From Crisis to Reconciliation:

Feasibility and Effectiveness of School-Based Interventions Promoting Trauma Rehabilitation and Reconciliation After the War in Uganda

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Summary

After more than three decades of civil war in Northern Uganda waged by the rebel army the Lords’ Resistance Army (LRA) using large numbers of forced child soldiers within their ranks, the current research focuses on the psychological impact of war, displacement and rebel abductions on war-affected youths now placed in educational programs, and it focuses on understanding ways to foster psychological recovery and enhanced psychosocial support.

In our first study, trained local screeners assessed the mental health status of male and female students in Northern Ugandan schools. The study aimed to disclose potential differences in mental health-related impairment in two groups, former child soldiers \(n = 354\) and other war-affected youth \(n = 489\), as well as to separate factors predicting mental suffering in learners. Almost all respondents had been displaced at least once in their life. Thirty percent of the girls and 50% of the boys in the study reported past abduction history. Trauma exposure was notably higher in the group of abductees. The post-traumatic stress disorder (PTSD) rate in former child soldiers, 32%, was remarkably higher than that in non-abductees (12%). A path-analytic model for developing PTSD and potential depression revealed both previous trauma exposure and duration of abduction to have significant influences on trauma-related mental suffering. Findings suggest that in Northern Ugandan schools, trauma spectrum disorders are common among war-affected learners, and we have therefore recommended the school context to be further utilized and researched to provide mental health support for war-affected youth.

In our second study, trained local screeners assessed the mental health status of male and female students in vocational training centers in Northern Uganda. The study aimed to explore the applicability and measurability of the newly emerging concepts of openness to reconciliation and revenge in the context of Northern Uganda and to understand their interplay with measures of PTSD, depression, aggression and stigmatization. In the study sample of war-affected learners \(N = 406\), we found that the two sub-scales “openness to reconciliation” and “revenge” were applicable to the majority of respondents \(n = 325\). Factor analysis and internal consistency supported this finding. Correlations revealed strong associations between the measures of psychopathology and maladjustment across genders. Respondents with a PTSD diagnosis \(n = 94\) had lower scores in...
openness to reconciliation and higher scores in vengeful feelings, aggression, and stigmatization. The results underline that mental health status, particularly PTSD diagnosis, among Ugandan youths is strongly interrelated with measures of openness to reconciliation, revenge, aggression and stigmatization. While we acknowledge that more research is needed with regards to the nature and direction of the found associations among the variables, it appears that suffering from PTSD diagnosis is a potential obstacle for reconciliation and peace-building attempts.

In our third study, we tested the feasibility and efficacy of delivering group-based trauma and reconciliation education \((n = 135)\), group-based conflict resolution and social competence training \((n = 136)\), and individual teacher counseling \((n = 135)\) carried out by local lay counselors in a randomized controlled research design. We assessed the intervention groups prior to the start of the interventions, at five months after the interventions, and at nine months after the interventions, with very low drop-out rates. In intention-to-treat (I-T-T) and treatment-completer (T-C) analysis of variance, we obtained the main effects for time for all three treatment conditions on all dependent variables, but no meaningful interaction effects between treatment conditions and times. We obtained medium effect sizes (Cohen’s \(d\)) for PTSD as an outcome measure, while we found high effect sizes for outcomes of depression, as well as for all post-war reconciliation measures. The study provides preliminary support for the feasibility and effectiveness of all three culturally and contextually adapted classroom-based interventions when implemented with former child soldiers and other war-affected learners in Northern Ugandan schools. The study further provides evidence that in randomized controlled trial (RCT) research designs, tailored mental health and psychosocial support (MHPSS) programs not only have beneficial effects on strained psychological health of war-affected learners, but also on societal post-war reconciliation and peace building after crisis.

We discuss our findings’ implications for future research needs and the further development of group-based psychosocial interventions in LRA-affected areas, for the reintegration of former child soldiers, such as in (child) disarmament, demobilization and reintegration (DDR) programs, and for MHPSS programs using curriculum-based intervention (CBI) in educational settings.
Zusammenfassung


Fragestellungen: (1) Welche Auswirkungen hat der jahrlange Bürgerkrieg auf die psychische Gesundheit von jugendlichen Betroffenen, die sich nach Ende des Krieges in einem Schulprogramm befinden? (2) Mit welcher Form eines psychosozialen Programms kann die psychische Gesundheit dieser betroffenen Jugendlichen am besten gefördert werden?

Studie (1)


**Studie (2)**


Ergebnisse: Die Skalen 'Offenheit zur Versöhnung' sowie 'Rachegedanken' waren in unserer Studie für den Grossteil (n=325; %) der untersuchten vom Krieg betroffenen Schüler (n=406) gut anwendbar. Eine Faktorenanalyse und die Berechnung der internen Konsistenz bestätigten diese Ergebnisse. In beiden Geschlechtergruppen waren Psychopathologie und Beeinträchtigungen hinsichtlich der Reintegration stark assoziiert. Bei Studienteilnehmern mit PTSD Diagnose (n=94) wurden signifikant niedrigere Werte bezüglich der Variable 'Offenheit zur Versöhnung' gemessen, sowie erhöhte Werte für die Variablen 'Rachegedanken', 'Aggressivität' und 'Stigmatisierung'.

**Studie (3):**

Methoden: In unserer dritten Studie untersuchten wir die Durchführbarkeit und Wirksamkeit von drei Interventionen mit kriegstraumatisierten Jugendlichen im Schulkontext: (a) Gruppen-basiertes Trauma- und Versöhnungs-Training (n=135), (b) gruppen-basiertes Training zu Konfliktlösungsverhalten und Sozialer Kompetenz (n=136), (c) sowie individuelle Beratung („Counseling“) durch Lehrer (n=135). Die drei Interventionen wurden von geschulten lokalen Mitarbeitern durchgeführt und in einer randomisierten kontrollierten Studie mit drei Messzeitpunkten (vor Durchführung der Interventionen, sowie jeweils fünf und neun Monate nach Abschluss der Interventionen) überprüft. Fast alle Studienteilnehmer konnten zu allen drei Messzeitpunkten wieder untersucht werden.


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<th>Description</th>
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<tbody>
<tr>
<td>CAR</td>
<td>Central African Republic</td>
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<tr>
<td>CBI</td>
<td>classroom-based intervention</td>
</tr>
<tr>
<td>CBT</td>
<td>cognitive behavioral therapy</td>
</tr>
<tr>
<td>DDR</td>
<td>disarmament, demobilization and reintegration</td>
</tr>
<tr>
<td>DHSCCL</td>
<td>depression section of the Hopkins Symptom Checklist</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<tr>
<td>DSM</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
</tr>
<tr>
<td>ICC</td>
<td>International Criminal Court</td>
</tr>
<tr>
<td>IDP</td>
<td>internally displaced person</td>
</tr>
<tr>
<td>I-T-T</td>
<td>intention-to-treat</td>
</tr>
<tr>
<td>LRA</td>
<td>Lord’s Resistance Army</td>
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<tr>
<td>MHPSS</td>
<td>mental health and psychosocial support</td>
</tr>
<tr>
<td>MINI</td>
<td>Mini-International Neuropsychiatric Interview</td>
</tr>
<tr>
<td>NET</td>
<td>narrative exposure therapy</td>
</tr>
<tr>
<td>NGO</td>
<td>non-governmental organizations</td>
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<td>NRC</td>
<td>Norwegian Refugee Council</td>
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<tr>
<td>PDS</td>
<td>post-traumatic diagnostic scale</td>
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<tr>
<td>PSQ</td>
<td>Perceived Stigmatization Questionnaire</td>
</tr>
<tr>
<td>PTSD</td>
<td>post-traumatic stress disorder</td>
</tr>
<tr>
<td>RCT</td>
<td>randomized controlled trial</td>
</tr>
<tr>
<td>T-C</td>
<td>treatment-completer</td>
</tr>
<tr>
<td>TRE</td>
<td>trauma and reconciliation education</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
</tr>
<tr>
<td>UPDF</td>
<td>Uganda People’s Defence Force</td>
</tr>
<tr>
<td>VWAES</td>
<td>violence, war and abductee exposure scale</td>
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<tr>
<td>YEP</td>
<td>youth education pack</td>
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I

Background
1 Introduction

1.1 The Victim’s Voices: Excerpts From Former Child Soldier Survey Participants

**Narration excerpt of a male Lord’s Resistance Army abductee aged 18 years**

“Even now many years later, the pictures of this day when my friend got raped (by a rebel) keep coming back to my mind. I look at normal people, like a teacher or a friend, and suddenly the face of the rebel appears. Then I get angry and aggressive and try to hurt the person. I throw things and get violent. Sometimes I find myself sitting in strange places, like on top of the roof, crying, and I have no idea how I got there. It is as if there are two personalities living inside me. One is smart and kind and normal, the other one is crazy and violent. I try so hard to control this other side of me. But I fail. Sometimes I feel tears running down my cheek and I wonder why. (…) And when the memory of the rape comes, all the other pictures are in my mind as well, like the dead bodies and the combat. I feel bad and guilty. How could my friend ever forgive me for not having helped her when she needed me most? Sometimes she comes to me in my dreams, even now, and she looks beautiful and kind, just like she used to. But I cannot forgive myself. I don’t even know whether she is still alive.”

**Narration excerpt of a female Lord’s Resistance Army abductee aged 19 years**

“None of my family’s relatives want to assist us at home because they claim that I am an outcast and that I was bad luck, because I was the one who was forced to kill some of my relatives and my parents by the LRA [Lord’s Resistance Army]. I live with a lot of horrible nightmares.”

**Narration excerpt of a male Lord’s Resistance Army abductee aged 17 years**

“When I was still in the bush, I knew that (...) the commander and the rebels were the guilty ones, but when I came back home and started living in the IDP [internally displaced person] camp, that changed. Then I felt I was the guilty one. People made those (returning) from the bush feel like killers. Today I know that I was forced to do
it, it is clear to me, but how can I ever forgive myself? There are nights, when I hear my cousin’s voice pleading to help her, yet I am the one who killed her.

(...)

They call us ‘killers’ when we get to the well to fetch water. They also say ‘look this is one from the bush, he doesn’t know how to behave around people.’ Don’t they know that we did not choose this life? When I was still in the bush I longed to get home to my people. But now that I am back, I start thinking of the bush and the people that I have left behind there.”

**Narration excerpt of a male Lord’s Resistance Army abductee aged 22 years**

“I dreamt about the bad things that happened in my life when I was in the bush with LRA [Lord’s Resistance Army] rebels; it was bothering me a lot. One day I bought tablets. I wanted to sleep forever so that I would stop having those dreams. I took all (the tablets), and I fell unconscious; I cannot remember what happened. I found myself in the clinic in the morning. (...) I was not happy, because I had wanted to die.
1.2 The Lord’s Resistance Army Conflict

The conflict between the Lord’s Resistance Army (LRA) and the government of Uganda originated three decades ago during the uprising of the LRA in Northern Uganda. As of today, the conflict has shifted outside of Uganda to its bordering countries, where it constitutes one of the longest of the ongoing conflicts on the African continent. At the same time, it is among those conflicts least understood, since almost all information obtained in the initial years of the LRA uprising remain one-sided and stem from public information shared by one of the conflicting parties, namely the Ugandan government and its military, the Uganda People’s Defence Force (UPDF) (Allen & Vlassenroot, 2010; Schomerus & Walmsley, 2007).

Claiming that due to the government’s economic and political marginalization of the predominantly Acholi population in the North of Uganda, the LRA began its operations against the Ugandan government under president Museveni in 1986. The LRA claimed to fight for the rights of the Acholi people. However, widespread violence, lootings and attacks left the LRA feared for years by Acholi civilians, and they were fought bitterly by the UPDF. The LRA sustained itself over the years with lootings and forced abductions of minors, and from what is known, it had support from the government of Sudan (Kelly, Branham, & Decker, 2016; Vinci, 2005).

In the year 2000, the Ugandan government adopted the Amnesty Act, granting all returning combatants and fighters from the LRA amnesty upon their return to civilian life. The government also established an Amnesty Commission. Its functions were to monitor programs of demobilization and reintegration for LRA returnees, and to foster appropriate reconciliation mechanisms in the LRA-affected areas while promoting dialogue and reconciliation (Borzello, 2007).

With Operation Iron Fist in 2002, a massive UPDF military attempt to end permanently the LRA insurgence in Uganda’s North, the struggle spun into a large-scale regional conflict, increasing the numbers of internally displaced persons (IDPs) having to flee the affected areas, with large numbers of abducted children forced to fight within the ranks of the LRA and widespread suffering among the civilian population. While the fight between the LRA and the UPDF continued in Uganda, the LRA also operated and launched attacks in bordering countries. The horrific violence committed against the civilian population in these years, with minors constituting direct targets of the rebels, was unprecedented in the conflict’s history. Stories of
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inhuman cruelty, massacres, episodes of cannibalism and children being forced to kill their own parents filled international news reports, causing massive international outrage (Allen & Schomerus, 2006; Blattman, 2008).

