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Local Nongovernmental Organization Intervention Approaches in Nigeria's Communities Experiencing Continuous Trauma

Rashid Babalola Raji
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Walden University

College of Social and Behavioral Sciences

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Rashid Babalola Raji

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2019

Abstract

Local Nongovernmental Organization Intervention Approaches
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by

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MSW, University of Connecticut, 2013

MA, University of Ibadan, Nigeria, 2003

BSC, Ahmadu Bello University, Nigeria, 1998

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Researchers have found an overlap of psychological symptoms in victims of Post-Traumatic Stress Disorder and Continuous Traumatic Stress. Although the circumstances inducing the psychological reactions are different, the symptoms mimic one another without a clear cut demarcation, calling for practitioners to be cautious of contexts inducing psychopathology that is triggered through re-experiencing of past trauma when they are assessing and intervening with ongoing trauma-exposed communities. This study explored the subjective experiences of 15 local Non-Governmental Organization (NGO) administrators in Nigeria across 5 states, including the federal capital Abuja, about the intersectionality of their clients' persistent trauma experiences and their program planning and intervention strategies. The study leveraged complexity and organizational change models, using qualitative inquiry with open ended interview questions and purposive sampling. Questions probed administrators' modalities, orientations, and perceptions that inform organizational planning and interventions. Open-ended interviews of top local NGO administrators provided contrasting insights on current interventions. Data were collected and analyzed using constant comparative content analysis. Findings suggest that local NGO administrators currently lack the awareness and capacity to address their clients' psychosocial, behavioral, and mental health issues that are related to continuous, direct, and indirect violence. The study impacts social change by identifying gaps in current NGO administrators' efforts to reduce effects of violence and support peace in affected communities.

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Dedication

To my late dad, Mudashir Ashola Raji, my mother Fatima Raji and all of my siblings

Acknowledgments

I would like to express gratitude to God for the completion of my dissertation and the earning of the award of doctoral degree in Human Services. I am deeply thankful for His grace and guidance; it has been a tumultuous journey accomplishing the doctoral degree, but here I am! This accomplishment would not have been successful without God and the people He chose to guide and inspire me, who walked me through difficult and unfathomable academic and life experiences, instilling hope, perseverance, and forthrightness. I am deeply grateful for making it through what often appeared to be unending fear and lonely stressful moments when I was unable to fathom what lay ahead.

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Chapter 1: Introduction

“You can live off adrenaline for several years, but it’s not sustainable”

– Anonymous

Introduction

Lethal violence is a common occurrence in Nigeria (Ichite, 2015). Nigerian society has been described as severely partitioned, in that social issues are contested along ethnic, religious, and sectional fault lines (Abubakar, Bin Othman, & Bin Mustaffa, 2017). The country’s Niger Delta region has been described as a microcosm in which lethal forms of violence that include brutality, aggression, bloodshed, sadism, fratricide, homicide, infanticide, assault, and manslaughter are frequently used to settle scores (Ichite, 2015). Dada (2016) acknowledged the complexity and intractability of the problem, stating that even though Nigerian society is deeply divided on ethno-regional political fault lines, the problem is more complicated than has been analyzed. Onwuzuruigbo (2010) stated that over 140 violent conflicts were reported in Nigeria between 1980 and 2010. Similarly, Dada (2015) reported a pattern of violence in communities in Nigeria as intra- and intergroup conflicts. Further, Nigeria’s corporate existence continues to be challenged by violent conflict (Dada, 2015).

The self-realization potential of people living in violent communities is at stake because of the prevalence of pervasive violence where opportunities are limited by physical and psychological destruction (Galtung, 1996). Human potential ebbs in violent communities compared to nonviolent communities (Galtung, 1996). In the contexts of

Nigeria, where systemic and structural violence has produced psychological reactions and responses to persistent threats, victims' achievement of self-realization is difficult.

Galtung (1996) argued that direct violence and indirect violence are directly related, in the sense that they feed off each other and are mediated by cultural violence, which legitimizes institutions of violence. What this means is that the impacts of exposure to psychological violence (indirect violence) because of the entrenched system of structural violence and the outcome of these interactions may have a significant burden and cost for individuals and society (Galtung, 1996). For instance, institutional and structural failures in Nigeria have immensely exacerbated poverty and insecurity across communities (Dada, 2016; Itchite, 2015).

Although the internal dynamics and contradictions of societies have made enormous contributions to conflict transformation (Azer, as cited in Ramsbotham, 2005), the Clauswitean perspective on conflict management and transformation escalates direct violent cases because the internal contradictions of societies that increase the likelihood of direct and indirect violence are avoided. In this regard, the psychopathology of violence and psychological dimensions of direct violence for victims continue to be marginalized (Ramsbotham, 2005). Despite decades of recurrent exposure to direct and indirect violence for the citizens of Nigeria, posttrauma and trauma perspectives in local nongovernmental organization (NGO) intervention programs are limited and inadequate. Azer (as cited in Ramsbotham, 2005) argued that paying attention to local issues provides

a better understanding of wider conflicts than can be achieved by looking at interstate conflict as a given.

The concept of continuous traumatic stress (CTS) emerged directly from social conflict during the oppressive Apartheid era in South Africa in the 1980s (Straker, 2013). Mental health professionals in South Africa described the CTS experiences of victims of the oppressive Apartheid regime as psychological responses to ongoing violence, distinguishing these experiences from experiences arising from past trauma, as seen in posttraumatic stress disorder (PTSD; Straker, 2013). CTS therefore involves persistent psychological reactions and responses to the impact of living in conditions where there is a realistic threat of present and future danger in addition to experiences of past traumatic events (Eagle & Kaminer, 2013; Straker, 2013). Scholars have begun to argue that CTS conditions differ from those of PTSD, in that CTS reflects an ongoing lack of safety and persistent threats that are induced by emotional and psychological reactions to threatening contexts. In contrast, the concern in cases of PTSD is essentially responses to threatening past traumatic experiences (American Psychiatric Association [APA], 1980; Straker, 2013). Diamond, Lipsitz, and Hoffman (2013) concluded that although PTSD and CTS symptoms may be similar in their presentation, PTSD and CTS present contradictory responses. According to Diamond et al., whereas PTSD symptoms and pathology are internally driven due to victims' psychological reactions to past traumatic responses, environmental factors (i.e., sociopolitical, cultural, economic, governance,

leadership, and group relations) are major determinants of internal psychological reactions and responses on a continuous basis, as in CTS.

Somer and Ataria (2015) acknowledged that continuous, overlapping traumatic responses create conditions in which a safe zone is persistently absent, leading to experiences of psychological stress and psychopathology on a regular basis. These conditions, which characterize CTS, prompt victims to activate their survival instincts unconsciously. Concern for survival is the paramount psychological response to a currently threatening situation (Diamond, Lipsitz, & Hoffman, 2013; Straker, 2013), leaving little room for long-term treatment. This response drives individuals to exhaustively employ their psychological and emotional resources to survive multiple imminent threats (Somer & Ataria, 2015; Straker, 2013), which reduces quality of life for victims (Filleti, 1998).

Kaminer and Straker (2013) stated that the preexisting social context is predictive of persistent CTS conditions. In the context of Nigeria, poorly understood connections between recurrent violence and psychological trauma and the widespread impact of continuous psychological threat continue to drive community violence despite interventions. Etymologically, CTS is derived from existing posttraumatic stress formulations (Eagle & Kaminer, 2013; Stevens, Eagle, Kaminer, & Higson-Smith 2013; Straker, 2013). However, Straker (2013), Eagle and Kaminer (2013) and Stevens et al. (2013) argued that PTSD diagnoses does not entirely matches the lived experiences that is reflected in CTS contexts. They argued that the threatening social and political contexts

are determinants of continuous traumatic stress experiences and associated pathology.

The focus of CTS has been on the impact of context on victims, rather than on the individual vulnerability that PTSD diagnoses emphasize (Straker, 2013). Straker argued that the terms *disorder* and *syndrome* convey a sense of vulnerability concerning victims and minimize the impact of context as an important cause of recurrent threats and persistent psychological trauma in affected communities.

The common characteristic of CTS communities is the regularized pattern of the fear of not knowing what to expect which seemed to be a norm and unspoken code that people live by on daily basis. Researchers observed a common maladaptive coping pattern across affected communities (Somer & Ataria, 2015; Straker, 2013; Kaminer and Straker, 2013). In the contexts of Nigeria, the anxiety of the unknown exacerbates ongoing violence across communities. CTS conditions preceding the Boko Haram terrorism and insurgency across the northeastern part of Nigeria, resulting in maiming, abduction of girls, extrajudicial killing and execution, destruction of schools, enslavement, and other terrorist activities, were rooted in sociopolitical, cultural, and economic contexts (Diamond et al., 2013; Straker, 2013). According to Opoku, Nsaidzedze, and Alupo (2016), Boko Haram was linked to the deaths of 13,000 people in Nigeria between 2009 and 2014 and over 2,000 people in 2014. More recent violence in Nigeria's central and middle belt regions has displaced at least 1,700,000 people (Amnesty International, 2018). Alfredo Zamudio (as cited in Ibekwe, 2014), Director of the Internal Displaced Monitoring Centre, suggested that humanitarian organizations face

multipronged intervention challenges in Nigeria's conflict communities. Zamudio further stated that natural disasters compound and complicate the experience of internally displaced persons (IDPs) in affected communities and exacerbate their trauma.

The presence of current and future threats can significantly impact social and community relations. Despite efforts by the government, NGOs, and civil society groups to address the prevalence of community violence in Nigeria, success has been minimal. CTS continue to be an issue in these communities (Oseremen & Majekodunmi, 2017). Although NGO and civil society group participation in postconflict interventions has intensified since the 1980s (Brownell & Basham, 2017), these interventions have mainly focused on institutional reform (de Coning, 2012). A vast gulf exists between current peacebuilding efforts and intervention program planning that supports mental health problems in CTS communities. Despite the relevance of peacebuilding interventions in CTS contexts, specific interventions to address continuous and ongoing threats have been largely overlooked (Stevens, Eagle, Kaminer, & Higson-Smith, 2013).

The Boko Haram insurgency in northeastern Nigeria has resulted in many people seeking psychiatric treatment because of the psychological implications of exposure to terror threats (Wakil, Omeiza, & Onyencho, 2014). Lambe, Hamilton-Giachritsis, Garner, and Walker (2016) suggested that prolonged exposure to psychological threats exacerbates the likelihood of trauma victims becoming aggressive and violent. According to Lambe et al. intrapersonal psychological distortion, which is emblematic of symptoms of trauma reaction, may well result in aggression and violence. Further, psychological or

cognitive distortion due to trauma is associated with conflicting realities of consciousness may well have negative social consequences (Lambe et al., 2016). Attila, et al., (2008) observed that while major mental illness (MMI) such as schizophrenia and bipolar disorder and other acute disorders may not cause aggressive or violent behavior, comorbidity of the disorders with substance use, pathological gambling, major depressive disorders, and bipolar disorders may lead to violent and aggressive behavior.

Hailemariam (2015) identified cognitive changes due to prolonged unattended mental health issues as having social and vocational achievement implications over time. Further, Hailemariam argued that in Nigeria, attributing mental health problems to supernatural causes has promoted traditional and religious healing. In other words, recurrent relationships exist between persistent and prolonged violence, trauma, and mental health that are not being addressed by current interventions in communities affected by CTS conditions. Kareithi and Lund (2012) suggested that psychological distress in communities is poorly reflected in peacebuilding research due to the dearth of research linking mental health problems with persistent violence. Also peacebuilding analysis is limited in part because of psychosocial and psychological trauma misalignment with exposures to violence.

A poor understanding of the connection between psychological trauma and violence has persisted for decades (Kazlauskas, 2017). Kazlauskas (2017) suggested that limited knowledge about PTSD exists despite PTSD being widespread, especially in conflict communities around the world. The description of PTSD as a common diagnosis

in the field of mental health, as presented in the third edition of the *Diagnostic and Statistical Manual of Disorders* (DSM–III; APA, 1980), has predominated; however, globally, limited knowledge exists on PTSD diagnosis and formulation in communities affected by recurrent violence.

Straker (2013) further stressed the implications of existing imbalance by arguing that whereas many of the victims of psychological trauma live in the global south, much of the trauma work has originated in the global north. Acknowledging this imbalance, Kazlauskas (2017) stated that treatments such as trauma-focused cognitive behavioral therapy (TF-CBT) and eye movement desensitization and reprocessing (EMDR) are predominantly Western interventions. Douglas (2017) stressed the ethical dimensions of practice as not reflective of the cultural and normative issues (context issues) that are important in trauma care.

Despite evidence that supports the existence of CTS conditions in conflict-torn Nigerian communities, a lack of research in this area drove the development of this study. In this chapter, I introduce the research gap, establish the structure for the study, and detail the dimension of community contexts in Nigeria that supported the study. I present the problem statement, the purpose statement, and the nature of the study. I then proceed to define terms used in the study and detail the study's limitations, scope, assumptions and delimitations, and significance. I conclude with a discussion of this study's social change implications and a chapter summary.

Background

The aftermath of protracted violence across Nigerian communities has included CTS or threat responses on a massive scale. As previously noted, Amnesty International (2018) indicated that the population of IDPs numbers at least 1,700,000 in Nigeria's northeastern states. Thirty-nine percent of this population was reported to be housed in camps, with 61% in host communities (Amnesty International, 2018). Further, the United Nations (UN) Security Council (2017) has reported that 5,200,000 people and 450,000 children under 5 years of age in Nigeria are malnourished. Of additional concern is that much of the ongoing conflict has been underreported and understated (Aduku, 2015). Incidents of hostility, aggression, fighting, violent behavior, brutality, cruelty, bloodshed, and sadism, with resultant deaths, are common occurrences across communities (Ichite, 2015). Underreported incidents of murder, homicide, fratricide, infanticide, assault, and manslaughter (Ichite, 2015) have added to trauma for affected populations. Casualties from intercommunity violence are daily occurrences. The UN Security Council reported that 3,900 children had been killed and 7,300 children had been maimed in 2016, noting that suicide attacks had resulted in over 1,000 children's deaths and 2,100 injuries in children. In addition, 90 substantiated suicides, mostly involving girls, were reported (UN Security Council, 2017).

The UN Security Council (2017) has also reported massive violations of human rights across northeastern Nigeria. In 2013 and 2014, Boko Haram recruited 1,650 new members and destroyed over 1,500 schools, resulting in at least 1,280 casualties in 2014.

The UN and the Nigerian Red Cross reported that approximately 5,900,000 inhabitants of communities in northeastern Nigeria had been directly affected by the violence, which had caused the internal displacement of 389,281 persons, mostly children (UN Security Council, 2017). Further, the UN estimated that 800,000 children had been internally displaced and that at least 192,000 people (more than 50% of them children) had sought refuge in neighboring countries. The Displacement Tracking Matrix identified 2,152,000 displaced persons in 2016, of which more than 1,000,000 were children (UN Security Council, 2017). The lifelong psychological and psychiatric impact of human displacement, aggression, and lives lost on survivors and victims of violence, particularly children, is a serious concern, considering that only 3.1% of the Nigerian population is 65 years of age or older and that the majority of the population is under 50 years of age (UN International Children's Emergency Fund [UNICEF] & U.S. Centers for Disease Control and Prevention, 2015).

UNICEF and the U.S. Centers for Disease Control and Prevention (2015) reported that approximately 6 in 10 children in Nigeria have experienced trauma, including physical, sexual, and emotional violence; abuse; and neglect, noting that most of these experiences occurred before the child's 18th birthday. These conditions of widespread trauma have been observed in communities where 80% of the population lacks access to mental health care (Hecker, Ainamani, Hermenau, Haefele, & Elbert, 2017).

Hailemariam (2015) suggested that the underutilization of mental health care is a common problem across Africa and that supernatural beliefs regarding the causes of

mental health in Africa have dominated people's perceptions of mental health care and underlie resistance to change. A systematic review of 10 studies on children's mental health problems in six sub-Saharan African countries found that 14.3% of adolescents have severe mental health problems (Hailemariam, 2015).

Hamber et al. (2015) suggested that a significant disconnect exists between peacebuilding planning and programming in Nigeria. Efforts to address psychological trauma and the mental health needs of communities are not currently reflected in peacebuilding interventions (Hamber et al., 2015). NGO peacebuilding interventions are incongruent with psychological trauma and the impacts of prolonged exposure to psychological threats and recurrent violence (Hamber et al., 2015). Humanitarian interventions by NGOs and other civil society groups in Nigeria since the 1980s have not translated meaningfully to community peace (Brownell & Basham, 2017; Uzuegbunam, 2013). NGO and civil society humanitarian interventions have mainly focused on institutional peacebuilding dictated by liberal and neoliberal approaches (de Coning, 2014). Björkdahl and Höglund (2013) stated that peacebuilding has reflected political objectives, thus contributing to more conflict.

Similarly, Vieira (2016) argued that the UN's structures and institutions, specifically the UN Observer Mission in Sierra Leone from 1998 to 1999 and the UN Mission in Sierra Leone from 1999 to 2005, exacerbated violence during Sierra Leone's civil wars, contending that the result was a negative peace. Leonardsson and Rudd (2015) elaborated on the local–international peacebuilding dichotomy and explained that

although local buy-in is critical to peacebuilding, and argued that peacebuilding is fraught with inconsistencies. They identified lack of inclusivity as problematic, because local resources and actors are considered as inferior. Further, Leonardsson and Rudd identified local ownership and local capacity infusion as haphazard and abrupt and noted the lack of proper linkages to equally relevant subsets of the overall framework. For instance, poor coordination of local and international stakeholder resources in peacebuilding interventions causes discrepancies and program displacement at community levels (Leonardsson & Rudd, 2015).

The local turn perspective of peacebuilding suggests that local resources are critical for peacebuilding (Leonardsson & Rudd, 2015). Ironically, Issifu (2016) stated that the rejection of local initiatives as inferior, irrelevant, and insignificant relative to other intervention methodologies and approaches has proven disruptive to peacebuilding. De Coning (2018) added adaptive peacebuilding to the legion of approaches in peacebuilding, suggesting that the unipolar influences of peacebuilding around the world are fading and being replaced with a multipolar system of conducting peacebuilding. Kappler (2015) and Paffenholz (2015) stated that binary and dichotomous understandings of stakeholder roles have increased conflicts globally and across communities. Smith (2014) identified a longstanding argument in the peacebuilding literature that liberal peacebuilding mechanisms have adverse outcomes and stressed the importance of local or neopatrimonialism resources in managing peace. Most of these interventions have

focused more on structural changes and modifications and less on the psychological trauma and mental health impact of such conflicts.

Kaiser et al. (2018) identified that, globally, the mental health needs of affected people contribute significantly to disability. According to Kaiser et al. 15-25% of victims are affected by humanitarian crises in these emergencies. Unfortunately, the need for mental health care, which co-occurs with safety, physical health, and nutritional needs, tends to be overlooked despite the prevalence of co-occurring depression and post-traumatic stress disorder (PTSD) symptoms (Kaiser et al., 2018).

Emerging research has shown that the persistent emotional, psychological, and somatic impacts of CTS on victims due to recurrent exposure to physically and psychologically threatening conditions is predictive of further psychological threats and physical violence (Diamond et al., 2013; Higson-Smith, 2013; Stevens et al., 2013). Lambe et al. (2016) concluded that dissociative tendencies, a symptom of posttraumatic reaction, are associated with cognitive distortions and impact externalizing behavior. A sense of inadequacy and false consciousness of superiority (grandiosity) have been linked to aggressive behaviors (Lambe et al., 2016). Lambe et al. suggested that the mental health status of victims of protracted violence could potentially deteriorate, and in the absence or lack of access to treatment, these victims may develop negative emotional and psychological maladaptive responses to threats. Lambe et al. further stated that psychologically impaired victims are more likely to be aggressive toward future perceived threats due to a poor sense of judgment.

The expectation that peacebuilding will generate sustainable peace while reactions to mental health and psychological trauma remain neglected is troubling. This expectation persists despite causal links between unmitigated protracted violence and psychological trauma. Emerging research on CTS has identified that persistent stress in CTS communities related to exposure to violence and psychological threats has resulted in negative symptomologies (Diamond et al., 2013; Higson-Smith, 2013). As CTS has intensified in affected communities, NGO program planning and interventions incorporating research that accounts for recurrent violence have been inconsistent (Stevens et al., 2013).

Although findings from PTSD research may have played a predominant role in shaping trauma interventions, PTSD-focused interventions in CTS communities have not been effective because they have tended to focus on the individual while ignoring the contexts and circumstance that influence and shape individual trauma responses (Porter, 2017; Straker, 2013). The current contexts in which psychological trauma occurs have not been linked with psychological reactions as a result of context-induced threats (Diamond et al., 2013). Most of the research on psychological trauma affirms that the reactions to traumatic experiences in individuals living in CTS communities differ from those seen in individuals with PTSD diagnoses (Barber et al., 2016; Diamond et al., 2013). Barber et al. (2016) argued that the use of standardized, Western measures of depression and PTSD across cultures is not appropriate and stressed the importance of finding locally defined measures of mental suffering; these measures may differ

conceptually and empirically from those used in Western cultures. Continuing examination of contextual issues and psychological response has shown PTSD-based intervention models to be problematic in CTS communities, as the use of these models may result in inappropriate diagnoses (Barber et al., 2016; Straker, 2013).

Diamond et al. (2013) and others who have researched conflict zones have argued that past trauma experiences are unrelated to current context-induced threats. As such, although individuals living in CTS communities may present symptoms similar to those of PTSD, diagnosing them with PTSD is inappropriate because their trauma is ongoing, not in the past (Diamond et al., 2013). Despite this, psychosocial interventions such as cognitive-behavioral therapy (CBT; Kliem et al., 2013) that are modeled in accordance with PTSD assessments have predominated over other perspectives (Diamond et al., 2013). Local resources and traditional healing processes continue to be excluded from interventions, despite the possible efficacy of these approaches (Issifu, 2016).

Intervention programs such as the World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP), Africa Focus on Intervention Research for Mental Health (AFFIRM), Emerging Mental Health Systems in Low and Middle-Income Countries (EMERALD; Trani, Ballard, Bakhshi, & Hovmand, 2016), the Programme for Improving Mental Health Care (PRIME; Subba, Luitel, Kohrt, & Jordans, 2017), Mental Health and Psychosocial Support (MMPSS), and the Inter-Agency Standing Committee (IASC; Adaku et al., 2016) continue to be emergency focused.

Problem Statement

Conflicting stakeholder responses attributed to poor coordination limit the ability of stakeholders to integrate psychosocial programs in peacebuilding programs in an effective way for affected communities (Björkdahl & Höglund, 2013; Hamber et al., 2015; Hayman, 2013; Kappler, 2015; Leonardsson & Rudd, 2015; Paffenholz, 2015; Randazzo, 2016). To better understand the intersection of conflict and psychological trauma and CTS's impact and consequences, how contextual factors influence ongoing, persistent psychological threats that create further violence requires examination. Although much is known about interventions and best practices for PTSD diagnoses, very little is known about how people experience community violence and threats on a regular basis. Hamber et al. (2015) suggested that a misalignment between peacebuilding interventions and psychosocial interventions exists that makes understanding the connections between those interventions difficult and problematic. For instance, safe and tranquil conditions, which are considered prerequisites for effective trauma-informed care (APA, 2013), are lacking in CTS contexts (Somer & Ataria, 2014). Other research on conflict zones has shown that reactions to continuous trauma differ from those seen in PTSD (Barber et al., 2016; Straker, 2013). The focus of this study was gaining a better understanding of the contextual factors that influence ongoing and persistent psychological threats in trauma communities in Nigeria. Such knowledge may contribute to social change through local NGO interventions in affected communities.

Purpose of the Study

The purpose of this explorative case study research was to investigate local NGO administrators' subjective experiences regarding program planning and intervention in continuing conflict communities. To achieve this goal, I explored the perceptions and perspectives of administrators of local NGOs using qualitative interviews to understand their orientations, values, belief systems, and leadership styles that inform program planning and intervention in communities in northern and southern Nigeria. As Yin (2017) indicated, exploring subjective experiences of respondents in case study research helps in unraveling subjective experiences and values, which may result in social change. The exploration of the subjective experiences of NGO administrators provided a better understanding of the intersection of local NGOs' orientation and program planning and intervention in trauma communities in Nigeria.

This study was necessitated by the current lack of mitigation by current interventions; current local NGO interventions in affected CTS communities have not mitigated individual stressors, and collective community conflicts have not ebbed (Brownell & Basham, 2017; Uzuegbuman, 2013). Furthermore, Kareithi and Lund (2012) noted that lack of research across Africa has contributed to lack of knowledge, and current research may inform practice. The purpose of this research was to expand NGO research, and, specifically, to explore local NGO administrators' experience of local NGOs' program planning and intervention as critical to addressing continuous trauma communities in Nigeria.

Research Questions

Local leaders are strategically positioned to support the communities and populations that they serve (de Coning, 2012). Further, the actions of local NGO administrators are consequential and impact the lives of community members in profound ways (de Coning, 2012). Ali and Ibrahim (2014) stated that program formulation, design, implementation, and outcomes are influenced by the values that NGO leaders project. Similarly, McCuddy (2008) stated that the leader's orientation is critical because it links the leader's values with organizational and community values. Given these connections, the following research questions were developed to explore the perceptions, orientations, and experiences of NGO administrators.

Research Question 1: What are the perceptions and strategies of local NGO leaders and managers regarding intervention modalities in CTS communities?

Research Question 2: What existing intervention approaches are currently available to local NGO leaders and managers in their interventions in CTS communities in northern and southern Nigeria?

Research Question 3: What belief systems or ideological orientations influence NGO leaders and managers in program planning and intervention in CTS communities?

According to Maxwell (2012), research questions must relate to prior research and theory while reflecting the current research goal. This is the hallmark of explorative research, which increases overall study validity. Because there is little existing research on the continuous trauma communities and NGOs in Nigeria, the research questions is

justified partly because of the research design, which Maxwell noted is designed “to assess and refine your goals, develop realistic and relevant research questions, select appropriate methods, and identify potential validity threats to your conclusions” (Maxwell, 2012, p. 146).

In this study, I have used the following conceptual framework to properly situate the complexity of peacebuilding as presenting opportunities for change. In Chapter 2, I further discuss and elaborate on the conceptual framework and address the origin of the theories and their rationales, relevance, strengths, and limitations.

Conceptual Framework

The conceptual framework for the study was derived from two mutually reinforcing theoretical perspectives: Hiatt’s ADKAR organizational change model and de Coning’s complexity theory of peacebuilding. There are many types of organizational theories, all of which were developed to explain motivation for organizational change. Hiatt’s ADKAR organizational change model was relevant to the study because it provides a linear, step-by-step process for attitude changes that may translate to organizational and community change, which are reflected in the elements of the ADKAR acronym: A (awareness), D (desire), K (knowledge), A (ability), and R (reinforcement). The theory stipulates that the openness of organizational leaders to attitude change relates to the potential for organizational capacity development and community change (Hiatt, 2006). The ADKAR organizational change model identifies leaders’ attitudes as barriers to change and stipulates further that leaders’ commitment to

attitude change has implications for organizations (Hiatt, 2006). In this regard, Hiatt (2006) argued that the outcome of the ADKAR organizational change model is measured on collective attitudinal change of organization administrators on different outcomes levels for the organization (Hiatt, 2006). While a local NGO administrator's attitude may be a barrier to interventions due to lack of self-awareness of the impact of the individual administrator's behaviors on the organization's mission and vision, the collective willingness of administrators to achieve attitude change is likely to yield a different outcome for their organization (Hiatt, 2006). Consequently, local administrators' collective attitude change can translate into positive community outcomes. Therefore, collective local NGO attitude change is critical in raising administrators' awareness of social problems and enhancing their positive growth.

The ADKAR model is helpful in understanding current barriers and ways to shift old attitudes that constitute barriers to change. Hiatt (2006) stated that when attitudes change, responsibilities and accountabilities in an organization change. The ADKAR model has the potential to unleash positive collective change in local NGOs by shifting responsibilities and accountabilities. The consistency of the research design, the conceptual framework and the research question aligns with the problems and the purpose of the research offering in-depth exploration of NGO administrators' perceptions and perspectives on the critical issues of the complexities of direct and indirect violence and interventions. The research design therefore offers opportunity for one-one, in-depth interviews using open-ended questions to explore deeper understanding of th issues.

Additionally, the research questions and the theory were aligned such that the theory illuminated the research problem and helped to provide a richer understanding of the issues as well as NGO leaders' values, orientations, experiences, and perspectives regarding change.

De Coning (2012) stated that the complexity theory of peacebuilding is dynamic, nonlinear, asymmetrical, and disproportional in substance and in reality, in contrast to linear and cyclical systems theory, which oversimplifies social problems as having a cause and effect. De Coning further argued that the interconnections of systems are limited as explanatory tools in dynamic and diffused contexts. Further, the patterned trend in which structures or units are compartmentalized in systems is problematic in social reality contexts (de Coning, 2012). De Coning stated that in complexity theory, the pattern occurs as a result of the dynamism of the parts or units, which is made apparent through complex interaction of the multiple parts. He noted also that the parts are not completely separated from other parts, implying that the parts are related to other parts symbiotically.

The central argument of complexity theory is the goal of achieving meaningful outcomes through the interaction of the elements and properties of the elements in diffused interactions (de Coning, 2012). Complexity in this sense implies that the parts acknowledge and are parts and parcel of a given problem; they contribute to the evolution and development of a given situation in a dynamic and nonlinear but organic interaction.

Nothing is external to the knowledge of the different parts that helped produce the situation or condition.

In contrast to other explanations such as deterministic approaches that emphasize causal relationships, De Coning's (2012) work indicates that the interactions between the elements in complex systems cumulate in a nonlinear fashion and have asymmetrical properties; that is, the effect of the interaction is not directly proportional to the sum to the whole. The asymmetrical and nonlinear interaction accumulation of the different elements and their properties occurring in a "directionally (dis) proportional to the sum of the inputs" (de Coning, 2012, p. 117) often leads to qualitative changes that produce an outcome.

Although the complexity theory of peacebuilding acknowledges the interactions of large networks of actors and institutions involved in the peace process as complex, the theory also considers the intersectionality of complex human/biological, ecological, genetic, and environmental interactions, in no particular order, which is reflected in the nature/nurture intercourse that produces meaning (de Coning, 2012). What is meaningful is understood from asymmetrical, contradictory, and dynamic interactions in the whole (de Coning, 2012). De Coning (2012) suggested that complexity theory does not lend itself to causal inferences or simple linkages of the elements, parts, units, and properties of systems, and the intersectionality of the parts is not easily discernible. Rather, they are diffused through dynamic and regular interaction of the different parts of the whole. A whole system is achieved through this dynamic process (de Coning, 2012). The richness

of complexity theory is in its usefulness toward understanding how problems emerge as opposed to how things are linked.

In this research, I have employed complexity theory and ADKAR organizational change theory together as a reinforcing framework to better understand the CTS condition as organic to the prevailing social contexts, based on the notion that the CTS condition is better understood as organic to the historical, social, political, cultural, and economic context of Nigeria. This understanding contrasts with psychological intervention approaches such as PTSD models that tend to assess the individual as carrying a pathological gene, thereby blaming the victim as opposed to addressing the contextual factors that keep the problem active. Within my conceptual framework, local NGO administrators are better able to respond to community needs due to collective local NGO administrators' attitude shift in their responsibilities and accountabilities; ultimately, this shift may result in a different outcome for communities.

I elaborate further on the conceptual framework in Chapter 2.

