH—The Trust for Indigenous Culture and Health is a Nairobi-based organization that works to enhance the positive links between health and cultural knowledge, practice, belief, ritual, and artistic expression. During the convening, Mary Akoth Elias introduced us to TICAH Heart Cards. Participants sit in a circle and each person takes a Heart Card. We then move around the circle where each participant speaks to the feelings and reflections that the word on the card in their hand evokes. This helps open conversation in the room about where people are in their lives including, but also beyond, the work environment.

For more on TICAH's work see

www.ticahealth.org



THE SIYABANAKEKELA PROGRAMME AT SOPHIATOWN COMMUNITY PSYCHOLOGY SERVICES⁷

The main objectives of the programme are to:

- Build, maintain and enhance networks of support in communities by supporting, empowering and skilling carers.
- Create and maintain a safe space for reflection both on the emotional and the psychological impact of the work and to further support them with coping and stress management skills, so that they can continue working and living under these stressful conditions.
- Our Theory of Change on the well-being of homebased carers is:
 - » Carers who have their own hurts and wounds attended to will be able to care better for the hurts and wounds of others.
 - » Carers who are able to grow beyond negative assumptions about themselves will be able to help others to grow.
 - » Carers who are able to break the silence and share experiences with each other will be able to help others find sources of support and solidarity.
 - » Carers who find their own voice and are able to speak out against injustice, will be able to allow others to speak for themselves as well.
 - » Carers who own their own sense of dignity and confidence will be able to help others to find theirs.

For more on Sophiatown Community Psychological Services see

www.sophiatowncounselling.co.za

⁷ Excerpt from a presentation by Mpumi Zondi “Building well-being into our work with homebased care and community support workers”, during the *(Re)Conceptualizing Trauma* convening, 23 September 2014.

GET MOVING! A METHODOLOGY FOR PERSONAL AND ORGANIZATIONAL REFLECTION

Our experience suggests that the nature and tone of civil society is significantly different compared to ten years ago...essentially shifting from a social justice orientation to a ‘development framework’. What this means is that the work of preventing and responding to VAW has become increasingly technical rather than political.

—Sophie Namy, Jean Kemitare and Lori Michau
“Learning from Practice: Get Moving!”

Get Moving! is a methodology developed by the GBV Prevention Network to facilitate a process of deep personal and organizational reflection and analysis around gendered power, activism and building movements. Through this, it also aims to strengthen the shared political analysis around violence against women and girls, and build solidarity between organizations working to prevent violence against women and girls.

The ten-stage process helps facilitate reflection about personal values and organizational cultures, helping nurture positive shifts in *how* we work as well as the ways we conceptualize what we do.

For more about Get Moving! and to download free materials online see

preventgbv africa.org/get-moving

SIMMERING QUESTIONS

- How do we build a 'ground up' definition of trauma and healing to inform our technical work?
- Who has the ability to heal mental and emotional wounds? Is it only psychologists? Who does healing 'belong' to?
- Is counselling the only way to address emotional pain? What other methods are developed and used effectively within the communities we serve and in our own interventions?
- What role does building economic agency have in healing?
- How do we engage spirituality as a therapeutic concern, and in feminist ways?
- How do we work with both women and men in ways that are transformative?
- How do we begin to talk more about sex and sexuality and how we relate to our sexuality in the context of, but also outside of, healing from sexual violence?
- How do we critically engage religious actors in terms of their concepts of trauma/healing and in their role as service providers?
- How do we increase skills in our sectors to implement transformative approaches? How do we grow the base of trained professionals using transformative feminist approaches?





BUILDING ON THE CONVENING

We should theorize our own issues and write our own knowledge.

—Jean Kemitare, Programme Manager, GBV Prevention Network,
Raising Voices, Uganda

As follow-up to the first convening, AIR will be producing **a series of knowledge tools** in collaboration with participants. These will be available on the [AIR website](#).

With convening participants we will be forming a **community of practice** for on-going knowledge sharing, debates, technical exchange and inspiration. There is as yet no Africa regional collaboration or network around women's rights and emotional well-being/mental health, and still very few examples of feminist counselling models or training for professional or lay mental health workers in the African region. By gathering perspectives and networking practitioners through this initiative, AIR aims to build both new knowledge and momentum for improving existing approaches.