In 2005, the newly established International Criminal Court (ICC), in its quest to end the impunity of war crimes and crimes against humanity, issued its first ever arrest warrants against the LRA’s five top leaders, including their commander Joseph Kony (Allen, 2006; Apuuli, 2006). The ICC’s arrest warrants summarize the LRA’s actions, stating that the LRA allegedly

(...) has been directing attacks against both the UPDF and local defence units and against the civilian population; that, in pursuing its goals, the LRA has engaged in a cycle of violence and established a pattern of “brutalization of civilians” by acts including murder, abduction, sexual enslavement, mutilation, as well as mass burnings of houses and looting of camp settlements and that abducted civilians, including children, are said to have been forcibly “recruited” as fighters, porters and sex slaves to serve the LRA and to contribute to attacks against the Ugandan army and civilian communities. (International Criminal Court, 2005)

As of 2006, the Juba peace talks aimed for a violence-ending agreement between the affected governments and the LRA. However, after various attempts at negotiation, in the end Kony refused to sign the peace agreement, and the Juba peace talks ultimately failed in 2008. Since then, the LRA has been driven out of Uganda by military force, but the LRA survives and continues to terrorize civilian populations in the remote border areas on the territory of the Democratic Republic of Congo (DRC), the Republic of South Sudan and the Central African Republic (CAR) (Schomerus & Walmsley, 2007). Today, while some of the LRA leaders have been killed, and although one has surrendered to the ICC, the LRA’s top commander, Joseph Kony, remains in the bush with his forces.

Currently, a Regional Cooperation Initiative for the Elimination of the LRA under the auspices of the African Union (AU) and supported by the United Nations (UN) is underway, aiming to end the terror of the LRA. The initiative prioritizes diplomacy, joint military action and long-term recovery for the four LRA-affected countries (Ahare & Maina, 2013). The long-term recovery, reintegration and reconciliation attempts, as put forward by the affected governments, AU, and UN, remain a major hope for peace and stability in the region. This thesis aims to contribute to these endeavors by adding to the emerging body of evidence
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supporting effective and feasible programs to promote trauma-rehabilitation and reconciliation for the affected communities.

1.3 Child Soldiers of the Lord’s Resistance Army

In order to understand the Lord’s Resistance Army’s (LRA’s) modus operandi and, with it, the psychological consequences suffered by LRA victims, the phenomenon of child soldiering needs further consideration. Some of the experiences of our survey participants have already been presented in their own voices in the opening pages of this chapter, but broader context is necessary.

Globally, it is estimated that more than half a million child soldiers are associated with armed forces worldwide at any given time (Coalition to Stop the Use of Child Soldiers, 2008). Up to 40% of them are estimated to be female (Betancourt et al., 2013). In some of the affected regions, non-state actors, especially, can consist of up to 80% children (Coalition to Stop the Use of Child Soldiers, 2008). Following the Paris Principles, we will refer to child soldiers as minors conscripted under the age of 18 years (United Nations International Children’s Emergency Fund [UNICEF], 1991), regardless of whether they fight in combat or are associated with the armed group in any other way or function.

The reasons for the recruitment of children into armed groups are straightforward. Children constitute large parts of the overall population in poor countries, and they constitute “cheaper” workforces than adults. They eat less than adults and can carry and fight with smaller and cheaper arms. Children also provoke less suspicion if used in wars with guerilla or terroristic features. Overall, minors are easier to recruit and retain in armed groups, as they are more easily guided and indoctrinated by hierarchies. Their need to belong to a family-like system easily attaches them to the armed forces, with little reflection; they do not challenge their leaders. Often they have no home and family to return to, hence, no alternative beyond life in the armed group. In areas where families live under extreme instability or poverty without economic opportunity, children may conscribe themselves to armed groups to be fed or to protect their families. Their young age leaves them with a limited ability to estimate danger, and local drugs are used to make children more fearless. They follow orders and show a strong will to fight after indoctrination. If
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indoctrination rituals include alien belief systems, children are more prone to believe these myths and rituals (Schauer & Elbert, 2010).

Their moral development and sense of what is right and wrong still needs to evolve, and they can be easily manipulated with reward systems geared towards violence and cruelty or by inflecting fear and life-threat on them (Betancourt et al., 2013; Ertl, Pfeiffer, Schauer, Elbert, & Neuner, 2014; Hecker, Hermenau, Maedl, Hinkel, et al., 2013; Hermenau, Hecker, Maedl, Schauer, & Elbert, 2013; Kelly et al., 2016). Minors do not fully comprehend the structure and force of the armed group, neither the life-threatening initiation and indoctrination rituals, which are traumatic in nature. Neither do they comprehend the full consequences of their status as child soldiers on their entire immediate and future life, including the difficulties of demobilization, reintegration and community stigmatization. Often, a parallel process occurs by which the armed group comes to be perceived as a surrogate family. Orphaned, displaced, very poor or otherwise vulnerable minors may join, hoping to gain protection, power and control. None of these phenomena imply voluntariness, choice or control left for minors. Armed groups use and exploit them as cheap workers, ready for an indoctrination of cruelty and violence (Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010; Schauer & Elbert, 2010; Wessells, 2006).

The LRA mainly operates with forced abductions of minors (Pham, Vinck, & Stover, 2007; Vindevogel et al., 2011). The factors listed above can be regarded as push-factors and factors entrenching minors in armed forces or preventing their escape and surrender. When directly targeting and killing the families of the children, the homecoming of those children appears almost impossible (Allen & Schommerus, 2006). Hence, all of the above-mentioned aspects must be kept in mind for the design and set-up of the psychological rehabilitation of former child soldiers. They are context- and conflict-specific for a given armed group. Forced LRA abductions and abductees’ experiences follow a certain pattern with regards to the sequence of potential traumatic events. They are believed to serve the very specific purposes of creating cohesion within the LRA (Haer, Banholzer, & Ertl, 2011) and detaching children from their old identities, replacing them with “rebel identities” (Veale & Stavrou, 2007). A systematic and complex system of control (Kelly et al., 2016; Pham et al., 2007; Vindevogel et al., 2011) is enforced on abductees through fear (Vinci, 2005). In general, there are four main stages during
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minors’ forced conscription by the LRA: (1) LRA abduction, (2) LRA training and indoctrination, (3) combat and other tasks, and (4) escape, surrender, or release. We summarize below each of these four patterns, which former abductees described to us during our time conducting research in Uganda and which we heard from LRA-abductees in reception centers in the DRC and South Sudan. These patterns are largely consistent with other authors’ findings concerning the LRA’s *modus operandi* (Blattman, 2008; Haer et al., 2011; Pham et al., 2007; Vindevogel et al., 2011).

1. The LRA abduction is almost always intentionally carried out under threat of death. Often, children witness other community members being harmed or killed while they are forcefully abducted. Reports also frequently indicate that children are forced to kill their own parents at the moment of abduction—leaving them with the belief that there is no home or community to ever return to.

2. The LRA training can last from between a few days to several weeks in harsh conditions. Forced killings are conducted in this time as initiation rituals. Children are systematically habituated to cruelty. Most frequently reported are killings with wooden logs through beatings on the victims’ head or with large bush-knives cutting into parts of the victims’ body. The LRA indoctrination leaves no doubt for the abductees: Whoever tries to escape from the LRA or does not follow orders is killed. Minors are forced to watch killings or to kill escapees to enforce rules. Some minors receive weapons at the end of training. Depending on LRA sub-groups, some children are given drugs and talismans (e.g. oil) and made to believe that their leader, Joseph Kony, has supernatural powers, which would protect them from bullets in combat. Findings suggest that the LRA’s proliferation of spiritual and magical beliefs and propaganda lead to high levels of harmful spirit possession in returnees (Neuner et al., 2012).

3. During their remaining time with the LRA, children are sent into combat situations to fight government troops, take part in lootings, attacks, massacres and killings. Allegedly, at certain times orders were given to minors to conduct specific mutilations on civilians, such as the cutting of ears and lips to spread terror and fear. Some child soldiers receive other tasks, such as those of cooks, porters, spies, or bodyguards of commanders and their families. Regardless of age, girls
are frequently forced into sexual slavery and given as so-called “wives” to commanders. Sexual enslavement occurs at very young ages and in the absence of access to health care, and young and physically immature girls fall pregnant.

4. Commonly, the final moments spent within the LRA and the escape attempts are described as amongst the most frightening moments of the victims’ entire time spent in the bush. A military offensive by the government troops often leads to the final opportunity to escape or surrender from the LRA under threat of death. Some abductees are taken as captives until their age, release or repatriation formalities are clarified. Some releases are negotiated or directly instructed by surrendering commanders. Females sometimes report running away or being released from captivity when they fall pregnant.

What life holds for child soldiers upon their return home after LRA captivity is the topic of the current thesis. We examine the psychological impact of child soldiering, of being a victim and a perpetrator of violence, and ways to foster psychological rehabilitation and reintegration. In doing so, we also examine the wider psychological impact of the experiences of violence and displacement of war-affected youth in Northern Uganda and the role that support programs play in a successful reconciliation and recovery process.

1.4 In Search of Solutions for Psychological Rehabilitation in the Education Sector

Confronted with the question of how best to reintegrate extremely high numbers of former child soldiers of the LRA, as well as those war-affected youth potentially traumatized by displacement due to war (see Chapter 2), we were in search of feasible psychological interventions fitting the context of Northern Uganda and facilitating trauma recovery and reconciliation attempts, in line with the priorities for LRA-affected regions. Our quest for solutions stemmed from aid organizations’ need for psychosocial programs that could be embedded in educational programs to boost overall outcomes of interventions, as suggested by international standards (Inter-Agency Standing Committee - IASC, 2007).
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While many former child soldiers and war-affected youth IDPs had returned to their communities of origin when we conducted our research, they faced various obstacles in dealing with everyday life and social relationships, due to their past experiences of traumatic events and the subsequent impacts on their mental health (Ertl et al., 2014; Pfeiffer & Elbert, 2011; Wilker et al., 2015). A fully functioning mental health and psychosocial support (MHPSS) referral structure was largely absent; the few services that existed were hardly accessible for the majority of returning youths in North Uganda.

Our partner organizations operating in the educational sector provided some of the war-affected youths, including former child soldiers, the opportunity to bolster their education and obtain vocational training, generally believed to be a crucial agent in rehabilitation attempts (Betancourt, Simmons, et al., 2008; Betancourt, Borisova, Rubin-Smith, J., & Gingerich, 2008; Betancourt, Brennan, et al., 2010; Schiltz, Vindevogel, Broekaert, & Derluyn, 2015). However, once students were placed within an educational setting, scholastic catch-up alone soon appeared insufficient for their recovery from past traumatic events, being both victims and forced perpetrators of violence. Teachers were therefore over-burdened, confronted with these students’ psychological difficulties, which were exhibited in the classroom setting in the form of behavioral problems or an inability to learn; teachers often lacked the technical skills to detect these problems in learners. Teachers also lacked sufficient skills to provide adequate psychosocial support in the classroom. Reconciliation, a well-meant and prioritized concept in all strategic steps towards sustainable peace, was a hard-to-grasp buzzword, yet it was one of the ultimate goals of the stabilization attempts after the war ended in Uganda.

Preliminary evidence was available concerning how to effectively rehabilitate former child soldiers with post-traumatic stress disorder (PTSD) (Ertl, Pfeiffer, Schauer, Elbert, & Neuner, 2011) and which psychological interventions promised to decrease other forms of poor mental health in Uganda’s war-affected youth (Başoğlu, 2007; Betancourt et al., 2012; Bolton, 2007); however, very little was known about how best to set up larger scale interventions, including targeted group-based interventions in educational activities with war-affected learners in Uganda. Would interventions prove themselves to be feasible and effective in the classroom setting in the near-absence of adequate MHPSS referral structures (Ertl & Neuner, 2014)? Hardly anything was known about the extent of group-based interventions’
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effects on the commonly reported high levels of aggressiveness, stigmatization and vengeful feelings, nor whether they would impact overall openness to reconciliation (Betancourt et al., 2013; Jordans, Pigott, & Tol, 2016).

In line with authors (Neuner & Elbert, 2007; Tol, Barbui, et al., 2011; Tol, Patel, et al., 2011) claiming that research must inform effective programming in humanitarian contexts, we sought solutions in targeted interventions that would benefit the war-affected population’s rehabilitation, reintegration and reconciliation process in the long term. Accordingly, we conducted baseline research (Chapter 2); developed and adjusted interventions based on our research findings (Chapter 3), with a focus on enhanced capacity building and targeted trainings of local lay counselors; and conducted follow-up research, in randomized controlled research designs (Chapter 4), on the interventions’ feasibility and effectiveness. In parallel, we aimed to convince partners, donors and decision-makers that targeted MHPSS programs would contribute directly to other rehabilitation activities and foster reconciliation and peace-building attempts in LRA-affected populations.