Nature of the Study

According to Yin (2017), the purpose of conducting case study research is to elucidate contextual real-life issues in real-world settings and to capture the meaning and impact of everyday experience—that is, to make what is hidden apparent (Sethibe & Steyn, 2015). I chose a qualitative case study approach primarily because open-ended interviews in a case study increase the ability to explore and analyze respondents' experiences and, relevant to this study, understand meaning behind power and control

(Yin, 2017). Unraveling the control and power of NGO chief executive officers (CEOs), managers, coordinators, and administrators was a significant objective of this study. Individual perception and orientation are critical parts of how people view the world and interact in it; they inform decisions and have implications and consequences (McCuddy, 2008; Zannin & Migueles, 2018). Understanding the orientations, perceptions, and experiences that local NGO leaders, executives, and administrators bring to bear on program planning and intervention has implications for community peace and well-being. The fundamental purpose of the research was to understand local NGO program management in trauma communities. Yin (2017) advised that case study research is a consistent method for assessing social, contextual, institutional, and environmental conditions, and, thus, an amenable and suitable method for researching contexts. In many respects, case study is the leading research methodology for explicating contextual conditions that may strongly influence all human events, which may be difficult to achieve using other research methodologies (Yin, 2017).

Similarly, qualitative research was suited for this study because of the potential to explore subjective experiences, what is meaningful to individuals, and the meaning that individuals attach to their experiences. The justification for the research design, as I stated above, was based in my intention to explore the subjective experiences of participants. Orientation, perceptions, and experiences are best explored through interviews and discussions with participants that involve open-ended interviewing methods. Yin (2017) acknowledged the unique quality of case study research techniques

to make sense out of meaningful experiences (Yin, 2017). Further, case study methodology potentially synchronizes personal-, biological-, and organism-related contexts (micro interpersonal issues) with cultural, political (mezzo), contextual, social, and institutional (macro) issues in highly complex multidimensional, multipronged, and integrated approaches (Yin, 2017). Yin stated that case studies offer potential triangulation of diverse sources of data, increasing the credibility and trustworthiness of research findings. Yin further indicated that case studies permit theoretical saturation and allow elaborate triangulation of perspectives to occur; this aspect of case study was consistent with the study's research design and linked back to the complexity theory argument.

As previously noted, the study's focus was on the exploration of participants' perceptions and experiences, providing useful and relevant data for analysis consistent with qualitative case study design (Frankfort-Nachmias & Nachmias, 2008; Yin, 2017). Because the research design was uniquely qualitative, I was not inclined to generalize the findings across populations, and thus I avoided causal inferences and control of subjects in this research. My aim was to determine what was meaningful and how meaning was influenced by orientation (Frankfort-Nachmias & Nachmias, 2008), consistent with the constructivist and interpretivist philosophical approach of qualitative research (Patton, 2015). The constructivist perspective indicates that people construct their world or make meaning of their experiences based on their experiences (Patton, 2015). Similarly, the interpretivist perspectives indicates that constructed world views are interpreted

differently (Patton, 2015); qualitative research allows multiple ways of knowing the world (Frankfort-Nachmias & Nachmias, 2008; Patton, 2015). Interviewing was an important data-collection technique that I employed in exploring the subjective experiences of participants. I engaged participants in opened-ended interview sessions to explore their experience and perception of the issues. Yin (2017) talked about the quality of qualitative data, which is enhanced through in-depth data and sustained data collection over time to ensure confirmability and transferability (Yin, 2017). Quantitative methodology is limited in its approach and was unsuitable for this explorative study.

In this research, I interviewed participants from five local NGOs in Nigeria—two located in northern Nigeria, two in southern Nigeria, and one from the federal capital territory of Abuja. An initial search for NGOs was conducted using the Google Search engine. My sampling method was purposive sampling because I wanted to interview local NGO administrators who qualified and met the criteria of administrators with program planning experience. I followed the selection criteria outlined by the Belmont guidelines (Office for Human Research Protections, n.d.). Participants were adults over the age of 25 years who spoke English and did not require interpreters or translators. All participants had attained a high school education or higher. I considered geographical balancing in my selection of NGO location. I focused on conflict and nonconflict areas to understand how the presence and absence of conflict factor into ongoing threats in these locations.

Definition of Terms

Adaptive peacebuilding: The concept of adaptive peacebuilding was derived from pragmatic peacebuilding and the complexity theory of peacebuilding to suggest that adaptive peacebuilding is an emerging response to the failures of determined-design liberal peacebuilding approaches. Unlike the determined-design peacebuilding theory, adaptive peacebuilding rejects peace theory, in which a linear and causal sequence is presumed to promote sustainable peace. The basis of the multilevel and multipronged approach to context-specific peacebuilding is the goal of empowering local participation and giving voice to grassroots participation, encouraging multiple actors and stakeholder participation (de Coning, 2018).

Continuous trauma: Continuous trauma is a term used to describe underlying psycho-emotional reactions to prolonged exposure to forms of adversity such as violence, poverty, spousal abuse, political and economic trauma, and aggressive behaviors that perpetuate violence and aggression (Straker, 2013).

Continuous trauma communities: Regardless of ethnicity, religion, economic level, and sociocultural status, continuous trauma communities are places that people call home, but in which they experience persistent threats to safety and stressful conditions, resulting in a constant state of hypervigilance (Somer & Ataria, 2014) and other psychological trauma. Tragically, the unpredictability and spontaneity of community violence in Nigeria have redefined the tragic aftermath of mutual and protracted intercommunity violence, yet the mobilizing conditions preceding physical and

psychological violence are often lost in conflict analysis in violent community conflicts in Nigeria. According to Straker (2013), experiential, phenomenological, and statistical evidence shows that CTS conditions can result in CTS among community members.

Continuous traumatic stress (CTS): CTS describes the traumatic response and reactions to persistent and recurrent exposure to psychologically threatening conditions of violence or persistent threats (Straker, 2013). In this study, CTS is defined as responses or reactions to persistent and recurrent real or perceived current or future threats that produce any emotional and psychological reactions.

Determinist-design peacebuilding: Determinist-design peacebuilding approaches are based on an assumption that peacebuilding and intervention follow linear courses. De Coning (2012) suggested that such designs assume the ability to analyze and identify as well as offer solutions in isolation from other issues and contexts. Further, the instrumental rationality dimensions in these approaches involve an assumption that conflict situations are linear systems and that once issues are identified, they can be manipulated. De Coning (2012) suggested that analyzing individuals outside the contexts of historical factors, community norms, and cultural systems is unlikely to generate a comprehensive understanding of their problems.

Local nongovernmental organizations (NGOs): Although there are many NGOs working to broker peace among communities in Nigeria, local NGOs are involved directly and indirectly in peacebuilding efforts. They include faith based-organizations, community-based organizations, research organizations, and interfaith-based

organizations. Local NGOs are legally registered in the country of Nigeria, in its states, and/or in local councils. Local NGOs are independent of the government and are not affiliated with political organizations. The basic purpose of these organizations is providing community support through interventions outside of formal state or government structures (Helmut, 2005).

Local turn: The local turn concept is a peacebuilding perspective that recognizes the limits and frustration experienced by people who are on the receiving end of top-down liberal peacebuilding. According to Randazzo (2016), local turn emerged as a bottom-up approach that conceptualized the relationships between local, national, and international stakeholders as dialectical as opposed to binary to reflect local realities and contexts. Local turn is a drastic reconstruction and antifoundational approach to peacebuilding (Randazzo, 2016).

Peacebuilding: The concept of peacebuilding was first introduced in 1992 by the former UN Secretary General Boutros Boutros-Ghali, who articulated peacebuilding actions as those that strive to avoid further conflict and that strengthen and solidify peace by identifying and supporting existing structures (UN Peacebuilding Fund, n.d.). In 2007, the Secretary General's Policy Committee described peacebuilding as a range of measures designed to strengthen capacities with the aim of promoting sustainable peace and development and stated that these measures must be tailored to address specific needs of communities or countries (UN Peacebuilding Fund, n.d.). However, this definition is inadequate because it echoes the determinist design of liberal peacebuilding

postulations in which intervention continues to make reform a priority (de Coning, 2012). De Coning (2018) suggested that peacebuilding is a framework that consists of all the actions undertaken by local actors and international communities to consolidate the peace as well as to prevent relapse into violent conflict.

Liberal peacebuilding: Liberal peacebuilding is based on the premise that “societies achieve sustainable peace once they have arrived at a level of development where their norms and institutions reflect and maintain multiparty democracy, a free-market economy, individual human rights and the rule of law” (de Coning, 2012, p. 182). Donai (as cited in de Coning, 2012) viewed it “as the gold standard of good governance, but also as the most secure foundation for sustainable peace” (p. 182).

Posttraumatic stress disorder (PTSD): The definition of PTSD in the DSM-5 (APA, 2013) suffices as relevant in the study. According to the DSM-5, past traumatic history is a major diagnostic criterion for PTSD, which means that a PTSD diagnosis can occur only as a result of exposure to a past traumatic event. Additionally, the peritraumatic distress must be significant enough to trigger the following symptomatology after the event: intrusive and avoidant behavior, cognitive alteration, and mood and arousal alteration and reactivity (Engel-Rebitzer et al., 2017; Lancaster & Larsen, 2016).

Trauma: The DSM-5’s definition of trauma is relevant to the study and is as follows:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s). (APA, 2013, p. 271)

Assumptions

My study was driven by the assumption that CTS research is likely to generate new insights that can create paradigm shifts. I further assumed that the problem of CTS in Nigeria is ongoing as opposed to being in the past and only triggered by reminders of past traumatic events. That local NGO administrators are positioned to offer expertise suggests that engaging local NGO administrators' experiences can translate and transform barriers into positive change. Further, I assumed that the psychiatric and mental health perspectives are relevant for providing explanations of ongoing stress in communities. Finally, I assumed that empowering local NGO administrators and leaders on trauma approaches that focus on CTS contexts can facilitate a process of change based on factual contextual realities involving the daily living conditions of affected communities, and that the policy implications of my research may include meaningful change.

Scope and Delimitations

A body of emerging research on CTS has linked persistent psychological threats to ongoing psychological and mental health problems. An understanding of this relationship has not been integrated within local NGO interventions in Nigeria, where direct and indirect violence occur and are linked. I considered emerging research findings and integrated them with my research questions. Findings indicate that PTSD interventions are relevant to posttraumatic stress and trauma assessment and interventions, but PTSD interventions tend to focus on trauma as pre-existing, with limited attention to context as a precipitating factor in violent communities (Diamond et al., 2013; Eagle & Kaminer, 2013; Higson-Smith, 2013; Pat-Horrenczyk et al., 2013; Somer & Ataria, 2015).

Further, underlying my research questions was the finding that persistent psychological reactions and responses to trauma experiences arising from ongoing direct and indirect violence have been marginalized in postconflict peacebuilding and other NGO interventions in Nigeria. In contrast to peacebuilding as the restoration of normalcy through resolution of direct violent conflicts (Agenda for Peace, 1992), the consequences of addressing direct violence and the avoidance of the psychosocial implications on individuals and society of the impact is harmful and raises ethical questions for organizations.

I sought to address direct and indirect violence in relation to Galtung's (1996) perspective on violence and the psychological and mental health implications of a lack of

incentive for self-realization. From research evidence, I argue that lack of potential for self-realization and identity transformation are interlinked and can be sources of perpetual community violence in the context of Nigeria. Rather than arguing from PTSD's premise that psychopathology is innate and inherent to the biological being, I contend that social context has the potential to provoke negative psychological reactions and maladaptation in a regularized pattern due to an entrenched system of direct and indirect violence. Unfortunately, although extensive studies on conflict and conflict management techniques abound, conflict and violence continue to be viewed as binary problems as opposed to reinforcing problems that produce debilitating psychological reactions and symptoms. Further, my study highlights that symptoms emanating from indirect violence continue to be on the fringes of interventions. Evidence supports direct and indirect violence as having debilitating trauma consequences and in communities where access to mental health treatment is grossly limited, it is important to begin to locate social problems within the intersection of exposure to violence and lack of treatment. I focused attention on contexts and the implications of direct and indirect violence supported by Galtung's discussion of the triangle of violence (consisting of direct, structural, and cultural violence). Digressing from Galtung's triangle, I focused on direct and indirect violence as intertwined and related to structural violence. In accordance with Galtung's triangle, cultural violence is important because culture legitimizes violence (Galtung, 1969, 1990). These considerations have behavioral and mental health implications for victims and affected communities.

Through this study, I questioned the lack of integration of traditional, formal, and faith-based healing, despite their legitimization of violence (Galtung, 1969, 1990). Ikwuka et al. (2015) identified the complementarity of traditional, formal, and faith-based healing but not their integration. According to Ikwuka et al., many Nigerians are inclined to hold traditional, faith-based, and biomedical beliefs. Regional cultural and demographic variation was considered and factored in because this variation influences administrators' roles in program planning (Zannin & Migueles, 2018).

I focused my research on local NGOs for the following reasons:

1. They are close to the communities and affected populations that they serve.
2. They are likely to be identified by community members and predisposed to its members where NGOs are accessible to community members for support.
3. The proximity of local NGOs is likely to be legitimized, and their services are likely to be acceptable to the community.

Local NGOs have the potential to create positive outcomes for communities.

The research participants in this study were local NGO administrators.

Geographically, the study was concentrated in selected locations in northern and southern Nigeria where violent conflicts occur, highlighting differences in local NGO perspectives on conflicts, contexts, and NGO strategic responses to the threats of direct and indirect violence.

Limitations

The potential limitation of this study was lack of generalizability due to its qualitative design. Although small purposeful sampling aligned with the purpose of the study, it did not permit research outcomes to be generalized across the population of NGO administrators in Nigeria. Furthermore, bias may have been introduced because I did not set out to interview community members who were directly affected by CTS conditions in the community. Despite the atrocious activities and organic link between Boko Haram terrorism in the northeastern part of the country and the social, political, and historical contexts of Nigeria, this research did not address these issues directly.

Significance

The Clausewitzian perspective on conflict analysis focuses on interstate wars; thus, those adopting this perspective may lose touch with unresolved local issues related to the struggle for basic needs, such as issues involving security, recognition, and fair access to political institutions and participation resulting in protracted communal conflicts (Rambotham, 2005). This study is significant because it characterizes the prevalence and pervasive psychological threats in CTS contexts as continuous. Further, because much of Nigeria's population is affected by psychological distress (UNICEF & National Population Commission, 2015; UN Security Council, 2017), findings establish that continuous trauma contexts and conditions provide useful explanatory tools for assessing psychological threats. Importantly, this study has potential to advance policy change in Nigeria by focusing on the impacts of direct and indirect persistent threat on

well-being as well as community destruction. Furthermore, psychological trauma has not been regarded as organic to Nigeria's social, political, and cultural contexts in the past. Similarly, the psychological symptoms of victims are often delinked with policy and planning. The study is significant because of the potential to support mental health treatment in communities. A major contribution of this study is the acknowledgement of CTS as a direct product of the historical, social political and structural contradiction of the country.

Further, this study may promote social change at local levels of intervention by NGO administrators and managers. At policy levels, this research has the potential to change attitudes and perceptions within the organization in ways that can help transform communities positively. A change may reduce the incidence of psychological threats and, consequently, recurrent community violence. Thus, findings from this study have the potential for capacity building for NGO leaders and managers regarding the best ways to proceed with interventions in CTS communities. By changing organizational administrators', leaders', and managers' perceptions of NGO interventions in CTS settings, study findings may contribute to improved interventions in communities whose members are experiencing ongoing psychological distress. The study builds on existing emergency and humanitarian interventions such as mhGAP, AFFIRM, EMERALD, PRIME, MMPSS, and IASC; however, it advocates for a more entrenched mental health policy and local NGO capacity to support communities on a long-term basis.

Summary

Community violence in Nigeria is linked to its social, political, economic, cultural, and historical and urban contexts that affect the country's development and threaten the Nigerian state and its people. The economic and social costs of community conflict are high. Although NGOs have played pivotal roles in providing various forms of intervention to support communities in Nigeria, however NGO interventions have been inadequate, and community violence continues to lead to loss of lives and destruction of communities and properties. It has been reported that over 20% of Nigerians are mentally ill (Mental Health Leadership Advocacy, 2012). Despite the persistent and recurrent challenges of violence, Nigerian communities have not been conceptualized and systematically researched as CTS communities. This means that Nigerian communities continue to be viewed as normal communities that are experiencing normal conflicts despite pervasive violence. The objective of this study was to gain information on NGO administrators'/leaders' understanding of CTS's impact in their communities, including what they view as persistent psychological threats and what have they done or are doing about these issues.

In Chapter 1, I provided an introduction to the study and its background. The study problem and purpose were presented, along with the research questions developed to guide the study. A brief overview of the study's conceptual framework and methodology was provided. In Chapter 2, I elaborate on the conceptual framework and provide a comprehensive review of the literature. Further, I discuss the dynamism of

Nigeria's trauma communities, trauma, CTS, PTSD, peritrauma, peacebuilding, and
NGO interventions.

Chapter 2: Review of the Literature

Introduction

The purpose of this qualitative case study was to obtain in-depth data on local NGO intervention strategies in CTS communities in northern and southern parts of Nigeria. An explorative case study research design was necessitated by the desire for in-depth understanding of local NGO administrators' experiences, perceptions, and orientations that informed their programs. Although research has indicated that reactions to ongoing community violence are linked to context-induced stressors, there has been a lack of research linking community violence to preexisting CTS conditions among communities in Nigeria.

Adherents to the traditional Clausewitzian perspective on conflict analysis have long viewed conflicts purely from an interstate perspective, ignoring the dynamics of communal conflicts (Ramsbotham, 2005). The implications of this perspective for local and communal conflict analysis and local peacebuilding interventions are dire for sustainable peace and community well-being (Ramsbotham, 2005). Edward Azer's (as cited in Ramsbotham, 2005) postulation of protracted social conflict theory (PCS) holds that the struggle for basic needs such as security, recognition, fair access to political institutions, and participation is a precursor to protracted communal conflicts. Similarly, Johana Galtung (1969) opined that basic need is fundamental for rounded development. Consistent with Azer's theory, recent research in conflict zones has identified local issues

as creating persistent and recurrent psychological threats in community conflicts (Barber et al., 2016; Bariledum & Serebe, 2013)

Kareithi and Lund (2012) stated that a dearth of NGO research has affected interventions in Africa. Stevens, Eagle, Kaminer, and Higson-Smith (2013) noted that the traumatic stress perspective in peacebuilding planning in context-induced violence settings is problematic. Personality changes due to exposure to prolonged stressful conditions are poorly understood as predictive of ongoing community violence (Somer & Ataria, 2015) and have led to a need for a methodical and systematic understanding of the phenomenon of CTS.

In this chapter, I present a review of the current literature on CTS, NGOs, and related topics. The chapter includes a synthesis and summary of research findings. I describe the study's conceptual framework, followed by a review of current research.

Literature Search Strategy

I gathered research for this literature review using the following search engines: Google Scholar, EBSCO, SAGE, and PsycARTICLES. The following journals were primary sources: *Journal of Peace and Conflict*, *Psychiatry*, *International Social Work Journal*, and *Africa Affairs*. An eclectic data search indicated that no specific search engine was superior for the search. Keywords searched included *peacebuilding in postconflict situations*, *conflict management*, *peacebuilding interventions in Nigeria*, *effects of trauma*, *peritrauma*, *pretrauma*, *posttraumatic stress*, *continuous traumatic stress*, and *NGO and peacebuilding*.

Conceptual Framework: Complexity Theory of Peacebuilding

Sethibe and Steyn (2015) noted that theoretical frameworks are important organizing hubs for explaining phenomena. The conceptual framework for this study was derived from two mutually reinforcing theoretical perspectives: de Coning's (2012) perspective on complexity peacebuilding and Hiatt's (2009) ADKAR organizational change model. In line with Sethibe and Steyn's guidance, complexity and ADKAR theoretical frameworks mutually provide direction and coordination in understanding the parts and properties of the frameworks, making meaningfulness apparent.

De Coning's (2012) complexity theory states that complexity is meaningful and can be achieved through contradictory, nonlinear, and dynamic interaction of the complex parts of systems when the elements and properties interact diffusely and interdependently. At some points, the parts interact independently, and at other times, they depend on each other in a relational process along with other elements and properties (de Coning, 2012). Similarly, complexity peacebuilding theory as a derivation of complexity theory holds that complexity is dynamic, nonlinear, asymmetrical, and disproportional in substance and reality. This is in contrast to the linear and cyclical ideas of systems theory, which oversimplify social problems as having a cause and effect. Complexity peacebuilding theory rejects systems theory because it amplifies the deterministic design approach and problematizes social problems as interconnected with a definite and finite expectation and outcome (de Coning, 2012). Further, complexity theory holds that the interaction of the elements and parts of social problems is

complicated and that the accumulation of the asymmetrical and nonlinear interaction of the different elements and their properties is “directionally disproportional to the sum of the inputs” (de Coning, 2012, p. 117). In other words, it is unlikely that an expected outcome will be meaningful where a patterned and predictable process is a routine occurrence, as new properties are generated through unpredictable dynamic and nonlinear interactions of the components (de Coning, 2012).

According to de Coning (2012), traditional peacebuilding approaches have largely involved networks of individuals interacting in a complex web in the peacebuilding process. De Coning further argued that interaction in peacebuilding is diffused and is not limited to physical interaction, contending that the subjective and normative intersubjective interactions of the different properties are all part of the peacebuilding process. He opined that because peace building is local, involving local actors as primary actors in the implementation of programs is organic to the peace process. In this regard, de Coning noted that peace processes and Nigeria’s social problems are related and therefore a solution external to the problems is unlikely to be in the best interest of the community. Similarly, CTS conditions are directly related to social problems, and if these problems are understood by local NGO administrators, these administrators are best suited to address the problem.

The central proposition of complexity theory is that a meaningful outcome for the affected organism/person or community can be reached by understanding how the parts intersect and diffuse due to their intersubjectivity. This intersection consists of complex

human/biological, ecological, genetic, social, and environmental interactions in no particular order and is dynamic (de Coning, 2012). De Coning (2012) stated,

It is not necessary for agents to be self-aware of their role in a system or even of their interdependence on others for them to contribute to achieving the overall objective of the system, or for them to be regarded as being part of the system. They merely have to have an active role in the collective functioning of the system and thus contribute to its emergent behavior. (pp. 179–180)

De Coning (2012) concluded that complexity theory does not lend itself to causal inferences or linkages as is typical in determinist design. For instance, external solutions are unlikely to address internal problems where actors continue to be on the sidelines. In relation to organizational change, complexity theory draws on decision makers' attention to the dynamism, diffusion, and unpredictability of the interaction of different parts of the whole as beneficial in terms of program planning and intervention. De Coning opined further that building the capacity of the actors will better serve community interest; however, the ADKAR model suggests that actors must be open to new knowledge and research. Complexity theory suggests that oversimplification of causal linkages that yield predictable outcomes should be avoided in analyzing complex problems. De Coning noted that systems become robust and resilient because of diverse inputs reflecting different independent and dependent interactions.

De Coning (2012) identified the following features of complexity theory:

- It consists of large elements, properties, and parts and involves many different actors engaging in different activities through partnership and collaboration. These actors' interaction should be understood as interdependent, dependent, dynamic, and contradictory, for the most part.
- Dynamic interaction overlaps and changes over time. The dynamism of the interaction rejects the logic of causal inferences; it may be conflictual, agreeable, complementary, and supportive, with all of these interaction types revealing some sort of contact and information-sharing process.

- These elements interact on the basis of information that is locally available. Information sharing is critical for completing the process. Information exchange and diffusion on an ongoing basis keep dynamic interaction active.
- It is an open system, which allows for interactions between people and their environments through information sharing. This interaction is consistent with ecobiological and nature/nurture perspectives.
- Exchange is nonlinear, continuous, and recurrent. It is against the logic of nonlinearity for exchange to be directional and symmetrical.
- The relationships between the agents are in a state of turbulence. They are under sustained pressure, and the pressure of the context keeps the process constantly in flux.

According to de Coning (2012), complexity theory application is appropriate for the analysis of peacebuilding. While the goal of peacebuilding is the achievement of the peace, however complexity perspectives of peace attainment; order, a state of stability, and equilibrium is attained because the different actors, properties, and elements are amorphously coordinated and in constant flux (de Coning, 2012). Complexity theory's self-organization and self-adaptation characteristic over time and potential ability to adjust and adapt to external influences makes it a powerful explanatory and theoretical framework (de Coning, 2012). I found complexity theory to be relevant because the human organism independently self-organizes and resets itself. Complex systems are capable of organizing themselves and are affected by past and present histories (de

Coning, 2012). Historical perspectives on conflict must be taken into account. Unlike ahistorical processes such as those of the deterministic-design approach, these systems have history and are better understood with a view of their past. Violent conflicts in Nigerian communities are not new, but how direct and indirect violence are analyzed in NGO planning and interventions continue to be an anathema in peace practice. Finally, “bounded rationality” coined by Herbert Simon is the idea that rationality is determined by actor’s beliefs and cognitions become apparent where expertise and professionalism become a requirement for stability (de Coning, 2012, p. 179). Complexity theory identifies the interaction of multiples levels of local knowledge, however knowledgeable actors and professionalism is indispensable to collective peace and equilibrium because all levels contributes stability.

The complexity perspective has a long history in human, psychological, and behavioral research. It is grounded in human interaction in the environment reflecting complex and complicated processes (Hertler, Figueredo, Penaherrerar-Aguirre, Fernandes, & Woodley, 2018). Ryan (1978) elaborated on Bindra’s theory of human motivation as having complicated and complex pathways. Ryan suggested that coordination and motivational arousal follow complicated neural and sensory pathways in meaningful ways. Bindra (as cited in Ryan, 1978) argued that human motivation is closely linked to environmental stimuli. The overlapping correlation between human motivation and external stimuli is nested in a given context or situation (Ryan, 2018). For instance, the interactions of preexisting CTS conditions such as unmitigated

psychological distress precipitated by decades of economic injustice, unequal access to opportunities, and variations in social and injustice and attendant trauma defy easy explanation in the same way that the effects of exposure to traumatic experiences cannot be easily explained using cause-and-effect analysis. The interaction of the individual in a threatening environment may result in profound distress. Caton (2012) elaborated on the impact of threatening environment on the person in the environment is particularly helpful in understanding mental and psychosocial effect on people in the context of CTS. Caton reviewed Ridley's writings on nature versus nurture and concluded that the univocal explanation of the causality of mental health problems (specifically, schizophrenia) is circular, in that A and B are mutual causes supported by the nature/nurture process.

In the context of complexity, Richardson (as cited in de Coning, 2012, p. 12) concluded that the system view of society neglects the discreet pattern of behavior complexity. Evidently, the shift in focus from an analysis of the parts to the dynamics of the whole is a function of a complex and complicated interaction process among the different elements and properties through complicated but interdependent and dependent relationships. De Coning (2012) stated that in using peacebuilding approaches that reflect complexity theory, one can adopt a whole-system rather than an interorganizational perspective.

ADKAR Model of Organizational Change

Nearly all organizational change management theories focus on individual behavior and attitude change as a precursor for organizational change (Prosci, n.d.). There are many types of organizational change theories, all seeking to explain motivation for organizational change. The ADKAR model of organizational change is one such approach. According to Hiatt (2006), although the focus of the ADKAR model is collective organizational change, the behavior of leaders of organizations must change for desired change to occur. Furthermore, Hiatt argued that a desired outcome is expected when the members of an organization's leadership collectively change their attitude. In this regard, organizational changes are a reflection of individual leaders' behavior and attitude toward change (Hiatt, 2006). When an organization restructures, accountability and responsibility are transformed (Hiatt, 2006). In the context of this research, a different outcome is expected in local NGO program design and consequently intervention in communities where restructuring seeks attitude and behavior changes to accommodate new findings and training. Organizational barriers that might manifest in a variety of forms, such as administrative capacity, logistics, training, funding, and leader orientation, must be resolved for desired organizational change to occur (Hiatt, 2006).

The ADKAR change model focuses on organizational leaders as agents of change and uses individual leaders' change processes to achieve organizational change (Hiatt, 2006). The ADKAR model was developed based on over 900 organizations over a 10-year period (Hiatt, 2006). To direct change, organizational leaders are responsible for

developing skills and expertise to help them seize on the opportunities that the turbulent NGO environment presents (Bukovec, n.d). According to Bukovec the turbulent realities of NGOs require attitudinal changes to accommodate emerging changes and realities. In the context of local NGO peacebuilding in Nigerian communities, the ADKAR approach could create organizational and community change where research-based capacity and knowledge are available to local NGO administrators. The approach is consistent with recent research on values-based leadership in which organizational values, leaders' orientations and values, and community interests are synchronized and congruent for the purposes of change (Copeland, 2014; Lahey, Pepe, & Nelson, 2017; Rothausen, 2017).

The ADKAR model has striking qualities. It is linear; for instance, it is impossible to reach the goal of reinforcement without addressing the awareness question, nor can desire for change be attained without creating awareness. Similarly, knowledge of the problem and the best way to proceed cannot be attained without the desire, awareness, and ability to sustain and reinforce what has changed (Hiatt, 2006). Hiatt (2006) outlined ADKAR as a step-by-step approach to changing leadership behavior that involves an assumption that organizational and community change may result when leaders of organizations are open to change.

The steps in this approach are reflected in the letters of the ADKAR acronym: A (awareness), D (desire), K (knowledge), A (ability), and R (reinforcement). Hiatt (2006) stated that change begins with awareness (A) of problems and the need for change. The acknowledgement of gaps in practice in regard to CTS is mediated by creating awareness

of the problem. The desire (D) for change is the motivation toward the decision to participate in making change happen (Hiatt, 2006). The desire to participate in making change happen is the most difficult part of the ADKAR process because it involves the personal decision of a leader. However, knowledge (K) acquired through behavioral change training—that is, new information processes, responsibilities, and accountabilities associated with change—can potentially support change (Hiatt, 2006, p. 23). The ability (A) to demonstrate or implement change is not solely dependent on knowledge; psychological blocks or openness toward the development of skills, capacity, physical abilities, intellectual capabilities, and supports may affect implementation (Hiatt, 2006, p. 32). To sustain behavioral change, reinforcement must occur. The reinforcement (R) stage represents the normalization of the emergent behavior as a result of embarking on the previous steps in the model, using external and internal factors to sustain the achieved behavior. For instance, networking and training can be used to sustain achieved behavior. In other words, one does not stop at ADKA.

The ADKAR model of change emphasizes openness of individual and collective attitudinal change in organizations which may impact organizations and communities. The fundamental objective of ADKAR model is to transform leadership: “the link, therefore, between strategy, process or systems changes, and associated business results is the collective achievement of the ADKAR elements by individuals in an organization” (Hiatt, 2006, p. 1). Furthermore, the application of new skill sets to the problem can potentially create a whole new opportunity that may bring about change.

The use of the ADKAR model is justified by the lack of research and under-researched NGO activities in Africa (Hamber et al., 2015; Kareithi & Lund, 2012). To be able to address associated community problems, conceptually, local NGO administrators must be aware of the challenge of CTS, direct and indirect violence, and their psychological manifestations.. The model underscores the importance of reinforcement which continues to be a challenge for local NGOs.

Dimension of Violent Community Conflicts in Nigeria

Osisoma (2016) traced community conflict in Nigeria historically to British colonial rule. He stated that violent community conflict is a legacy of British rule which created Nigeria out of unequal and uncomplimentary parts. Osisoma suggested that the disruptive leadership style of Nigeria's political elites since the country's independence in 1960 created the conditions for crises. Furthermore, Nigerian leaders' indifferent attitudes toward change did little to change the colonial imbalances that were preconditions for violence (Osisoma, 2016). The political elite exploited the disruptive status quo to advance sectional and social division (Osisoma, 2016).