TOWARDS A TRANSFORMATIVE FEMINIST APPROACH

Over the three days, we began to outline principles and elements of a transformative feminist approach to understanding and supporting emotional well-being and mental health. The approach draws on understandings of our varied social, political and cultural contexts across African communities, and issues arising from VAWG and HIV/AIDS. AIR will continue to develop this with practitioners in the Community of Practice.

THE AGENDA

DAY 1 : CHARTING THE TERRAIN

What we are exploring

- Transformative feminist approaches— What is a feminist approach to emotional well-being/ mental health?
- What are the key critiques and methods offered by (African) feminist perspectives on trauma?

Exploring the field: Overview of existing thinking about mental health, emotional well-being and 'trauma' and concepts

- **Johanna Kistner** ([Sophiatown Community Psychology Services](#), South Africa) — What is 'trauma'? Concepts, big debates and unresolved issues from a community psychology perspective
- **Nokwanda Khumalo** (Independent, Clinical psychologist & Doctoral Fellow, University of Cape Town, South Africa) — Feminist questions and approaches to 'trauma' in theory and practice
- **Ndeye Sow** ([Independent](#), Gender, Conflict/Great Lakes specialist, UK) — Reflecting on the where women's emotional well-being and mental health sit in policy responses to conflict and post-conflict reconstruction

Transformative feminist approaches to emotional well-being and mental health

- **Ruth Ojiambo-Ochieng** ([Isis WICCE](#), Uganda) — African feminist

approaches to engaging trauma in practice and building 'embodied peace' in conflict-affected communities

- **Mary Akoth Elias** ([TICAH](#), Kenya) — Healing through art, healing through culture, healing through listening.

Share a method: Mary Akoth Elias – TICAH Heart Cards

Deep think sessions: Processing what we have heard

DAY 2 : (RE)THINKING PRACTICE IN COMMUNITY

What we are exploring

- Sharing field experiences, thinking through challenges and learnings from engaging trauma and emotional well-being as service practitioner-activists
- Practical exchange of well-being methods

Exploring our practice: Engaging trauma and emotional well-being through service provision

- **Irene Ochola** ([FIDA Kenya](#), Kenya) — Managing 'trauma' of clients and lawyers in defending women's rights
- **Dr. Neema Rukhungu** ([Panzi Hospital](#), DR Congo) — Holistic approaches to women's well-being in Panzi's SSV program
- **Mary Balikungeri** ([Rwanda Women's Network](#), Rwanda) — Supporting the emotional well-being and mental health of young people in a legacy of armed conflict

Exploring our practice: Bridging practitioner and community emotional well-being

- **Netty Musanuh** ([Musasa Project](#), Zimbabwe)
Documenting individual and collective community stories of survival and change.
- **Mpumi Zondi** ([SCPS](#), South Africa)
Building well-being into our work with Home Based Care and community support workers
- **Jane Abatoni Gatete** (Executive Secretary, Rwanda Association of Professional Trauma Counsellors, Rwanda)
Mental health and counselling approaches in post-genocide Rwanda

Share a method: Mpumi Zondi, Sophiatown Community Psychological Services

DAY 3 : (RE)THINKING WELL-BEING IN OUR WORKPLACES

What we are exploring

- Thinking and methodologies around how we are engaging emotional well-being/ mental health in organizations
- Review of key debates and questions emerging
- Ideas for advancing the community of practice around (Re)conceptualizing Trauma

Growing organizations with a soul: Thinking about well-being in organizations

- **Hope Chigudu** (HopeAfrica, Zimbabwe)
The art of self-care: Individuals and organizations

Building emotional well-being into organizations

- **Jean Kemitare** ([GBV Prevention Network](#), Raising Voices, Uganda) — ‘Get Moving’ and well-being in organizations working to prevent violence against women
- **Juvenal Balegamire** ([Panzi Hospital](#), DR Congo) — Occupational mental health in the SSV program of Panzi Hospital

Building momentum for holistic work on emotional well-being/ mental health – towards a community of practice

- Weaving the strands of the discussion together
- Working principles of a transformative feminist approach to emotional well-being/ mental health and distress
- Resourcing this work—challenges, openings and ideas
- Building a community of practice—scope, how, what we need



AIR: African Institute for Integrated Responses to Violence Against Women & Girls and HIV/AIDS

AIR strengthens and shares transformative feminist approaches to violence against women and girls, HIV/AIDS and emotional well-being and mental health in the African region. We do this by supporting documentation, critical thinking and analysis, providing technical support and facilitating exchange amongst African practitioners, and increasingly the visibility of transformative approaches.

 www.airforafrica.org

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