1.5 Scope of the Thesis

The scope of the present work needs to be regarded through the lens of research and applied programming. Its goals encompassed the following range:

1. to investigate whether formerly abducted youth differ in mental health-related impairment from their non-abducted war-affected peers in educational settings;

2. to understand which factors predict psychological ill-health in war-affected youth in schools in Northern Uganda;

3. to explore the applicability and measurability of the newly emerging constructs of openness to reconciliation and revenge;

4. to determine correlates of mental health-related suffering, especially PTSD, and reconciliation and reintegration measures;

5. to derive implications for the development of psychosocial rehabilitation and reconciliation programs tailored to the context of Northern Uganda;
6. to examine the feasibility of delivering individual and group-based psychosocial interventions in the Northern Ugandan school context, with former child soldiers and other war-affected youths;

7. to test the effectiveness of newly developed group-based interventions for the Northern Ugandan context in a randomized controlled research design;

8. to study whether context-tailored psychosocial programs carried out in schools can serve as peace-building tools with notable effects not only on measures of psychological ill-health, but also on measures of post-war reconciliation, revenge, aggression and stigmatization.
II

Research Articles
2 From War to Classroom: PTSD and Depression in Formerly Abducted Youth in Uganda

2.1 Abstract

Background: Trained local screeners assessed the mental health status of male and female students in Northern Ugandan schools. The study aimed to disclose potential differences in mental health-related impairment in two groups, former child soldiers ($n = 354$) and other war-affected youth ($n = 489$), as well as to separate factors predicting mental suffering in learners.

Methods: Participants were randomly selected. We used the PDS to assess symptoms of PTSD and for potential depression the DHSCL with a locally validated cut-off.

Results: Almost all respondents had been displaced at least once in their life. 30% of girls and 50% of the boys in the study reported past abduction history. Trauma exposure was notably higher in the group of abductees. In former child soldiers a PTSD rate of 32% was remarkably higher than that for non-abductees (12%). Especially in girls rates of potential depression were double those in the group of former abductees (17%) than in the group of non-abductees (8%). In all groups trauma exposure increased the risk of developing PTSD. A path-analytic model for developing PTSD and potential depression revealed both previous trauma exposure as well as duration of abduction to have significant influences on trauma-related mental suffering. Findings also suggest that in Northern Ugandan schools trauma spectrum disorders are common among war-affected learners.

Conclusions: Therefore, it is suggested the school context should be used to provide mental health support structures within the education system for war-affected youth at likely risk of developing war-related mental distress.

2.2 Introduction

For at least two decades, civilians in Northern Uganda have been exposed to organized violence including widespread atrocities, child soldiering and other crimes against humanity. Since 2006 the frequency of violent offenses of the local rebel organization, the “Lord’s Resistance Army” (LRA), has declined, but the memories of

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1 Chapter was published as article in Frontiers in Psychiatry, 2015 (see record of achievements).
war and conflict remain and frequently intrude in the minds of both those who were afraid of being killed and those who were forced to kill, and thus fuel cycles of violence that may even reach the next generations. As of 2011, LRA atrocities have shifted to the East of the Democratic Republic of Congo (DRC), the Republic of South Sudan and the Central African Republic (CAR) where they continue to cause large-scale humanitarian disaster and suffering.

Generally, youth in conflict zones are at risk of developing mental disorders related to their exposure to continuous and traumatic stress. A subgroup of them, namely those associated with armed groups, has been found to be particularly prone to developing trauma-related mental suffering which includes symptoms summarized under the diagnosis of post-traumatic stress disorder (PTSD). In line with the Paris Principles we will refer to the Northern Uganda war-affected children interchangeably as child soldiers regardless of abduction duration or duties carried out with the armed group. Self-evidently, those minors’ psychosocial needs appear pressing even after the war has ended, they are freed from captivity, or are related within their families or communities of origin. Beyond the core symptoms of PTSD, survivors in various post-conflict settings have commonly reported high levels of depression and suicidal ideations. So far, however, research has not reached the classroom and investigated education by comparing former child soldiers with youth never associated with armed groups in post-war contexts. Relevant knowledge is mandatory for the efficient set-up of mental health structures to assist children and youth in post-war periods, particularly in settings in which minors have been forced into child soldiering.

In post-conflict regions, large-scale scholastic support programs are often among the first responses dealing with children of war. This seems essential, especially for child soldiers who suffer substantial disruption of education while with an armed group. On the one hand, for some authors, (re-) placement in educational programs constitutes successful reintegration into social life and they have highlighted the relative benefits of education for war-affected youth, such as socio-economic benefits, peer support, structure of life and sense of safety (Betancourt, Simmons, et al., 2008; Wessells, 2006). On the other hand, PTSD symptoms interfere with scholastic achievement and may ultimately lead to unacceptably high drop-out rates (Ajdukovic, 1998; Elbert et al., 2009). The United Nations Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support
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in Emergency Settings therefore suggest a holistic approach to recovery from traumatic experiences, emphasizing both educational and mental health support (Inter-Agency Standing Committee - IASC, 2007). That is why we aimed to screen for mental health disorders in youth already enrolled in educational programs and receiving some level of support.

2.2.1 Prevalence Rates of Abduction in Uganda

Globally, it is estimated that nearly half a million children are involved with armed groups worldwide at any given time. Estimates of abduction incidents by the LRA largely depend on definition. Nonetheless, the occurrence of LRA abductions and their consequences amount to a large-scale humanitarian problem and the necessity for action has not been questioned (Coalition to Stop the Use of Child Soldiers, 2008).

With regard to Northern Uganda Vinck et al. (Vinck, Pham, Stover, & Weinstein, 2007) found an overall prevalence rate for abduction of 44% in a population-based survey, whereas Annan, Blattman and Horton (2006) assessed male youth in Northern Uganda (\( N = 741 \)) and found a third of them reporting histories of abduction. Pham, Vinck and Stover (2009) found very similar rates in their population-based survey, namely 33% of Acholi respondents reported having been abducted by the LRA.

2.2.2 Prevalence Rates of PTSD in Uganda

A number of studies focusing on post-traumatic stress disorder (PTSD) only in the group of formerly abducted youth has been conducted in Uganda. PTSD prevalence rates of 35% were found in a sample of former child soldiers in rehabilitation centers in DRC and Uganda (\( N = 169 \)) (Bayer, Klasen, & Adam, 2007a). It is noteworthy that the majority of studies suggest that approximately every third former child soldier has clinical symptoms of PTSD after release from captivity. These findings have been replicated in the settings of a rehabilitation center (Amoné-P’Olak, 2004), and also in a rehabilitation primary school (Ovuga, Oyok, Thomas, & Moro, 2008) in Northern Uganda. These studies employed highly selective study designs, however, and there was no control group of children who had never been associated with armed groups.
In contrast, one study compared formerly abducted youth recruited in reception centers with selected non-abducted youth in secondary schools and PTSD rates were 27% and 13% respectively (Okello, Onen, & Musisi, 2007). However, the control group in Okello and associates’ study was far from being randomized. Notably, in this study youths interviewed in the reception center did not receive formal education and were not yet integrated into the community; however, both were true for the control group. Two studies conducted in internally displaced person (IDP) camps found significant differences in PTSD rates when comparing the group of child soldiers with other war-affected children (Pham et al., 2009). Current academic enrolment is not reported in these studies and leaves us only with assumptions about mental health status and the potential role and benefit of support structures in educational programs. In contrast, the most influential report on Uganda’s youth provided by Annan et al. in cooperation with the United Nations International Children’s Emergency Fund (UNICEF) (Annan et al., 2006) found only mild differences between abductees’ and non-abductees’ emotional distress and social behavior, although it did not assess diagnosis of mental health disorders such as PTSD. Yet the report adds to the critique of practitioners in the field that a research focus on mental-health related symptoms in the group of former child soldiers alone might neglect the psychosocial needs experienced by other war-affected children. Randomized control group designs have therefore been called for to add crucial information for the enhancement of psychosocial programming for youth in Northern Uganda (Magambo & Lett, 2004b).

2.2.3 Prevalence Rates of Depression in Uganda

Symptoms of depression in the overall war-affected population of Northern Uganda were reported to be equally high as those of PTSD. Different research teams (Roberts, Ocaka, Browne, Oyok, & Sondorp, 2008a; Vinck et al., 2007) employed the depression part of the Hopkins Symptom Checklist (DHSCL) and reported an overall prevalence rate of potential depression in IDP populations of 45% and 67% respectively. In comparative studies focusing on the differences between the group of former child soldiers and other war-affected youth in Northern Uganda, repeated significant group differences emerged, with formerly abducted youth revealing more symptoms of depression than their non-abducted peers (Okello et al., 2007; Pham, Weinstein, & Longman, 2004a). Formerly abducted youth and non-abducted youth
also revealed different rates of current suicidality, with former child-soldiers more frequently reporting current suicidal ideations (Ertl et al., 2014; Okello et al., 2007). Findings however continue to suggest a closer look into mediating factors and predictor variables of mental ill-health in both groups.

2.2.4 Trauma Exposure

The majority of studies on formerly abducted and other war-affected youth find convincing evidence that cumulative exposure to trauma stressors predicts the frequency of PTSD. This frequently reported finding, whereby the likelihood for PTSD increases with each traumatic experience, has been called the building block effect (Catani et al., 2005, 2010; Ertl et al., 2014; Karunakara et al., 2004; Neuner, Schauer, Karunakara, et al., 2004). In Annan et al.’s study (Annan et al., 2006) high rates of emotional distress were also associated with both committed as well as experienced violence. In line with this, Roberts et al. (2008) posited that increased trauma exposure was linked with PTSD and depression in IDP populations in Northern Uganda (Roberts et al., 2008a).

Annan et al. (2006) additionally found that trauma exposure was the strongest predictor of emotional distress in their sample of Ugandan youth. Also, in various additional studies (Klasen, Oettingen, Daniels, & Adam, 2010; Pham et al., 2009; Roberts et al., 2008a) it was found that exposure to war experiences predicted higher rates of depression and PTSD in Ugandan child soldiers and overall IDP populations. Similarly, Ertl et al. (Ertl et al., 2014) recently found that traumatic events mediated symptoms of depression and PTSD.

Yet Kohrt et al. (Kohrt et al., 2008) compared the mental health status of former child soldiers with that of children never conscripted by armed groups in Nepal and found that former child soldier status was significantly associated with both depression and PTSD outcome measures, and this effect remained significant even after controlling for trauma exposure, suggesting that group differences resulted from additional factors, and not merely from trauma exposure.

2.2.5 Duration of Abduction

The variable of duration of abduction(s) as a mediating factor for developing mental ill-health remains a controversial issue. Up to today authors have failed to find
From War to Classroom

evidence of abduction duration being a significantly associated factor with PTSD or depression symptoms (Bayer et al., 2007a; Derluyn, Broekaert, Schuyten, & De Temmerman, 2004; Ertl et al., 2014). Yet Pham et al. (2009) found that respondents who remained in rebel captivity for six months and over more frequently met the criteria for symptoms of PTSD and symptoms of depression than those abducted for shorter periods (Pham et al., 2009). The current survey therefore aimed at understanding the role of duration of abduction as well.

Although there is some evidence regarding state of mind in IDP populations in Northern Uganda, we cannot claim to have valid and congruent research findings with regard to the mental health of former child soldiers compared with non-abducted youth placed within Northern Uganda’s education sector.

Our main research questions therefore were: “Do formerly abducted youth differ in mental health-related impairment from non-abducted war-affected peers in educational settings?” and “What factors predict psychological wellbeing in war-affected youth in schools in Northern Uganda?”

2.3 Methods

2.3.1 Setting

The current study was part of an initial needs assessment of war-affected learners that aimed to enhance the psychosocial care for beneficiaries within existing scholastic support programs carried out by the Windle Trust and by the Norwegian Refugee Council (NRC) in Northern Uganda. The survey built on the network and experiences developed in two years of mental health assessment and referral provision by the international mental health organization vivo international (www.vivo.org), who partnered with the above-mentioned organizations and the University of Konstanz in Germany to conduct the current survey.

Ten local trauma counselors who had been trained in basic counseling skills, mental health diagnosis, and trauma treatment conducted interviews. The interviewers had received six weeks of intensive theoretical training and 4 weeks of practical training by a team of clinicians and researchers with degrees from Western universities and extensive work and research experience in East Africa. The screeners learned how to administer a standardized interview for the assessment of
PTSD. Prior to the beginning of the present study, local interviewers completed two years of working as trauma counselors in Northern Uganda.

Three clinical psychologists (MA or PhD) closely supervised all interviews. The Institutional Review Committee (IRC) of Gulu University and the Uganda National Council for Science and Technology approved the research protocol.

2.3.2 Participants
From August 2008 to April 2009 we conducted a school-based survey in Northern Uganda. The survey took place in secondary schools in Gulu, Lira and Kitgum, as well as in vocational training centers run by NRC in the Gulu and Amuru regions. Youths of these regions had not only experienced war and internal displacement, but were also ethnically and culturally similar, thereby reducing the possibility of political, cultural or societal biases.