Similarly, Bariledum and Serebe (2013) stated that political elites tend to survive on conflict and identity politics. Elfverson (2015) analyzed nonstate communal violent conflicts in sub-Saharan African countries to explain selective government intervention in the region and concluded that the monopoly of control of power does not necessarily translate into government intervention in communal violent conflicts, as the central government in many cases is implicated in some of these conflicts. Strategically, the

central government may choose to intervene in active conflicts depending on the contexts of the conflicts (Elfverson, 2015). According to Bariledum and Serebe, political elites in Nigeria have not leveraged their political advantages positively for social transformation and development. The position assumed by the political class in Nigeria contradicts observations by Purcell and other political scientists regarding the role of elite groups being critical for driving national development (Bariledum & Serebe, 2013).

Dada (2016) noted that incidences of routine violence have occurred across Nigeria since 1999 and espoused a new interreligious educational curriculum to mitigate religious violence. Abubakar et al. (2017) stated that the torment of religious and ethnic brutality in the country's history surpasses its security challenges. From a more grounded level, Sodipo (2014) wrote that the attitudes of Nigerian policymakers to early warning signals have been weak and inadequate caused by a lack of coordination between key stakeholders, and called for better engagement between local actors and the government as most conflicts in Nigeria begin in local communities. His views are consistent with Abubakar et al. (2017) and Bariledum and Serebe (2013), who also held that the interplay of development, economic, sociopolitical, and governance interests have predicted much of the stressors and violent conflicts in Nigeria. These findings are also consistent with reports from the World Bank (Baingana, Bannon, & Thomas, 2005) and the U.S. Agency for International Development (USAID; Abdu et al., 2014).

Abubakar et al. (2017) assessed issues related to community policing and the impacts of ethnoreligious identity and conflicts on citizen–community policing in a rare

case, illuminating the need for peacebuilding analysis to focus more on the organism/victims in the environment. Interestingly, the authors were concerned about the underlying issues affecting citizens directly that extant conflict analysis has avoided. For instance, the authors humanized current conditions by focusing on the impact of distressful violent situations on civic participation. Ikeke (2015) argued from an ecophilosophical point of view to draw attention to the limitations of current conflict analysis and stated that the destructive impact of both material and nonmaterial lethal violence is typically ignored. Ikeke noted that the ecophilosophical point of view holistically views ecological and environmental issues as related and connected, but that these views are inadvertently avoided in conflict analysis. The 2014 USAID report, which linked displacement and violence exacerbation across Nigeria, particularly in the northeastern and middle belt region to ecological problems due to climate, affirms Ikeke's argument.

The 2014 USAID report reflects 79 interviews with 281 participants across six volatile Nigerian states of the country and identified multilevel dimensions of community violence. Abdu et al. (2014) concluded that community violence is triggered by the interplay of economic and political issues; primarily the politics of winner-takes-all and environmental and development issues such as resource control. Abdu et al. further stated that a highly localized pattern of competition over resources has been a major driver of conflicts and that fiercely contested struggles for resources have cut across all aspects of society. Boko Haram insurgency and terrorism were noted as linked to climate change

and displacement (Abdu et al., 2014). Further, Abdu et al. wrote that extreme youth poverty and unemployment feeds into political violence, interreligious and interethnic violence agitations and contestation among and between groups and are prevalent sources of violent conflicts. The study authors also acknowledged the people's adaptation to highly stressful conditions. Despite the traumatic conditions, local resilience and entrepreneurial and local peacemaking mechanisms have developed alongside conflicts, and mediation techniques in which local grassroots organizations mitigate competing lands conflict have been developed (Abdu et al., 2014). However, there are limitations to resilience (Diamond et al., 2013). The allostatic view of resilience as elastic holds that beyond the limit of individual resilience, the individual capacity to absorb persistent stress over time is limited (Diamond et al., 2013).

As indicated by these findings, the Nigerian context harbors adversarial elements that potentially can induce psychological distress. The absence of effective policies and support systems to address the stressors, let alone education on the effects of exposure to these stressors, is the crux of mental health problems in the affected communities. The problem is multipronged, but most importantly developmentally related, reflecting a lack of access, poverty, security and safety issues, the general bleak state of the country's infrastructure, hopelessness, marginalization, and the adaptation to increased fear of current and future threats. These findings further reflect highly complex and stressful situations with extremely limited intervention policies focusing on mitigating the impacts of persistent and recurrent incidences of stressful situations. It is critical for policy

makers, NGO leaders and other relevant stakeholders that they are aware of the limits of elasticity, resilience, and tolerance to stressors that are potentially creating challenges for the larger community.

Trauma Defined

Trauma has been defined in various ways. The Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices (NREPP, 2016) definition encompasses legal, medical, and behavioral distinctions. The legal perspective of trauma views it as an injury resulting from exposure to or from a mechanical force or another extrinsic agent that may be thermal, electric, chemical, or radioactive (NREPP, 2016). The medical models or medical perspectives of trauma view trauma as exposures to severe bodily injuries or wounds: minor cuts and bruises, lacerations, bone fractures, or injuries sustained after accidental falls or car crashes (NREPP, 2016). The behavioral perspective views trauma broadly as resulting from specific or multiple causes or circumstances a person experiences that result in physical and emotional harm or threats to life causing enduring psychological reaction affecting social functioning, mental health, emotional, and/or spiritual well-being (NREPP, 2016).

The *DSM-5* (APA, 2013) describes trauma as

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that

the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s). (p. 271)

The fundamental feature of trauma, according to the NREPP (2016), is the victim's subjective experience; the life-threatening experiences of trauma are relative and subjective. The posttraumatic stressors are experienced differently (NREPP, 2016). For example, Acquaye (2017) stated that trauma experiences can lead to growth that can be protective and beneficial to victims. However, most researchers have contended that trauma evokes abnormal emotional and psychological responses and reactions that are produced by overwhelming and overpowering life-threatening experiences (Diamond et al., 2013; Herman, 1997; Horner, 2015, 2017; McCoy et al., 2016; Reinert, Campbell, Bandeen-Roche, Lee, & Szanton, 2016; Straker, 2013). The general consensus among experts that the traumatic event (physical, emotional, institutional, political, systemic, and structural violence of any type) that leaves victims in a precarious situation with lasting psychological, emotional, physical, and somatic wounds that affect the victim's well-being (NRPP, 2016) is consistent with the foundational Freudian perspective in which attribution of hysteria (psychological trauma) to negative external conditions exerts damaging psychological wounds that predict psychoneurosis or neurosis (Zepf & Zepf, 2008). Zepf and Zepf (2008) noted that early Freudian psychoanalysis characterizes hysteria as fictitious (repressed), which is "experienced early are later forgotten" (p. 89).

Freud concluded that in both sexual and nonsexual hysteria, a waiting period exists in which the trauma buried in the unconscious mind can be reexperienced (Zepf & Zepf, 2008).

Broader trauma perspectives maintain that the impacts of psychological trauma on victims are profound (APA, 2013; Engel-Rebitzer et al., 2017; Lancaster & Larsen, 2016). Studies have validated the emotional and psychological consequences of pervasive psychological threats resulting in cognitive distortion and personality changes (Straker, 2013; Somer & Ataria, 2015). Additionally, studies have linked the prevalence of symptomology such as hypervigilance, hyperarousal, hostility, and anger to stressors associated with aggressive reactions in trauma communities (Sommer et al., 2016).

The dire conditions in continuous trauma communities generate trauma conditions that are persistent and recurrent, thus requiring different assessment protocols and interventions consistent with the conditions (Diamond et al., 2013; Eagle & Kaminer, 2013; Straker, 2013). In the case of continuous trauma communities, preexisting sociopolitical, cultural, demographic, and geographical contexts leading up to the stressors are critical factors to consider in assessing recurrent and pervasive threats (Starker, 2013). While PTSD experiences may be present in victims of CTS, Diamond et al. (2013) and Eagle and Kaminer (2013) stated that the intrusion of past traumatic experiences is an important factor to consider in trauma victims. However, context is a critical factor to consider in assessing ongoing psychological threats, as the context is the

most important factor predicting ongoing threats in continuous trauma communities (Straker, 2013).

The Effects of Posttraumatic Stress

The impact of psychological trauma on victims and survivors has been thoroughly researched and documented (Arvidson et al., 2011; Cohen & Mannarino, 2011; Finkelhor et al., 2011; Herrenkohl, Jung, Lee, & Kim, 2017; Kiesel, Fehrenbach, Small, & Lyons, 2009; Nader, 2011; Rosenthal, Wilson, & Futch, 2009). However, the mutually intertwined yet reinforcing interactions of biological/genetic, psychological, physiological, environmental/contextual, social, and cultural materials are incoherently and exclusively separated in peacebuilding in affected communities (Hamber et al., 2015). One of the challenges of peacebuilding is symptoms of psychological violence attributable destructive conflicts. Hamber et al. (2015) summarized the limitations of psychosocial models of intervention in violently distressed communities as mechanistic and grossly inadequate and concluded that the psychosocial model of assessing for trauma in war and violent communities is limited in scope and contextual substance. Although noted as a step in the right direction, Hamber et al. stated that psychosocial models do not connect the psychological and sociological realities of those affected in peacebuilding programming. Hamber et al. further posited that the “psycho,” which consists of the emotions, feelings, behaviors, and thought processes of affected victims, are inseparable from the “social,” which encompasses relationships, traditions, customs, norms, and cultures, all of which have implications for intervention but are missed in

psychosocial assessments. Furthermore, the thought that the psycho affects the social vice versa in a linear and/or dynamic sense is inconceivable and simplifies the complicated and complex interaction of both aspects of the psychology of being (Hamber et al., 2014).

Peritrauma research has focused on complications during acute traumatic events and has provided inroads into attempting to bridge a knowledge gap in this area. According to Lambe et al. (2016), extended and continuous exposure to trauma increases the possibility of personality changes and, consequently, aggressive behavior and violence. Lambe et al. further stated that the lack of stability due to the disruptions caused by psychological trauma exacerbates the likelihood for aggression and violent behavior in victims with prolonged trauma exposure. In fragile communities or developing countries, the lack of access to mental health care and or complicated access to and underutilization of mental health care correlates to the frequency of violent behavior (Hailemariam, 2015). Huckshorn and Lebel (2013) stated that delusional behavior occurring from prolonged exposure to psychological threats exacerbates the likelihood for trauma victims to become aggressive and violent. Lambe et al. (2016) stated that contradictory and conflicting realities due to an unconscious sense of inadequacy conflates conscious feelings of superiority and are potentially fertile grounds for aggression and violence. Further, Lambe et al. noted that victims of prolonged trauma experience personality changes (e.g., split personality and personality disorder may occur) that may be symptoms of persistent and recurrent encounters with trauma. These personality changes are consequential for antisocial behavior, which Lambe et al. traced to underlying

symptoms of psychological distress. Higson-Smith (2013) stated that the implications of persistent encounters of political torture experiences are not limited to the victims but affect society as a whole.

Regarding mother–child relational trauma care, Pat-Horenczyk et al. (2013) stated that the mother’s exposure to trauma may have relational trauma implications for the child; that is, the mother’s adaptation process to psychologically distressing situations or threats affects the unborn child. In earlier relational PTSD research, Scheeringa and Zeaneh (2001) stated that caregivers’ PTSD potentially affects their children. However, in CTS situations, the contextual variables exacerbate psychological trauma persistently and regularly (Pat-Horenczyk et al., 2013). Pat-Horenczyk et al. further stated that psychological trauma’s disruptive impacts on caregiver–child attachment patterns can profoundly impact children’s entire life courses. The routine impacts of continuous threats on these relational patterns are not independent of the caregiver’s resilience and adaptation to stress (Pat-Horenczyk et al., 2014). In other words, according to Pat-Horenczyk et al., caregiver resilience and adaptation to stressor as buffers have direct effects on children’s mental health.

Following the footsteps of researchers such as Arvidson et al. (2011), Cohen and Mannarino (2011), Finkelhor et al. (2011), Kiesel et al. (2009), Nader (2011), and Rosenthal et al. (2009); E. H. Lee, Zhou, Ly, Main, Tao, and Chen (2014) expanded on children and adolescent mental health and showed consistent findings. According to the authors, reactive psychological responses predominate among children who suffer

traumatic exposure (Lee et al., 2014). According to the U.S. Department of Health and Human Services (2013), children continue to be vulnerable to trauma due to their susceptibility to extreme abuse and neglect.

Researchers have previously established the relationship between exposure to complex trauma and victimization and antisocial behavior among children (E. H. Lee et al., 2014). Similarly, previous research has linked symptoms such as hypervigilance, hyperarousal, hostility, and anger with emotional and psychological adjustments to high stressors and aggressive behavior (Sommer et al., 2016). Herrenkohl et al. (2017) replicated subtypes of child victimization and maltreatment and stress-related symptoms leading to antisocial behavior among children. Using secondary longitudinal data consisting of original samples from 457 children, Herrenkohl et al. found a strong relationship between child abuse and crime in adulthood among 80% of the children. Dovran et al. (2015) identified a high prevalence of repeated victimization and retraumatization among high-risk children populations. Further, Dovran et al. reported that maltreated children are prone to adversities into their adulthood and throughout life. Reinert et al. (2016) used data on adverse childhood events to identify a range of childhood adversities with future consequences. De Vries and Farrell (2017) used a cross-sectional design to study 115 adults in post-labor-trafficking conditions to argue that initial victimization set the ground for progressive accumulation of unending victimization into the future. In other words, accumulated victimization experiences are a progressive type of trauma that accumulates over time as exposure to abuse continues.

In the context of CTS, Diamond et al. (2013) stated that the progressive accumulation of threats relates to the context, which they argued is lacking in PTSD diagnoses. This is contrasted in PTSD models in which interventions in traumatic stress situations are assumed to occur in relatively stable and safe situations and locations (Higson-Smith, 2016). Acquaye (2017) stated that refugee populations often experience severe and debilitating trauma conditions. However, 10% to 50% of trauma victims who experience mental health difficulties also exhibit posttraumatic growth (PTG), which helps them make meaning of their trauma experience (Acquaye, 2017). PTG may be an important resource for refugee populations with past traumatic experiences; however, Acquaye did not state if PTG is useful as a trauma management resource to help victims completely overcome their trauma.

Acquaye (2017) defined PTG as “the collective expression of growth and benefit that clients claim to gain after the type of cataclysmic event that challenges their existing worldviews” (p. 332). According to Acquaye, the cascading aftermath of trauma occurrences of behavior changes and subsequent transformations of victims’ worldviews is reflected in three areas: (a) self-perception, (b) interpersonal relationships, and (c) philosophy of life. Acquaye described PTG as a buffer and positive development in trauma victims and concluded that PTG appears to be higher in female victims than in males. Additionally, according to Acquaye, trauma and compassion fatigue vicariously affect family members as well. Acquaye stated that PTG as an alternative means of coping with inner narratives, along with commitment to religious communities and

spirituality, connections with significant others and nature, and optimism support meaning making after traumatic events.

In a study on veterans of Operation Iraqi Freedom/Operation Enduring Freedom, Mattson, James, and Engdahl (2018) stated that there are dispositional and situational factors that account for the severity of PTSD symptoms and whether and to what degree individuals experience PTG. Through self-reports, Mattson et al. investigated traits, coping styles, PTSD symptoms, and PTG among 271 Operation Iraqi Freedom veterans who were not receiving mental health treatment and found that positive personality traits and adaptive coping skills/styles such as openness positively correlated with PTG while maladaptation to posttraumatic stress and neuroticism correlated with PTSD. Mattson et al. also found that PTG positively mediated PTSD in veterans who reported moderate PTSD levels. Additional findings were that openness and PTG were mediated by adaptive coping skills while the relationship between neuroticism and PTSD was mediated by maladaptive coping styles (Mattson et al., 2018). Kazlauskas (2017) confirmed individual resilience to PTSD but stated that PTSD is pervasive globally. One-year prevalence rates can range between 1% to 38% worldwide and are higher in conflict communities, indicating that most of the world's population is not susceptible to PTSD (Kazlauskas, 2017).

Personality changes as a result of traumatic experience are critical as changes in worldview (Lambe & Lebel, 2017) and identity changes are linked (Berman, 2016). Also, Lambe and Lebel (2017) stated that a major mental health illness may occur that may be

closely linked to personality changes. For instance, grandiosity and delusion may cause victims to be aggressive (Lambe & Lebel, 2017). Herrenkohl et al. (2017) stated that childhood victimization leads to antisocial behavior, aggression, and violence. Berman (2016) stated that while trauma can be disruptive to development, how trauma is perceived and understood can influence treatment and exacerbate the trauma's severity.

According to Acquaye (2017), internal psychological and emotional changes lead to physiological and somatization transformation and impact interpersonal relationships. Furthermore, Acquaye (2017) stated that because of trauma's substantial impacts on perceptions and worldviews, shifts in cognition require a shift in intervention strategies. Acquaye used four hypotheses to test the validity of the relationship between PTG and PTSD in a sample of former war-related IDPs in a developing country and found that 10% to 50% respondents who met the diagnostic criteria for PTSD regardless of gender exhibited co-occurring PTSD and PTG. Acquaye further found higher PTSD and PTG among women than men. In a sample of 444 IDPs, Acquaye found that the correlation between PTG and trauma was higher among individuals with high levels of religiosity than individuals with spirituality. Individuals with higher religious commitments were more likely to experience PTG than individuals with lower commitments (Acquaye, 2017).

Al Jadili and Thabet (2017) found similar patterns of coping strategies among 358 cancer patients in the Gaza Strip. According to the authors, 45% of the sample reported PTSD. Further, significant positive correlations between PTSD and the majority of

PTSD criteria in the *DSM-5* were reported. According to Al Jadili and Thabet, positive correlations existed between wishful and avoidance thinking and reexperiencing PTSD in the study sample. The authors hypothesized that the positive correlation between accountability and reexperiencing PTSD, avoidance of PTSD, and hyperarousal of PTSD reflected the type of cancer patients experienced and its consequences as well as the cancer's severity, its type, and its stage. Significant positive correlations were also found between trouble and escape and PTSD, reexperience of PTSD, avoidance of PTSD, and hyperarousal of PTSD (Al Jadili & Thabet, 2017). However, a negative correlation was found between problem-solving across the different levels to be significant (Al Jadili & Thabet, 2017). Al Jadili and Thabet contrasted earlier studies on cancer patients and found that cancer diagnoses were a higher predictor of PTSD among cancer patients and that the most commonly used coping strategies reflected religious belief affiliations, reinterpretation, and self-control. Increased spirituality confirmed the research hypothesis as cancer patients attributed their affliction to God/Allah (Al Jadili & Thabet, 2017).

Ham, Chee, and Im (2016) used secondary data analysis to investigate whether social structure was associated with cancer pain and quality of life across a sample of 480 Hispanic, African American, Caucasian, and Asian cancer patients, based on their social economic status (SES), self-reported cancer pain, and quality of life. Averting from the structure and personality research framework that discomfort and quality of life are affected by individual structural positions, Ham et al. argued that lower SES is associated with varying emotional and psychological distress. Furthermore, according to the authors,

people living in communities with more advantageous social resources and structures experience less distress. Based on their definition of SES, Ham et al. argued that members of communities with lower SES were likely to experience economic and financial difficulties and environmental stressors that may increase discomfort and pain.

Cognitive behavior therapy (CBT) is widely used in trauma therapy. Kleim et al. (2013) noted compelling evidence supporting the efficacy of trauma-focused cognitive behavior therapy (TF-CBT) as frontline treatment for PTSD. While how CBT leads to change is not clearly explicated in research (Diamond et al., 2013), Kleim et al. stated that TF-CBT has shown significant clinical utility in PTSD treatment globally. Kleim et al. identified CBT-based trauma-focused modalities as cognitive processing therapy and cognitive therapy for PTSD.

In randomized controlled trials that reflected a large mean of 1.43, Kleim et al. (2013) further stated that these studies presented positive outcomes and that, on average, 67% of patients who complete trauma-focused treatments and 56% of those who enter treatment initially no longer meet criteria for PTSD after they have been exposed to CBT treatment. The authors stated that CBT application is generalizable across settings. The generalizability of the CBT intervention model as indicated by Kleim et al. (2013) confronts challenges in conflict communities where treatment of PTSD, the target disorder of CBT interventions, has primarily focused on past trauma experiences at the expense of the types of traumatic stress induced by contextual factors (Diamond et al., 2013; Eagle & Kaminer, 2013; Straker, 2013).

Peritrauma Research

The main focus of PTSD assessments is on trauma victims' experiential experiences and accounts of past trauma as predictive of the disorder. Advances in peritrauma and pretrauma research have made significant contributions for understanding trauma and posttraumatic stressors and interventions (Zang et al., 2018). The research on peritrauma significantly helps to understand the boundaries at which distressful external contextual conditions and the biology/organism meet, reinforce and negotiate the nature/nurture. The implication for trauma assessment and intervention is that peritrauma assists in understanding the emotionality that may occur due to exposure to distressful situations and corresponding symptomologies. Peritrauma is crucial for understanding the connections and the intersectionality of the psycho, social, and psychosocial interventions (Zang et al., 2018). Understanding these perspectives and connections will help in the planning and intervention process.

Brunet et al. (2001) defined peritraumatic response as the interval between when a traumatic event occurs and the immediate acute response of the occurrence of the trauma event consistent with cognitive models of PTSD. Berntsen and Rubin (2006) observed that the life stories of an acute traumatic event are followed immediately by stories of encoded memories that are meaningful to the traumatic events. Brunet et al. (2001) made distinctions between peritraumatic distress and peritraumatic dissociation. The authors argued that peritraumatic distress tends to predict PTSD more accurately than peritraumatic dissociation. However, the latter may provide additional symptoms through

self-report after trauma events as it accounted for high or elevated level of distress (Brunet et al., 2001). Because the level of distress is relative to the individual's unique experiences, peritraumatic distress is considered highly predictive of PTSD (Brunet et al., 2001).

Building on Brunet et al. (2001), Lavoie et al. (2016) argued that certain criteria or thresholds, which they described as peritraumatic distress, must be present for a PTSD diagnosis to be possible. Consistent with Brunet et al.'s findings, Lavoie et al. similarly argued that the aftermath of traumatic events is followed immediately by acute stress that ends up triggering peritraumatic distress causing PTSD symptomology. Brunet et al., Lavoie et al., and Peltonen, Kangaslampi, Saranpää, Qouta, and Punamäki (2017) agreed on the occurrence of a highly distressful emotional and psychologically acute condition following traumatic events as predictive of PTSD. However, Brunet et al. and Lavoie et al. disagree with Peltonen et al., who argued that peritraumatic dissociation as opposed to peritraumatic distress as predictive of PTSD.

Peltonen et al. (2017), making a case for peritraumatic dissociation, stated that a distorted sense of self, reality, time, and place as features of depersonalization and disruptive memories may be accelerated or decelerated in acute PTSD. Further, Peltonen et al. stated that in peritraumatic dissociation, the corticolimbic model of dissociation correlates high anxiety levels of prefrontal cortex inhibition to emotional processing functions in the amygdala. Peltonen et al. argued that peritraumatic dissociation as opposed to peritraumatic distress is the predictor of PTSD. According to Peltonen et al.,

dissociative responses are responsible for the breakdown of normal information processing that occurs in the immediate aftermath of traumatic events, leading to incoherent and disarticulated orientation in victims.

Lavoie et al. (2017) on the other hand, stated that peritraumatic distress in acute trauma is associated with recurrent reexperiencing and avoidance of stimuli. They argued that the stimuli of self-blame and denial in acute trauma are prevalent in grieving and bereavement PTSD. However, intense memories are elevated in both trauma and non-trauma-related distress (Schönfeld & Ehlers, 2017). Hecker et al. (2017) suggested the possibility of continuity rather than dichotomous argument between PTSD and CTS. According to Hecker et al., traumatic experiences are better understood in terms of continuity, and trauma reminders and triggers rather than trauma reoccurrence are more likely to keep trauma active. The probability that the past traumatic event may never reoccur is what keeps the trauma activated and the fear of reoccurrence of violent episodes active (Hecker et al., 2017). The sense of lack of safety is exacerbated by the ongoing fear that the threat might reoccur and overwhelms its victims (Hecker et al., 2017).

In contrast, the cognitive model of PTSD espoused by Ehlers and Clark (2000) holds that the victim's appraisal of past trauma, disturbances of autobiographical memory, and contextualization processes are primary reasons for the continuity of the trauma over time. Schönfeld and Ehlers (2017) identified repression of memories, numbness, and intrusive behavior as contributors to continuity of trauma. McKinnon et

al. (2015) confirmed through a preliminary study that distressing memories of trauma are associated or absent in PTSD symptoms. The study authors found higher production of nonepisodic details for traumatic and nontraumatic events in passengers with PTSD who survived an airline disaster.

Boden, Fergusson, Horwood, and Mulder (2015) explored peritraumatic stress and distress in posttraumatic diagnosed respondents/victims of four major earthquakes using the Modified Mercalli Earthquake Intensity Scale. A cohort of 1,265 children who had experienced major earthquakes was followed from birth to the age 35 years, 962 of the cohorts were contacted but 495 were interviewed. Data were analyzed using the Structural Model of Association. The researchers found that taking and understanding multifaceted dimension of disaster is critical for assessing risk which aids program planning and interventions. Further, the study reiterated what is already known; lack of poorly developed programs or prolonged and untimely intervention is costly.

Lavoie et al. (2016) used a convenience nonprobability sample of 35 nurses selected from 100 emergency room nurses representing a target population of 5,360 emergency room nurses to explore factors associated with posttraumatic stress. The authors measured pretraumatic variables such as age, sex gender, work experience through sociodemographic questionnaires. Traumatic experiences were measured using a five-level Likert-type scale and the Community Experience Questionnaire. Additionally, responses to the French version of the *Inventaire de Detresse Peritraumatique* measure were analyzed using the Impact of Event scale. Theoretical consistency with research

findings indicated that PTSD symptoms are derived from the victim's conditioned experience and thus requires exploration of victim's traumatic insights to determine the peritraumatic impact of the experience (Lavoie et al., 2016).

Hertler et al. (2018) referenced Bindra's (cited in Bronfenbrenner and Ryan, 2010) work on ecological influences in stating that the biological factors that affect development strongly affirm the complicated processes of these interactions.

Bronfenbrenner and Ryan's and Bindra's work are significant for understanding the environmental and ecological influences that externally induced distressing conditions could potentially have (Hertler et al., 2018; Ryan 2010). Indeed Bindra, Bronfenbrenner, and other researchers have argued that the complex interaction of environment, ecological, biological, and other properties that create meaning defies causal linkage logics, which is compatible with de Coning's (2012) complexity theory perspectives.

The Effects of Continuous Traumatic Stress

In contrast, the *DSM's* and the *ICD's* define PTSD as events at the moment that are triggered by reminders of historical trauma, whereas the impacts of CTS conditions are ahistorical, recurrent, and persistent (Straker, 2013). The associated symptomologies of trauma in CTS conditions are induced persistently by ongoing distressful contextual issues and problems (Straker, 2013). Schonfeld and Ehlers, (2017) argued that the appraisal of the past trauma elevates trauma stress in the aftermath of posttrauma occurrence. They further attributed ongoing trauma to the constant appraisal of the past trauma. Nuttman-Shwartz and Shoval-Zuckerman (2015) concluded that a range of

exposure to CTS exists in affected communities, including sporadic exposure versus intense periodic exposure, direct versus indirect exposure, geographical location and proximity to the threat, and the ethnicity of the affected. Somer and Ataria (2015) in their study identified range of symptoms associated with CTS and PTSD reactions. The authors reported overlapping symptoms of hyperactivity, depersonalization, hyperarousal, reactivity, overstimulation and cognitive distortion, mood disorder, depression, and anxiety and withdrawal symptoms in population distressed communities. This conditioning to stressful conditions and the reaction and response to persistent stressful conditions define and distinguish CTS from PTSD responses. Similarly, Nuttman-Shwartz and Shoval-Zuckerman (2016) stated that although CTS manifests persistent reactions to threatening contexts, its distinguishing characteristics are drawn from multiple related or unrelated traumatic events that may have occurred in the past but are also ongoing. Further, Lahad and Leykin (as cited in Nuttman-Shwartz & Shoval-Zuckerman, 2016) stated that the distinguishing character of CTS is the constant awareness of ongoing threat and the lack of safety. The constant physiological reaction increases the level of fright or flight adaptation in response to threatening sensations.

Continuous experiences of living in persistent threat conditions are striking features of CTS communities (Nuttman-Shwartz & Shoval-Zuckerman, 2016; Straker, 2013). Multiple studies have shown that while affluent communities are less stressful and relatively peaceful, poor communities that lack adequate resources tend to be more stressful to live in, which elevates stressful conditions in these communities. Specifically,

conflict-prone communities have more stressors and far fewer resources than relatively peaceful communities (Diamond et al., 2013; Eagle & Kaminer, 2013; Straker, 2013). When social infrastructures and institutions are destroyed, psychological and emotional threats are elevated. Under CTS conditions, traumatic experiences are argued to manifest differently from PTSD (Diamond et al., 2013; Straker, 2013).

Recent studies emerging from conflict-prone communities have shown that trauma manifests differently in environments where persistent threats exist (Diamond et al., 2013). At the same time, ethical issues have emerged simultaneously alongside research, for example, Diamond et al., (2013) and other researchers have questioned the ethical grounding of PTSD interventions in trauma communities. Further, Browne (2017) raised moral questions regarding the appropriateness of the *DSM* in diagnosing certain disorders. Specific to the United States, Browne stated that the *DSM* played a decisive role in how clients and trauma victims were viewed and interventions provided, which has repercussions for mental health, primary care, health economics, forensics, public health, and public policy. Lieberman (2017), on other hand, argued that while the categorization of disorders may not reflect the philosophical views of the client–practitioner relationship, it undermines the fundamental principle of trauma-focused treatment. Porter (2017) posited that the concern of victims of mental health is primarily care and worried about the epistemological inconsistencies of not harming clients, which is yet to be harmonized ontologically in the biological and social sciences. These

researchers have questioned existing interventions and other posttraumatic stress nosology as though they are induced by past trauma events as unethical.

According to Somer and Ataria (2016), lacking safety and safe zones for treatment is a distinguishing characteristic of continuous trauma. As Igreja (2015) noted, despite the significant limitation of psychosocial perspectives in addressing war-related trauma, ongoing lack of safety does not lend itself to routinized patterns of treatment planning, assessment, monitoring and frequent evaluation. Similarly, Higgin-Smith (2013) argued that a concern about lack of safety arises with the perpetuity of daily threatening experiences of victims of political persecution and victimization. This is affirmed by Diamond et al. (2013) who argued that the establishment of a realistic threat currently exist in CTS communities. Furthermore, psychological threats in CTS communities, unlike PTSD, are cumulative and recurrent (Diamond et al., 2013). According to Straker and Eagle and Kaminer (2013), the poster child of continuous trauma is located in the context of political violence. CTS conditions are equally sustained by institutions, policies, structure, and cultural norms (Mpande et al. 2013; Straker, 2013). In the case of Zimbabwe, Mpande et al. (2013) found that collective traumatic experiences of specific groups were fueled by institutionalization in social structures and that the political situation in Zimbabwe reinforced the use of repressive and state violence (Mpanda et al., 2013). Similarly, Higson-Smith (2013) viewed the impact of CTS as “emotional or behavioral responses to actual or current danger from living under conditions of ongoing danger” (p. 169). Hecker et al. (2017) viewed CTS as

the ramification of being profoundly impacted daily by negative influences in the environment.