The study population was youth enrolled in scholastic support programs of the above-mentioned organizations. Interviews were carried out in the school compounds in private after a comprehensive explanation of the study was provided and after written informed consent was obtained (signature or fingerprints). There were no personal incentives for taking part in the study.

2.3.3 Selection Procedure
The survey was designed to assess the mental wellbeing of youth enrolled in formal and informal education support in Northern Ugandan schools. Windle Trust beneficiaries (formerly abducted, orphans, child mothers or disabled youth) shared public secondary schools with non-supported learners. Therefore, the 12 secondary schools with the largest number of Windle Trust beneficiaries were selected for assessment. Interviewees were selected randomly from lists provided by the partner organization. To provide a comparison group of secondary school learners without organizational support, a class-, age-and gender-matched comparison interviewee was also enrolled for every beneficiary. Absent learners were contacted and only replaced on the interview lists if they failed to attend a second appointment.

In contrast to the Windle Trust beneficiaries, the NRC beneficiaries went to vocational training centers in which all children received scholastic support who met
at least one of the following criteria indicating their vulnerability: orphan, formerly abducted, child mother, and physically handicapped. Therefore, selection procedures varied slightly. From the ten existing youth education pack (YEP) centers six were randomly selected for the survey. These six centers provided lists of learners. From the overall learner population the same proportion of interviewees was randomly selected in each center. In each center more than half of all learners (70 of 120 learners in each center) were interviewed. Absent learners were contacted and only replaced on the interview lists if they failed to attend three appointments.

2.3.4 Instruments

Local counselors administered clinical interviews with the following instruments.

2.3.4.1 Post-traumatic Stress Disorder

We used the post-traumatic diagnostic scale (PDS) (Foa, 1995a) which has good psychometric properties and has been used in a wide variety of cultural settings (Griffin, Uhlmansiek, Resick, & Mechanic, 2004; Kuwert, Spitzer, Rosenthal, & Freyberger, 2008; Odenwald et al., 2007) e.g. a mental health assessment of IDPs in Northern Uganda (Griffin et al., 2004; Kuwert et al., 2008; Odenwald et al., 2007). Ertl et al. (2010) found valid PDS ratings of trained local counselors when comparing the ratings with those of expert clinicians. We established diagnosis of post-traumatic stress disorder (PTSD) according to the fulfillment of DSM-IV criteria through the corresponding items in the PDS.

2.3.4.2 Symptoms of Depression

Symptoms of depression have most commonly been assessed with the DHSCL (Derogatis, 1974), although its psychometric properties are only moderate. It has been used in samples of refugees in post-conflict countries (Ertl et al., 2010; Thapa & Hauff, 2005; Ventevogel, 2007) including Uganda (Roberts et al., 2008a; Vinck et al., 2007), usually selecting a cut-off score of 1.75 to establish a potential episode of major depression. Ertl et al. (2010), however, applied DHSCL’s enhanced psychometric properties using a Northern Uganda specific cut-off score for the localized Lou/Acholi version of 2.65. We employed this expert-validated cut-off score for the establishment of a potential diagnosis of an episode of major depression in
the current survey, as a lower cut-off score of 1.75 would lead to a large proportion of false positives associated with the high levels of observed general psychosocial distress in the study population and areas.

2.3.4.3 Suicidality
The Mini-International Neuropsychiatric Interview (MINI) (Sheehan et al., 1998; Sheehan, Shytle, & Milo, 2002) is a well-established standard diagnostic instrument and has been used in different cultural settings including Uganda (Okello & Musisi, 2007; Roberts u. a., 2008). We used the suicide section of the MINI as an instrument to assess suicidal ideations and plans in the study sample.

2.3.4.4 Trauma Exposure
The violence, war and abductee exposure scale (VWAES) is a modified and extended version of the Clinician-Administered PTSD Scale Event Checklist (CAPS (Blake, 1995) which was specifically designed for formerly abducted and other war-affected individuals in Northern Uganda (Ertl et al., 2010). Given the repeated exposure to violence inherent in the assessed population as well as the difficulties arising when we wanted to assess the number of all individual traumatic events in a lifetime, we relied instead on the number of traumatic event types (e.g. experienced assaults with weapons). Exposure to event types ever was coded only once without encoding frequencies of traumatic events from one event category.

2.3.4.5 Translation
The questionnaire was translated and delivered in Lou, the main language of the Gulu, Amuru and Kitgum districts. The translation followed recommended guidelines (Mollica et al., 1992), and involved forward and backward translation, and a detailed review by the study team.

2.3.5 Data Analysis
Data were analyzed by using IBM SPSS statistics 19.00. For calculating the path-analytic model we used R 2.10.1. Alpha level was set at 0.05 and 2-sided $t$-tests were used to analyze significance. We calculated path analysis to predict PTSD as well as depression scores in war-affected youth in Northern Uganda. Because in
the present sample males had been abducted more often than females, we controlled for gender effects by entering residuals corrected for such effects into the model.

Model selection for the path-analytic model was conducted with the AIC criterion. We then used linear regression analysis to evaluate direct and indirect effects on PTSD and depression. Therefore, trauma exposure and duration of abduction were considered antecedent to PTSD. According to the AIC criterion, only trauma exposure was useful for predicting depression.

2.4 Results

2.4.1 Sample Characteristics

Sample characteristics are provided in Table 1. The sample included 355 female (42.1%) and 488 male (57.9%) learners. The mean age of respondents was 19.0 years. The main ethnic group was Acholi, the main religion Christian. Owing to the war, almost all respondents (87.0%, \( n = 733 \)) had been displaced from their home villages at least once in their lives. One out of three female learners reported having been abducted by the LRA at least once in their lives while half of all males reported abduction history. For those who reported histories of abduction, number of abductions varied from one to five times.
From War to Classroom

*Table 2.1: Sample Characteristics of Ugandan War-Affected Youth Respondents (N = 843).*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Female (n = 355)</th>
<th>Male (n = 488)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age in years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
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<td>19.32 (2.75)</td>
</tr>
<tr>
<td>Median</td>
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<td>19.00</td>
</tr>
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<td>Range</td>
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<td>10 – 30</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
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<td></td>
</tr>
<tr>
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<td>98.0</td>
</tr>
<tr>
<td>Other (%)</td>
<td>0.8</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
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</tr>
<tr>
<td>Acholi (%)</td>
<td>88.5</td>
<td>88.7</td>
</tr>
<tr>
<td>Other (%)</td>
<td>11.5</td>
<td>11.2</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, never married (%)</td>
<td>88.0</td>
<td>89.8</td>
</tr>
<tr>
<td>Married (%)</td>
<td>1.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Partner/cohabiting (%)</td>
<td>9.9</td>
<td>7.8</td>
</tr>
<tr>
<td>Divorced (%)</td>
<td>7.9</td>
<td>1.4</td>
</tr>
<tr>
<td>Partner died (%)</td>
<td>0.8</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Orphan status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both parents alive (%)</td>
<td>23.4</td>
<td>25.0</td>
</tr>
<tr>
<td>Maternal orphan (%)</td>
<td>11.9</td>
<td>8.0</td>
</tr>
<tr>
<td>Paternal orphan (%)</td>
<td>33.8</td>
<td>35.5</td>
</tr>
<tr>
<td>Double orphan (%)</td>
<td>31.3</td>
<td>31.6</td>
</tr>
<tr>
<td><strong>Ever displaced</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (%)</td>
<td>16.1</td>
<td>10.9</td>
</tr>
<tr>
<td>Yes (%)</td>
<td>83.9</td>
<td>89.1</td>
</tr>
<tr>
<td><strong>If ever displaced, how many times?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>2.60 (4.00)</td>
<td>2.92 (4.74)</td>
</tr>
<tr>
<td>Median</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>Range</td>
<td>1-40</td>
<td>1-50</td>
</tr>
<tr>
<td><strong>Ever abducted?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (%)</td>
<td>69.3</td>
<td>49.8</td>
</tr>
<tr>
<td>Yes (%)</td>
<td>30.1</td>
<td>50.2</td>
</tr>
<tr>
<td><strong>If ever abducted, how many times?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>1.15 (0.0)</td>
<td>1.20 (0.6)</td>
</tr>
<tr>
<td>Median</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Range</td>
<td>1 - 3</td>
<td>1 - 5</td>
</tr>
<tr>
<td><strong>If ever abducted, for how long (all abductions together in months)?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>9.35 (16.2)</td>
<td>14.20 (21.5)</td>
</tr>
<tr>
<td>Median</td>
<td>2.00</td>
<td>6.00</td>
</tr>
<tr>
<td>Range</td>
<td>0.001 - 96</td>
<td>0.01 - 132</td>
</tr>
</tbody>
</table>

### 2.4.2 Exposure to Trauma

Cumulative exposure to traumatic stressors as measured by the number of traumatic event types ever experienced was excessive for the group of formerly abducted youth (n = 354) with a mean of 18.11 (min = 4, max = 30). In non-abducted youth (n
From War to Classroom

= 489) trauma exposure was lower but still considerable with a mean of 9.3 (min = 0, max = 24).

Figure 2.1: Most Frequent Traumatic Event Types Reported by Abducted Youth Compared with Non-Abducted Youth. Results Indicated as Percentages.

To compare the means of numbers of traumatic events for the groups of formerly abducted as well as never-abducted youth, a univariate ANOVA was calculated with abduction history and gender as fixed factors. There was a statistically significant main effect of the abduction history variable, $F(1,835) = 802.60, p < 0.001$, partial $\eta^2 = 59$, no main effect for the gender variable, $F(1,835) = 0.001$, n.s.), and no
interaction effect for both variables, \( F(1,835) = 0.59, \text{n.s.} \). The calculations show that formerly abducted youth revealed significantly higher trauma exposure than youth who had never been abducted by the LRA. Most frequent traumatic event types are reported in Figure 2.1.

### 2.4.3 Prevalence of PTSD, Depression and Suicidal Ideations

Almost one-third of abducted youth (32%, \( n = 113 \)) met DSM-IV symptom criteria for post-traumatic stress disorder (PTSD). The PTSD rate for abducted females was 34% (\( n = 37 \)); for abducted males the rate was 31% (\( n = 76 \)). The proportion of non-abducted respondents meeting PTSD criteria was at 12% (\( n = 58 \)) remarkably low and in the lower range for war-exposed groups. Female non-abductees reported a prevalence rate of 16% (\( n = 39 \)), male non-abductees 8% (\( n = 19 \)). Figure 2.2 illustrates that the prevalence rates of PTSD increase as a function of traumatic event types ever experienced.

This finding is true for both abducted and non-abducted learners; however, given the higher levels of trauma exposure in the group of abducted individuals who were forced to harm others, their graph rises higher than that of the non-abducted and abducted non-perpetrator groups. Almost all (87%, \( n = 13 \)) abducted learners who had experienced 25 or more traumatic event types exhibited symptoms of full-blown PTSD. In contrast, the graph for non-abducted youth peaks at a prevalence rate of 35% (\( n = 8 \)) for those who had experienced 16 to 18 traumatic event types. Hence, as trauma exposure differs between the groups, PTSD prevalence rates also vary.

When the cut-off of 2.65 suggested by Ertl et al. (2011) was used for diagnosis of potential depression with the HSCL, 17% of female abductees (\( n = 18 \)) were diagnosed with potential depression as were 7% of male abductees (\( n = 18 \)).
For non-abducted female learners prevalence rate of potential depression was 8% \((n = 19)\), for male non-abductees it was 4% \((n = 9)\).

39% \((n = 43)\) of the female abducted learners reported current suicidal ideations compared with 19% of male formerly abducted respondents \((n = 47)\). The rate of suicidality in the group of non-abducted female youth was 29% \((n = 72)\), and in male non-abductees it was 16% \((n = 39)\).

The \(\chi^2\)-tests revealed significant associations between the factors Ever Abducted and Diagnosis of PTSD \((\chi^2 = 51.10, p < 0.001)\). No significant associations were found between the variables Ever Abducted and Suicide Risk. For both surveys, \(\chi^2\)-square tests further revealed that male individuals had more frequently been abducted than female learners \((\chi^2 = 32.10, p < 0.001)\).
2.4.4 Disorders Co-morbid to PTSD

30% \( (n = 11) \) of female formerly abducted respondents meeting symptom criteria for post-traumatic stress disorder (PTSD) revealed additional symptoms of depression above the cut-off co-morbid to PTSD. 57% \( (n = 21) \) of those female formerly abducted youth meeting PTSD criteria reported current suicidal ideations.

17% \( (n = 13) \) of male formerly abducted respondents meeting symptom criteria for PTSD revealed additional symptoms of depression above the cut-off co-morbid to PTSD.

34% \( (n = 26) \) of those male formerly abducted youth meeting PTSD criteria reported current suicidal ideations.