Ongoing threats in the context of CTS have focused on constant states of hypervigilance (Sommer & Ataria, 2014). Pat-Horenczyk et al. (2013) compared a sample of 85 preschoolers who were exposed to persistent and routine exposure to rockets and missile attacks and a sample of 177 preschoolers with limited exposures to war-related but time-limited stressors in Israel. The researchers found severe trauma consequences of missile and rockets attacks on children and their caregivers more than the latter sample. Pat-Horenczyk et al., found that the impact of exposure, was significant internalizing and externalizing behavior in addition to significant co-occurring relational trauma with PTSD. Pat-Horenczyk et al. noted that this finding significantly related to the levels, intensity, and duration of exposure to the various attacks.

Findings from a significant body of studies conducted in fragile and conflict-prone communities support these findings. Straker (2013) traced the origin of the terminology of CTS to social and political conditions under the apartheid era in South Africa. Straker further observed that CTS condition persisted postliberation as criminal, and gang violence, predominantly among youth in South Africa persist. Straker stated that 98.9% of youths and teenagers in post liberated South Africa have witnessed community violence and argued that subcultures of distressful conditions may subsist alongside affluent and mainstream cultures. Further, Straker suggested that similar data

exist across urban communities in the United States where 75% of children living in unsafe conditions are victimized continuously.

CTS conditions are not limited to developing countries (Straker, 2013). Rather, the condition seems to be prevalent in distressed communities due to lack of safety, unmitigated, and stressful conditions (Diamond et al., 2013; Straker, 2013). Given the psychological impacts and consequences of CTS conditions on perceptions, cognitions, and overall responses to stressful conditions, it may be possible for recategorizing and reclassifying recidivism and the whole idea of revictimization, reoffending, reentry, and psychological threat to ongoing community violence to reflect threatening community contexts (Strong, Greene, & Smith, 2017). Currently, recidivism is linked to psychological disorders such as PTSD, which focuses on the organism for symptoms of psychological distress and overlooks distress in the community. As opposed to restrictive perspectives, multilevel perspectives that encompass institutional, cultural, sociopolitical, policy dimensions, historical and regional contexts are important in understanding CTS conditions.

Straker (2013) argued for restraint in the use of terms such as disorder and syndrome because of the potential for biasing assessment and diverting attention away from the context as possible precipitants of ongoing stressors. The reinforcement and reinvigoration of the context-induced argument of CTS consistent with bioecological perspective is illuminating. For instance, Bindra's and Bronfenbrenner's ecological theories, which hold that human development in the environment contributes immensely

to perception and cognition development, remain consistent with the CTS. Relatedly, Newbury et al. (2017) stated that the influence of exposure to macrolevel structures over time predicts psychotic development from adolescence through adulthood. Empirical evidence from current research has linked limited access to treatment from persistent exposure to criminality in urban cities and concluded that the influence of structural and social institutions on the impact of psychosis over time are widespread in urban cities (Newbury et al., 2017).

On the other hand, Hinsberger et al. (2016) hypothesized that attraction to cruelty among adolescents may be unrelated to psychosocial functioning despite persistent threats. The authors employed surveys and interviews to study 290 male participants recruited through voluntary and involuntary methods. Based on participants' scores on the Appetitive Aggression Scale, Hinsberger et al. concluded that appetitive aggression and cruelty among South African youth are largely predicted by self-reported trauma and PTSD.

According to Wenga and Clark (2018), stigmatization, the socially constructed label and assigned stereotype to mental health clients, has treatment implications that become barriers to interventions. Current research holds that mental health clients are caught up in an array of stigmatized social groups and recommend integrated intervention as opposed to one-size-fits-all approaches (Oexle & Corrigan, 2018). With this thought in mind, the hesitance to assign pathology to victim reactions to CTS has refocused ongoing

traumatization as a context-bound problem that potentially affects victims (Straker, 2013).

Diamond et al. (2013) stated that the PTSD model as a catch-all framework for addressing posttrauma-related stressors is problematic in CTS reactions. At the same time, researchers have found similarities between CTS and other posttraumatic symptomologies, especially PTSD (Diamond et al., 2013; Eagle & Kaminer, 2013; Higson-Smith, 2013; Pat-Horrenczyk et al., 2013; Somer & Ataria, 2015; Straker, 2013). Diamond et al. (2013) suggests that OTSR explains the contradictory responses between PTSD and CTS despite these similarities. Furthermore, Diamond et al. distinguished PTSD as internally driven psychological disorders that are associated with previous or past trauma experiences. OSTR explains victim's meaning-making of their trauma through their responses and reactions to ongoing stress. Similar patterns have been seen in research contrasting evidence of PTSD symptomologies and those found in samples drawn from communities and neighborhoods experiencing persistent and repeated threats (Sommer et al., 2016). These findings suggest that while posttraumatic stress may not be entirely isolated from ongoing stressors, the symptomologies of PTSD experiences in distressed communities are similar (Hecker et al., 2017). Also, variations of trauma symptomology, which include a combination of avoidance, hyperarousal, hyperactivity, hypervigilance, hyperventilation, anxiety, depression, substance use, avoidance, dissociation etc., are found in both posttrauma and ongoing stress conditions.

Hecker et al. (2017) stated that while CTS conditions increase arousal symptoms, intrusive behavior is less common. In contrast, PTSD symptoms are mostly related to intrusive behavior and less to arousal. Furthermore, Hecker et al. stated that although posttraumatic and CTS presentations seem straightforward, the similarities of their symptomologies make them indistinguishable or difficult to operationalize. The indistinguishable character of PTSD and symptoms of CTS-related stressors may present challenges to practitioners and treatment teams regarding intervening using PTSD-based treatment or other unorthodox treatment means.

Diversity of Posttraumatic Stress Symptomatology

Schweitzer et al. (2018) investigated psychiatric symptoms of at-risk women, 104 Sudan and Burma refugees, using a cross-sectional survey. The study authors noted a policy gap regarding encountered vulnerabilities of at-risk refugee women and psychiatric symptom of trauma, anxiety, depression, and somatization of refugees in Australia. Significantly higher psychiatric distress; specifically, traumatization (41%), PTSD (20%), anxiety, 29%, and depression (41%) as well as somatization symptoms (41%) were found among this population (Schweitzer et al., 2018). Schweitzer et al. (2018) stated that these findings are significantly higher than those found in groups of women from Sudan or Burma who resettled in the same area and gathered using similar methodology. The researchers concluded that multiple stressful traumatic events, migration, and resettlement conditions predicted increased trauma, depression, and somatic symptoms but not anxiety. These findings are consistent with polyvictimization

research findings in which the “constellation of trauma exposure” exacerbates the range of trauma symptomologies and mental health problems across a developmental spectrum (Bentancourt et al., 2012, p. 687).

Diamond, Lipsitz, Fajerman, and Rozenblat (2010) and Nuttman-Shwartz (2016) have characterized trauma response as “adaptive responses to abnormal, dangerous conditions” (Nuttman-Shwartz, 2016, p. 20), and negative and symptomatic responses such as hyper arousal or avoidance as natural human reactions to stressors. Researchers further argued that the symptoms are transient and are not “psychopathological” (Kanwar, Malik, Prokop, Sim, Feldstein, Wang, & Murad, 2013, p. 101). This view is contradicted by recent systematic review and meta-analysis indicating that “the rates of suicides are higher in patients with any type of anxiety disorders excluding OCD (Kanwar et al., 2013). Further Pat-Horenczyk et al. (2013) disagrees with Diamond, et al (2010) and Nuttman-Shwartz (2016) stating that the erosion of the allostatic load, which helps stabilize and keep the body in survival mode are susceptible to pressures and could succumb to pressure under stressful conditions and persistent threats and, over time, impair the homeostasis ability of the allostatic load to regain control.

Sommer et al. (2017) associated PTSD with anger and hyperarousal and stated that the fight-or-flight reaction, aggression, and appetitive harming are survival or escape strategies. Herman’s (1992) research on complex PTSD explains the overlap of trauma symptomatology from multilevel perspectives away from the unimodal perspectives of PTSD. Herman states that somatization, affective change and dissociation, depression,

and risky behavior is commonly associated with PTSD. In other words, emotional dysregulation behavior, distorted identity, unstable relationships and attachment problems, and risks of reenacting the trauma are commonly associated with PTSD (Herman, 1992). Somer and Ataria (2014) in their qualitative explorative research identified constant states of vigilance, avoidance, coping insufficiency, a state of “nihilistic doom” (p. 292), “dissociative shut freezing” and “physio-cognitive shutdown (p. 293).

The overlap of CTS and PTSD symptomatology can be problematic in assessing affected populations. It is important for NGO leaders to keep in mind the variations in trauma symptomologies in their planning. It is equally important for NGO leaders to recognize people’s limited abilities to adapt to stressful situations as an important element in program planning.

Unrealistic Safety Conditions in Continuous Traumatic Stress Communities

Trauma care requires relative stability and safety for treatment. However, in CTS conditions, few safety zones exist (Higson-Smith, 2013; Mpande et al., 2013). In CTS contexts, the absence of safety zones due to ongoing threats makes treatment difficult to plan and implement (Higson-Smith, 2013; Igreja, 2014; Straker, 2013). Further, it is unrealistic to attain safety in conditions where there are frequent threats (Higson-Smith, 2013; Mpande et al., 2013).

Mpande et al. (2013) stated that the initial preference for physical safety over emotional and psychological safety distinguishes intervention planning in PTSD and CTS

cases. Reexperiencing in PTSD, which is related to emotionally and psychologically reliving of past trauma experiences, increases potential risks and requires safe interventions (APA, 2013); it is unrealistic to access reexperiencing in CTS conditions. In contrast, the active response in CTS is normalized as the body's natural system of adaptation to persistent threats (Diamond et al., 2013).

Mpande et al. (2013) noted, context accounts for the strong reexperiencing emotional and psychological burden of the affected and impacted. Using a quasiexperimental study the authors compared TOL (Tree of Life) trauma healing workshop with an alternative Psychoeducation and Coping Skills (PACS) workshop to test impact of personal and interpersonal levels improvement of victims of torture. A pretest/posttest of intact groups from the same program measured eight items for each workshop and compared with a 2-month follow-up. Qualitative design was used to explore meanings and perception of threats conducted in partnership with the International Rescue Committee (IRC) which they defined as local NGO. IRC is an international NGO but IRC may have a local office in the region. Fundamentally, the limitation of psychosocial interventions has been stressed (Hamber et al., 2013; Igreja, 2014). Also, the validity of the study may be affected due to a negative perception that local people have towards International nongovernmental organizations (INGOs).

In Syria, Sima, A, Fazelb, M., Bowesc, L., and Gardner, F. (2018) argued that limited caregiver support existed for displaced families as a result of ongoing wars. The authors researched family conditions in the Syrian war and reported the catastrophic

impacts of violence on the psychological and emotional well-being of exposed children (Sima et al., 2018). The authors found a link between recurrent political violence and intergeneration trauma which they argued was transmitted from one generation to another and has influenced the development outcome of successive generations (Sima et al., 2018). The family stress model posits that economic stress and emotional development of children and behavior are related. The authors found negative parent-child adaptation to the negative war condition, and argued that displacement of family's economic well-being shifted the family dynamics (Sima et al., 2018). For instance, they argued that negative adaptation to war conditions impaired positive parent-child interaction creating adaptation to violent and harsh parenting conditions (Sima et al., 2018). A shift in psychological adaptation of caregiver's perceived experiences of insecurity and or threats in the displaced community increases negative parental control (Sima et al., 2018). The finding of the research shows that treatment is limited as the entire family undergoes adversarial adaptation to persistent violence. The authors underscore the importance of context, "the economic, social, and institutional stressors (more than anything else) define the experience of ongoing displacement, rather than past exposure to war trauma" (Sima, et al, 2018, p. 24).

Barber et al. (2016) argued strongly for locally defined measures of mental health suffering to include the emic that capture local meaning and interpretation of suffering. Based on the outcome of the group interview, data were collected from a representative sample of 1,778 within the ages 32-43 in the occupied Palestinian territory. The

representative subsample (n = 508) was based on a pre- and posttest evaluation of the constructs. According to the authors, PTSD interventions are unlikely to address conflict induced mental health that is related to social and political injustice (Barber, et al., 2016). The lack of consideration of local and contextual realities and local people's interpretation of their suffering as response to social and political injustice conditions is inadequate (Barber et al., 2016). For instance, the inadequacy of depressive symptoms such as disruption in sleep, appetite, or energy; flashbacks; and avoidance are not meaningful to the victims even though the stressful contexts are inextricably linked to the rigor of the political and economic situation specific to the conflict situation (Barber et al., 2016). Barber et al. conducted group interviews consisting of 68 Palestinian between the ages 30-40 living in the West Bank, East Jerusalem, and the Gaza Strip to assess local definitions of functioning, as contrast to the DSM classification. Participants in the research identified "a feeling that one's spirit, morale and/or future were broken or destroyed and emotional and psychological exhaustion" (p.17).

Current diagnostic interventions identify safety as a prerequisite for effective outcomes in trauma treatment (APA, 2013). The threatening conditions of war, violence, and/or lack of access does not permit a carefully planned treatment. Ethically, the avoidance of harm in trauma-informed care requires initial assessment, in some cases 'intake' to have a general idea of the problem. It is equally pertinent in trauma treatment to assess the problem holistically to identify support systems and protective factors as well as risk. Frequent monitoring, regular meetings with client, and monitoring are all

qualities of trauma-informed care. And, as Straker (2013) observed, the psychological and physical safety of the practitioners which is an important part of the trauma-informed care is a challenge. Although Kliem argued for the inclusion of CBT in all communities experiencing social distress regardless of the access to social services and mental health, the problem of access, availability, and underutilization continues to be a huge challenge in Nigeria and sub-Saharan Africa (Hailemariam, 2015).

Intervention Strategies

An explosion in research findings using diverse methods in the explication of innovation in community interventions has occurred recently. Diverse methods include collaboration and partnership across international nongovernmental and local nongovernmental organizational in conjunction with local community groups, government agencies, traditional institutions, schools, religious bodies, and the family systems.

According to Adaku et al. (2016), conflict situations have caused traditional, family, and community structures that support mental health to be displaced, noting that previous epidemiological studies conducted among conflict affected population attributed high incidences of depression (17.3%) and posttraumatic stress disorder (PTSD) as (15.3%) to conflict-induced displacement. Specker, Liddell, Byrow, Bryant, and Nickerson (2018) also gave a global picture of an internally displaced population of 65.6 million refugees, asylum seekers and IDPs exposed to PTSD and multiple types of potentially traumatic events (PTEs) and elevated psychological disorders and PTSD. In

situations of emergency that causes massive displacement, a rapid response is expected. Moreover, the authors detected that research as an intervention method could become a barrier for intervention in communities.

In one epidemiological study, the authors (Adakau et al, 2016) observed that the sampling process failed to make distinctions between normal psychological distress and mental health disorders and contextual issues and factors. These issues and factors include preexisting conditions and cultural and demographic issues, and were not adequately addressed as rapidly as required due to the methodology and research design in the conflict region (Adakau et al., 2016). Furthermore, the authors argued that while most epidemiological studies in conflict areas focus on common symptomologies as a result of exposure to traumatic distress such as PTSD, depression and anxiety, the contextual factors such as culture, perception and stigma are ignored (Adakau et al., 2016). Arguing further, the authors drew attention to previous systematic review literature suggesting that mental health disorders overlap other illnesses. The overlap of preexisting neuropsychiatric disorders such as psychosis and epilepsy are common mental health problems requiring planning in conflict communities (Adakau et al., 2016). To address the gap, the authors argued that the designing of Mental Health and Psychosocial Support (MMPSS) in conflicts communities must be contextually appropriate, and must take into consideration the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings. These guidelines recommend a minimum assessment to include demographic and

contextual information, experience of the emergency, mental health and psychosocial problems, existing sources of psychosocial well-being and mental health, organizational capacities and activities, and programing needs and opportunities (Adakau et al., 2016, p. 2). The authors noted that while the IASC guideline is relevant in emergency settings, the toolkit developed by the WHO and the United Nation Humanitarian Committee of Refugee (UNHCR) has become a standard for addressing MHPSS problems in distressed communities because a

review of published and grey literature; collecting existing information from relevant stakeholders; gathering new information through integrating questions related to psychosocial and mental health concerns in assessments from diverse sectors; and addressing knowledge gaps by collecting new information on mental health and psychosocial issues through interviews or surveys (Adakau et al., 2016, p. 2)

are critical for understanding contextual issues. In applying the WHO-UNCHR protocol, the authors selected the Rhino camp in Uganda for the assessment of South Sudanese refugee for reason of proximity of refugees' country of origin, land availability, and similarity of refugee's ethnic identity to the host population.

The WHO-UNHCR tool enabled a rapid assessment of potential protective and risks factors of mental health as well as a qualitative method as a first step of providing support in the initial stages of a traumatic event (Adakau et al., 2016, p. 3). In this study the authors outlined previous research design as a barrier for. It was noted by the authors

that while research may be conducted to inform practice, in emergency situations, rigorous and elaborate research becomes counterproductive to the research purpose. Elaborate, detailed and rigorous research may be inappropriate in emergency situations which require rapid intervention, or in which sensitive contextual matters are ethically considered during intervention. The innovative significance of the WHO-UNHCR toolkit to mental health recovery in emergency situations in developing communities is that the use of the toolkit is effective as an emergency intervention and a short-term cure.

Trani et al. (2016) drew attention to supply and demand side barriers in developing countries as a major barrier to accessing mental health care. The authors argued that programs such as mhGAP, PRIME, AFFIRM, and EMERALD are limited because supply and demand side barriers to access persist in these communities (Trani et al. 2016). Supply-side challenges include resource availability, cost of treatment, and logistical challenges to sustaining services (Trani, et al. 2016). Demand side factors include out-of-pocket expenditures; longer term chronic needs; and social factors such as stigma around mental health illness, acceptable treatment and delivery, desensitization problems, and family participation in treatment (Trani, et al. 2016). Jacobs et al. (cited in Subba, et al., 2017) defined supply side challenges as health systems constraints affecting services to individuals, households and community and demand side challenges as timely use of health care services by individuals, household and communities. Further, Subba et al. stated that supply side challenges have affected 1.18 million in developing countries who have no access to mental health services. Similarly, Hecker (2015) argued

over 80% of the population in developing countries has extremely limited access to mental health care, and over 75 % lack official healthcare despite the prevalence of problems. to respond to mental health problems, Subba, et al (2017) recommended task-sharing or task-shifting, which are interventions provided by trained non-specialists such as primary care and community health workers existing in the lenses of social workers. Supply-side challenges in Nepal were mitigated through the integration of mental health services with primary health care centers and the successful adoption of PRIME and mhGAP through training and curriculum development on mental health for primary care workers; these efforts were consequential in scaling up detection and referral of patients for care (Subba, et al, 2017, p. 2). Furthermore, in the context of public health, Trani, et al., (2016) maintained that dominant public health perspectives have characterized the complexity of the problems as “wicked problems” or “messy problems” (p. 2). While a need for comprehensive approaches that integrate affected individuals and relevant stakeholders to build local capacity within existing health care systems, the “Long Tail” perspectives of the problems suggests that the burden of the problem is deep seated and affects diverse social groups regardless of socioeconomic background (Trani et al., 2016, p. 2). The long tail of woes of vulnerable populations continues to be unmitigated because the majority of victims are marginalized by lack of access d (Trani et al., 2016, p. 2). The authors expressed concerns and have criticized conventional analysis’ inadequacy in exploring multiple layers of stakeholder participation (Trani et al., 2016, p. 2). The author noted that the conventional explanatory tool and interventions including analysis

and planning is grossly inadequate and have failed to fully recognize the multidimensional levels of the problem as widespread (Trani, et al., 2016, p. 2). Conventional frameworks that invoke the concept of “participation” in the context of global health and development as the solution to local health needs have not responded to the complexity of the problem, up scaled vulnerable populations from predication, or promoted capabilities of these populations (Trani et al., 2016, p. 2). Widespread violence and relapses of violence continue despite projects and programs analysis that purport to increase participation by scholars and international development agents and actors (Trani, et al. 2016). Limited data, variation and interpretation of cultural definitions and the meaning of mental health disorders, and the lack of evidence of the efficacy of interventions remain problematic (Trani, et al., 2016).

The community-based system dynamics change theory calls for eliciting feedback from stakeholders who are embedded in a complex system such as mental health. Predicated on the community-based rehabilitation model, the authors examined the dynamism of mental health seeking behavior and capacity for providing support. Focusing mostly on a convenient sample of three male and 3 female; Community Based Rehabilitation Workers (CBRW) in initial sessions and two male and two female in subsequent sessions, several Group Model Building sessions were conducted in 13 provinces of Northeastern Afghanistan. The study was conducted to assess a three-year impact evaluation research study. The exploration of the intersection between participants affected by mental health illness in CBR settings and the mobilization of the

complex local dynamics in support of client need, yielded new insights that are based on a collaboration framework in which active involvement of the affected people in the systems are explored.

Specker, Liddell, Byrow, Bryant, and Nickerson (2018) focused on the structure of DSM-derived PTSD as problematic in the culturally-diverse refugee and asylum population. The underrepresentation of refugee experiences in traumatic stress research despite refugee diagnoses of PTSD has generated some concern, (Specker et al., 2018). The authors investigated the DSM-V construct and structure of PTSD validity of DSM-V on refugee samples. The authors observed that the 17 symptomologies associated with PTSD in both DSM-IV and DSM-V postulation on PTSD are influenced by three factors which are experiencing, avoidance/numbing, and arousal (Specker, et al, 2018). Together, these factors influence the 17 symptomologies of PTSD criteria; to meet PTSD criteria one traumatic experience must have occurred, a minimum of one reexperiencing of symptoms of avoidance/numbing and three avoidance/numbing symptoms, and two arousal symptoms (Specker, et al, 2018). Authors found similarities between prior PTSD diagnosis and a consistent confirmatory factors analysis (CFA) with DSM-V; however, DSM-V presents additional “four-factor Emotional Numbing model, the four-factor Dysphoria model, and the five-factor Dysphoric Arousal model” (Specker, et al, 2018, p. 2). The factors according to the authors overlap and no strict boundaries separate them. The authors argued that the DSM-V is a reformulation of DSM-IV which consisted of variation of presentation with the addition of self-destructive behavior, reactivity and

arousal and clusters; the reinvestigation was necessitated by new changes in the DSM-V (Specker, et al, 2018). Ironically, DSM-V is limited and the authors found the newly proposed six-factor models of the Anhedonia model to be superior (Specker, et al, 2018). Due to the unique experiences of war-affected populations which include torture, political persecution and bereavement, and post-migration stressors, the characteristic experiences of persecution and displacement which exerts strong influences on symptoms and are critical for interventions in this population are not reflected in PTSD diagnoses (Specker, et al, 2018). Limited samples of refugee populations exist and the varying degree of fit across samples and populations reveals inconsistencies in population in which the validity of DSM-V is in doubt especially in refugee and post-conflict societies (Specker, et al, 2018). The researchers conducted a study to using a sample of 246 non-western refugees and asylum seekers in Australia to investigate the validity of the criteria of Dysphoria and Dysphoric Arousal models and the proposed Anhedonia and Externalizing Behaviors models in representing the structure of PTSD symptoms in refugee population (Specker, et al, 2018). The authors used the Harvard trauma questionnaire (HTQ) consisting of 16 self-reported items measuring PTEs (Posttraumatic exposures) such as torture, forced isolation, and serious injuries reported, while posttraumatic diagnostic scale (PDS), a 20-item self-report measure used to assess DSM-IV symptoms of PTSD, while the adaptation of the scale is in line with DSM-V PTSD criteria corresponded to a DSM-V PTSD symptom. Findings of the research indicated a mismatch existing between PTSD validity and the diverse cultural contexts of refugees and conflict prone

populations, and the Anhedonia model as the best fitting model for refugee and conflict prone samples (Specker, et al, 2018),. The variation in outcomes of DSM-V PTSD across different populations (Specker, et al, 2018) means that the efficacy of DSM-V and PTSD is limited to context as opposed to generalizing across populations. The relevance of DSM is in doubt, however, when the contextual sociocultural and environmental factors are considered; it becomes unethical to apply either DSM or PTSD as a gold standard in all circumstances, contexts, and cultures. This position contradicts Kliem et al.'s (2016) argument that cognitive based therapy (CBT) is generalizable across communities regardless of the impacts of contexts and stressors. Green, Jordans, Kohrt, Ventevogel, Kirmayer, Hassan, Chiumento, van Ommeren, and Tol (2017) reviewed the World Health Organization (WHO) and the United Nations Refugee (UNHCR) agency humanitarian parameters of intervention in post-earthquakes in Haiti and Nepal, forced displacement among Syrians and Congo; the parameters includes “for whom, when, where, what, why, who and how” (p. 2). The critical parameters of the WHO and UNHCR intervention in the case studies were timely and rapid assessment of the situation taking into account sensitive cultural and demographics factors (Green, et al., 2017). The authors found academic systematic reviews as barriers to intervention in conditions that require concise and succinct information for immediate response by practitioners (Green et al., 2017). While timely humanitarian interventions are critical in provision of mental and psychosocial support regardless of contexts, the practicality and the reality have been challenging. The authors reviewed the UN and UNHCR intervention tools as first step

assessments and synthesis of culturally sensitive and context-specific demographical issues that may be programmatically receptive; however, practicality and reality is overlooked when academic systematic reviews are considered and these challenges become barriers in emergency humanitarian intervention cases (Green, et al., 2017). The authors observed that the intervention designs that overlooked sociocultural contexts contribute to poor assessment of the issues and problem diagnoses and all have resulted in ineffective interventions (Green, et al., 2017).

Primarily, international design of intervention framework often frustrates implementors' cultural sensitivity as the framework lacks consultation and appreciation of local norms and sensibility (Green, et al., 2017). Although the approach was successful within the location of the problem, the successes remained in the realm of emergency intervention at humanitarian levels. Importantly, it is context-specific and not generalizable, as investigators must explore the unique characteristic of the contexts (Green, et al., 2017). According to Subba, P., Luitel, N.P., Kohrt, and B.A. and Jordans, M.J.D. (2017), CIDT was a successful innovation relevant in scaling up access to mental health in resource-poor communities as evidenced by the experience in Nepal. The researchers describe research findings in which the CIDT tool was assessed for effectiveness on three levels: (a) comprehensibility: easily understood by people with basic literacy and is user friendly; (b) utility: usefulness of the tool to identify probable cases of mental health problems; and (c) feasibility: possibility to integrate the tool in routine work and to convince community members to seek care (Subba, et al, 2017). The

authors posited that the supply side challenges consisting of barriers to access and timely use of health facilities by individuals, households and communities; such barriers as out-of-pocket expenditures, stigmatization, long term treatment, social and family levels participation barriers, availability of treatment centers and experts persisted alongside demand-side challenges which continue to grow as supply-side challenges are being addressed. The Programme for Improving Mental Health Care (PRIME) in Nepal integrated mental health care with primary care improving supply side challenges was adopted from the Nepal context. Demand side challenges of mental health of affected persons and their families averse to mental health services and are compelled by social stigmatization associated with mental illness; and the lack of awareness and failure to accord priority to mental health and unavailability of mental health facilities have resulted in the underutilization of the mental health services (Subba, et al., 2017). The authors argued that in developing countries, mental health-seeking behavior is almost nonexistent (Subba et al., 2017). The development of the Community Informant Detection Tool (CIDT) derived from successful case-finding efforts in Nigeria and India was a culturally appropriate innovation in the detection and referral making component targeting five areas of mental health deficit: Depression, Alcohol use problem, Psychosis, Epilepsy, Children's mental health and detection (Subba et al., 2017). The CIDT is recommended for clinical assessment by a trained primary health care worker (Subba et al., 2017). CIDT was validated as effective in the Nepal context; 64% of the people identified by CIDT community informants had mental health problem after clinical

assessment was completed. Similarly, a different sample utilizing the CIDT identified and referred 77% of cases in a short time. The CIDT has been successful in scaling up access to mental health in poor communities (Subba et al., 2017).

Local NGO Leadership in Peacebuilding

Organizational leadership plays a critical role in how an organization's mission and strategic plan is implemented. The following reviews highlight the connections of NGO leadership to interventions in trauma communities. Since the 1980s NGOs have proliferated and intensified in communities across Africa (Bromell & Basham 2017). Uzegbuman (2013) traced the origin of NGO to antiquity, and argued that modern conception of what constitutes today as “non-governmental organization” is a derivation of Article 71 Chapter 10 of the United Nation (p. 208). Subsequently, international nongovernmental organizations (INGO) were derived from ESCOSOC resolution 288 (x) of February 27, 1950, delineating international nongovernment organizations as treaty bound INGOs such as World Trade Organization (WTO) and the United Nations Children Fund (UNICEF) from non-treaty bound international organizations and multinational corporations (Uzegbuman, 2013). According Uzegbuman (2013) “any international organization not founded by an international treaty was then referred to as an international non-governmental organization” (p. 208). Further, the consultative relationship between the United Nations and nongovernmental organizations in the 20th century was buttressed by the sustainability development goals of INGOs and other

organizations and Chapter 27 of Agenda 21, and globalization impacts strengthen the consultative relationships (Uzegbuman, 2013).

The growth of NGOs in Africa stemmed from inefficiency of the various governments (Bromell & Basham, 2017). Obiyan (cited in Bromell and Basham 2017) cited the international community's displeasure with the performance of the states in Africa as partly responsible for the proliferation of NGOs. By definition and function, nongovernmental organizations are typically nonpartisan organizations and function outside the realms of the government as nonpartisan and community-based organizations (Hiruy and Eversole, 2015). Uzegbuman (2013) argued nongovernmental representation of participation in NGOs is the hallmarks of NGOs, and in cases where government is funding NGOs, they are obligated to maintain nongovernmental status. However, in rare cases, Hiruy and Eversole (2015) observed the Australian experience where the government outsourced NGOs services, creating different institutional policies in the mid-1990's that synchronized activity of NGOs with government oversight to monitor NGO activities.

Current NGO research finding in Sub-Saharan Africa continues to attribute NGO capacity (funding and training) as a challenge for NGO effectiveness (Despard, Ansong, Nafziger-Mayegun, & Adjabeng, 2018). On the other hand, Campbell, Digiuseppe, and Murdie, (2018) found mixed reactions regarding the impact of international organizations development (INGOs) on capacity building in developing democratic and non-democratic countries. Democratic institutions tend to be more effective than

nondemocratic counterparts due to capacity building training (Campbell, et al., 2018). On the other hand, some scholars have argued that INGOs development weakens capacities in recipient countries where the government could potentially spur development (Campbell, et al., 2017).

Generally, NGOs tend to have a narrow and specific interest-focused agenda and operate independently from the government and corporations as non-profit or not-for-profit organizations, driven by specific values that distinguish their activities from government activities (Bromell & Basham, 2017). NGOs focus on giving voice to its target population and the grass roots which they represent on specific community interests (Huiy & Eversole, 2015). Some NGOs are focused on volunteering and selfless community services to improve the well-being of their members and community and/or to advance the interest of the poor (Bromell and Basham, 2017). In contrast, Uzegbuman (2013) argued that in Nigeria, as civil society organization, NGOs are legally constituted as non-state actors that are created legally and naturally by citizens. Further, Uzegbuman argued that the experience in Nigeria is such that once registered, NGOs are legal and independent entities of the government and that NGO operations are conducted independently as social organizations. Funding and manpower is a critical challenge for some NGOs (Bromell and Basham, 2017).

Interestingly, NGOs have expanded their activities in peacebuilding and other areas. Kithinji (2017) used the concept of NGO-ization to NGO proliferation in contradiction to sustainable development import in Africa. He viewed NGO proliferation

as an extension of liberal democratic theory, although aimed at service provision simultaneously rolling back the state in Africa. The elite's construction of civil society and engagement of local communities that is mostly conducted through elite members, as misrepresentation of local realities in Africa (Kithinji, 2017). Kithinji argued that the proliferation of NGOs has not resulted in sustainable development in Africa; instead it has created dependency relations between countries of the north and south. Kithinji argued that NGO proliferation in Africa is flawed in four areas: a) the ahistorical and apolitical explanation of Africa societies; b) the perceived notion that victims or the subject need aid and assistance in misdiagnosed problems; c) stereotypes on "compassion engineered from distant lands" (p. 42) and d) deeply incorporates passivity, non-activism and non-confrontational negotiation of the elite who are likely to go with the flow of incorporation because it suits their material conditions. These flaws make NGO proliferation, imaging, and representation of development in Africa deeply problematic (Kithinji, 2017). Furthermore, through a series of research questions, Kithinji (2017) argues that the proliferation of NGOs in the global south countries have been created and justified by images and perception that support interventionist frameworks. The interventionist approaches of NGOs seek to expand the market through liberal and democratic principles and processes of democratization which have also justified interventionism through international aid donors (Kithinji, 2017). Drawing on the Kenyan experience, Kithinji (2017) argued that NGO activities have proliferated because the post-colonial states have retreated from the public space, and in its place NGO and

civil society have become more visible in the provision of basic social services and other public need. The implication of the development of images and perception of development in the global south countries and the consequent NGO upsurge is at the heart of the preeminence of the binary images in peacebuilding intervention that promotes unequal and asymmetrical partnership between the developed and developing countries. Kithinji (2017) argued that proponents of foreign aid, donor, and foreign expatriates have no idea how these countries work socio-culturally (Kithinji, 2017). This assertion is consistent with Uzebuman (2013) who argued in support of “African Theistic Humanism” propounded by Dukor (as cited in Uzebuman, 2013) in NGO peacebuilding in Nigeria. The premise of the African Theistic Humanism which must be recognized by NGO peacebuilding is the philosophical idea restating that African ways of thinking, acting, and reaction to situations subsist regardless of the expatriate interventions (Uzebuman, 2013).

Huiy and Eversole (2015) conducted ethnographic research of community organizations in three Australian states of Tasmania, South Australia, and Victoria between 2010 and 2012 to assess the community’s perception of NGO-government relations as a result of policy. The authors used multiple sources of data through field participant observation and interviews from three Australian grassroots community organizations where over 40 events and meetings were attended and over 50 community members were interviewed, and NGO worker participation in activities such as events and meetings (Huiy & Eversole, 2015). Secondary data from newspaper reports were

used to analyze the interactions of the Australian community organizations with NGO and government and concluded that government outsourcing of NGOs is an aberration that has disadvantaged community-based organizations in Australia; it jeopardizes funding for the organization, undermines their values and interest, and incapacitates the ability to support economic and political participation of their members (Huiy & Eversole, 2015). .

Bromell and Basham (2017) on the other hand argued that post war Liberia lacked the needed capacities, funding, skills, knowledge, and manpower, and evidenced based interventions that could support reintegration of child soldiers and ex-combatants after the war, which led to international and local NGO support of efforts of the government. The authors noted while reintegration of the ex-combatant is critical, concern existed about what was being done to by NGOs to support the government and the affected communities (Bromell & Basham, 2017). The authors investigated the roles of international and local NGOs in integration of former child soldiers and ex-combatant after the war. A convenient sample of 54 NGO executives in Liberia was purposefully selected through a combination of convenient sampling methods. An online Survey Monkey survey was developed consisting of open and closed-ended questions to elicit response from NGO executives. Relevant questions for the study were based on “NGO staff demographics, the types of services provided, funding sources, estimated, cost of reintegration services, social workers’ roles, and important skills and training required” ((Bromell & Basham, 2017, p. 5). Further, the technological ways devised by the NGOs

to engage ex-combatants for service aimed at reintegration were identified and assessed by the research (Bromell & Basham, 2017)

Karray, Coq and Bouteyre, (2017) narrated the vicarious trauma experiences of four NGO staffs in two different crisis situations, and the interventions provided to support staff were novel and nontraditional. The focus of the study was the adaptation and adoption of new ways of thinking about new interventions by NGOs providing humanitarian support for NGO staff experience trauma in Haiti and in Syria. In both examples, the authors discussed the importance of innovation that supports the mission ethically and appropriately (Karray, Coq & Bouteyre, 2017). While it is common for workers to experience vicarious or secondary trauma due to exposure to traumatic experiences, NGO humanitarian interventions may be jeopardized without the flexibility and leader receptiveness to innovation (Karray, Coq & Bouteyre, 2017). In both the Haitian and Syrian experiences, the authors argued that NGO intervention have shifted from strict traditional approaches of direct session to online sessions with the clients (Karray, Coq & Bouteyre, 2017).

Stewart (2016) addressed the concern of organizational leadership generally. Stewart stated that over 67% of executives transitioning from their current position in 2016 was an opportunity for organizations to onboard leaders whose values were consistent with organizational value, and the risk is equally great if these opportunities are missed. The import of this to NGOs is that leadership, planning, and intervention are inseparable elements, and the orientation of organizational leaders is inextricably linked

to the internal and external climate of the organization which may have implications for the populations served (McCuddy, 2008). Essentially, the accommodation of organizational complexities associated with leaders' values is likely to give way to or accommodate organizational changes (Stewart, 2016). Importantly, the development of leadership values and the perception of leaders behavior and reactions to a plethora of complexities and uncertainties in the environments where the decision-making process takes place are critical for understanding how leaders' core values become tested; their response was a central focus of this study. Kerns (2017) addressed leader's values as universal principles are an extension of human behavior that is critical for human and community development.

Perez (2017) has argued that the impact of globalization on leadership practice has further compounded the problem of leaders' values in the organizational setting. Perez suggested that despite extensive research on leadership, the impact of globalization on leadership processes continues to be underexplored. While globalization has influenced leaders' orientation; perception about leadership is no longer the same as a result of influences due to differential values and cultural practices (Perez, 2017). Perez (2017) argued that the impact of globalization on leadership process has gone unnoticed in the literature. While globalization has influenced leadership, it is no longer tenable to view leadership as context specific, as global contexts influences and shaped values and cultural practices (Perez, 2017). According to Perez (2017), the enormity of the impacts of globalization on leadership continues to affect leader's expectation. Perez argued that

the processes of the political, economic, and sociocultural systems of countries are integrated and assimilated and technological adaptation have influenced and shaped leadership processes. As a result, the consequences of globalization for leadership have been the transformation of interactions that occur on different levels among different cultures and leadership (Perez, 2017).

Byrtek and Dickerson (2013) on the other hand, argued that practice-oriented, evidenced-based approaches to leaders and management is limited in the literature, and the research on leaders' values as it relates to practice is generally scarce. Kerns (2017) argued that core organizational values are relatively stable over time while peripheral values are situational and can shift depending on the situation. Kerns further observed that leader's self-knowledge or acknowledgement of their core values is most helpful in making value judgments that are congruent with organizational values because leaders are best able to determine the extent to which their self-value and organizational values meet based on the acknowledgement of these sets of values. Kerns stated that key executive and management leaders' core values are critical values that influence behavior and performance at organizational levels and argued for leader's adaptation of core values to practice. The author developed a framework 'core values-management cycle' from reviews of decades of study in which he identified four phases of core value management by leaders (Kerns, 2017). The first phase, Identification-Prioritizing Clarifying, comprises a standardized questionnaire, the Values In Action (VIA) survey, consisting of 240 items that assess individual values and character from 24 universal

values in which five core values are identified (Kerns, 2017). The second phase comprises Affirmation, understanding of the values after the values have been identified; the expectation is to seek further clarification and prioritize the values (Kerns, 2017). The third phase is Optimization integrating: once the values are identified and affirmed, the next step is the integration of the values into one's work (Kerns, 2017). The fourth phase, which consists of (a) Measuring and (b) Evaluation is the assessment of these process against outcomes (Kerns, 2017).

Furthermore, Kerns (2017) identified seven steps that would further enhance the management of each phase.. As indicated by the author, the core values-management cycle attempts to help practitioners adapt unique core values which may influence behavior and performance as executive and managers. As the literature indicated, limited practice-oriented leadership with evidenced-based approaches exists for leaders and management (Byrtek & Dickerson, 2013).

NGO leadership and peacebuilding planning and interventions are closely related subjects. The consistency of the leader's orientation and leadership style and personal value congruence with organizational values are important for organizations and organizational leadership and outcomes. As I have indicated earlier, the research question will explore leader's orientation and values; this approach is significant because of the use of complexity theory in peacebuilding; to be consistent with this approach, the research must include the ability to explore the leader's perception of the complexity of

the problem. Simultaneously, the ADKAR change model will explore barriers to change due to the complexity problem.

Peacebuilding Implications

The above discussion has implications for peacebuilding at the local level of intervention because community violent conflicts are local conflicts induced by sociopolitical, economic, development, and cultural factors (de Coning, 2012). The primary focus of peace building is sustainable peace through strengthening national capacities to avoid relapse of conflicts (de Coning, 2012; Hamber & Gallagher, 2014; Peacebuilding Fund, n.d). The concept of peacebuilding was first articulated in 1992 by the former U.N. Secretary General Boutrou Boutrous-Ghali as action aimed at building structural support with the purpose of consolidation of peace and prevention of relapse of conflicts (U.N. Peacebuilding Fund, n.d.). In 2007, the Secretary General's Policy Committee described peacebuilding as a range of measures designed to strengthen capacities with the aim of promoting sustainable peace and development and stated that these measures must be tailored to addressing specific needs of the communities or countries (U.N. Peacebuilding Fund, n.d.). De Coning (2018) stated that the framework of peacebuilding consists of all the actions undertaken by local actors and international communities aiming at consolidation of the peace through prevention of relapse into violent conflict. Peacebuilding, thus, seeks to find sustainable peace through means other than psychological intervention. De Coning (2012) further argued that the inadequacy of the current definition of peacebuilding is echoed in the determinist-design of liberal

peacebuilding approaches as ahistorical (de Coning, 2012). While the bulk of the research in behavior and psychiatry have attributed the impact of violence on perception, cognition and aggression, the lackluster and complacency of practitioners of peacebuilding has raised ethical concerns (Porter, 2017). The challenge of lack of coherence and poor coordination is a major problem in peacebuilding (Hamber & Gallagher, 2015; Igreja cited in Hamber & Gallagher, 2015). Reimer (2016) also argued that the theory and practice of conflict deeply flawed with inconsistencies as barriers to sustainable peace.

Multiple studies have attributed ineffective planning and implementation of peace building activities to poor coordination and incoherent linkages of relevant units (Björkdahl & Höglund, 2013; Leonardsson & Rudd, 2015). The emancipatory and conflict transformation perspectives that emerged in the 1990s aimed at shifting the focus of intervention to the expansion of local capabilities of local resources as primary drivers of local initiatives for peace (Paffenholz, 2015).

The contrasting theoretical approaches made integration impossible as both approaches aimed at reaching sustainable goals with little complementary outcome. The view that externally motivated peace building arguments underlie emancipatory perspectives encouraged resistance from within (Paffenholz, 2015). In contrast, the Lederach perspective in which the local resource is preeminent for peace underlies the transformational perspectives focusing on partnership and collaboration with civil society organizations and communities for the purposes of influencing policy nationally with

local levels of intervention (Paffenholz, 2015). This approach continues to be problematic and intolerable to target population because of the strong influences of the evasive and invading imperial character of liberal approaches despite inclusivity of local initiatives (Paffenholz, 2015).

Similarly, the local turn initiative of peacebuilding has been criticized for reinforcing neo-liberals' intervention agenda, and misconstrues local political and power-grabbing of the elites in the analysis of the local turn. Both approaches are limited because of their focus on reconstruction of infrastructures, building human capital, training personnel and establishing processes (Paffenholz, 2015). The oversimplification of the *local* as merely geographically homogenous reintroduces the problematic *local vs national and national vs international* dimensions in peacebuilding (Paffenholz, 2015). Ernosterfer et al. (2015) presented two projects led by the Collaborative for Development Actions on Reflecting on Peace Practice Program (PPP) covering 1999-2003 and 2007-2011. The authors tested the hypothesis whether cumulative peace writ little (pwl) initiatives will affect changes in Peace Writ Large (PWL) program if pwl intervention at the local levels increased and meaningful. PWL issues such as sustainable peace efforts through termination of violent conflicts and focusing on large scale reforms, i.e., economic, political and social issues that are national, sub-regional, and regional level-focused are less meaningful and less impactful to local people (Ernosterfer et al., 2015). On the other hand, , PWL is meaningful where grassroots mobilization are linked to more people and key people are involved (Ernosterfer et al., 2015). Lee (2015) discussed the

motivation behind local resistance to international peacebuilding. Lee (2015) suggested that the failure of these binary discussion which impact networking with other stakeholders have failed to address local actors' specific motivation for resistance, and that the cultural incompatibility thesis contributed to the problem of sustainable peace. Lee argued that unlike organized resistance, local resistance is mostly spontaneous, accidental, non-systematic or tactical and unintentional. He argued that the UN-led rehabilitation in post war Cambodia failed because local people felt excluded and marginalized by the new land policy implemented as part of the peacebuilding process . The cultural interpretation of land ownership which contrasted the UNTAC and other international organizations idea of private ownership of land generated passive resistance.

Contrary to the earlier typology in which a perceived cultural incompatibility causes resistance, principle-oriented resistance is a supportive program and local people are unlikely to reject the program; resistance is “less proactive and takes the form of non-participation or passive participation” (Lee, 2015, p. 1443). Lee (2015) argued that in the Cambodian contexts, local participation was passive and even though the cultural factor was not disruptive, it was present; addressing the incompatibility issues is the main concern. Lee identified interest- and power-seeking resistance as motivation that inspires local level self-interest or power; the program aims to maintain the status quo. Another motivation for resistance that frustrates peacebuilding is when the program outcome is at variant with local need. This occurs when local actors are uninformed about the peacebuilding process and the program appears as an opportunity for resistance (Lee,

2015). In response to what was regarded as the crisis of liberal peacebuilding, Randazzo (2016) argued that the program was “increasingly perceived as a heavy-handed intervention” (p.1352) dominating peace and conflicts studies of the early 1990s and 2000 until mid-2000 when a rethink of peacebuilding-local turn began to challenge liberal assumptions that undergird interventions. Liberal peacebuilding was consequential for unsustainable peace (Randazza, 2016). Furthermore, Randazzo (2016) also argued that much of the peacebuilding challenges resulting from top down were problematic and limited; liberalism tends to expand itself in the local non-liberal communities by worsening security and economic conditions through unsustainable economic initiatives that encounter resistance typified by the Cambodian experience (Lee, 2015).

Liberalism has been criticized as being exclusionary, hierarchical, and hegemonic in practice in which the relevant counterparts as ‘homogenous and disorderly (Ginty, 2015; Heathershaw, 2013); the consequence of liberal cultural hegemony is foisted on development and peacebuilding ideas that are predicated on a reflected (not hybrid) hegemonic culture, ideas that discourage and despise local partnership in local subordination (Randazzo, 2016). Further, the linearity and rigidity of liberalism have been detrimental and contradictory for fluid and complex contexts (Randazzo, 2016). In contrast to the top down liberal peacebuilding approaches, Hayman (2013) has identified the effectiveness of locally led initiatives over internationally led initiatives, and is fostered around partnership principles in which initiatives are primarily locally led. The

logic of the locally led initiative according to Hayman is defined in three ways, “locally led, locally owned, and locally delivered” (p. 18). Locally led suggests that the priorities of the initiative are set by local partners; the external origin of the idea does not delegitimize the initiative as over time, locally led organizations will transform the program into locally owned (Hayman, 2013). Locally delivered initiatives are locally implemented initiatives in which local partners are not involved in setting the priorities. Local first or locally led initiative focuses on local capacity first, and explores external resources where capacities are lacking (Hayman, 2013). Evidently, in the case of the Democratic Republic of the Congo where Peace Direct initiatives partner with Centre Resolution Conflicts (CRC) and locals such as journalists, faith leaders, and local government officials in identifying, prevention and de-escalation of, as well as assisting in, reintegration into the community process of ex- combatant (Hayman, 2013).

Developmentally, local capacity is optimized, an advantage when initiatives are locally led as opposed to the top down approaches in which local partners are stymied and treated as contractors. Because of the length of the process, locally led initiatives promote sustainability; however, the gestation period for initiatives can become a challenge as evidence from the DRC has shown that scaling-up success takes time (Hayman, 2013). Kappler (2015) contributed to the argument of local by drawing attention to the politics of peacebuilding from which the idea of localization and relocalization become prevalent. According to Kappler, the localized and nonlocalized (international) aspects of peacebuilding are perceptions rather than real, and they are

perceptions that have dominated peacebuilding for decades and fraught program effectiveness and sustainability. Koppler argued that although there has been a shift from the perception where binary construction of local versus international to “going local” (p. 882) where local capacities are coopted as part of the peacebuilding process, the static construct of local predominated peacebuilding and reflected the authoritarian top down intervention that created more problems. Instead, going local’s emphasis on processes in which actors situate themselves by taking into account the fluid process is only just emerging. The counterbalancing idea of the delocalization and relocalization which suggests the fluidity and interaction of the local and international as intertwined resource became the panacea of peacebuilding in recent times. However, for decades the idea of local as a power construct reflected lack of capacities, failures, and mostly problems; arguing from the Balkan perspective, while conflicts in the region in the mid-1990s may be local, they also had regional and international influence and impacts (Koppler, 2015). Similarly, Ginty (2015) argued that the continuing attribution of derogatory perception and imagery of local in concrete terms as traditional, static, rural, and persistent demonization of local, is at the core of why a local initiative needed to be saved and by that have created mediocre practitioners from both hemispheres.

Ginty’s (2015) presentation of local as virtual as opposed to geographical is instructive in many ways because it diffuses the geographical idea of local that fostered identity and power dynamic between the local versus international syndrome. He offered the local as de-territoriality or non-localization or deconstruction of the idea that it is a

representation of a geography; rather he viewed the local as a network, the sharing of ideas, and relationships, which help shift the discussion that separate international, national and local actors. Similar sentiment is expressed as undermining efforts at sustainable peace when local communities lack essential capacities (Coining, 2014). According to Smith (2014) the demonization of communities as deviant and failing tends to foreclose discussion of potential strengths and/or capabilities of these communities let alone support them. In other words, not all local conflicts are local and their resolution lies in fluidity of peacebuilding techniques and processes. Therefore, delocalization reflected the deconstruction of the rigid local identity as means to relocate through the exploration of networking, capacity building, and innovation; this position is consistent with leaders' roles in creating processes and innovation in organization. Leonardsson and Rudd (2015) agreed with Koppler on a majority of the issues of local turn interventions in the contexts of centralization and decentralization which consider political contexts because of the differential political systems and the degree of elite capture. For instance, Leonardsson and Rudd argued that to decentralize is dependent on the political elites and the political leaders. Presenting reviews of literature that support and justify local capacity building responsive to the human need at the ground level; interventions as Koppler had earlier observed, have served to promote liberal agendas (Leonardsson & Rudd, 2015)

Clearly, unlike top down approaches, locally led initiatives provide a useful framework that builds local capacity and initiative; by so doing, the initiatives consider

local resistance as well as the cultural and sociopolitical situation of communities, the reverse which have may have been to disrupt because of the exclusive interventionism. This framework exposes the weakness and limitation of top down interventions; as local capacities are undermined, leaders need to assist in building capacity-ready skills to promote interventions and local capacity that legitimizes intervention and discourages resistance. Vieira (2016) provided an explanation of how neoliberal agenda escalated the civil war in Sierra Leone. Isifu (2016) decried lack of collaboration between local and international partners. Similarly, Ginty (2015) used the term de-territoriality or non-localization as means to stress stakeholder tension. Bjorkdahl and Hoglund (2013) stated that the contradictory peacebuilding principle has contributed to more conflicts and argued that peacebuilding has reflected political objectives. The recognition of African institutions of justice that were thought to aid interventions because they were based on reciprocity continues to be an issue (Hyden, 2014). Other scholars have expressed similar sentiments (Leonardsson & Rudd, 2015; Mcandless, 2013; Ernstorfer, Chigas, & Vaughan-Lee, 2015).

Preventive actions could take the form of intervention by a third party such as government and church leaders. To deescalate community conflict, Bayim (2015) advocated for a third party intervention to include the government, religious leaders, and community leaders. . Further, leaders of rival communities can initiate their own processes for resolving communal conflicts. To properly address the issue at stake, however, it is sometimes necessary that mediation efforts include both external and

internal interveners. Adesina (2014) argued that traditional African practices of dispute and conflict resolution is active even though many of the western institutional practices threatened them. Adesina observed that the growth of a global culture of human rights and a proliferation of international organization and tribunals have not resolved violent conflicts in many parts of the world and, particularly in Africa. Adesina discussed Ilepa, the ritualized traditional peace-making process among the Yoruba people as an alternative conflict resolution tool which should be promoted in the face of unresolved community conflicts. The potency of traditional and ritualized traditional African conflict resolution methods such as Culo, Kwor, Mato, Oput, Kayo, Cuk, Ailuc and Tohu ci koka were promoted as part of conflict management and resolution in Rwanda and Uganda (Adesina, 2014). Igreja (cited in Hamber & Gallagher, 2015) discussed similar intervention patterns in the healing process after the war in communities in Mozambique. Adesina (2014) suggested modification and integration for peace and conflict resolution. Duru et al. (2014) has expressed similar perspectives among the Igbo traditional culture. Engagement with divinity through expression in the forms of incantation, invocation of the gods, and spiritual chants to ancestors is a central part of conflict management (Duru et al., 2014).

Hyden (2014) stressed that African institution such as justice based on reciprocity has not been fathomed into peacebuilding on the continent. He argues that agreement tends to be abandoned when there is a higher cost of adherence but demonstrates that local institutions are critical for peacebuilding in African communities. Issifu (2016)

stated that local initiatives that support interventions have been ignored by Western leaders and donors. Local initiatives continue to be relevant but the management and resolution of conflicts are not integrated. Issifu's position reinforces the contradictions and friction in peacebuilding and local-international peacebuilding divide. Leonardsson and Rudd (2015) discussed the origin of local in peace building and stresses local capacity and the danger that lack of local buy-in into local peacebuilding can be a problem. They affirm ownership of peacebuilding by local actors as an essential component of the effective intervention. McCandless (2013) examined the ongoing challenges of peacebuilding outcomes in fragile communities and opened up the argument/dialogue whether or not international actors should include national actors at the helm and drivers of local peacebuilding. McCandles, Abitol, & Donais (2015) argued for vertical theoretical approaches in the coherent consolidation of peace practices which result in a society-wide initiative. Vertical integration theory is the intersection of interests, priorities, and power of different sociopolitical and economic actors at multiple levels.

Omach (2016) examined the role that civil society organizations play in providing counseling in the aftermath of conflicts and raised some ethical issues/concern in Uganda that may be relevant in discussing similar problems in Nigeria. Paffenholz (2015) argued that binary and essentialist understanding of the local turn in peacebuilding stymies peacebuilding interventions. Smith (2014) identified a long-standing argument in the peace building arena that liberal peacebuilding mechanisms have adverse peacebuilding

outcomes and stressed the importance of local or neo-patrimonial resources in managing peace. She drew experience from Indonesia. She also discussed the pros and cons of illiberal peacebuilding mechanisms. Scheierenbeck's (2015) discussion on strengthening local democratic institutions provides insights into examining the democratic structures that support interventions. Kappler (2015) challenged the binary local and international debate in peacebuilding tradition. The author argued that it is a mistake in the consolidation of peace circles to view local as static and argues for the processual understanding of localization. Using examples from Bosnia-Herzegovina and Cyprus, Kappler notes that positional argument is inconsistent with socioeconomic and political contexts that are undergoing changes in more fluid and subtle environments.

Summary and Conclusion

The impact of psychological trauma on victims is profound; trauma can disrupt identity development (Berman, 2016). Moreover, Berman (2016) and others have stated that trauma can also result in positive growth, but others, such as Diamond et al. (2013), identified the inelasticity of resilience and suggested limits to positive growth and resilience over time.

Victims and survivors of trauma often have their beliefs systems, values, self-worth, worldview, and perception about the sense of self reevaluated and challenged, which is consistent with identity change process (Craib, 1998). Craib (1998) distinguished individual identity (*myself or I*) from social identity (Tafjel, 1981; Tafjel & Turner, 1979) (Tafjel, 1972) which he described as individual's emotional and

psychological attachment to certain social group; social identity may mean physical rejection or psychological detachment from prior social identity. Further, Craib noted that the self is in flux, reflexive, and with experience, receptive to change and negotiation. In difficult times, Craib argued the self readjusts, revamps, renegotiates, and relaunches itself at regular intervals, and in some cases “commercialization of relationship” occurs (p. 3) in which the self-re-classifies and re-categorizes in the social identity process for many reasons and purposes (Tafjel, 1972; Tafjel & Turner, 1979). According to Somer and Atari (2017) personality changes due to psychological trauma in conflict zones have had adversarial impacts on victims, and it is imperative for interventions to recognize and accommodate identity flux and to accommodate negative community-wide implications.

Chapter 3: Methodology

Introduction

The purpose of this qualitative case study was to explore the experiences and perceptions of local administrators from selected NGOs in northern and southern Nigeria. I collected and analyzed qualitative interview data reflecting NGO administrators' perspectives, experience, values, and orientation as they related to program planning and intervention in CTS communities. The social change potential of the study involves its potential to affect Nigerian local NGO administrators' perceptions of peacebuilding interventions in communities that are experiencing persistent and recurrent violence.

In this chapter, I focus on methodological issues and the study's research design. The chapter encompasses research design and data processing, recruitment, participant selection, sampling, and sample size. Ethical considerations and how trustworthiness, quality, and transferability were ensured are discussed and presented in this chapter. I present the rationale for the research design as well as my roles as the primary instrument of data collection.

Research Design and Rationale

This research problem was best suited for qualitative research inquiry because the purpose of the research was to explore local NGO administrators' perspectives regarding program planning, development, problem formation, and intervention strategies in affected communities. I collected primary data through qualitative interviews using unstructured opened-ended questions, and I complemented the interviews with review of

archival materials such as publications, reports, and research papers, as well as review of other relevant materials such as NGO websites. Yin (2017) stated that the rationale for conducting qualitative interviews is to capture contextual conditions and participant perspectives. My rationale for the choice of research design involved the potential for data collection to facilitate understanding of the identified research questions.

Quantitative research was unsuitable for this study because of the exploratory nature of the study.

NGO administrators were predisposed to provide data for analysis that were relevant to my research question. Statistical data were irrelevant to this research. Qualitative methods of inquiry are premised on constructivist and interpretivist epistemologies; therefore, data were collected in the natural settings of the participants. Moreover, the case study method applies subjective meanings to perceptions and experiences because of the aforementioned philosophical leaning, and participants' experiences undergo interpretive analysis of subjective experience based on individual experiences of the world. This approach contrasted with positivism in that I did not subject participants to a controlled environment (Patton, 2015).

As Yin (2011) indicated, what justifies case study design is the motivation to explain the meaning of lived experiences of participants in their natural settings. Qualitative research employs naturalistic inquiry methods in that the approach to participants is noncontrolled, nonmanipulative, and open to participants' natural and unfolding setting (Patton, 2015). An emphasis on the real-life experiences of participants,

the extraction of raw and nonmanipulated data, and the effort to make sense of complex meaning are core elements of qualitative research methodology (Yin, 2017). I found qualitative inquiry relevant for this study because the design aligned with the purpose of the study, which was to understand lived experiences of local NGO administrators in their natural settings.

The suitability and desirability of the case study method derive from the potential of the design to reveal multiple properties that are relevant to the case over time through an in-depth and sustained process with the aid of qualitative interviewing. The natural setting of participants enriched the study and increased the quality of the data because context was important, as Yin (2017) suggested. Yin outlined a methodological process through which a researcher can explore continuous and cumulative events, unraveling the nuances of these events and the conditions and contexts in which they are embedded; this process was particularly significant to this study, in which I sought understanding of continuous trauma processes in communities. In applying the case study design, I found this alignment rewarding. Further, the multidimensionality of the contexts that undergird case study methodology also aligned with the complexity of the issues in my study.

Research Tradition

The research tradition in which I conducted this study is philosophically constructivist and interpretive (Patton, 2015). Using case study design, I explored the experiences and perceptions of NGO administrators in communities in northern and southern parts of Nigeria. Yin (2017) summarized qualitative research as predicated on

the exploration of problems progressively through sustained and extended time.

Furthermore, Yin argued that the quality of qualitative research depends on in-depth data that are collected over sustained and extended time in the field. The potential to generate multilevel cases from a single case is an important attribute of qualitative research that is lacking in quantitative research. This superior ability of qualitative inquiry is particularly relevant to a research problem that is evolving and focusing on complex contextual problems that are intricately interwoven.

Yin (2014) stated that it is possible for multicase scenarios to reveal “a continual flow of variables that is relevant to the study and cannot be ignored” (p. 142), a major limitation of quantitative research methodology. A detailed analysis of a problem implies that there are multiple and cumulative conditions that are relevant to a case and cannot be ethically ignored by the researcher. Further, a limitation of cross-sectional studies, survey research, and snapshot designs is the failure of these designs to ethically and validly accommodate the amount of detailed information involved in complex problem analysis without causing internal and external validity threats, which are problems in relation to the quality of quantitative research. Moreover, multilevel qualitative case study design requires an understanding of different levels of problems that can be achieved through case study design. Such design can unravel different cases, generating thick and robust data; a single case may be inadequate to understand rich and sustained data over time.

As I indicated earlier, CTS is a relatively new concept in behavioral research, and in the contexts of Nigeria, experience at a ground level reveals inverse realities, as

stressful conditions and psychological threats remain contradictory to research indicating the opposite. While CTS conditions are prevalent in Nigeria, no research on these conditions currently exists, and therefore the concept of CTS experience is relatively unknown there.

One way to understand these realities and their impacts and dimensions is through case study research. The nuances and dynamism of emerging subjects and case design are best explicated by case study, which has the ability to “zoom in” on case details, thereby unraveling complexities, opportunities, and problems.

Rationale for the Chosen Tradition

I chose qualitative case study for this study over the quantitative method because the purpose of the study was to understand local NGO participants’/administrators’ experiences of CTS conditions and how these experiences translated into program planning and intervention in affected communities. This aim made case study the preferred design for this research. Program formulation can be understood through engagement with program planners to understand their orientation, perception, and philosophies within the context of an NGO’s mission and vision.

The purpose of the research therefore required a method of exploration of subjective experiences of respondents. Qualitative and quantitative data collection have different and contrasting processes and outcomes; whereas qualitative interviews require rapport and relationship building to explore subjective experiences of respondents, surveys and questionnaires in quantitative data collection are inflexible and rigid (Yin,

2011). Because little is known about the issues of CTS, qualitative interviews are suited for exploring the nuances of CTS in affected communities and revealing contradictions among participants with the goal of promoting social change. Moreover, case study and qualitative interview processes are predicated on the analysis and interpretation of subjective meaning of the experiences of respondents, which is at variance with positivist approaches. In this regard, I collected and analyzed subjective data on the experiences of participants in order to recommend a social change process and issue a call to action.

In line with my research purpose, two other reasons supported my choice of a case study methodology over other methods. Because I wanted to gather and analyze participants' stories, I required a two-way conversational mode of interaction using open-ended questions (in unstructured interviews) as opposed to closed (structured) questions. Engagement is constrained in structured interviews, surveys and questionnaires (Yin, 2011). Further, case study research is more likely to disrupt existing harmful practices by potentially introducing positive social change.