2.4.5 Correlations

Bivariate Pearson correlations were computed for the following variables: PTSD Score, Depression Score, Suicide Risk, Trauma Exposure, and Duration of Abduction.

*Table 2.2: Bivariate Correlations Between Measures.*

<table>
<thead>
<tr>
<th></th>
<th>Female respondents ( (n = 355) )</th>
<th>Male respondents ( (n = 488) )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. 2. 3. 4. 5.</td>
<td>1. 2. 3. 4. 5.</td>
</tr>
<tr>
<td>1. PTSD Score</td>
<td>– .55** .34** .50** .10*</td>
<td>– .60** .37** .59** .39**</td>
</tr>
<tr>
<td>2. Depression Score</td>
<td>– .53** .41** .07</td>
<td>– .49** .44** .23*</td>
</tr>
<tr>
<td>3. Suicide Risk</td>
<td>– .34** .07</td>
<td>– .32** .08</td>
</tr>
<tr>
<td>4. Trauma Exposure</td>
<td>– .44**</td>
<td>– .49**</td>
</tr>
<tr>
<td>5. Duration Abductions</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

Note. \( N(\text{female}) = 355; N(\text{male}) = 488\) \( p < .001 \) (two-tailed)

All clinical measurements, and PTSD Score, Depression Score, and Suicide Risk, revealed strong associations with one another – in both male and female learners. Trauma Exposure was significantly correlated with all clinical measures as well as with Duration of Abduction. Duration of Abduction was notably intercorrelated with PTSD Score as well as with Trauma Exposure, but not with Suicide Risk. Findings are summarized in Table 2.2.
2.4.6 Path-Analytic Model

Guided by theoretical assumptions and previous empirical research on the effects of cumulative trauma and duration of abduction, we built a path model to uncover potential associations between the variables. Linear regression coefficients were used as path coefficients.

Trauma exposure and duration of abduction were modeled as being correlated and having both direct and indirect influence on PTSD and depression. Figure 2.3 illustrates the results, with standardized linear regression coefficients. Model I indicated two paths to PTSD. Despite a positive association between trauma exposure and abduction duration ($r = 0.45, p < 0.001$), trauma exposure and duration of time spent in rebel captivity influenced PTSD severity independently. The linear regression coefficients and respective significance levels are given in Table 2.3.

**Table 2.3:** Summary of Simultaneous Regression Analyses.

<table>
<thead>
<tr>
<th>Table 2.3a: Summary of simultaneous regression analysis for variables predicting PTSD symptom severity ($N = 843$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
</tr>
<tr>
<td>Constant</td>
</tr>
<tr>
<td>Trauma exposure</td>
</tr>
<tr>
<td>Duration abductions</td>
</tr>
</tbody>
</table>

Note. Unstandardized (B) and standardized ($\beta$) regression coefficients. $^*p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$.

<table>
<thead>
<tr>
<th>Table 2.3b: Summary of simultaneous regression analysis for variables predicting depression score ($N = 843$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 2</td>
</tr>
<tr>
<td>Constant</td>
</tr>
<tr>
<td>Trauma Exposure</td>
</tr>
</tbody>
</table>

Note. Unstandardized (B) and standardized ($\beta$) regression coefficients. $^*p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$.

Model II proposes only 1 direct pathway to depression, namely through trauma exposure. An indirect effect of duration of abduction on depression is illustrated in
the path-analytic model, however. The duration of the abduction was indirectly related to the depression score via the correlation with the trauma exposure.

Altogether, the analysis revealed an adjusted $R^2$ value of 0.32 in Model I and 0.20 in Model II.

Correlations of residuals between PTSD and depression scores were significant.

![Diagram](image)

**Figure 2.3:** Path-analytic Model for Developing Post-Traumatic Stress Disorder (PTSD) and Depression Symptoms After Traumatic Events and After Abduction by the LRA.

The values in the model are standardized linear regression coefficients, correlation and correlation of residuals. Model selection results from AIC criterion.

### 2.5 Discussion

With the current survey we aimed to shed more light on factors predicting mental disorders and indexes of restricted functioning in war-affected youth enrolled in school and vocational training programs in Northern Uganda. We sought a better understanding of mental health issues, comparing two groups, former child soldiers
and other war-affected youth, with particular regard to the trauma-related symptoms of PTSD and depression. Research was carried out as a prerequisite to enhancing psychosocial service provision for war-affected youth in Northern Uganda.

In a gender-balanced sample of highly war-affected youth with almost all respondents reporting experiences of displacement, we found 69.3% of all interviewed male youth and 49.8% of females reported abduction history. In line with current research in Uganda and elsewhere we found higher levels of PTSD and potential depression in former child soldiers than in war-affected youth never conscripted into the LRA. More female learners were diagnosed with potential depression in both groups than male learners. Current suicidality was higher in former child soldiers than in female non-abducted learners; the same was true for male abductees versus non-abductees. Yet rates of suicidality were generally higher for females than for males.

This observation needs to be kept in mind for programming. We found significant group differences of trauma exposure between the groups of abductees and non-abductees and a building block mechanism of trauma exposure, which was valid for both groups. In a path-analytic model the extent of exposure to traumatic stressors proved itself to be a predictor for both PTSD and depression scores, having direct effects on both outcome variables. Yet we suggest that an additional factor beyond trauma exposure is important in predicting mental illness in Northern Ugandan war-affected youth. A variable combining the information of abduction history with duration of abduction and coded zero for all non-abductees was found to be of additional relevance in the path-analytic model predicting PTSD outcome score via an independent path as well as having an indirect effect on depression and PTSD score via trauma exposure.

Limitations of the study concern the selection of the sample from children enrolled in school. Thus findings cannot be generalized to the overall population of war-affected youth in Uganda. They surely indicate, however, that psychological suffering is not only common in IDP camps (Ertl et al., 2014; Pfeiffer & Elbert, 2011) but similarly common in the education sector in Northern Uganda. Taking into account the large numbers of youth with displacement and abduction history in the area, the results draw attention to a large-scale problem inherent in Northern Ugandan schools.
Interviews were conducted with the help of trained local interviewers; however, a validation study with expert clinicians using the same questionnaire design has been used and discussed elsewhere (Ertl et al., 2010).

We observed group differences between former child soldiers and other children who were not recruited by the rebels but were still affected by the violent conflicts in rates of PTSD and depression. Yet it needs to be taken into account that in the group of war-affected but never conscripted youth who had experienced 16 to 18 traumatic event types the PTSD prevalence rate was also notably high at 34.8%. Youth of both groups with PTSD diagnosis often revealed co-morbid symptoms of depression and suicidal ideations underpinning their mental suffering. When looking more closely at potential risk factors for developing PTSD, we found extreme levels of trauma exposure in the group of child soldiers with a maximum of 30 different traumatic event types experienced, significantly discriminating the groups of concern. Interestingly, we found the same mechanism, namely the building block, in all violence-exposed groups of respondents, obtaining almost parallel graphs with the same peak for those who did not commit perpetrator events. In contrast, the building block effect was delayed for those abductees who had committed perpetrator events. This finding suggests that prevalence rates of PTSD increase as a function of trauma exposure in both groups. Yet it also suggests that possibly the trauma network functions differently for those who were not only victims but also perpetrators. It is possible that owing to training and combat experience their perception of potentially traumatic situations and helplessness during those events varies from that of non-combatants. Nonetheless, from this finding it appears that the resilience of every individual can be shattered once a certain individual threshold of trauma exposure has been reached. Consequently, trauma exposure must be taken into account when we screen children with the highest risk of mental health disorder. In future, event scales could help to develop more feasible screening procedures, being especially suitable for lay staff. At the same time the building block illustrates that every youth with past traumatic events has an increased vulnerability to PTSD; the more event types, the higher their vulnerability. Needless to say, the prevention of further war, domestic and/or gender-based violence is therefore of outmost relevance in the prevention of psychological ill-health in war-affected youth with or without abduction history.
Suicidal ideations in learners were more commonly reported in former child soldiers than in non-abductees and were more frequent in females than in males. In girls, we found that two out of five former abductees and every fifth non-abducted exhibited suicidal thoughts or plans within four weeks prior to the interview.

This finding leads us to suggest that both groups of affected youth should benefit from any kind of psychosocial support in post-war contexts. Crisis intervention strategies and referral for emergency client cases seem to be of greatest relevance for both groups of learners. The need to roll out service provision by lay counselors to the school environment appears to warrant urgent attention. Child disarmament, demobilization and reintegration (DDR) and other support programs would be well advised not to exclude specific groups of youth from psychosocial program support, but to implement community youth programs with a focus on treating mental health disorders and violence prevention on a large scale.

In line with previous research studies, we replicated the findings that, first, trauma exposure discriminated the groups of child soldiers and non-abductees and, second, that increased trauma exposure did increase the likelihood of developing PTSD in the groups of concern. Also, in the path-analytic models trauma exposure predicted both PTSD symptoms and symptoms of depression, and hence it was partly responsible for the different levels of mental health diagnosis found in both groups. In Kohrt’s (2008) study group differences also remained stable when they controlled for the variable of trauma exposure. Therefore, the variable of abduction duration, which also entailed abduction history, was of additional relevance in the path-analytic model. The variable explained part of the variance of the PTSD score via an independent path. Hence, those who were abducted longer had more symptoms of PTSD independent of trauma exposure. An indirect influence of duration abduction via trauma exposure was also found to be significant in the models predicting PTSD as well as depression scores, however. In contrast, abduction duration did not independently predict symptoms of depression. Consequently, all learners, abducted or not, with high trauma exposure are at risk of developing symptoms of PTSD and depression. This effect is aggravated by the duration of abduction in former child soldiers. Child soldiering and the duration of abduction, however, predicted PTSD scores via an independent path. We can only hypothesize about the processes behind this finding, but it seems feasible that a great sense of helplessness and fear experienced throughout the abduction without
experience of various distinguishable traumatic event types during the abduction could lead to PTSD directly and affect the resilience of individuals more strongly. Longer duration of abduction also leads to a longer interruption of age-adequate development including scholastic and social development and interruption of family ties. This probably has an effect on how child soldiers perceive themselves during and/or after abduction as well as how they are perceived by others after their relocation back in their communities, possibly leading to more frequent symptoms of depression.

The results reported here indicate the need to put psychological support structures in place, and this applies also to learners already enrolled in scholastic support programs or formal education. Comparable rates of full-blown PTSD in IDP settings and education settings imply that schools can serve as low threshold programs and absorb learners who have experienced frequent war trauma and exhibit persistent symptoms of PTSD and depression. At the same time and in line with the UNICEF (1991) report cited earlier the findings equally emphasize that “education & vocational training are by no means a cure-all” for war affected youth in Northern Uganda. Yet the Ugandan schools’ potential to serve as an entry-point for case management and further mental health programming can be acknowledged. We also agree that structured days, ongoing learning opportunities and social support provided by teachers and peers in schools are meaningful resources for youth integration and participation as well as the development of future-oriented positive attitudes. Mental health diagnosis, however, always implies that impairment in all-day functioning often interferes with school performance or leads to increased drop-out rates. We suggest that the provision of psychosocial care in schools will mitigate impairment, poor school performance and increased school drop-out rates associated with mental illness. The numbers of learners with diagnosis of PTSD and/or potential depression suggest the need for embedded provision of psychological support in schools and vocational training centers in Northern Uganda. Case management systems seem essential for those revealing co-morbid disorders. Such support must address symptoms of PTSD and depression; the following implementation logic seems not only plausible, but also feasible. First, psycho-education as well as explanations about war experiences and normalization of symptoms could be mainstreamed into the school curriculum to insure accessibility of all learners and provide them with general coping mechanisms. Second, teachers
could be trained to detect as well as generally deal with mental health-related symptoms in the classroom and offer referral pathways for those in need of individualized treatment. Third, psychological treatment components could be delivered within the schools with adequate teacher training. All three approaches have already been explored in Northern Ugandan schools run by the above-mentioned partner organizations and are having considerable success in terms of the reintegration, recovery and reconciliation of the affected learners.

2.6 Conclusions

Mental health intervention strategies with a focus on trauma-related symptoms including those of PTSD, depression and suicidal ideation are needed to assist survivors in reducing their burden of mental suffering and to improve their performance in school. Impaired functioning was very frequently related to having experienced these stressors; therefore ways on how to cope with ongoing stress also appear to be essential in psychosocial programming. As long as the mental suffering of youth in post-war contexts and equally their human right to treatment and care are not fully acknowledged by the world community, attempts to enhance support structures will remain limited. Through the lens of the ongoing LRA violence in the Democratic Republic of Congo, South Sudan and the Central African Republic future needs to treat their suffering youth are inevitable.
3 Is Trauma an Obstacle for Peace? PTSD and Reconciliation in the Formerly Abducted and War-Affected Youth of Uganda

3.1 Abstract

Background: Trained local screeners assessed the mental health status of male and female students in vocational training centers in Northern Uganda. The study aimed to explore the applicability and measurability of the newly emerging concepts of openness to reconciliation and revenge in the context of Northern Uganda. It further aimed at understanding the interplay between the 2 concepts with measures of PTSD, depression, aggression and stigmatization. In addition, the goal of the study was to derive implications for psychosocial and reconciliation programs in Northern Ugandan schools—many of which are confronted with the majority of their learner population being former child soldiers.