Role of the Researcher

As the main instrument in this research, I declared that in 2001 to 2005 I had been the program officer of a local NGO in Nigeria. In my capacity as program officer, I worked with other NGOs in Nigeria to implement programs. However, my engagement was professional and presented no conflicts of interest. I had not had any engagement with the participants prior to the research. Further, I jointly determined the location of data collection with the participants. As the instrument of data collection, through using

an unstructured interview process that allowed for minimal interjection, I ensured that my biases did not affect the outcome of the interview. As the research instrument, my observation and interaction with the setting and communities were important because of the impacts I might have on the quality of the research. Although the communities that I visited for interviews were not in a state of war, I was able to observe threatening conditions such as the presence of soldiers in several communities. I observed threatening urban conditions. I observed that in communities, threats were subjective, and people still engaged and socialized despite ongoing threats. To reduce my biases, I analyzed data solely from the participants' perspectives. Yin (2017) warned that a researcher's knowledge and views that might affect the research design and data collection must be assessed and declared as part of the ethical and institutional review process.

Researching conflict areas can potentially be a dangerous endeavor. I reduced gate-keeping through initial contact and engaged in trust building, giving participants opportunities to seek clarification and setting expectations for the interview process.

Methodology

Participant Selection Logic and Instrumentation Process

The first step in ensuring the validity and viability of the study was to determine that the research topic was researchable and feasible and that the phenomenon being researched actually existed in the field. I spoke anecdotally with experts in the field who were not included in my study sample, and they confirmed that although the CTS

condition is prevalent, no research on it currently exists; to date, no research exists on CTS intersectionality with peacebuilding interventions in Nigeria.

In this section, I describe the modalities and rationale for the preliminary interviews, outlining and describing the process of these interviews. Furthermore, I describe the logic for participant selection and the instrumentation process. The section concludes with outlines of the procedures for participant recruitment and data collection. This is particularly important because of the relatively nascent emergence of CTS as a concept in the field.

The purpose of preliminary interviews was to refine the research question to aid data collection. Patton (2009) and Yin (2017) agreed that preliminary interviews are useful first steps toward ensuring validity and are consistent with the qualitative inquiry method. Sekaran (2003) observed that through a preliminary interview process, reliability of the concept is measured without bias when the concept is consistent. Purposefully, I used the preliminary interview process as a means to confirm the reality of the issues in the field. Just as a pilot study is a miniscale methodological test ensuring that methods and ideas work in real life, a preliminary interview ensures that, operationally, the reality of the concept exists in the field. This also helps the researcher to make adequate preparation for field work and refine research questions.

People living in communities in northern and southern Nigeria experience persistent trauma daily, but there is no academic research that captures these realities as ongoing. Moreover, research in peacebuilding treats such problems as protracted, and

interventions have neglected the behavioral aspects of psychological trauma and threats due to ongoing exposure to violence. The relevant connections of CTS conditions to incidents induced by threats of violence are often misunderstood or misaligned despite the prevalence of the problem.

I included a small but focused sample of eight participants selected from four NGOs, consisting of two CEOs cum field coordinators and program officers and managers) for the purposes of providing data/information. I spoke with experts in the field, and these individuals affirmed that the research topic was relevant and timely and that the issues were pertinent and consistent with people's daily experiences. Furthermore, these experts observed that NGO leaders have struggled with training around the specificity of continuous trauma because this topic has not been researched. Based on their experience with affected communities, the experts believed that the reality of the problems had not been codified, named, classified, and/or categorized and had implications for local NGO interventions.

Procedures for Recruitment, Participation, and Data Collection

Recruitment was based on the case selection method because it offered the opportunity to simultaneously integrate selected cases and case analysis. Seawright and Gerring (2008) observed that case selection and case analysis are intertwined. This means that there should not be significant difference or separation in the method of recruitment of respondents and the method of analyzing the case in question. In other words, the case is predisposed to provide relevant data for analysis based on rich

experience and knowledge of the issues and problems. Although the problem of representativeness is an important consideration in research, identifying a truly representative sample is a challenge (Seawright & Gerring, 2008). No clear-cut or clear path of separation between cases and case analysis exists; qualitative research offers opportunities for the integration of cases that are analyzed simultaneously (Seawright & Gerring, 2008). Further, Seawright and Gerring observed that the process has implications for sampling. For instance, the nonrepresentativeness of purposive sampling in qualitative sampling recruitment proves to have stronger utility outcomes than randomized sampling, which tends to result in larger N samples but weaker quality of data; however, purposive sampling raises issues of reliability and generalization (Seawright & Gerring, 2008). Malterud, Siersma, and Guassora (2016) corroborated this claim and argued that large samples do not necessarily correspond to rich and detailed data, which are the focus of a qualitative case study. Random sampling is unnecessary or irrelevant when using a small number of cases to answer interview questions (Seawright & Gerring, 2008). Further, the nonlinear process of case selection, which ensures the integration of multilevel analysis, is particularly relevant because of the adaptation to complexity. In this study, purposive sampling and a small number of cases took precedence over statistical power in quantitative data seeking inferences; further, my focus was in-depth data generation as the determinant of reliability.

Similarly, the information power model of qualitative case study research favor limited, but focused and saturated data for in-depth analysis (Malterud, et al, 2016).The

aim of a purposive sample is the collection of data from respondents who could provide purposeful and relevant account of their experience. Although credible participant selection process is necessary to establish reliability and validity in research, however, so far, reviews of the literature indicated that participant selection is extremely challenging. Miles, et al (2013) observed that there are multiple factors that makes sampling tedious and challenging exercise. Furthermore, Miles et al. (2013) added that social problems may proliferate creating complexity of problems for cases to be identified. Additionally, the complexity of settings may be affected by other sub-settings and subcultures which may further complicate the selection process (Miles, et al, 2013). Amintoosi, et al (2015) described as challenging in identification and recruitment of participants for a web based research thus reducing the validity of the study.

Purposive or purposeful sampling is used in this research to collect data from participants. Purposive sampling, according to Frankfort-Nachmias and Nachmias (2008), is solely dependent on the researcher's subjective judgment of who could provide needed and relevant data. The researcher determines and provides justification for whom to include or exclude in the sample (Frankfort-Nachmias & Nachmias, 2008). In this research, are purposefully selected using samples that could provide relevant data that could help answer the research questions.

A non-probability sample design rejects random sampling; however, I randomly selected ten NGOs in Nigeria using Google search engine. Then I used purposive sampling is used for the selection of purposeful sample of local NGOs leaders in Nigeria.

Transferability is increased because selective criteria and steps are confirmable through peer checking. Relevant sample are selected from multiple of NGOs and the focus of data collection is based on specific sets of problems which the sample are predisposed and are able to provide detailed descriptive data. Unlike probability sample that seeks to randomize and control; to correlate sample and population with the purpose of generalizing the outcome across the population. In contrast, a purposive sample focuses on the relevance of the sample in relation to problem. The flexibility and suitability of non-probability sampling is amenability of the approach to qualitative data. I have ruled out probability sampling procedure as irrelevant and unsuitable for this research because it does not address they research question and problem.

Sample Size

The information power model stated that the sample size of focused respondents in qualitative interviews need not be large if the respondents are positioned to provide rich and saturated information (Malterud, et al, 2016). A sample of eight NGO administrators for this study was consistent with Malterud, Siersma, and Guassora (2016) stipulation in which considerations about study aim, sample specificity, theoretical background, quality of dialogue, and strategy for analysis determine the saturation of data and information to be gathered from respondents forms the basis of sample selection. According to Malterud, et al (2016) the power of data in qualitative research is determined by the sufficiency of information to be provided and who provides this information as predictive of robust and thick data for analysis. In this research, I have

determined that local NGO executives or managers, field officers would provide rich data based on their experience and skills in program planning in the community. This is consistent with de Coning's (2017) assertion that local actors' resources and experiences are crucial for effective outcome in local peacebuilding. Furthermore, and in line with Malterud, et al, (2016) a limited number of NGO leaders with rich experience is sufficient for this research because of the narrow focus of the study on NGO leadership experience.

For the purpose of data collection, I have selected four local NGOs from ten randomly selected NGOs using Google search and snowball methods. Snowball effect was achieved from participant's introduction to relevant NGOs. This contrasts large sample size and broad exposure with limited focus and limited expertise with general knowledge of the problem (Malterud, et al, 2016). Inclusive criteria was based on the experience of the participants, the mission of the NGOs, population and community served familiarity with trauma and or mental health interventions, gender neutrality, legal entity (registration), experience in program planning, and intervention in the community.

Unstructured and semi structured interviews with opened ended question were administered to explore experiences, motivation, perception, values, orientation, training, and other subjective but relevant data from respondents.

Data Collection Process

I conducted open-ended interviews with NGO administrators; the expectation is that saturated data will be collected from a limited sample of focused respondents with

rich experience on the problems to provide detailed data to the interview question. My expectation was to conduct eight separate interviews. In this interview process, open-ended interview questions were used to facilitate as well as explore subjective responses consistent with qualitative inquiry method research protocol. Further, I sought permission to review secondary data such as legal documents, reports, and relevant documents that support the study. Initial rapport building is necessary for a soft landing; I made initial contact ahead of time to give room for gate keepers to feel comfortable with the process prior to actual field work.

Data Analysis Plan

Inductively, descriptive content analysis in qualitative research is a process in which data collected is transcribed using codes and assigning labels to relatable themes that have relationships are brought together to make sense. The aim is to create categories that are related and relatable and are meaningful. While qualitative case study analysis is iterative and reflexive, this analysis followed the tradition of Yin (2017) who advanced five general, iterative, and cyclical steps in qualitative case study analysis. The first step begins with compiling and sorting of the data. The compilation stage which includes storage and organizing focuses on creating order which is particularly important in a qualitative case study because of the depth of the data to be collected. Yin (2017) observed that stronger data analysis in which data is organized and adequate storage systems are provided may aid rigorous research outcomes and improve validity/confirmability and reliability/transferability of the research.

The compilation process is aimed at creating order and organization of the data; thus, I considered the creation of a database of collected data (Yin, 2017). In the initial steps of data analysis, I stored and organized data on backup electronic devices and written files kept in safe location. The database was be updated on regular basis. Further, to keep the data organized, I employed memoing or memo writing approaches to document, monitor, and keep track of the data, which transcribed into themes and categories. I followed up on memo writing in an iterative manner with ongoing transcription subscribing to content analysis principles. I subjected interview data and other secondary data reviews of NGO mission statement, vision, strategic plans, and other relevant data to carefully documented memos, reading, and fact checking. In the second stage of the data analysis process, Yin described disassembling the data consisting of the breaking down of the data into fragments of small parts (themes and categories) in a continuous and ongoing process. I focused on identifying thematic ideas and their relationship to create big ideas based on relationship, linkages, and connections of ideas. To achieve this, I will employ coding systems to label relevant parts of the fragments in clusters and sub-clusters of related subthemes (or parts) and groups based on identifying relationships, connections, and relevance to the issues. This is consistent with the tasks in the third stage which Yin described as reassembling. Generally, content analysis involves systematic coding and categorization in which patterns, trends, and frequency of words and their relationships are contextually broken up to determine structure and meaning (Vaismoradi et al., 2013).

In the reassembling or rearrangement process, I will be recoupling the parts that have connections and relationship to each other. I will also identify parts that have similarities and dissimilarities as well as differences in substance. The aim of the process of constant comparison is to ensure validity by reducing negative instances and rival explanations (Yin, 2017). This process is important and is consistent with the fourth stage of qualitative data analysis in case study research. The process facilitates the emergence of new narratives based on the identified relationships, similarities, contrasts, dissonance, and differences which are reassembled to create a new and different interpretation of idea. In the interpretive stage, I will create a new narrative based on the identified themes.

Issues of Trustworthiness

Ethical Considerations

As I have stated earlier, in order to ensure the validity and viability of the study and due to CTS as an emerging concept in research in conflict zones, I spoke anecdotally with experts in the field, who are not included in my study sample. They confirmed that while the CTS condition is prevalent no research currently exists; to date no research exists on CTS intersectionality with peacebuilding interventions in Nigeria.

This research is ethically warranted because of the dearth of research in this area. Importantly, this research is conducted in accordance with the guideline of National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research or the Belmont Report, and ensures the dignity of respondent, a selection process fairly completed, fair distribution of the burden of the research, and a reduced

burden maximizing the benefit and reduction of harm as a result this research (NIH, 2018). As the instrument of research, I am guided by the ethical principles of the Belmont report emphasizing respect in the process of obtaining data through informed consent protocols. To meet this ethical guideline, I provided participants with an informed consent form indicating the aim and purpose of the research and benefit of the research. Confidentiality and privacy of respondents were maintained as sensitive information about clients/organization is not disclosed without permission. Permission to use electronic devices during interviews was sought prior to interviews with participants to ensure safety, personal dignity, and autonomy of participants as part of the principle of respect for persons as indicated by the Belmont guideline (NIH, 2018). Furthermore, and as indicated by the Belmont report, ethical consideration was intended in this research to maximize benefits of the research by reducing and minimizing harm; respondents had the autonomy at any time during the research process to withdraw their participation. To ensure justice, the inclusion criteria was fair and the research burden was fairly distributed (NIH, 2018).

Ensuring Trustworthiness

Further to using the Belmont report as an ethical guideline for ensuring the integrity and credibility, member checking; peer debriefing to determine interrater reliability; triangulation; data collection, and comparison from multiple sources and methods were employed. In this research, context was important to the determination of credibility with an extended period of time in the field to generate thick data in line with

qualitative research inquiry. Bracketing as a process of mitigating the potentially deleterious perceptions and/or misconceptions that could bias the research conclusion ensured credibility due to researcher's subjective preconception that could affect the research process (Tufford & Newman, 2010). As previously indicated by Starks and Trinidad (2007), credibility of qualitative research can be influenced by assumptions, values, interests, emotions, and theories (hereafter referred to collectively as preconceptions) that can affect gathering of data, interpretation, and subsequently presentation (cited in Tufford & Newman, 2010, p. 81). In this regard, I have eliminated or reduced my bias through bracketing by quoting verbatim participant descriptions of symptoms and presentation they have observed with their clients. Also, I employed member checking and follow up debriefing with participants as means of reducing my bias and ensure quality of the research and transferability.

Summary and Conclusion

In this chapter I discussed the research design and my role as the researcher. My research is a qualitative case study to explore subjective experiences of NGO administrators in CTS communities in northern and southern Nigeria. To ascertain the prevalence of CTS conditions in Nigerian communities and to critically evaluate my research topic against experiences of practitioners in the field, I spoke with experts in the field who confirmed CTS as a major psychological problem in Nigeria and that research in the area does not currently exist despite the prevalence of realistic threats and violence. To ensure validity and reliability of the study, the information provided useful insights

because it affirms the research topic and the issues are valid and viable in the field. In other to understand the different dimensions of CTS in the Nigeria communities I have conducted face-to-face interviews with opened-ended interview questions to explore experiences of NGO administrators who met the criteria for planning and interventions. This chapter justified the methodology and research design as suitable for qualitative research. Subjective experiences and perceptions of NGO administrators are better understood through qualitative case study design and were analyzed using thematic coding method.

Chapter 4 focuses on data analysis based on open ended interviews. I present detailed findings of the research and I conclude with a summary of the chapter.

Chapter 4: Results

Introduction

The purpose of this exploratory case study research was to understand local NGO administrators' plans and programmed interventions in continuous trauma communities in Nigeria. This research was conducted to answer three research questions:

- Research Question 1: What are the perceptions and strategies of local NGO administrators and managers regarding intervention modalities in CTS communities?
- Research Question 2: What existing intervention approaches are currently available to local NGO leaders and managers in their interventions in CTS communities in northern and southern Nigeria?
- Research Question 3: What belief systems or ideological orientations influence NGO leaders and managers in program planning and intervention in CTS communities?

This chapter consists of a review of demographics of the NGOs included in this study, participants' roles in the NGOs, and the data collection process, followed by analyses of the data, presentation of the results, and a summary of the research.

Setting

Qualitative inquiry is said to be meaningful when data are collected from the natural environment of participants (Patton, 20017). It is also meaningful when the natural settings that influence participants are taken into consideration as relevant to the

constructivist worldviews of participants. I conducted all of my interviews in the natural settings where participants and local NGOs were located in northern and southern Nigeria. I had no prior relationship with the NGOs, and my relationship with the local NGO administrators was temporary, was established purely for academic research purposes, and had no influence on participants' responses to the interview questions. Interview participants were not aware of other NGOs or participants in this research as the interviews were conducted with the privacy and confidentiality of participants and their organizations in mind. The settings were distinct culturally and regionally, which may have influenced participants' perception of interventions. However, it is important to note that as Nigerian communities, the communities were responding to common social, political, economic, and structural problems, despite their different manifestations across communities. Although the issues were similar in the various locations, in that the communities were experiencing persistent and pervasive incidents of direct and indirect violence, they played out differently across communities.

Despite cultural and regional variations, all of the participants reported similar problems.

Demographics

The participants in the various interviews presented an interesting background to this study; I interviewed participants from variety of local NGOs in five locations in Nigeria. All of the participants were administrators and managers of locally registered or indigenous organizations. I interviewed CEOs of NGOs, program directors, program

managers and program coordinators, patrons or cofounders of NGOs, and field officers. All participants were adults over the age of 24 years, had a minimum of a high school certificate/diploma, spoke English, and did not require the services of a translator/interpreter.

Table 1

NGO Composition and Demographics

Type of NGOs	Number of NGOs	Area of focus
Peacebuilding	2	Conflict management, dialogue, and transformation
Youth mental health	1	Awareness & advocacy
Social research	1	Policy issues
Mental health & HIV	1	Mental health
Total	5	

Table 2

Gender Composition

Title of participant	Male	Female
Chief executive	-	3
Program manager	4	2
Program coordinator	1	-
Patron	1	-
Field officer	3	1
Total	9	6

Note. For purposes of confidentiality, pseudonyms are used for NGOs and participants.

Participants consisted of six female NGO administrators, executives, managers, and field officers and nine male NGO administrators. Three administrators were CEOs who provided vision, leadership, and direction for an NGO. Two of my participants were

program managers and a field officer who coordinated programs and advocacy, implemented programs, and reported to a CEO. The majority of participants were male NGO administrators. This study focused primarily on the experience and expertise of participants and the content of the information provided by each participant.

None of the NGOs represented by the participants was registered outside of Nigeria; therefore, none was an international nongovernmental organization (INGO). I conducted separate interviews for administrators of two local NGOs whose work was focused on peacebuilding, conflict management, and reconciliation of parties in conflict. The breakdown of each of the NGOs and work areas was as follows: NGO-A was focused mainly on peacebuilding and reconciliation of parties and communities. NGO-B was primarily focused on rehabilitation of women and children who were affected by violence. The primary focus of NGO-C was youth trauma and mental health awareness and suicide prevention. This NGO used social media to connect with youths to discuss emotional and psychological distress and suicide prevention. NGO-D had transitioned from HIV intervention to mental health following the discovery of co-occurring HIV and mental health disabilities among its clients and was currently actively engaged in collaboration with another NGO in providing mental health rehabilitation in the community. Although the focus of NGO-E was social research, this NGO had conducted and documented research on security issues across northern Nigeria, and its staff were able to provide insights on banditry, kidnapping, and “Fulani-Herdsmen and farmers”

violence in the northwestern part of the country. Table 1 summarizes the number of NGOs, the types of NGOs represented, and the NGOs' areas of focus.

To understand local NGO interventions in trauma communities in Nigeria, I interviewed participants who met the inclusion criteria because they were NGO administrators, managers, patrons, cofounders, or field managers who were directly involved in program design and planning in affected communities. Further, I interviewed field managers who were directly involved in the implementation of their programs in communities. I assumed that these administrators had dual experiences because of their direct contacts, knowledge, and experience with affected communities at different levels and demonstrable interest in providing effective program outcomes for their respective communities. Each interview focused on the participant's experience and perspectives related to program design, advocacy, budgeting, training and capacity building, networking, peacebuilding, conflict management, urban/community issues, trauma healing, and aspects of mental health.

All NGO administrators whom I interviewed demonstrated willingness to participate in the interviews for which they had consented. I interviewed 18 local NGO administrators and analyzed only data from interviews from participants who consented to interviews, consistent with the conditions for IRB approval. Eleven of the interviews were analyzed and coded. Nonlinearity and reflectivity in qualitative inquiry suggest that the researcher's adaptation to a changing context is an important part of the research process. In this regard, data provided by all of the NGO administrators who met the

research sample criteria and consented to research interviews were analyzed. Table 3 summarizes the breakdown of data analysis per local NGO.

Table 3

NGO Data Analysis

Local NGOs	Number of participants' data analyzed per NGO
NGO - A	3
NGO - B	2
NGO - C	2
NGO - D	2
NGO - E	2
Total	11

Note. For purposes of confidentiality, pseudonyms are used for the NGOs.

Data Collection

As outlined in Chapter 3, I used a purposeful sampling of experienced local NGO administrators who had knowledge and expertise in the field. I collected data from 11 interviews conducted in June and July 2019. The local NGO administrators were from locally registered/indigenous NGOs in five states in northern and southern Nigeria: Delta; Lagos; Plateau; Kaduna states; and Abuja, the federal capital territory. Although the states and samples did not provide a true representation of the local NGO administrator population in Nigeria, they provided relevant and detailed data to answer my research questions. All participants spoke English, and I conducted the interviews in English without the assistance of an interpreter or translator. The interviews were recorded with the aid of a digital audio recorder and were transcribed in English.

I traveled to the local NGO's location within the respective community in each of the five states and conducted face-to-face interviews with participants. I administered unstructured open-ended interviews, which allowed participants to freely discuss their perceptions and perspectives, views, and shared experiences. Each interview lasted for about an hour. I maintained the confidentiality of participants throughout the interview process. Participants and I jointly determined the locations of the interviews, most of which took place in the NGOs' offices.

Prior to each interview, I explained the interview process, the research topic, and the possible contributions of the study. Additionally, I explained the purpose of the interview and the research and my role in the research. Most of the participants appeared to be genuinely unfamiliar with the concept of CTS, so I spent some time explaining current research on CTS as an emerging area of study. Furthermore, although psychological problems such as trauma and posttraumatic stress conditions were not entirely new to participants, participants were not readily aware of the intersectionality of violent conflicts and prolonged trauma. Participants also demonstrated unawareness of violence as having physical and psychological dimensions. Providing participants with background information helped them in relating with the issues. Where appropriate, I used prompts to seek more information as well as clarification. I used nodding where necessary to acknowledge and validate participants' contributions, thereby encouraging participants to elaborate on their statements. I followed each interview with an immediate

breakdown of data, in which I identified ideas, themes, and concepts and found relationships.

The potential for gatekeeping was greatly reduced by my initial communication and correspondence through emails and phone calls. The timing of this communication gave participants ample opportunity to understand what to expect, what preparation was necessary, what questions to ask, and so forth.

Review of Reports and Artifact Materials

Part of the data collection process was review of reports and artifacts; I reviewed materials from four of the NGOs. These materials included reports, research, monographs and relevant published articles and online materials on NGO websites. Additional data including local NGO documents such as NGO programs, papers presented during workshops, and other publications relating to programs, planning, and proposals were reviewed and analyzed.

Data Analysis

My analysis followed Yin's (2017) case study research analysis framework. Data analysis was conducted using content analysis; interview data were compiled and transcribed manually on an ongoing basis. I carefully listened to the recorded interviews, repeatedly noting and sorting out themes, ideas, and concepts; identifying what was similar, different, striking, usual, alarming, and so forth; and reassembling and coupling them under concepts and themes, which were then reassembled into three main separate but interacting categories. In the process, I also reflected on the theoretical justification

that explained the issues. Independent review of the coding process was conducted by a panel consisting of the members of my research committee to ensure reliability. After each interview was conducted, I compiled the interview data and analyzed reports using memoing and a reflective-journaling format to document while simultaneously breaking down the data into themes and identifying differences, similarities, and areas of agreement, disagreement, and contrasting ideas through a constant comparison process. Yin highlighted five iterative steps in analyzing qualitative case study data: compiling, disassembling, reassembling (and arraying), interpreting, and concluding. I describe the first three steps below; I address the fourth and fifth steps in Chapter 5.

1. *Compilation stage:* At the compilation stage, I collected qualitative interview data using a portable electronic device and took notes. I organized the data using reflective journaling and memoing. I maintained memos for recording and organizing the data for documentation, record keeping, and backup purposes.
2. *Disassembling stage:* At this stage, I constantly reviewed the journals and memos and listened repeatedly to the recorded interviews for constant reflection on relationships, concepts, themes, connections, and lack of connection of emerging themes and concepts. Pertinent were questions around participants' perceptions of conflicts and violence, which might be related or unrelated. Similarly, I explored any link between psychological violence and

psychological symptoms; while some connections exist, they become meaningful when these are broken down or disassembled.

3. *Reassembling (and arraying)*: This stage consisted of putting together the ideas from the disassembling stage to create a new narrative. Through constant reflection and breaking up of the ideas to make sense, I connected ideas and concepts that were relatable, links, and relations to form themes and categories. I manually coded identical ideas that were relatable, connectible, and had connections. For instance, I coded as a category all of the psychological symptoms described by participants as “symptom identification problems” because they are all related to a psychological reaction to CTS. Further, they were problems because participants reported lacking the capacity to identify or address psychological symptoms of their clients. Similarly, I grouped participants’ ideas such as “damaged dissatisfied adult” and “scattered women” and similar concepts or ideas under daily psychological experiences due to their relationship with symptom identification problems. After coding all NGO interventions, I grouped these common themes together in separate categories as *intervention malaise*. Some of the interventions identified by participants were as follows:

- Conflict management
- Reconciliation
- Community dialogue

- Peacemaking
- Conflict transformation
- Faith-based healing
- Traditional healing
- Psychological first aid
- River of life
- Tree of life

I have grouped the interventions as separate categories because: (a) they are considered as current and ongoing across communities; (b) they are insufficiently related to CTS conditions because participants concurred on the lack of research and lack of integration of with programs; (c) participant maintained that insufficient NGOs and organizations' interaction has impacted outcome; and (d) has insufficiently addressed psychological violence needs of victims.

In Figure 1 below, I represent images of the categories from coding of the data. As discussed above, each category consists of themes and concepts from coding as presented by participants. Following Yin's (2017) framework, data reflect the issues that participants have identified in respective interviews. If these individual categories remain active and energized, the negative impacts on communities persist. Each of these categories is described below.

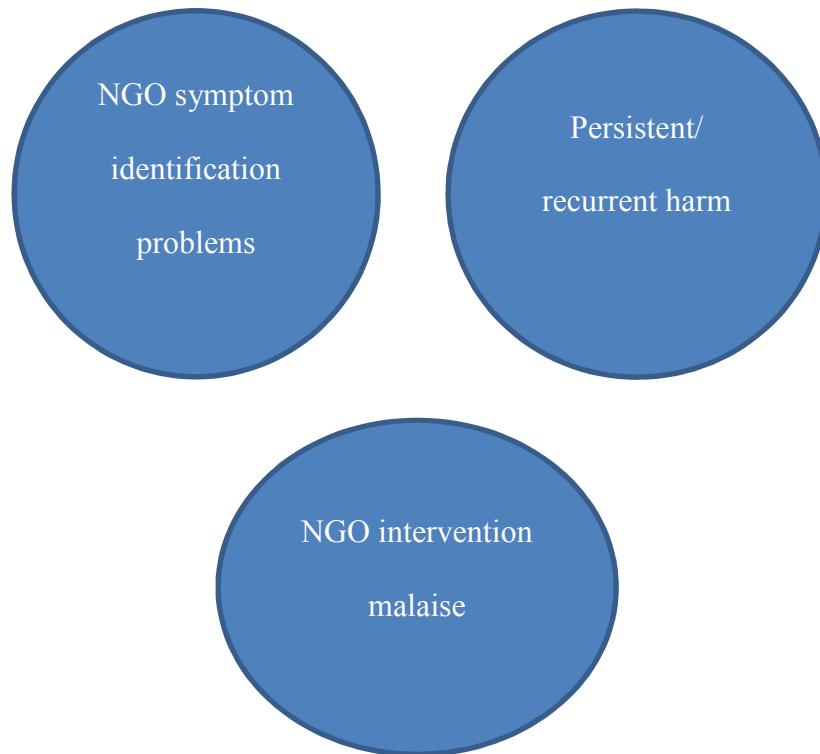


Figure 1. Categories constructed from the coding of interview data.

Analysis of Artifact Materials

I analyzed materials such as NGO reports, programs and online NGO profile and organized them following Yin's (2017) framework. Table 4 illustrates themes and categories gathered from artifact materials. I grouped similar ideas from the reports and materials as themes. I did not have to recreate a different category as the emerging themes fits into and overlaps across existing categories. For example, 'danger' relates to "persistent and recurrent hard", while 'lack of research'

Table 4

Themes Gathered From Artifacts and Materials Grouped Into Categories

Themes		Category
Awareness campaigns	<p>“Awareness”</p> <p>“Social media”</p> <p>“chart”</p> <p>“suicide hotlines”</p> <p>“campaigns media, online, tv, radio”</p>	<p>“NGO symptom identification problems”</p> <p>“Persistent & recurrent harm”</p>
Danger	<p>“Humanitarian crisis,” “co-occurrence mental health,” “Continuing attacks,” “Lack of safety zone,” “Mental health risk,” “Consequences of humanitarian crisis, Displacement, Economic consequences,” “Physical/medical consequences,” “Mental health consequences; Emotional problems, Behavioral problems, Cognitive problems</p>	<p>“Persistence and recurrent threats”</p>
Lack of research	<p>Reviews indicated that “lack of research in mental health with people living with HIV” found “prevalence of depression, suicidality, alcohol use disorder among people living with HIV/AIDS in Nigeria”</p>	<p>“NGO symptom identification problems”</p>
Interventions	<p>May-June “Reducing cult violence in”</p> <p>September 2017 “ Engaging with the strategic implementation work plan”</p> <p>September 2017 “.....environment- critical to development”</p> <p>“November 2017 “.....perspectives on the Niger delta: Past, present and future”</p> <p>November 2017 “.....: Election violence: who wins?”</p> <p>April 2019 “Raising women’s voices for nation building”</p> <p>2019; “Towards nonviolent election in 2019”</p> <p>Leadership trainings</p> <p>Interfaith & exploring faith</p> <p>Dialogues</p> <p>Skills acquisition trainings</p>	<p>“NGO symptom identification problems”</p> <p>Persistent & recurrent harm”</p>

Evidence of Trustworthiness

In Chapter 3, I stated that trustworthiness would be achieved by ensuring credibility and integrity. Integrity is ensured through credible research processes. Because context was important to the credibility of this research, I conducted purposive sampling of local NGO administrators whose experiences were germane to the research purpose and who understood the community contexts and issues relating to the problem. I travelled to the NGO locations to meet with and interview qualified participants. These qualified participants were senior level managers and administrators who had a thorough knowledge of the programs and practices of their NGOs.

Further, I used member checking procedures to strengthen credibility. During and after each interview, I sought and received clarification of meaning on specific issues. Meaning and attributes of phenomenon as described by the participants were double checked with the participants for agreement. For instance, participants agreed that the concept of *damaged dissatisfied adult* is a non-clinical concept that described and is ascribed to experiences in the contexts of Nigeria, that is, a highly stressed youth who is responding to both childhood and CTS experiences daily. Similarly, participants agreed that the term *scattered women* represented women and girls' conditions as internally displaced persons (IDPs), capturing the stressful reproductive and socioeconomic conditions of the IDPs. All participants traced the political and development problems to the colonial history of the country. They were unanimous in their agreement that lack of development and displacement is attributed to leadership and poverty.

To further strengthen credibility, I applied other relevant techniques. I conducted a 25 to 30 minute post-field peer debriefing with each of the NGOs participants for further clarification, modification, and/or confirmation or disconfirmation of the data. I triangulated the data with other participants to ascertain similar experiences across states, NGOs, and locations. I employed the constant comparison procedure to compare and contrast themes and ideas across data ensuring cross-examination of ideas as similar or different, contrasting, disconfirming, or conforming. Bracketing reduces researcher's bias (Tufford & Newman, 2010) which may affect the credibility of the research because of the researcher's subjective value projection (Starks & Trinidad, 2007). I used bracketing minimally as member checking and peer debriefing were efficient in addressing my biases. I used verbatim quotes sparingly as a means of reducing bias; however, symptom identification relied on direct quotes from participants. I allowed time for the participant to ask me questions during and after each interview which helped me clarify my assumptions and biases.

Finally, and consistent with Seawright and Gerring (2008), and Malterud et al. (2016), case selection and case analysis were intertwined processes of data collection. The processes reinforced one another and further enhanced credibility because data was provided by participants with credentials and met criteria reinforced the symmetry and synergy of data and the data analysis process.

Results

The purpose of this qualitative research is to understand local/indigenous NGO interventions from the perspectives of local NGO administrators in the context of continuous traumatic stress in Nigeria. This research required answering three research questions. Augmenting those research questions were eight interview questions. I review findings for each research question with related interview questions and then individually for each interview questions.

Research Question 1

What are the perceptions and strategies of local NGO leaders and managers regarding intervention modalities in CTS communities? The interview question related to this research question was: How are the underlying causes of ongoing threats and violence addressed?

NGOs' interventions appeared to be mainly determined by the NGOs' perception of the problem. NGO perceived the problems as thematically complex and interrelated and as a "human development problem." Participants of NGOs-A, -B, -C, -D, and -E agreed that human development issues such as the lack of coherent national planning strategy is directly linked to poverty and unemployment. A majority of the participants attributed structural and institutional violence to inefficient social institutions and the failure of the Nigerian government to efficiently distribute resources fairly; contributing to restiveness and contestation across the country. One participant described youths in the community as entrepreneurial, but lacking economic opportunities. In one of the states in

the south-south region of the country, decades of persistent community violence have resulted in community dialogues and conflict transformation. The proliferation and the instrumentalization of cultism and cult activities in the region as a means of surviving economic hardship has been attributed to lack of opportunity. One NGO participant described cult activities as unemployed youths being used to harass, commit crime or as political thugs to harass, intimidate and kill, and are replicated across communities in the region. Some of the NGO participants have approached intervention from a religious and interfaith perspective, believing that the solution to the problem can only be solved through religious healing approaches. In contrast but with overlapping security problems, one NGO participant in the Lagos axis of the south perceived the problem to be related to urbanization issues. The participant mentioned recent security threats have raised ethnic and religious tension in the region. In this case, there is an overlap of urban stressors and structural and institutional issues driving CTS conditions in the Lagos area.

Although participants expressed psychological struggles of their clients in the community as a daily occurrence, and while participants are agreeable that CTS conditions in communities are driving psychological stress, NGO interventions have been reactive and ineffective. Further, the consensus among NGO participants suggests that CTS in communities in Nigeria is inextricably linked to systemic structural, institutional violence, and poor governance resulting in lack of opportunity for potential self-realization. Finally, although local NGOs have demonstrated empathy toward affected

communities, NGO capability is fraught with a myriad of challenges in which local NGO programs of intervention preclude induced psychological response to contexts.

Research Question 2

What existing intervention approaches are currently available to local NGO leaders and managers in their interventions in CTS communities in northern and southern Nigeria? The corresponding interview questions are: How do you think NGOs, researchers and other practitioners can be adequately prepared to discuss trauma, psychological threats and violence? Another related interview question was: How helpful is a lens of psychological trauma as opposed to a structural peacebuilding lens such as social justice, economic justice, inclusive politics, etc.?

The interventions that NGOs reported were primarily structural or faith-based, with limited focus on psychological trauma. They included: “reconciliation of conflict parties,” “conflict transformation and consultation between stakeholders,” “advocacy, visit to internally displaced persons (IDPs) camps/creating awareness,” “intercommunity dialogues,” and “educating youth on peace and the negative impacts of violent conflicts.” These are structural interventions that do not include psychosocial or trauma-focused interventions. Faith-based and traditional healing/magic, “prayer healing and recount of rituals,” limited “psychosocial supports,” “empowerment training,” and “mental health awareness/online awareness campaigns” were identified across NGOs. One NGO is using psychological first aid to screen youth online and then make a referral to certified professionals. One research NGO focuses on social policy issues; this NGO conducts

social and academic research on sociopolitical and institutional problems and makes recommendations for policy change.

While NGOs reported identifiable trauma symptoms and NGO interventions, a limited connection existed between identified symptoms and interventions. Participants reported similar trauma symptoms that have been identified and documented by the American Psychological Association *Diagnostic and Statistical Manual* (DSM) and the *International Classification of Diseases* (ICDs), as related to psychological response to stressful conditions. These responses include “aggression/aggressive behaviors,” “easy/quick to snap,” “quick to anger and dysregulated behaviors,” “limited coping skills to manage stressors,” “suicidality,” “mood swings,” “sleep disturbances/problems” and “depressive symptoms.” One participant described average Nigerian youth as having “damaged, unsatisfied adult syndrome” which was described as combined effects of childhood trauma experiences and CTS due to a myriad of stressful conditions. Another participant described the experiences of women in IDP camps as “scattered women” denoting experiences of multiple loss, economic disempowerment due to lack of farmland, and cooperative activities. Another participant stated that “these women are unlikely to return to their homes due to fear and lack of trust, and no coherent public policy exists to address their needs”. “Sex for food” in which women and girls exchange sex for food is a maladaptation to extreme hunger conditions in IDPs. Other reported symptoms experienced daily are “substance abuse,” “PTSD like symptoms such as “flashbacks/nightmares,” “hallucinations,” “hyperactivity,” “hyperarousal,” “lack of

trust,” “deep shock,” and “speechlessness” due to having witnessed extreme violence; “yelling;” “crying;” “memory loss;” “numbness;” “irrational thoughts;” “alertness/fear of returning home after traumatic violent experiences;” “panic attacks;” “social withdrawal;” “self-guilt;” “low self-esteem;” and “sexual molestation/harassment re-victimization.”

While limited psychosocial interventions were reported despite the catalogue of traumatic experiences, when psychosocial interventions are provided as in the case of emergencies, they are described as limited, short, and ad hoc in nature; and are unsustainable because of limited certified trainers and professionals. None of the NGOs has certified specialists with psychosocial or trauma care background within their team. Further, psychosocial interventions are less detailed and are provided at the point of emergency.

Some of the barriers to intervention that NGOs identified are due to lack of knowledge on CTS: participants are unaware of (a) the intersectionality of how exposure to extreme traumatic stressors provokes diverse and debilitating psychological symptoms that may be detrimental to the peace and reconciliation process; and (b) the impact of untreated childhood traumatic events. NGO participants identified untreated childhood experiences and continuous traumatic experiences as possible contributing factors to social problems; however, NGOs lacked the capacity to address the symptoms of psychological violence, or design programs to address psychological response due to CTS.

All NGO participants acknowledged that CTS is driven by multiple but interrelated factors and barriers exist to addressing CTS effectively. Structural issues such as cultural, institutional systemic violence, ethnic and religious repression, and their physically violent manifestations are a major obstacle to potential self-realization and opportunity. Further, participants concurred that stigmatization and demonization of mental health continue to be a barrier to help seeking behavior of victims. Accordingly, one NGO participant noted that, culturally, the acceptance of certain religious practices reinforces the barriers through constant demonization that reinforces the stigma. This was supported by other participants who argued that stigmatization has been the most formidable barrier to access help in the community. Further, the taboo of discussing mental health has continued to reinforce barriers to assessing services and receiving treatment constituting a major barrier to intervention. One participant described mental health conditions in Nigeria as a pyramid of accumulation of stressors. At the base of the pyramid are untreated childhood traumatic experiences. The stressors accumulate or are continuously compounded by lack of access to treatment resulting in maladaptation through substance use/addiction and abuse, violence, and aggression, etc. Incidentally, studies continue to prove that physical disabilities are often related to psychological disabilities (Kaiser, 2018). Other barriers include “limited inter-NGO collaboration and partnership,” “limited certified professionals,” “over-dependence on foreign grants,” and “absence of coherent mental health policy in Nigeria.”

Research Question 3

What belief systems or ideological orientations influence NGO leaders and managers in program planning and intervention in CTS communities? Iteratively, I have identified interview questions that correspond well with the research question as: (a) how helpful is a lens of psychological trauma as opposed to a structural peacebuilding lens such as social justice, economic justice, inclusive politics, etc.?, and (b) what is your experience intervening in complex situations?

Mixed motivations were evident in NGO operations. I found NGOs administrators' "personal experience" with mental health informing NGO intervention and contribution to the community. One NGO executive disclosed that personal encounters with psychological stress were a turning point in the mental health awareness of the executive. Upon receiving professional counseling and becoming more aware from mental health education, giving back to the community became important to the NGO executive. Patriotism and national interest informing social and academic research was the motivation for one NGO participant. This NGO participant was concerned with national interest and social economic development and has been involved with social research that could inform policy change in Nigeria. One participant expressed national unity and inter-ethnic peace and co-existence as motivation for NGO work. One participant reported a passion to serve the community and to support women and girls. While two of the NGOs seem to have a direction toward managing mental health issues and have increased staff training and networking with other organizations, these NGOs

have limited interactions with other NGOs with similar mission and values. It is therefore not surprising that NGOs working directly with victims of violent conflict are disconnected from the symptoms and pathology resulting from psychological violence.

Even though NGOs and communities are reacting to structural and systemic violence, a continuing disarticulation exists between peacebuilding interventions in violent communities and psychological reactions due to violence in those communities. Local NGO administrators executing interventions that focus on psychological response to violence are barely conversant with mental health and trauma care interventions. As mentioned earlier, limited psychosocial interventions are provided and when they are provided, they are short/less detailed, ad hoc in nature, provided at the point of emergency, and unsustainable because of limited certified trainers and professionals.

With regards to modality, NGO intervention philosophy is incoherently guided by a set or sets of approaches. Trauma care, behavior, and mental health approaches continue to be a challenge for local NGOs in trauma communities in Nigeria.

Individual Research Questions

From your professional experience or knowledge in the field of NGO peacebuilding what would you describe as effective ways of providing interventions in communities that are experiencing repeated violence?

Default local NGO interventions in communities have included conflict management, reconciliation, peace-making, and peacebuilding. For example, NGOs-A, -B, and -E have focused on one form of conflict transformation or another as their main

intervention strategy in communities. These local NGO programs are designed primarily to assess problems with the intention of managing and mitigating conflicts in the community through roundtable discussion with stakeholders and conflicts actors and community actors. Indeed, the objectives of NGO-A is building the awareness of peace in communities through training, networking and interventions in potential conflicts. To achieve this objective, the NGO identified several intervention approaches focused on structural issues. For example, NGO-A has conducted several dialogues with stakeholders at different communities across Nigeria. Similar structural intervention strategies have been used by other local NGOs. For example, NGOs-A, -B and -E have initiated dialogues, visits, advocacy, research and training workshops with stakeholders with the intent of transforming conflicts. Although NGOs-C and -D have attempted to focus on the subjective impacts of the social economic contexts and impacts on psychosocial and mental well-being of their clients, they have given little consideration to political and social conflicts contexts. Essentially, local NGOs have succeeded in focusing on bringing people to the table to discuss issues that the local NGO administrators perceive as problems. However, local NGO administrators have not considered how the actors in the protracted violent cases have internalized and/or externalized (Sommer & Ataria, 2013) responding to decades of continuous and persistent cycles of violence that amplifies emotional and psychological reactions.

What emerged during the interviews was that NGO operators are not familiar and are uninformed of the overlapping differences among conflicts, violence, and violent-

conflicts. Consequently, local NGOs are unaware of and uninformed about the various debilitating symptoms and the pathology that corresponds to exposure to protracted violence. A majority of the NGO participants had difficulty understanding violence and conflicts as separate but interrelated concepts. All participants identified psychological symptoms with their clients: participants of NGOs-C and -D identified symptoms such as flashback, bipolar-like presentations, emotional dysregulation behavior such as angry outbursts, identity changes, suicide ideation, etc., as ongoing psychological problems that are prevalent among youths. Further, participants of NGO-D identified internalized psychological response to persistent traumatic experiences as “depression and substance use.” “Externalizing behaviors such as aggression and substance abuse were found to be co-occurring factors in relapse in HIV treatment.” Further, NGO-D was upfront in noting local NGOs limited understanding of the symptoms that often accompany violent exposures.

With a limited understanding of the concepts of conflicts, violence, and violent-conflicts and their underlying symptoms among local NGOs, local NGO planning and intervention processes avoid addressing symptoms and a corresponding response to stressful conditions. The general perception of violence provided in the interviews suggests that local NGOs misunderstanding of the problems of violence as limited to conflicts contributes to negative intervention outcomes for the communities. The implication of such an underlying misunderstanding of violence limits NGOs’ ability to effectively assess the problems through collaborative efforts with certified practitioners

or trained program managers; effective assessments are largely missing in local NGO planning and interventions.

Peacebuilding is considered a complex exercise; how does your organization navigate this complexity?

The interaction of the human organism as a complex being is understood by the diffusion of the internal and external organs in a complex but systematic interaction with the social environment. Although not all cases of NGO interventions in Nigeria are directly connected to conflict management and peacebuilding, social complex and complex human interaction require that NGO program design recognizes the interfaces of the human and social complexity. Complexity suggests that an individual NGO program intervention is inadequate in addressing complex issues; a multipronged and multilevel approach is expected. All NGO participants interviewed approach intervention from a narrow and limited networking and collaboration perspective with other NGOs. Thus, access to training and new research and perspectives is greatly constrained. In the case of Lagos state in the southern part of the country, issues related to urbanization such as inadequate infrastructure, unemployment, urban migration, and lack of adequate planning exist; the influx of people from conflict communities into Lagos continues to drive emotional and psychological threats daily. Indirectly, current security issues and ethnic tension and kidnapping have been attributed to persistent psychological distress manifesting in traumatic stress reactions. Participants of NGO-C reported significant behavioral problems among youths and increased suicide rates across ages exacerbated

by persistent psychological threats. In response to these complexities, minimal multilevel intervention in the form of collaboration was reported and multilevel intervention is a challenge for local NGOs. Ironically, these NGO participants argued that lack of funding is limiting their ability to train staff to improve their capacity. At the same time, they acknowledged that organizational attitude change and reflection within program design, partnerships, and staff training will increase local NGO capacity to consider the complexity of interventions addressing nonlinear problems in trauma communities.

What would you define/describe as effective and ineffective interventions in the management of ongoing and persistent violence and threats in these communities?

NGO response is obscured by the limitation of the application of concepts of violence, conflicts, and violent-conflicts and their symptoms. The general NGO perception is that resolution of conflict between parties is enough to sustain the peace. NGOs-A and -B have attributed the relative peace in their respective communities to conflict management and transformation awareness. According to participants of NGO-B, significant violent conflict has been reduced between Muslim and Christian communities. Similarly, NGO-A attested to reduction in pre and postelection violence attributed to stakeholder dialogue, reconciliation, meetings, and training which transformed conflicts. What the NGOs missed was assessing and connecting violent aggressive behaviors to decades of traumatic experiences and what it meant for the fragile peace. In general, participants of NGOs-A and -B acknowledged and attributed the relative peace in their respective communities to conflict transformation. On the other

hand, according to NGO-C participants online awareness campaigns are gradually being accepted by the community and that a significant shift in male and female online participation in discussion of mental health issues has occurred. While NGO participants agreed that the relative peace attained in their respective communities is fragile, they also agreed that fear of the unknown persists which is the central argument of my research. The fear that the unknown may reoccur has negative psychological implications for fragile peace to become sustainable.

What don't you like about the current civil society intervention approaches in communities experiencing ongoing threats and violence?

All NGO participants were dissatisfied with NGO state of collaboration and partnership. Unanimously, all the NGO participants noted lack of trust, inconsistent organizational and community values issues, and poor coordination across NGOs. Funding remains a problem as all NGOs depend largely on grants and donor funding; inadequate or uncertain funding limits local NGO ability to maintain staff training and capacity. The recurrent issues from inadequate training are a major barrier to planning and implementing interventions. For instance, none of the NGO administrators is certified in behavioral, mental health or basic trauma care training. Even when assessment is completed, NGO participants are worried about availability of services with which to link to clients. One NGO participant reported that the federal government demobilization/amnesty in the south-south geopolitical zone of the country did not go far enough as recipients of government perks were neither trained nor matched with jobs.

Similarly, participants of NGO-C and -D were worried about the lack of professionalism in general in the mental health sector. Program sustainability and lack of a coherent government policy on mental health in Nigeria in general undermines local NGO interventions.

How can the underlying causes of ongoing threats and violence be addressed?

All NGO participants agreed on the need to include trauma and mental health perspectives in local NGO program design. Local NGO operators were open to including mental health and trauma perspectives in their program planning and training manuals. Recognizing the need and openness, NGO-D, in collaboration with other NGOs with similar values, are in the process of collating certification requirements for therapists, clinicians, psychotherapists under one professional body that will support mental health services in the country. Some of these NGOs are currently exploring psychological first aid approaches to make referrals to certified professionals. Local NGO operators are taking initial steps to adopt complex, multidimensional and collaborative approaches to program design.

How do you think NGOs, researchers and other practitioners can be adequately prepared to discuss trauma, psychological threats, and violence?

A consensus existed among all NGO participants to reconsider program design approaches. NGO participants acknowledged the importance of working with partners to address trauma experiences of their clients. Further, NGO participants admitted that focusing on conflicts and not paying attention to psychological violence in protracted

violent community's surfaces ethical issues that must be addressed. Moreover, cultural and religious practices prevent victims from talking about their trauma experiences. NGO participants acknowledged it is critical for NGO administrators to initiate internal organization attitudinal changes to reflect community needs and problems. According to one participant, "our programs are not reflective of trauma experiences of our clients, which make all [our efforts], seem as though we have been wasting our time not focusing on what has happened to our clients as a result of continuous exposure to protracted violence." Another participant reported, "We are inclined and motivated to look at program design from different perspectives and are open to training." Further, all NGO participants agreed on the need for an increased awareness campaign and sensitization of the public of the mental health wellness dimensions, including integrating trauma care approaches in local NGO program designs.

How helpful is a lens of psychological trauma as opposed to a structural peacebuilding lens such as social justice, economic justice, inclusive politics, etc.?

While some progress has been achieved through reconciliation and conflicts transformation in some communities, what has been accomplished remains fragile. Two of the local NGO participants reported that pre and post elections in 2018 recorded relative peace in their respective communities which they attributed to stakeholder dialogues. However, the peace remains a fragile peace and respondents are unsure if the peace is sustainable. One participant reported that underlying traumatic experiences continue to be unaddressed and may negatively affect the outcome of the reconciliation.

Moreover, because of the systemic trauma, the health process has been systematic; the outcome of sustainable peace and development has been unrealized. The closest to trauma healing has been faith-based healing in which violent cultists confess their sins before a church or religious clergy. While this healing is believed to be effective, it does not include processes in which the victims talk through their trauma experiences and symptoms. A general consensus exists that faith-based healing and traditional healing/magic amplify stigmatization because of the tendency to demonize victims, thereby shifting focus away from the context as predictors of threatening psychological response. What is your experience intervening in complex situations?

A limited response to this question indicated that NGOs do not know how to address the issues of complexity. Figure 2 illustrates how NGOs perceive problems and how this perception informs interventions. Local NGO interventions as linear and deterministic dominated by causal inferences and linkages appeared typical. Despite theoretical links, local NGO operators barely integrate perspectives that help illuminate the complexity of the issues. NGO participants demonstrated little insight of the evidence that support trauma and behavioral health due to trauma experiences and minimal awareness of CTS as a complex interaction and organic to systemic violence.

The outcome of the qualitative interview data is the emergence of three intertwining categories that sustains the CTS conditions.

Local NGO Intervention Malaise

It appears from the data that individual local NGOs are less collaborative with other organizations on substance. One participant reported that “we do not trust other NGOs; we do not want to ruin our credibility with our funders and our clients by collaborating with untrusted NGOs.” I asked how limited collaboration impacts their funding. According to my participant, “we explain to the funders the issues of trust and collaboration.” Past experience of this participant indicated that some NGOs get funding and never execute planned programs for the community. According to another NGO participant, “Some NGOs are involved in all sorts of activity that is inconsistent with our values, so we are careful who to partner with.”

Local NGO Symptom Identification Problems

Common to all NGOs interviewed was the issue of symptom identification and management. While NGOs have focused on conflict management and urban-related issues, the underlying symptoms that are traceable to many disabilities (Kaiser, et al, 2018) are unaddressed. One local NGO uses psychological first aid through social media to support youths in distress and prevention of suicide. Another NGO has explored local interventions such as ‘tree of life’ and ‘river of life’ to explore trauma experiences. Faith based and traditional healings were also identified. Although NGOs demonstrated some insight into some of the symptoms and were able to assess them further and make referrals, a majority of NGOs is not equipped with adequate training into trauma treatment, is not certified, and lacks the professionalism to address the symptoms.

Persistent/Recurrent Harm

Persistent harm to local NGOs' clients and communities may be caused through an act of omission or commission by local NGOs. One participant described the recurrent traumatic experience as related to multiple experiences. Further, participants argued that cultural and religious practices such as stigmatization of trauma victims discouraged access to mental health care. Similarly, several of the concepts that participants identified during interviews such as *damaged dissatisfied adult*, *scattered women* are non-clinical concepts that describe the persistent experiences of trauma daily. Participants are of the view that many Nigerians continue to live in communities with limited safe zones and are experiencing high anxiety, depressive symptoms, dissociation, social withdrawal symptoms, substance abuse, and aggressive responses daily.

Based on the research questions the following diagram illustrates the interaction of the categories. Participant's perception of CTS problems is neither informed by available research, nor program planning integrated by research.

Table 5

NGO Perception of the Problems and How This Perception Informs Interventions

NGO perception of the problem	
<p>Research Question 1:</p> <p>What are the perceptions and strategies of local NGO leaders and managers regarding intervention modalities in CTS communities?</p>	<p>Participants identified lack of training or certification in the areas of trauma care, psychosocial and or mental health training. Conflicting faith based and traditional healing principles was identified by participants as barriers because of the propensity for “demonization of trauma victims” and “stigmatization” that prevents access to care. All NGO participants variously reported program disconnection with client’s psychological symptoms which they attributed to limited insights; educational training is limited trauma care.</p>
<p>Local NGO programs are not informed by behavioral- or trauma-based research which limits local NGOs' ability to develop programs focusing on psychological needs of target population.</p>	
<p>Research Question 2:</p> <p>What existing interventions approaches are currently available to local NGO leaders and managers in their interventions in CTS communities in northern and southern Nigeria?</p>	<p>Related to the above, participants acknowledged the daily presence of distressful conditions with their clients in the community. All participant identified patterns of behavior presentations of clients; such psychological responses include “aggression/aggressive behaviors,” “easy/quick to snap,” “quick to anger and dysregulated behaviors,” “limited coping skills to manage stressors,” “suicidality,” “mood swings,” “sleep disturbances/problems” and “depressive symptoms.” Other reported symptoms experienced daily are “substance abuse,” “PTSD like symptoms such as “flashbacks/nightmares,” “hallucinations,” “hyperactivity,” “hyperarousal,” “lack of trust,” “deep shock,” and “speechlessness” due to having witnessed extreme violence; “yelling,” “crying,” “memory loss,” “numbness,” “irrational thoughts,” “alertness/fear of returning home after traumatic violent experiences;” “panic attacks;” “social withdrawal;” “self-guilt;” “low self-esteem;” and “sexual molestation/harassment re-victimization.” These behaviors are consistent with the America Psychological Association <i>Diagnostic and Statistical Manual</i> (DSM). While the use of psychological first aid appeared to be gaining momentum in the Lagos axis, participants reported limited interaction with victims of violent conflicts. Similarly, planned psychological interventions are limited; available interventions remained as emergency, temporary, and ad hoc. One participant reported, remorsefully, that all interventions appear wasted because the psychologically aspects of violence is often missing in program design.</p>
<p>Intervention is linear and unimodal, ignoring the complexity of the problems.</p>	
<p>Research Question 3:</p> <p>What belief systems or ideological orientations influence NGO leaders and managers in program planning and intervention in CTS communities?</p>	<p>NGO participants from different locations separately attributed ‘fragile peace’ in their community to peacebuilding and peacemaking, community dialogues, faith based and traditional healing, capacity building of actors/sensitization on the values of peace, training and reconciliation of actors in community violence. The participants described the current peace as fragile peace because they are unsure of what to expect next.</p>

Summary

The purpose of this case study qualitative research was to explore local NGO administrators' experiences and perspectives regarding program planning and interventions in continuous trauma communities in Nigeria. Trauma communities are communities that have experienced decades of exposures to persistent traumatic experiences without treatment. Prior to my interviews with participants of local NGOs in Nigeria, the awareness of CTS as a concept describing the persistent, psychologically traumatic, stressful conditions was nonexistent; CTS as a concept was unknown, named or verified. Local NGOs view the problem primarily from community conflicts, urbanization and policy-related issues' perspectives. Generally, interventions are linear, addressing unimodal cause and effect problems. Further, the approaches are limited in the evidence grounding their interventions. While conflict management, dialogues, public advocacy, and other anecdotal interventions such as traditional and faith-based healing form part of the approaches, local NGO administrators barely understand persistent psychological traumatic experiences of their target population and their responses to threatening contexts. Local NGO perception of the complexity of the problem assumes that once parties are reconciled, underlying problems will be addressed; unfortunately, these underlying problems are not perceived to be psychological or related to psychologically threatening contexts.

Results from the three research questions are summarized here. Regarding Research Question 1, CTS is unknown to local NGO administrators which affect their

perception of intervention. Intervention from local NGO perspectives is directly related to structural, political, leadership, cultural, ethnic and religious conflicts and institutional problems leading to contestation and social justice and therefore the psychological aspects of the problem ignored. Regarding Research Question 2, a disconnect exists between NGO intervention and psychological response to CTS despite the damaging effects of structural and systemic violence. While local NGO participants collectively and separately identified traumatic symptoms similar to those of the American Psychological Association *Diagnostic and Statistical Manual* (DSM) and the *International Classification of Diseases* (ICDs) codes, local NGO interventions have overlooked the symptoms of psychological violence as debilitating traumatic responses to prolonged psychological threats. Regarding Research Question 3, the orientation and perception of local NGO administrators are found to influence and shape interventions.

In Chapter 5, I present interpretation of the findings, connection of this study with prior research, study limitations, positive social change implications, recommendations, and conclusion, closing with a call for action.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

This explorative case study was undertaken to understand local NGO interventions in trauma communities in Nigeria. In this research, I conceptualized trauma communities in Nigeria as communities that continue to experience pervasive violence. The study used qualitative inquiry, and data were collected using purposive sampling of knowledgeable and qualified local NGO administrators who met inclusion criteria as experienced local NGO administrators.

Data collection was organized around three main research questions:

- Research Question 1: What are the perceptions and strategies of local NGO leaders and managers regarding intervention modalities in CTS communities?
- Research Question 2: What existing intervention approaches are currently available to local NGO leaders and managers in their interventions in CTS communities in northern and southern Nigeria?
- Research Question 3: What belief systems or ideological orientations influence NGO leaders and managers in program planning and intervention in CTS communities?

Five local NGOs were selected for the purposes of data collection, and nine interviews were conducted and analyzed. CTS research has demonstrated that the social, political, and structural organization of the social context of societies induces traumatic stress response on a continuous basis (Diamond et al., 2013; Straker, 2013). The trauma

responses in protracted social conflict communities elicit psychological symptoms and reactions that have been traced to aggression and violence (Mathias et al., 2016). This research was the first CTS research to be conducted in trauma communities in Nigeria. Prior to this research, local NGO interventions had focused mainly on traditional and anecdotal interventions such as peacemaking, dialogue, peacebuilding, and advocacy. The implication of this research is the need for local NGO attitudinal change.

The perception of problems can influence how an intervention is developed to address them (McCuddy, 2008). Local NGO administrators' perceptions of social problems in trauma communities and interventions were consistent across local NGOs represented in this study. In this chapter, I present interpretations and implications of the findings from Chapter 4.

Interpretation of Findings

Communities within Nigeria have experienced violence in many forms, and today their residents live with trauma daily, manifested as psychological threat. Widespread torment arising from religious and ethnic brutality in the country's history is intertwined with the country's leadership and public policy (Sodipo, 2014). The interplay of development, economic, sociopolitical, and governance interests has predicted many of the stressors and violent conflicts in Nigeria (Abdu et al., 2014; Abubakar et al., 2017; Baingana, Bannon, & Thomas, 2005; Bariledum & Serebe, 2013). Ichite (2015) found that violence involving hostility, aggression, fighting, violent behavior, brutality, cruelty, bloodshed, or sadism with resultant death continues to be a problem across communities

in Nigeria. Murder, homicide, fratricide, infanticide, assault, and manslaughter are pervasive across communities in the country (Ichite, 2015) and have been experienced in four of the communities where I conducted my interviews. Such lethally violent behaviors induce psychological threats on a continuous basis.

Within this context, NGO interventions in trauma communities in Nigeria have attempted with limited success to resolve community issues through approaches such as conflict management. As previously indicated, intervention in these communities has inadequately reflected the complexity of the problems. While local NGO participants confirmed through the interviews what is already known in the literature as continuous presence of psychological reaction of their clients in their respective communities, local NGOs had not integrated this knowledge with local NGO intervention programs.

Local NGO Intervention Malaise

According to Provan and Milward (2010), program effectiveness can be evaluated within a network among organizations with similar values. Provan and Milward argued that effectiveness can be determined when services are integrated at the systems level. Furthermore, they asserted that effectiveness is diminished when an individual organization's efforts are not linked systematically with those of other organizations.

As reflected in this study's findings, NGO intervention malaise connotes a system of NGO interventions that is limited to individual NGOs, limited integration with other NGOs, or having limited collaboration and network partnerships with other NGOs. Issifu (2016) acknowledged that the rejection of local initiatives as inferior, irrelevant, and

insignificant relative to other intervention methodologies and approaches has proven disruptive to peacebuilding. Brownell and Basham (2017) and Uzuegbunam (2013) stated that NGO and civil-society humanitarian activities in Nigeria continue to be a challenge, and vertical and horizontal collaboration (Björkdahl & Höglund, 2013). The existence of little or no collaboration has implications for training, cross-fertilization of ideas, and exchange of ideas; and where collaboration is minimal and ineffective, it has an impact on inter-NGO support and, ultimately, becomes a barrier to intervention in various communities (Issifu, 2016).

Local NGO Symptom Identification Problems

As indicated in this study's findings, common to all NGOs interviewed was the issue of symptom identification and management. This issue is intertwined with NGO intervention malaise. NGO intervention malaise limits NGOs' ability to collaborate and negotiate for policy, training, and support, which in turn limits shared experience, transfer of ideas, and building capacity beyond that of individual NGOs. This lack of coordination across NGOs has been highlighted as a major setback in peacebuilding networking, and, in a manner relevant to this research, it restricts ideas and approaches to interventions. What might be achieved through collaboration and sharing of ideas on psychological trauma and symptoms is minimal. Symptom identification challenges persist, and a lack of research on CTS and stigmatization contributes to local NGOs' embedded attitudes concerning program planning and interventions.

Persistent/Recurrent Harm

Persistent harm to local NGOs' clients and communities may be caused through acts of omission or commission by local NGOs. Currently, local NGOs are incapacitated by poor interorganizational collaboration and partnership, which diminish NGOs' capability to identify symptoms and assess trauma cases. Many Nigerians continue to live in communities with limited safe zones, in which they may experience high anxiety, depressive symptoms, dissociation, social withdrawal symptoms, substance abuse, and/or aggressive responses daily.