Methods: Participants were randomly selected. We used the PDS to assess symptoms of PTSD. Based on the applicability of items and factor analysis, we adapted the Openness to Reconciliation and Revenge Questionnaire for the context of Northern Ugandan war-affected learners. Correlations and group comparisons with the above outcome measures were computed.

Results: In the study sample of war-affected learners \((N = 406)\), we found that the 2 sub-scales, openness to reconciliation and openness to revenge, were applicable to the majority of respondents \((n = 325)\). Factor analysis and internal consistency supported this finding. Correlations revealed strong associations between the measures of psychopathology and maladjustment across the genders. Both male and female respondents with more severe PTSD showed increased levels of aggression, stigmatization, and revenge scores, but lower levels of openness to reconciliation. Group comparisons revealed that females had significantly higher scores of depression, suicide risk, and feelings of stigmatization when compared with males. In line with previous findings, respondents with abduction history \((n = 182)\) had significantly higher PTSD scores, trauma exposure scores and aggression scores than their non-abducted peers \((n = 141)\), but no group differences were obtained with regards to outcome measures for reconciliation and revenge. However, respondents with a diagnosis of PTSD \((n = 94)\) had lower scores in
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openness to reconciliation ($T = 3.27$, $df = 126$, $p = .001^{**}$), and higher scores in vengeful feelings ($T = 4.28$, $df = 120$, $p = 00^{**}$), aggression ($T = −758$, $df = 404$, $p = .000^{**}$), and stigmatization ($T = −5.73$, $df = 122$, $p = .00^{**}$).

**Conclusions:** The mental health status, particularly PTSD diagnoses, of Ugandan youths are strongly interrelated with measures of openness to reconciliation, revenge, aggression and stigmatization. Hence, suffering from PTSD appears to be a considerable obstacle for reconciliation and reintegration attempts in post-war Uganda. Based on the findings, we put forward implications for developing school-based programs aiming at both increased psychosocial wellbeing and reconciliation outcomes for war-affected learners.

### 3.2 Introduction

An entire generation of youths and adolescents was subject to war displacement and large-scale humanitarian suffering in Northern Uganda. Almost all youths of this generation either witnessed or were direct victims of unspeakable forms of violence committed by the Lord’s Resistance Army (LRA). In addition to the trauma of growing up in a conflict zone, every second person in this generation (Ertl et al., 2014; Pfeiffer & Elbert, 2011; Winkler et al., 2015) was at least once in their lives abducted into child soldiering by the rebel group; many were forced into sexual slavery or into committing violence and waging war against their own families and home communities. It is well established that youths are left with manifold difficulties when reintegrating back into their homes after their return from the rebel armies. While their overall reintegration into civilian life is a challenge for many returnees, it is a major objective for peace-building and reconciliation efforts (Annan et al., 2006) and long-term recovery in Northern Uganda (Mugisha, Muyinda, Wandiembe, & Kinyanda, 2015).

Studies from regions of war suggest that feelings of aggression, stigma, and revenge, as well as symptoms of trauma, may hinder successful reintegration for youths returning from rebel armies, and thus may frustrate efforts to obtain sustainable peace (for overviews, see Betancourt, Borisova, Rubin-Smith & Gingerich, 2008; Schauer & Elbert, 2010). Within this field of study, our previous work (Winkler et al., 2015) explored the consequences of child soldiering and war on the psychopathology of Northern Ugandan youths placed within the education
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system. We were able to establish that mental health interventions are crucial to assist survivors in reducing the burden of their mental distress, particularly in the classroom context. However, an open question remains concerning the link between psychopathology, such as symptoms of post-traumatic stress disorder (PTSD), and reconciliation efforts—the importance of this question is heightened by reconciliation being one of the ultimate aims of peace-building efforts in general (Lederach, 1997; Wessells, 2006, 2009), and specifically in Northern Uganda. Given the extremely high prevalence of violence experienced by youths in the LRA-affected regions, it is crucial for practitioners and policy makers to understand whether the transformation from war to peace at a societal level might be impacted by individual experiences of violence, abduction, and trauma.

3.2.1 PTSD, Aggression and Stigmatization

Research has established that former child soldiers experience problems in general psychosocial adjustment, beyond psychopathology and clinical symptom scores, when freed from captivity or when surrendering (Betancourt, Borisova, et al., 2008; Betancourt, Agnew-Blais, Gilman, Williams, & Ellis, 2010; Betancourt, Brennan, et al., 2010; Boothby, 2006; Boothby, Crawford, & Mamade, 2009; Schauer & Elbert, 2010). In line with these findings, it is widely assumed that aggression may aggravate difficulties in the return and reintegration of former child soldiers (Betancourt et al., 2013). Owing to their combat and military training, former child soldiers often have a reputation for ongoing aggressiveness within their families and communities after relocation to their home villages (Williamson, 2006) and are sometimes even regarded as a security threat by the receiving communities. In a sample of child soldiers in Sierra Leone, high scores of hostility were found at baseline measurement, and the scores did not change over time (Betancourt, Simmons, et al., 2008). In the case of Northern Uganda, an absence of non-violent forms of conflict resolution skills in war-affected children and youths has been acknowledged (Magambo & Lett, 2004). Ertl et al. (2014) have found significantly increased rates of aggressiveness in former Ugandan child soldiers when compared to their non-abducted peers. When predicting a variable of maladjustment including an aggressiveness score, the strongest predictor for difficulties in adjustment was psychopathology, in particular symptoms of post-traumatic stress disorder (PTSD).
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and depression. Their findings suggest a link between psychopathology and aggression in former child soldiers in Northern Uganda.

Consistent findings suggest that PTSD is not only associated with aggression, but also with anti-social and disruptive behavior (Schauer & Elbert, 2010). It is known that repeated exposure to trauma has the potential to cause “the brain to develop along a stress-responsive pathway,” possibly resulting in rapid shifts into fighting (aggression) or avoidant behavior (Elbert, Rockstroh, Kolassa, Schauer, & Neuner, 2006). For child soldiers, it seems plausible that learned behaviors and rules, which were adaptive during the time spent with the armed group, have the potential to become rather intuitive response sets even when the war has ended. Our previous findings (Winkler et al., 2015) suggest that the trauma network functions differ in abductees who have committed violence and that their perception of potentially traumatic events and helplessness varies from that of non-abductees.

Recent research with study samples consisting of violent offenders proposes that appetitive aggression may be protective to mental wellbeing during the immediate exposure to war events, but might facilitate violent behavior and thus hinder reintegration and adjustment in the long term (Elbert, Weierstall, & Schauer, 2010; Hecker, Hermanau, Maedl, Schauer, & Elbert, 2013; Köbach, Schaal, & Elbert, 2015; Weierstall, Castellanos, Neuner, & Elbert, 2013; Weierstall et al., 2013; Weierstall, Schaal, Schalinski, Dusingizemungu, & Elbert, 2011; Weierstall, Schalinski, Crombach, Hecker, & Elbert, 2012). Analogous to the present study sample, more appetitive aggression was found in Congolese ex-combatants who had joined the armed forces as minors, when compared to those who joined at later stages of life (Hecker, Hermanau, Maedl, Elbert, & Schauer, 2012). The authors conclude that perpetrating violence is related to PTSD in formerly abducted fighters, while perpetrating violence was not related to PTSD in self-mobilized fighters (Hecker, Hermanau, Maedl, Hinkel, et al., 2013). Higher scores of appetitive aggression were found in child soldiers when comparing them with adult ex-combatants (Hermenau et al., 2013). These findings further underscore child soldiers’ difficulties in adjustment to civil and peaceful life after their release from rebel armies.

A link between aggression and stigmatization has been reported repeatedly among former child soldiers (Allen & Schomerus, 2006; Annan, 2008; Corbin, 2008;
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Ertl et al., 2014) and has equally been found in ex-combatants in the US (Fontana & Rosenheck, 1994; Fontana, Rosenheck, & Horvath, 1997). In Uganda, experiences of stigmatization in girls who have fallen victim of sexual slavery and are released as child mothers from rebel captivity has been reported consistently (Annan et al., 2006; Porter, 2015).

In Sierra Leone, a group of former child soldiers reporting discrimination showed higher scores of hostility when compared to those without feelings of stigmatization (Betancourt et al., 2010). The authors suggest that aggressiveness and stigmatization are perpetuating factors for psychopathology in child soldiers. Ertl et al. (2014) also found that scores of stigmatization were more prevalent in a group of former child soldiers when compared with the answers of other war-affected youths in Northern Uganda. Their work also suggests that psychopathology, such as PTSD, predicts stigmatization. Consistent findings show that child soldiers’ perceived reception at home has strong effects on later development of psychopathology and maladjustment. Researchers agree largely on the crucial role of social support in post-war rehabilitation and reintegration attempts, including those for former child soldiers (Pham et al., 2004a).

3.2.2 PTSD, Openness to Reconciliation and Revenge

Beyond measures of aggression and discrimination, psychopathology appears to further have strong associations with post-war attitudes towards justice, peace and reconciliation. Pham et al. (2004a) were the first researchers to assess individual levels of trauma and attitudes towards reconciliation after the Rwandan genocide. In their study, trauma exposure and post-traumatic stress disorder (PTSD) symptoms were negatively associated with peaceful attitudes towards reconciliation in Rwandan genocide survivors. Respondents with exposure to multiple trauma events were less likely to support non-violence, the community or interdependence with other ethnic groups. However, no PTSD diagnoses were established in this study. Additional research suggests that survivors who have experienced war-related trauma in the former Yugoslavia show strong emotional responses, such as feelings of vengeance in response to perceived impunity (Basoglu et al., 2005).

In Northern Uganda, Vinck et al. (2007) interviewed a sample of 2585 adolescents in internally displaced person (IDP) camps and found that respondents
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with PTSD diagnosis supported more violent (e.g. death penalties as punishment) than non-violent means (e.g. amnesty) to end the conflict and achieve peace.

Fifteen years after the genocide in Rwanda, researchers Schaal, Weierstall, Dusingizemungu and Elbert (2012) found that the severity of PTSD and depression in survivors of the genocide correlated with low levels of support for reconciliation. However, they also found a reversed correlation in imprisoned perpetrators, namely that PTSD severity correlated with levels of reconciliation.

Bayer et al. (2007) aimed to understand how psychological trauma might shape Ugandan child soldiers’ ability to reconcile with their communities. The study team assessed a sample of 169 formerly abducted youths in reception centers and found that participants who showed higher levels of PTSD symptoms reported significantly decreased levels of openness to reconciliation and increased levels of vengeful feelings. In a subsequent survey with Ugandan child soldiers, a study team (Klasen, Oettingen, Daniels, Post, et al., 2010) has claimed that post-traumatic resilience, defined as absence of PTSD, depression or other significant clinical problems, was associated with lower motivation to seek revenge. A recent study with Rwandan genocide survivors has additionally indicated that readiness to reconcile and mental stress are negatively associated and that readiness to reconcile is one of various factors that protect survivors from mental ill-health (Heim & Schaal, 2014).

If these correlations between readiness to reconcile and mental ill-health prove to be robust findings, they might have crucial implications for rehabilitation programming aimed at sustainable peace. This significance is also underlined by a recent study from Northern Uganda employing a mixed sample of abductees and non-abducted youths (Alipanga, De Schryver, Neema, Broekaert, & Derluyn, 2014). While the study did not assess PTSD symptom severity, the researchers found that former child soldiers had more daily and stigmatization-related stressors; they also scored higher on various reconciliation-related sub-scales. Daily stressors predicted levels of vengeful feelings, while war-related stressors predicted future outlook and goodwill towards others for reconciliation. Controversial in this study, however, is the conceptualization and face validity of the employed sub-scales, as the concepts of reconciliation and revenge were positively correlated, not negatively, as suggested by preceding theory.
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With a few exceptions, little research exists directly linking the concepts of trauma, reconciliation and revenge. Findings in the field are not concordant. To our knowledge none of the studies measuring PTSD and attitudes towards reconciliation aimed at deriving implications directed towards programming. Given the novelty of the research topic, the concepts of reconciliation and revenge remain under-researched. The interplay of these two concepts with experiences of violence and psychopathology need further testing in light of rehabilitation and recovery attempts in Northern Uganda.

One key place of entry for war-affected youths, including former child soldiers, is the educational system, which can be used as a natural place of rehabilitation and possibly consensus building for a peaceful future. Schools are places of new peer-network building and the acquisition of basic knowledge and life skills, which may allow psychologically impaired children and youths to earn their living and, thereby, increase their overall social functioning. This improved functioning could reduce the likelihood of re-recruitment for future insurgencies. Yet, we have questioned already in our previous work (Winkler et al., 2015) whether scholastic support alone is sufficient to address the need for psychological rehabilitation in post-war contexts. In light of ongoing attempts to rehabilitate a generation of war-affected youths and adolescents, such findings could have manifold implications for support programming.

Therefore, the aim of the current study was threefold: first, we sought to explore the applicability and measurability of the new constructs of openness to reconciliation and revenge in the current sample of war-affected youths enrolled in vocational training centers. Second, we sought to determine correlates of mental health-related suffering, especially PTSD, and reconciliation and reintegration measures to understand the interplay of relevant concepts in light of the ongoing peace process in Northern Uganda. And third, we aimed at deriving implications for the development of psychosocial and reconciliation programs tailored to the context of Northern Uganda.

3.3 Methods

The methods employed in this study were similar to those reported in our previous work on Northern Uganda (Winkler et al., 2015).
3.3.1 Setting

This study served as a baseline assessment of war-affected learners in vocational training centers run by the Norwegian Refugee Council (NRC) in Northern Uganda. The survey built on the network and experiences developed in two years of mental health assessment and referral provision by the international mental health organization Vivo International (www.vivo.org), who partnered with NRC and the University of Konstanz in Germany to conduct the current survey.

Ten local trauma counselors who had been trained in basic counseling skills, mental health diagnosis, and trauma treatment conducted interviews. The interviewers had received six weeks of intensive theoretical training and four weeks of practical training by a team of clinicians and researchers with degrees from Western universities and extensive work and research experience in East Africa. The screeners learned how to administer a standardized interview for the assessment of PTSD and received training with regards to new concepts, such as openness to reconciliation and vengeful feelings. Prior to the beginning of the present study, local interviewers had completed two years of work as trauma counselors in Northern Uganda.

Three clinical psychologists (MA or PhD) closely supervised all interviews. The Institutional Review Committee (IRC) of the University of Gulu and the Uganda National Council for Science and Technology approved the research protocol.

3.3.2 Participants

From February 2009 to April 2009 we conducted a school-based survey in Northern Uganda four weeks after the beginning of the school year. The survey took place in vocational training centers run by the NRC in the Gulu and Amuru regions. Youths of these regions had not only experienced war and internal displacement, but were also ethnically and culturally similar, thereby reducing the possibility of political, cultural or societal biases.

The study population was youths enrolled in vocational catch-up programs lasting one year. All learners had been in school for at least four weeks when being interviewed to allow for some adjustment time in all learners and herewith taking variability in learner scores into account. Interviews were carried out in the school compounds in private after a comprehensive explanation of the study was provided.
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and after written informed consent was obtained (signature or fingerprints). There were no personal incentives for taking part in the study.

3.3.3 Selection Criteria

The NRC beneficiaries went to vocational training centers (youth education pack [YEP] centers) in which scholastic support was provided to all youths who met at least one of the following criteria indicating their vulnerability: orphan, formerly abducted, child mother, or physically handicapped. The selection criteria were as follows: From the 10 existing YEP centers, six were randomly selected for the survey. These six centers provided lists of all learners to the study team. From the overall learner population, the same proportion of interviewees was randomly selected in each of the selected centers. In each center, more than half of all learners (>60 of 120 learners in each center) were interviewed to reduce possible selection biases. Absent learners were contacted and replaced on the interview lists if they failed to attend three appointments.

3.3.4 Instruments

Local counselors administered clinical interviews with the following instruments.

3.3.4.1 Clinical Measures

To assess levels of PTSD, we used the post-traumatic diagnostic scale (PDS) (Foa, 1995b), given its good psychometric properties in a wide variety of cultural settings (Griffin et al., 2004; Kuwert et al., 2008; Odenwald et al., 2007), including in Uganda (Ertl et al., 2010). We established diagnosis of PTSD according to the fulfillment of DSM-IV criteria through the corresponding items in the PDS.

Symptoms of depression were assessed with the depression section of the Hopkins Symptom Checklist (DHSCL) (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). To enhance its psychometric properties, we employed a Northern Uganda-specific and expert-validated cut-off score for the localized Lou/Acholi version, according to Ertl et al. (2010).

We used the well-established and widely used suicide section of The Mini-International Neuropsychiatric Interview (MINI) (Lecrubier et al., 1997; Sheehan, 1998) as an instrument to assess suicidal ideation in the study sample. The instrument allowed us to determine current suicide risk.
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The violence, war and abductee exposure scale (VWAES) (Ertl et al., 2010), previously tested and expert-validated in the context of Northern Uganda, was used to assess exposure to different potentially traumatic event types in the present sample.

3.3.4.2 Aggression

We assessed aggressiveness with a shortened version of the Aggression Questionnaire by Buss and Perry (1992). The instrument was shortened and adapted for the context of Northern Uganda by Ertl et al. (2014). It is designed for the assessment of four sub-dimensions of aggression, namely physical aggression, verbal aggression, anger, and hostility. Participants’ levels of aggression were calculated by adding up all responses on the four aggression sub-scales. Hence, respondents answered 16 aggression items coded on a 5-point Likert scale from 0 (extremely uncharacteristic of me) to 4 (extremely characteristic of me) with regards to the four weeks prior to the interview. Good internal consistency of the modified version for Northern Uganda has been reported (Ertl et al., 2014).

3.3.4.3 Stigmatization

To assess feelings of stigmatization, we used the full version of the Perceived Stigmatization Questionnaire (PSQ) (Lawrence, Fauerbach, Heinberg, Doctor, & Thombs, 2006). The questionnaire represents the three factors “confused, staring and hostile behavior,” “absence of friendly behavior,” and “hostile behavior.” The frequency of experienced stigmatizing behavior during the 4 weeks prior to the interview was coded on a 5-point Likert scale with 0 (never) to 4 (always). The PSQ revealed good internal consistency of the scale scores when used in Northern Uganda (Ertl et al., 2014).

3.3.4.4 Openness to Reconciliation and Revenge Feelings

To assess openness to reconciliation and vengeful feelings, we relied on previous research by Bayer, Klasen and Adam (2007b), who suggest a questionnaire for Northern Uganda. In their original questionnaire, 12 items represent the concept of openness to reconciliation and eight items represent vengeful feelings. We adjusted their Questionnaire on Openness to Reconciliation and Revenge. We
deleted three of the revenge items due to frequent misunderstandings with screeners and interviewees, and we replaced them with three new items for revenge. In addition, we deleted the items “I believe the person who harmed me wouldn’t hurt me any more on purpose” and “I think we can solve the problems between us,” as we found them unsuitable for our sample during an initial pilot phase. The final version of the newly adapted questionnaire as employed in the present study is reported below.

After factor analysis, we allocated the final items on two sub-dimensions. We finally employed into our calculations two further adapted sub-scales, namely openness to reconciliation (six items) and vengeful feelings (eight items). Openness to reconciliation and vengeful feelings were coded on a 5-point Likert scale from 0 (not true at all) to 4 (totally true), representing the respondents’ attitudes beginning four weeks prior to the interview.

3.3.4.5 Translation
The final questionnaire was translated and delivered in Lou, the main language of the Gulu and Amuru districts, which involved forward and backward translation and a detailed review by the study team.

3.3.5 Data Analysis
Data were analyzed by using IBM SPSS statistics 19.00.

3.4 Results
3.4.1 Sample Characteristics
The sample consisted of 406 learners from the YEP centers. With random selection of interviewees, gender distribution was perfectly equal in the sample, with 50% (n = 203) of all interviewees being male and 50% female (n = 203). Mean age for the sample was 19.19 years (min = 12; max = 30). Of all interviewees, almost half (48.3%, n = 196) reported a history of abduction, and almost all respondents reported a history of displacement due to war (93.8%, n = 381).
3.4.2 Attitudes Towards Openness to Reconciliation and Revenge

Based on our experiences with interviewees during the initial pilot phase, we employed an inclusion question (“Do you feel anyone has harmed you during the war?”) before presenting the newly adapted Questionnaire on Openness to Reconciliation and Revenge Feelings to respondents. “Harmed” was conceptualized very broadly as “any material, physical or psychological pain that was inflicted on you.” Three hundred twenty-five respondents answered the inclusion questions positively and were further included in statistical analysis for the variables of openness to reconciliation and revenge. For the remaining 81 participants, the questionnaire was found not to be applicable. Table 3.1 gives an overview of respondents’ attitudes toward reconciliation and revenge as percentages. Also, means and standard deviations are reported on an item-by-item basis.

In addition, we asked respondents, “Who has harmed you the most during the war?” Of all respondents, 83.1% \((n = 269)\) reported that someone from or the LRA had harmed them the most, 7.1% \((n = 23)\) reported that the Uganda People’s Defence Force (UPDF) had harmed them the most, 5.9% \((n = 24)\) reported that both the LRA and the UPDF have harmed them the most, and 1.7% \((n = 7)\) chose the “other” category.
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Table 3.1: Respondent’s Attitudes to Reconciliation and Revenge in Percentages (N = 325).

<table>
<thead>
<tr>
<th>Item</th>
<th>not true at all or in some way (%) (0–1)</th>
<th>neither nor (%) (2)</th>
<th>somehow true or totally true (%) (3–4)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>73.1</td>
<td>4.3</td>
<td>22.5</td>
<td>1.0 (1.6)</td>
</tr>
<tr>
<td>2.</td>
<td>28.7</td>
<td>1.9</td>
<td>69.5</td>
<td>2.8 (1.7)</td>
</tr>
<tr>
<td>3.</td>
<td>18.8</td>
<td>10.8</td>
<td>70.4</td>
<td>2.9 (1.4)</td>
</tr>
<tr>
<td>4.</td>
<td>12.7</td>
<td>4.3</td>
<td>83.7</td>
<td>3.3 (1.3)</td>
</tr>
<tr>
<td>5.</td>
<td>8.3</td>
<td>4.3</td>
<td>87.3</td>
<td>3.4 (1.1)</td>
</tr>
<tr>
<td>6.</td>
<td>71.6</td>
<td>2.4</td>
<td>25.9</td>
<td>1.1 (1.6)</td>
</tr>
<tr>
<td>7.</td>
<td>26.2</td>
<td>7.4</td>
<td>66.4</td>
<td>2.7 (1.6)</td>
</tr>
<tr>
<td>8.</td>
<td>24.1</td>
<td>2.3</td>
<td>73.7</td>
<td>2.9 (1.7)</td>
</tr>
<tr>
<td>9.</td>
<td>18.3</td>
<td>1.4</td>
<td>80.2</td>
<td>3.1 (1.5)</td>
</tr>
<tr>
<td>10.</td>
<td>63.3</td>
<td>1.2</td>
<td>35.7</td>
<td>1.4 (1.8)</td>
</tr>
<tr>
<td>11.</td>
<td>80.9</td>
<td>1.9</td>
<td>17.2</td>
<td>0.7 (1.4)</td>
</tr>
<tr>
<td>12.</td>
<td>80.2</td>
<td>5.6</td>
<td>14.2</td>
<td>0.7 (1.3)</td>
</tr>
<tr>
<td>13.</td>
<td>87.0</td>
<td>1.2</td>
<td>11.8</td>
<td>0.5 (1.2)</td>
</tr>
<tr>
<td>14.</td>
<td>78.1</td>
<td>4.9</td>
<td>16.9</td>
<td>0.8 (1.4)</td>
</tr>
<tr>
<td>15.</td>
<td>90.1</td>
<td>1.5</td>
<td>8.3</td>
<td>0.4 (1.1)</td>
</tr>
<tr>
<td>16.</td>
<td>58.5</td>
<td>1.3</td>
<td>40.2</td>
<td>1.6 (1.9)</td>
</tr>
<tr>
<td>17.</td>
<td>4.3</td>
<td>4.0</td>
<td>91.7</td>
<td>3.7 (0.9)</td>
</tr>
<tr>
<td>18.</td>
<td>21.6</td>
<td>2.9</td>
<td>75.6</td>
<td>3.0 (1.6)</td>
</tr>
</tbody>
</table>
To better understand the concept of reconciliation, we also asked, “What would need to happen so that you could forgive the LRA more easily?” The respondents were asked to prioritize one category based on their personal perception. The majority of respondents (44.0%, \( n = 143 \)) answered, “The LRA should come back from the bush”; 17.5% \( (n = 57) \) wanted the LRA to engage in peace talks; 11.4% \( (n = 37) \) suggested national reconciliation as way forward; and 10.8% \( (n = 35) \) expressed their desire that the LRA should publically ask for forgiveness. Only 4.6% \( (n = 15) \) wanted the LRA to ask them personally for forgiveness. Notable, only 1.5% \( (n = 5) \) found reparations payments most crucial in the process of forgiveness, and just three respondents (0.9%) wanted the LRA to be legally punished.

### 3.4.3 Factor Analysis on Openness to Reconciliation and Revenge Questionnaire

A factor analysis was conducted using principle component analysis and a Varimax rotated solution with Kaiser normalization; hence an orthogonal rotation solution was chosen. Items that loaded on more than one factor were individually considered and put with the most conceptually compatible items, as suggested by theory and previous research. However, items were placed with another factor than the one suggested by the initial factor loadings in two exceptional cases. Factor loadings of less than .280 or greater than −.280 are reported in Table 2. Cronbach’s alpha was computed for the identified factors.