Intertwined Categories

As indicated previously, the three categories represent NGO barriers to interventions but cannot be understood in isolation from one another. Each of the thematic issues individually constitutes a separate barrier. The intersectionality of individual thematic areas reinforces threats to clients and the community. For instance, the thematic area *NGO symptom identification problem* is crucial for understanding how the symptoms of victims of violence are experienced at an interpersonal level. It therefore feeds into the therapeutic question ("What has happened to you?"). This thematic issue is a problem because NGOs have not focused on these aspects of intervention; minimal, if any, staff training exists in this area. This problem directly informs, partly informs, or is related to the *NGO intervention malaise*, which is the negation of systems of collaboration, networking, and partnership with other NGOs as a determinant of an NGO's effectiveness. This means that limited NGO networking due to

value differences and/or trust, transparency, and credibility issues typifies a malaise or NGO defective syndrome because the ethics of practice are negatively impacted. The negative interaction of these thematic areas reinforcing one another exacerbates threats at the individual and community levels. Unfortunately, *persistent/recurrent harm* is not limited to physical violence; structural and institutional violence embedded in NGO interventions today contribute to continuing traumatic stress in communities.

Intersectionality and Interaction of the Categories

The various categories exhibit connection through interdependent relationships as reflected in Figure 2. However, these interactions produce adversarial outcome for victims and the community. The focus of intervention in CTS communities is not so much on the psychological experiences of victims for various reasons that bother on local NGO capacity and lack of research and other pertinent issues. While the categories interact and intertwine, the intersection of conflict and violence is not being addressed by local NGOs. Similarly, the impact of psychological trauma experienced in violent conflict and not being addressed can potentially increase threat. Similarly, addressing the symptoms of traumatic experiences fathomed into program planning has not been addressed. The intersectionality of psychological violence with physical violence which can be addressed through mediating distressing psychological symptoms is marginalized in local NGO interventions. Even though consistent interaction among the categories continues to exist, the symptomatology and psychopathology of that experience is left in

the margin. Consequently, the adversarial interaction of the categories persists in their constant exacerbation of threats on a regular basis.

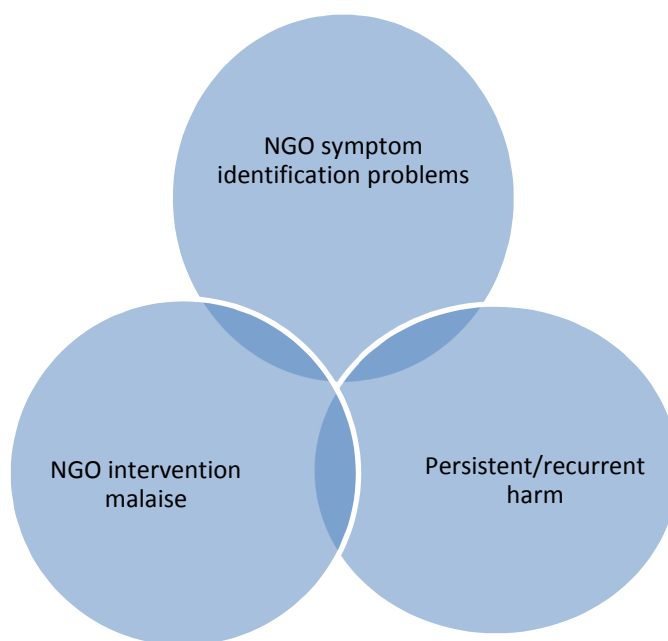


Figure 2. Mutual interaction of the categories that sustain adversarial outcomes in trauma communities.

I now discuss the interpretation of the meaning of the data as analyzed.

Variety of CTS Conditions

The data expresses the existence of continuous traumatic stress experiences in the various communities where I interviewed participants. However, unlike other research findings in the literature, varieties of the CTS condition exist in Nigeria. This finding contrast with other CTS research where a particular CTS condition was isolated from the context. For example, Straker's (2013) analysis of CTS conditions in apartheid South Africa is focused solely on social conflicts. In contrast, I found a mixture of

urbanization, political and social conflicts, cultural and religious practices, untreated childhood trauma experiences and stigmatization not only as barriers to interventions but sustained CTS conditions in the communities. This is a major finding because current research tends to focus on one aspect of CTS as a dominant stressor. Further, the variety of CTS conditions is interlinked with social contexts which are supported by nearly all the literature on CTS research. What this means is that the Nigerian context of CTS must be understood from a multilevel perspective to understand the stressors inducing problems. Regardless, social justice issues were embedded in most of my CTS research findings.

Social Justice Issues

In contrast to PTSD and research findings in clinical psychological research and Diagnostic Statistical Manual (DSM), continuous traumatic stress (CTS) symptoms is related to social, political and economic injustice, repression and the resultant consequences of psychological stressors due to lack of opportunity for self-realization and advancement. Clinical psychological research often links posttraumatic stressors to biological and genetic problems from blaming the victim. I found lack of opportunity for self-realization a potent force for psychological reactions to ongoing threats in the communities. This evidence is supported in the literature as social justice, marginalization, environmental injustice, and lack of opportunities for potential self-realization increasing psychological symptoms of the affected over time (; Diamond, et al.; 2013 Eagle & Kaminer, 2013; Straker, 2013). While I did not interview victims

directly, participants reported overlapping symptoms that is consistent Sommer and Ataria's (2017) findings. The authors argued that while PTSD symptoms may be internalized, externalization of symptoms is common in CTS cases; however, in some victims symptom internalization and externalization of symptoms may overlap. The implication is that victims of childhood trauma experiences may be impacted internally and externally with CTS in CTS contexts. Whereas acute trauma clients may not necessarily experience CTS in a non-CTS context, they may experience other kinds of symptoms; symptoms are not limited specific to type of trauma. While PTSD and CTS symptoms overlap, symptoms beyond those related to PTSD have been reported in CTS victims. However, victims of CTS are often assessed with PTSD tools, contributing to misdiagnosis and potentially, ineffective interventions. On the other hand, research findings contrast a PTSD research perspective with Diagnostic Statistical Manual (DSM) perspectives that undergird much of trauma-informed interventions. Unlike PTSD research which attribute psychopathology to the biology of the victims thereby amplifying victim blaming and shaming (Browne, 2017), my research findings suggest context to be a major inducer of CTS conditions.

Personality, Identity Transformation, and Security Threats

Identity transformation due to personality changes because of prolonged exposure to untreated or unmanaged trauma experiences has been supported as having negative psychological impacts on the well-being of the affected. Advances in posttraumatic growth research have argued that trauma victims experience some positive changes; they

can develop positive identity transformation such as getting close to family members. Some clients evaluate religious commitments, etc. While PTSD interventions have revealed PTG for some individuals, the lack of effective CTS interventions limits the possibility of PTG. Once barriers to effective interventions are addressed by local NGOs, PTG is a desired outcome but at this time, not realistic. In the case of Nigeria where access to care and PTG is limited, identity transformation is often associated with maladaptive coping strategies. Participants reported the association of cultism, political violence banditry, and killings with substance abuse. Further, the security problems in trauma communities related to maladaptation, identity changes, and lack of corresponding local NGO capacity ameliorate the trajectories. This finding is supported by Straker (2013), Somer and Ataria (2016), Higgin-Smith (2013), and Diamond et al. (2013). Effective interventions for PTSD clients require a “safe zone” (Higson-Smith, 2013). Without safe zones, PTSD clients may experience personality changes which may evolve into negative and destructive identities with associated security implications (Somer & Ataria, 2013). In contrast, because CTS is continuous, a safe zone is extremely limited, unavailable or obliterated by the continuing stressful conditions. A personality change in CTS contexts is a constant negotiation internally and externally and it is consistent with a social identity process involving constant reflection and “commercialization of self” (Craib, 1998). According to Igreja (2015) ongoing lack of safety does not lend itself to routinized patterns of treatment planning, assessment, monitoring and frequent evaluation.

Faith-Based and Traditional Healing Disconnects

Although religious and traditional healing is common practice in Nigeria, faith based and traditional healing is disconnected and has become a major source of barrier to intervention in these communities. Faith and traditional healing has the potential to support NGOs in advancing positive community change; unfortunately, faith based healing and traditional healing have amplified stigmatization and demonization which continue to be barriers for effective local NGO intervention in affected communities. The negative interaction between faith based and traditional healing provokes conflicting responses that discourage the strength of these sectors to be brought into planning. While faith based organizations tend to be involved in mainstream planning, traditional healing continues to be on the fringes of program interventions. The antagonistic responses of the agencies amplify stigma and demonization of mental health and access to care, and are major barriers to positive change at community levels.

Sustainability and Sustainable Peace

My research finding of ineffective interventions has implications for sustainable peace as the susceptibility to substance abuse and addiction may heighten community violence, thereby impacting “fragile” community peace. In this regard, trauma care and conflict transformation in protracted communities of violence are related. Consequences of CTS in victims are feelings of “utter vulnerability” (Sommer & Ataria, 2013, p. 300), related to a combination of Acute Stress Reaction, Acute Stress Disorder, and PTSD

(Somer & Ataria, 2013), thus the victims are susceptible to substance abuse and addiction.

Lack of Knowledge and Insights on CTS

Despite the presence of persistent violence both physical and psychological and lack of opportunity for self-realization and advancement at the personal and community levels daily, the meaning of the experience was unknown to NGO participants. The closest description of that experience was protractedness which describes social violence in a regular pattern. However, the psychological dimension is unknown. Prior to this research, CTS was unknown, unidentified as CTS, not verified as CTS, and not related to as CTS which made difficult NGO visualization and conceptualization of CTS as a specific context inducing problems with psychological and mental consequences. Research that pertained directly to the impact of CTS is not readily known to local NGO administrators; they are unable to recognize impact and psychological symptoms related to the problem they have attempted to address in the community. This lack of research awareness is consistent with Kareithi and Lund's (2012) findings that generally NGO activities in Africa is under-researched, and the dearth of NGO research in Africa has negative effects on interventions. Further, local NGO planning in continuous trauma communities in Nigeria is at variance with the evidence that supports personality changes due to prolonged exposure to stressful conditions (Somer & Ataria, 2015). Further, despite the evidence that supports pervasive violence in Nigerian communities (Itichie, 2014; Abubakar et al., 2017; UNICEF & NPC; 2017); the UN security reports and

psychological and mental health toll on victims (Huckshorn & Lebel, 2013; Lambe et al. (2016); and the importance of integration of the ‘psycho’ and ‘social’ (Hamber, et al., 2013) in interventions; these findings are not reflected in local NGO planning and intervention. Lack of knowledge of research relevant to CTS is a pervasive problem across NGOs.

Uncoordinated and Limited NGO Networking

Although studies have shown effectiveness of programs at the levels of networking and collaboration (Provan and Milward, 2010), local NGO vertical and horizontal collaboration is fraught with poor coordination, lack of trust, and other problems that frustrate partnership. Basically, local NGOs individually strive to accomplish goals with minimal collaboration with other NGOs. The result has been limited sharing of ideas, maximization of internal and external strengths, and lack of capacity and resources. My study found consistency across stakeholders in peacebuilding sectors; Björkdahl and Höglund, (2013) and Leonardsson and Rudd (2015) identified incoherent linkages and poor coordination as contributing to the problem in those sectors. Poor NGO networking, partnership, and collaboration have negatively impacted the capacity of NGOs to effectively engage communities.

Limitations of the Study

This study has several limitations. The first limitation is the focus on NGO administrators who identified the symptoms rather than victims of CTS themselves, that is, those affected directly. I did not interview individuals who are constantly living with

traumatic stress experiences. Further research is needed to understand the lived experiences of these individuals experiencing CTS within the contexts of trauma communities in Nigeria. Second, I used a small sample of five NGOs and conducted twenty-two interviews. The sample of NGO administrators is not reflective of the entire NGO population in Nigeria. Further, interviews were conducted with a purposive sample of NGO administrators who were able to provide responses to specific research questions. While the information provided is useful and relevant to the research purpose, it is not generalizable across the Nigerian NGO population. A representative sample that can be generalized across the population could be conducted using a quantitative research design. Third, this study is limited to NGO administrators' experiences with program design, planning and intervention. While this research found a variety of continuous traumatic stressor conditions in Nigeria, other stressor conditions may exist beyond what was revealed in interviews. Research into the various dimensions of CTS experiences is needed to have a comprehensive picture of the CTS condition in Nigeria. Fourth, the focus of the study is assessing experiences of NGO administrators regarding program targeting in CTS. While CTS and PTSD symptoms are known to overlap (Straker, 2013; Diamond, et al, 2013), my interview questions were focused on CTS, not posttraumatic stress disorders per se. More research is needed to understand this overlap.

As noted in the literature reviews, PTSD and continuous traumatic stress symptoms overlap. Studies reviewed identified PTSD symptoms as being internalized while symptoms arising from CTS stressors are externalized (Sommer et al., 2017; Somer

& Ataria, 2015); however, complex trauma, polyvictimization and prolonged untreated childhood trauma contribute to PTSD which may be compounded by experiences of CTS. Research findings link childhood adversity and psychosis in adulthood to adversities in childhood (Finkelhor, et al, 2011). CTS symptoms unlike PTSD have not been classified as a separate problem from PTSD by the American Psychological Association *Diagnostic and Statistical Manual* (DSM) and the *International Classification of Diseases* (ICDs). The danger is that in the absence of classification, PTSD parameters continue to be used to assess context-induced traumatic stressors. A shift from this tradition is required to understand context-induced traumatic stress from PTSD. This study did not focus on the overlap between CTS and PTSD symptoms; further research is needed to explore this overlap.

Recommendations

As described, the limitations of this study provide opportunity for further studies on CTS in Nigeria. This study has demonstrated that variations of CTS conditions in Nigeria need to be explored further through qualitative or quantitative research methods. While symptoms of people experiencing CTS may be externalized behaviorally such as projection of anger, opened confrontation, hyperactivity, hyperarousal, substance induced violence etc., no single CTS condition exists in Nigeria. For instance, in the Lagos axis, urbanization and urban issues appear to drive CTS conditions that people respond to daily. In Warri, Delta state, structural violence and poverty/unemployment has given rise to cultism and cultic activities which are used during elections to fight political

opponents; however, these are transformed into criminal, banditry, and armed robbery activities after the elections are over. In Jos, Plateau state, where fragile peace between the Hausa-Muslim and other Christian communities seems to be holding, people continue to live in fear of the unknown and are avoiding places that are predominantly Muslim or Christian communities. CTS do not consist of self-induced or biologically-induced psychological problems; these problems are induced by contextual problems, possibly contributing to other health problems. I recommend that NGO program design should accommodate trauma-focused perspectives.

As Galtung (1969) noted, violence is present in communities where human potential is not realizable due to social, economic, political, and cultural injustice. I recommend that NGOs holistically assess violence from psychological and physical perspectives. By so doing, psychological symptoms leading to remuneration and identity transformation are better understood and managed. In this regard, institutional and structural violence represented by how the Nigerian state has marginalized certain groups through unfairly distributed resources and unfairly administering social and economic justice, entrenches systemic violence. I recommend more research in this area to unravel social justice issues and CTS conditions.

Finally, this research is a qualitative research study and therefore analyzes subjective NGO administrators' experiences and perceptions. This study has shown that Nigerians are undergoing persistent responses to psychological threats within different areas of their social lives with minimal safe zones in which to build resilience. This

research is the only known research on CTS conducted in Nigeria; I recommend more research into CTS to better understand the different aspects of CTS in that country.

Implications

The Flux: Local NGO Administrator's Orientation, Perception, and Program

Planning Attitude

Zannin and Migueles (2018) argued that the culture/orientation or environment from which a leader develops affects “perception of ability, benevolence and integrity of individuals” (Zannin & Migueles, 2018, p. 2). Participants’ orientation and background significantly impact perception of the problems and attitude to change. In diagram two the data relates participants’ orientation and perception of the problems to the research question are interrelated and interdependent. There are extremely limited external influences shaping these perceptions which meant that uncoordinated stakeholders’ collaboration and little NGO networking have negative implications for local NGO capacity.

In the preceding chapter, I presented the interaction and intersectionality of the various categories as mutual inextricable and disruptive. Figure 4. elaborates further on the overlap of the research questions. The data presented confirms local NGO’s administrator’s orientation as having critically influenced how they have viewed CTS and trauma and violence. The flux between the research questions according to the data is that while local NGOs continue to play important roles in the community, administrators’ orientation must be challenged, upgraded, and evaluated; their

willingness to network and collaborate with stakeholders in the field their values, and their openness to new research and the constantly changing NGO environments must be assessed.

I have illustrated the outcome of these interactions in Table 5 below.

Table 5

NGO Describes the Consequences of the Interaction of the Categories on Community and Society as Whole

Outcome	Responses of local NGOs to persistent, context-induced threats are lacking or inadequate.
	The outcome from the data is supported by both the explanations of the intertwining and the intersectionality categories described above. While physical and psychological violence are intermeshed problems, local NGOs program design and interventions have focused mainly on physical violence. Unfortunately, the psychological dimension of violence is left to fester; the consequence of which is an interpersonal reaction to continuous stress elicit explosive and violent reactions.

Figure 3.

Positive Social Change

This research is important because of the need to understand the intersectionality decades of exposure to CTS and identity transformation, criminality, banditry, and appetitive violence currently being experienced across communities in Nigeria.

The social change implication of this research is to transform local NGO perception of the impacts of violence on individuals and the community as whole. Orientation, perception and training are essential components of NGO resources that can enable NGO capacity to making meaningful impacts in the lives of the communities.

Where NGO capacities are limited and or inadequate individuals and communities continues to experience difficulties and challenges to self-realization and actualization affecting individual dignity, mental health, family well-being and community life is greatly impacted. These challenges are noticeable across the communities where data was collected.

Three major categories emerged from this research that has far reaching social change consequences for local NGO administrations and intervention in their communities. Each of the categories has a negative ramification for social change and can be disrupted by local NGO administrator's attitude for change. Social change is not limited to specific types of NGOs, as administrators and staff of local and cross community NGOs across the country will benefit from the research. This research offers opportunity for NGO collaboration, advocacy, training, networking, and policy change.

The findings of this research will positively contribute to local NGO intervention capacity and effectiveness through training of NGO administrators and staff on trauma and CTS awareness. This training will assist NGO administrators and field officers in assessing trauma and symptoms in communities and designing interventions that address current barriers to local NGO interventions in communities. These barriers include: (a) local NGOs are unfamiliar with CTS as a traumatic stressful condition; (b) local NGOs are oblivious of symptoms that may arise as a result of CTS conditions in the community; (c) local NGO administrators have limited understanding of the trauma and violence intersection; (d) program planning is informed by linear and nondynamic interaction of

various parts of society as a complex whole; (e) local NGOs are faced with limited capacity; for instance, limited certified training or professionals and program planners inadequately equipped with trauma informed skills to support victims; and (f) personality change, substance addiction, and aggression and violence are linked with each other and to CTS conditions.

Further, my research is beneficial for attitudinal change at the individual, corporate and private organizational levels. At the private and corporate levels individual and organizational stress may intersect; training of the trainers (ToT) in corporate organizations has the potential of making positive impact on organizational output by reducing staff maladaptation to persistent stress. Attitudinal change at the NGO administrator level is important for organizational and community level change to occur; communities are direct beneficiaries. My research will assist NGO administrators in exploring organizational and community values in peacebuilding. By building local NGO capacity through training and knowledge-building, communities will be able to manage their symptoms and, thus, experience reduced destructive violence, thereby maximizing individual potential for self-realization, empowerment, and opportunity.

This study will assist policy makers in policy advocacy and policy change. The dynamism of CTS and its different manifestation in the context of Nigeria is unknown to policy makers and thus has not been considered in policy development. Further, incoherent mental health policies contribute to uncoordinated NGO activities around

mental health trauma issues. Social policy change is anticipated at the states and local council administration levels.

In conceptualizing communities as trauma communities, NGOs are beneficiaries of a different perspective that: (a) shifts intervention discussions from an anecdotal intervention perspective to process that invites NGO administrators to focus on psychological symptoms of persistent trauma; (b) brings attention of local NGOs to the influence of CTS on peace and security as intertwined problems; (c) fosters awareness that the internal and external organization of NGOs constitute barriers for change at the local levels; and (d) demonstrates that NGOs' organizational attitude change enables NGOs to build capacity through skill-building, knowledge through training, and collaboration internally and externally.

All peace building is local (De Coning, 2013), but effective local peacebuilding is unsustainable with a local NGO administrator attitude that is at variance with required training and expertise. Comprehensive attitudinal change is required to improve staff skills, through training reorient staff to a different perspective, and enable program design and interventions to reflect lived CTS experiences in communities. Considering the interconnections between psychological trauma, identity transformation, substance abuse and physical violence exacerbated by CTS conditions, this research offers a new approach to looking at radicalism and extremism. The major social change implication of this study therefore is to change NGOs administrators' perceptions and orientation, and to affect attitudinal change through comprehensive understanding of the intra-personal,

interpersonal and community implications of effective and efficient understanding of CTS. This research empowers NGOs and will help to reduce violent extremism, radicalism, unhealthy contestation, violent confrontation. This research will help NGOs advocate for policy change by informing NGO practitioners, administrators, community leaders, teachers, corporate, and private sector practitioners on the issues of CTS and its impacts on well-being, security, and peace.

Finally, the social change implication of the research therefore will improve local NGO capacity by encourage training of NGO administrators on trauma care, psychosocial interventions as well as incorporate psychosocial, trauma and basic mental health care in their program planning. An important social change component of the research is to transform antagonistic intervention approaches between faith based and traditional healing into positive and integrated resource for individuals and the community.

Theoretical Implications

Conceptually, Cedric De Coning's (2012) complexity peacebuilding theory and Hiatt's (2006) organizational change model provided frameworks for my research. Broadly, complexity theory discloses the emergence of a phenomenon through complex interaction of parts; this interaction is neither linear nor predictable, and therefore contrasts with a deterministic view of systems theory emphasizing cause and effect.

I have used complexity theory in this research because it helps us understand the emergence of CTS in Nigerian communities. Local NGO planning has overlooked the

convoluted patterns of complexity which has had implication for local NGO interventions. Complexity, when it informs planning, helps planners retract and trace the pattern leading to reversal of the problems. Further, I have used the ADKAR model of organizational change because of its contribution to social change in organizations and consequently to positive changes in communities. For instance, local NGO administrator's readiness for attitudinal change can have positive social change impact internally in the organization and externally on the community. Without NGO administrator's positive attitudinal change towards openness to learning, creativity, training, self-development, and networking, positive change could be unrealizable.

Distressing psychological response is organically related to structural and institutional violence. In this study, experiences of CTS are understood from the interaction with and influences emanating from a toxic environment internalized daily. While complexity explains the emergence of phenomenon and their outcomes, the emergence of a phenomenon is not simple and cannot be simplified or reduced to cause and effect progression as is typical in current intervention approaches. While some of the NGO interventions appear to be effective even though they are undergirded with preventable barriers, NGO interventions are simplified and predictable which contrasts with complexity. Complexity posits that issues, phenomenon, and problems are organic parts of systems but unlike systems the emergence of a phenomenon is illogical, dynamic, asymmetric, and disproportionate to the complex interactions of the subsets or subparts in antithetical patterns. For instance, human behavior emerges from interaction

of neurological and cognitive processes which form a complex web of patterns, woven and interacting without clearly defined trajectories of course. Further, repeated interpersonal patterns shape human perception (Sammat-Bonnuci, 2015). In this research, the emergence of CTS is not an accident, but organic to existing social structures and social order that perpetuates systems of violence. Striking features of complexity such as interactions, adaptation, feedback, self-organizing, dynamism, nonlinearity, and emergence of the phenomenon or a problem (Sammat-Bonnuci, 2015) are embraced in this study because they amplify the organic source of CTS within Nigeria's sociopolitical structures. In the context of Nigerian communities, the emergence of CTS is related to the prevailing and threatening sociopolitical and economic conditions. Interactions leading to the emergence of psychopathology are not linear; psychological, mental health and behavioral health, neurological, cognitive, biological and physiological (somatic) pathways and processes are synchronized in the process and subsequent emergence of CTS. The amplification of complexity is intensified in the process through complex routes involving communication, negotiation, and constant feedback. Consequently, the symptomology of psychological stress and subsequent responses are linked to context induced stress. At the micro level, individual behavior is influenced by the macro level through complex interactions. Self-organizing large groups maintain their integrity and stability through dynamic interaction with small groups (Sammat-Bonnuci, 2015). In reverse, communities and victims of CTS are

mutually influenced by the diametrical and convoluted pattern of interactions. The outcome of these interactions has been persistent traumatic experiences.

An NGO administrator's perspective must shift to understand the complexity of the emergence of CTS, the murky pathways through convoluted patterns that are formed through adaptation, self-organization of the convoluted patterns, and unpredictable maneuvers, none of which can be subject to cause and effect outcomes. Local NGOs currently are indisposed to CTS research and are oblivious of the complex interactions contributing to CTS, which means local NGO administrators must reorient themselves through self-development and train staff to incorporate trauma and CTS perspectives in program planning. This is in line with Hiatt's (2009) ADKAR model of organizational change which suggests collective organizational change at the NGO administrator level is the impetus for change. Building local NGO administrator's capacity is logical as attitude change towards training is beneficial for NGOs and may trigger positive change across communities.

Theoretically, the findings of this research are supported by the conceptual framework: (a) while the reality of the issues is highly complex, NGOs' perspective is limited and program planning has not reflected the complexity of the problem as suggested by the theory; (b) local NGOs' capacity is constrained and needs to expand--a linear perception and approach to issues have yet to reflect complexity of the problem to make significant impact; and (c) expanded local NGO knowledge base can be used to disrupt barriers that impede positive change in the communities.

Recommendations for Practice

My first recommendation for practice is to encourage NGOs to approach trauma communities differently. NGO approaches should reflect complexity of the problem and desist from using linear intervention approaches. My second recommendation for practice is for NGOs to critically assess the three categories that have emerged from this study and build their capacity as the means to disrupting their mutual interaction. Third, I recommend that NGO administrators pay attention to violence in its totality as opposed to the restrictive focus on physical violence as a catchall phrase for violence. Fourth, I recommend that NGO administrators and other staff build their capacity through regular training in relevant areas to make positive change. Finally, I recommend that the findings of the research assist policy makers in addressing mental health issues in Nigeria, security agencies through personnel training, and government leaders in formulating early warnings signs to manage and monitor destructive conflict.

In this research, I have found that violence is not limited to physical violence; a condition that perpetuates diminished potential for individuals and communities is deemed a violent community. Potentially, communities experiencing some types of physical violence may likely experience over time implicit or explicit psychological symptoms relating to a threatening context. Psychological systems that are associated with traumatic experience can result in personality identity changes with security implications. Limiting violence to physical violence fails to address security issues and underlying psychological problems. NGOs need to delve into these connections.

Overall, attitudinal change is critical for positive change and the extent to which local NGO administrators are open to new ideas, research, networking with other organization, and self-development would have an impact on NGOs, the affected, the community, and the country.

Conclusion

This research was conducted to understand local NGO administrators' perspectives on persistent and recurrent traumatic conditions in Nigeria communities. In doing so, I have identified and documented verbatim symptoms due to CTS as revealed by NGO administrators. Nigerian communities have experienced decades of recurrent violence daily; however, the psychological ramifications and impact of exposure to violence on communities is undefined. Administrators' perception of the problems which guide current interventions is influenced by orientation. The perception of violence is therefore limited to physical violence. Consequently, a trauma perspective is largely absent in local NGO intervention approaches, and deterministic approaches is a dominant intervention style across NGOs. Further, local NGO administrators are not adequately savvy in using mental health research or perspectives for intervention purposes or conversant with recent research on psychological violence and treatment. Moreover, the prevailing cultural beliefs systems and religious practices working together to prevent access to formal mental health care is deeply embedded. Consequently, local NGOs appear to have a lack of capacity to address community psychological and mental health needs.

A large body of research in the behavior and mental health field has linked extensive exposure to violence to myriad consequences for individual, family, groups, and the community. Victims of violence respond to violence differently; some PTSD may occur, while a PTSD-like response may occur without PTSD. In urban settings as exist in Nigeria where protracted violent conflict is present almost daily, a combination of PTSD and other acute responses to threat may exist alongside institutional and structural violence. Studies have shown that when these conditions occur persistently, the potential to self-realization is diminished due to an almost permanent state of threat and that personality changes occur associated with untreated psychopathology. I have revealed in this study the consistency of exposure to CTS daily, trauma experience, mental health issues, substance abuse, addiction, and physical violence. My research questions yielded three mutually interacting categories that keep CTS conditions unaddressed in NGO intervention programs. The disruption of the interaction is dependent upon local NGO administrators' perception of and attitudinal change toward the inadequacy of current intervention framework and approaches.

Call to Action

The role of local NGOs in communities in Nigeria cannot be overemphasized. NGOs continue to play critical roles providing essential services across communities in different ways. De Coning (2013) posited that local NGOs are an essential part of the local peacebuilding process. Local NGOs have contributed immensely to local community development and community reconciliation and empowerment. De Coning

(2013) suggests that because all peacebuilding is local, local NGOs should build their capacity such that positive outcomes for the community ensue. My challenge for local NGOs is as follows;

1. Utilize the findings in the research to support your program design and interventions.
2. Local NGOs must begin to see people as the focus of intervention. NGOs are required to build systems of empathy that support the individual within an environmental perspective, which means examining and assessing needs from humane perspectives and making the connection to programs and policy change.
3. I call on local NGOs to approach their work from a complexity point of view as this will help them understand how certain problems emerge.
4. I call on NGOs to rise above your orientation, ideology and idiosyncratic beliefs through a self-reflective analysis of your organization and through a critical assessment of your intervention planning
5. I call on NGO administrators to reconsider multidimensional and multisector approaches to community assessment, problem development, and interventions.
6. I challenge local NGOs to consciously and deliberately focus on collaboration across systems. Research continues to prove program effectiveness combining interorganizational networking, collaboration, and partnership

which currently in local NGOs is unsatisfactory. A shift from linear and unimodal perspectives to multisector interventions requires multipronged approaches.

Evidence from this research underscore the important roles that local NGO play in sustainable peace and development in communities. The study builds on other research that emphasizes local capacities as critical for social change at the community levels. The research also used evidence from behavior research to build a case for positive social change in trauma communities. The study explains the fundamental role of administrators and leaders of organizations as central to positive change. Although CTS continued to be a psychosocial menace due to the intertwining problems of direct and indirect violence in trauma communities in Nigeria, it is pertinent and incumbent on local NGOs as a matter of ethical responsibility to spear head positive change in these communities by embracing the research.

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Appendix: Interview Questions

The following interview questions served as the interview protocol for the interviews:

- From your professional experience/ or knowledge in the field of NGO peacebuilding what would you describe as the effective ways of providing intervention in communities that are experiencing repeated violence?
- Peacebuilding is considered a complex exercise; how does your organization navigate this complexity?
- What would you define/describe as effective and ineffective interventions in the management of ongoing and persistent violence and threats in these communities?
- What don't you like about the current civil society intervention approaches in the communities experiencing ongoing threats and violence?
- How can the underlying causes of ongoing threats and violence to address?
- How do you think NGOs, researchers and other practitioners can be adequately prepared to discuss trauma, psychological threats and violence?
- How effective do you think practitioners effectively evaluates violence from the lenses of psychological trauma as opposed to structural peacebuilding lenses such as social justice, economic justice, inclusive politics etc., has been helpful?
- What is your experience intervening in complex situations?