Factor 1 was labeled revenge feelings (8 items, \( \alpha = .83 \)), with items 1, 6, 13, 14, 15 and the added revenge items 10, 11, and 12. This factor included items such as “I think I would feel better after having taken revenge” and “I think I will really act on these feelings of vengeance one day.” These items represent thoughts, fantasies and intentions to seek revenge. Factor 1 had an eigenvalue of 5.36, accounting for 29.76% of the total variance.

Factor 2, including items 2, 3, 4, 5, 7, 17, was labeled Openness to Reconciliation (6 items, \( \alpha = .83 \)). Sample items from this factor included “I think we all will be able to talk again normally some day” and “One should forgive one’s enemies.” These items represent readiness to reconcile with the person who harmed the respondents most during the war. Factor 2 had an eigenvalue of 2.77, accounting for 15.39% of the total variance.
Table 3.2: Factor Loadings for Items of the Openness to Reconciliation and Revenge Feelings Questionnaire (N = 325).

<table>
<thead>
<tr>
<th>Item</th>
<th>Revenge</th>
<th>Reconciliation</th>
<th>Seeking Forgiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The same thing should happen to the person who harmed me.</td>
<td>.307</td>
<td>-.561</td>
<td></td>
</tr>
<tr>
<td>2. The person who harmed me should be treated fairly.</td>
<td></td>
<td></td>
<td>.404</td>
</tr>
<tr>
<td>3. I think we all will be able to talk again normally some day.</td>
<td></td>
<td></td>
<td>.682</td>
</tr>
<tr>
<td>4. I am ready to forgive the person who harmed me.</td>
<td></td>
<td></td>
<td>.766</td>
</tr>
<tr>
<td>5. I am ready to reconcile with the person who harmed me.</td>
<td></td>
<td></td>
<td>.725</td>
</tr>
<tr>
<td>6. I want the person who harmed me to be miserable.</td>
<td>.381</td>
<td>-.646</td>
<td></td>
</tr>
<tr>
<td>7. I am able to have compassion for the person who harmed me.</td>
<td></td>
<td></td>
<td>.668</td>
</tr>
<tr>
<td>8. I wish that the person I hurt would forgive me.</td>
<td></td>
<td></td>
<td>.881</td>
</tr>
<tr>
<td>9. I want to apologize to the person I have done injustice to.</td>
<td></td>
<td></td>
<td>.893</td>
</tr>
<tr>
<td>10. I fantasize about getting back at the person who harmed me.</td>
<td>.459</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I experience feelings of vengefulness.</td>
<td>.721</td>
<td>-.310</td>
<td></td>
</tr>
<tr>
<td>12. I think I will really act on these feelings of vengeance one day.</td>
<td>.706</td>
<td>-.305</td>
<td></td>
</tr>
<tr>
<td>13. I have got the right to take revenge.</td>
<td>.785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I think I would feel better after having taken revenge.</td>
<td>.790</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. It is my duty to take revenge.</td>
<td>.756</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I have done terrible things as well, during the war.</td>
<td></td>
<td></td>
<td>.647</td>
</tr>
<tr>
<td>17. One should forgive one’s enemies.</td>
<td></td>
<td></td>
<td>.433</td>
</tr>
<tr>
<td>18. I want to make reparation for the bad things I did.</td>
<td></td>
<td></td>
<td>.822</td>
</tr>
</tbody>
</table>

Factor 3, including items 8, 9, 16, and 18, was labeled “Seeking Forgiveness” (four items, \( \alpha = .82 \)). Sample items for this factor are “I want to apologize to the person I have done injustice to” and “I wish that the person I hurt would forgive me.” It must be noted that these items were not applicable for the majority of respondents, as most respondents felt they had not done any injustice or harm to others during the war or that they had been forced to do so. Factor 3 revealed an eigenvalue of 1.58, accounting for 8.80% of the total variance.
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As it was not applicable to many respondents, we decided to exclude Factor 3 and respective items from further analysis. Therefore, the analyses presented here will include only the revenge sub-scale (Factor 1) and the openness to reconciliation sub-scale (Factor 2).

3.4.4 Correlations

Bivariate Pearson correlations were computed for all outcome measures in male and female learners. Results for males are presented in Table 3.3, for females in Table 3.4.

Both for male and female respondents, significant correlations were notable between the measures for psychopathology, namely between PTSD score, depression score and suicide risk.

Both male and female respondents with increased levels of PTSD symptoms also showed increased levels of aggression, perceived stigmatization, and feelings of revenge, but lower levels of openness to reconciliation. In males and females, feelings of revenge were negatively correlated with openness to reconciliation, hence those respondents revealing stronger feelings of vengeance were less open to reconciliation.

Table 3.3: Correlations Male Respondents (n = 203).

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>.58**</td>
<td>.47**</td>
<td>-.15</td>
<td>-.55**</td>
<td>-.42**</td>
<td>-.42**</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.33**</td>
<td></td>
<td>.45**</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.27**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.50**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.44**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Note. N(male) = 203**p < .01 (two-tailed); *p < .05 (two-tailed). N(5) = 172, N(6) = 172.

Gender differences were notable with regards to measures of depression and its relationship to openness to reconciliation and revenge: For male respondents, there was a moderate negative correlation between depression and openness to
reconciliation, as well as a positive correlation with desire for revenge. For female respondents no significant correlation was obtained between depression and openness to reconciliation and revenge, respectively. Aggression both in females and males was associated with stigmatization.

Table 3.4: Correlations Female Respondents (n = 203).

<table>
<thead>
<tr>
<th></th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PTSD Score</td>
<td>–</td>
<td>.57**</td>
<td>.43**</td>
<td>.52**</td>
<td>-.20**</td>
<td>.19**</td>
<td>.46**</td>
<td>.43**</td>
</tr>
<tr>
<td>2. Depression Score</td>
<td>–</td>
<td>.58**</td>
<td>.39**</td>
<td>-.12</td>
<td>.08</td>
<td>.40**</td>
<td>.46**</td>
<td></td>
</tr>
<tr>
<td>3. Suicide Risk</td>
<td>–</td>
<td>.39**</td>
<td>-.16</td>
<td>-.03</td>
<td>.38**</td>
<td>.49**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Trauma Exposure</td>
<td>–</td>
<td>-.15</td>
<td>.16*</td>
<td>.45**</td>
<td>.36**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Openness to Reconciliation</td>
<td>–</td>
<td>-.50**</td>
<td>-.10</td>
<td>-.21*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Revenge Feelings</td>
<td>–</td>
<td>.21**</td>
<td>.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Aggression</td>
<td>–</td>
<td>.39**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Stigmatization</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N(male) = 203**p < .01 (two-tailed); *p < .05 (two-tailed). N(5) = 151 N(6) = 151.

3.4.5 Group Comparisons

For group comparisons, all outcome measures were compared with independent t-tests; p ≤ .05 indicates a statistical difference between groups.

3.4.5.1 Comparing Male and Female Respondents

First, group means of male versus female respondents were compared. Results are reported with gender as a grouping variable in Table 3.5.
Is Trauma an Obstacle for Peace?

Table 3.5: Independent t-tests With Gender as Grouping Variable.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Gender</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>Significance</th>
<th>t</th>
<th>Df</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PTSD Score</td>
<td>Female</td>
<td>203</td>
<td>6.87</td>
<td>6.27</td>
<td>p = .745</td>
<td>0.33</td>
<td>393</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>203</td>
<td>6.65</td>
<td>7.43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Depression Score</td>
<td>Female</td>
<td>203</td>
<td>27.18</td>
<td>9.84</td>
<td>p = .000**</td>
<td>4.02</td>
<td>392</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>203</td>
<td>23.56</td>
<td>8.24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Suicide Risk</td>
<td>Female</td>
<td>203</td>
<td>0.74</td>
<td>1.11</td>
<td>p = .024*</td>
<td>2.27</td>
<td>398</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>203</td>
<td>0.50</td>
<td>0.98</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Trauma Exposure</td>
<td>Female</td>
<td>203</td>
<td>13.03</td>
<td>5.72</td>
<td>p = .052</td>
<td>-1.95</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>203</td>
<td>14.21</td>
<td>6.41</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Openness to Reconciliation</td>
<td>Female</td>
<td>151</td>
<td>18.44</td>
<td>5.34</td>
<td>p = .407</td>
<td>-0.83</td>
<td>321</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>172</td>
<td>18.92</td>
<td>5.19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Revenge Feelings</td>
<td>Female</td>
<td>151</td>
<td>6.93</td>
<td>8.05</td>
<td>p = .538</td>
<td>0.62</td>
<td>321</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>172</td>
<td>6.40</td>
<td>7.62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Aggression</td>
<td>Female</td>
<td>203</td>
<td>20.72</td>
<td>12.44</td>
<td>p = .169</td>
<td>1.38</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>203</td>
<td>19.00</td>
<td>12.70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Stigmatization</td>
<td>Female</td>
<td>203</td>
<td>6.79</td>
<td>7.21</td>
<td>p = .004**</td>
<td>2.89</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>203</td>
<td>4.81</td>
<td>6.53</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The two groups differed statistically in the clinical outcome measures depression score and in suicide risk, with girls revealing significantly higher scores than boys; no gender difference was notable for PTSD scores. Male and female learners did not differ statistically with regard to aggression scores, openness to reconciliation or feelings of revenge. However, significant group differences emerged for the outcome variable of stigmatization, with females reporting much higher scores than males.

3.4.5.2 Comparing Abductees and Non-abductees

We compared the group of former child soldiers with non-abducted youth respondents on all outcome measures. The results are presented in Table 3.6.
Table 3.6: Independent t-tests with Abduction History as Grouping Variable.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Abduction History</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>Significance</th>
<th>t</th>
<th>Df</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PTSD Score</td>
<td>No</td>
<td>210</td>
<td>5.28</td>
<td>5.54</td>
<td>( p = .000^{**} )</td>
<td>-4.56</td>
<td>351</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>196</td>
<td>8.34</td>
<td>7.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Depression Score</td>
<td>No</td>
<td>210</td>
<td>24.56</td>
<td>9.20</td>
<td>( p = .068 )</td>
<td>-1.83</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>196</td>
<td>26.23</td>
<td>9.24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Suicide Risk</td>
<td>No</td>
<td>210</td>
<td>0.56</td>
<td>0.98</td>
<td>( p = .069 )</td>
<td>-1.82</td>
<td>389</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>196</td>
<td>0.72</td>
<td>1.19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Trauma Exposure</td>
<td>No</td>
<td>210</td>
<td>9.69</td>
<td>4.27</td>
<td>( p = .000^{**} )</td>
<td>-18.07</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>196</td>
<td>17.84</td>
<td>4.81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Openness to Reconciliation</td>
<td>No</td>
<td>141</td>
<td>18.59</td>
<td>5.14</td>
<td>( p = .746 )</td>
<td>-0.32</td>
<td>321</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>182</td>
<td>18.78</td>
<td>5.36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Revenge Feelings</td>
<td>No</td>
<td>141</td>
<td>5.70</td>
<td>7.29</td>
<td>( p = .054 )</td>
<td>-1.94</td>
<td>321</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>182</td>
<td>7.38</td>
<td>8.14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Aggression</td>
<td>No</td>
<td>210</td>
<td>18.04</td>
<td>11.92</td>
<td>( p = .003^{**} )</td>
<td>-3.04</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>196</td>
<td>21.80</td>
<td>13.00</td>
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<td></td>
</tr>
<tr>
<td>8. Stigmatization</td>
<td>No</td>
<td>210</td>
<td>5.63</td>
<td>6.73</td>
<td>( p = .596 )</td>
<td>-0.06</td>
<td>404</td>
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<td>Yes</td>
<td>196</td>
<td>6.00</td>
<td>7.17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When comparing LRA-returnees with respondents who had never been in rebel captivity, the abductees had significantly higher levels of PTSD and trauma exposure. Results also indicate a trend concerning higher scores of depression and suicide risk for former child soldiers, as compared to non-abductees.

Statistical group differences also emerged for the variable of aggression score, with former abductees receiving significantly higher scores than non-abductees. A trend suggesting that former child soldiers also reveal stronger feelings of vengeance as compared to non-abductees was notable. No group differences were found for the variable of openness to reconciliation or stigmatization.

3.4.5.3 Comparing Respondents With and Without PTSD Diagnosis

We further compared outcome scores of respondents with post-traumatic stress disorder (PTSD) diagnosis \( (N = 94) \) and those respondents without PTSD diagnosis \( (n = 312) \). The results are presented in Table 3.7.
Is Trauma an Obstacle for Peace?

Table 3.7: Independent t-tests With PTSD Diagnosis as Grouping Variable.

<table>
<thead>
<tr>
<th>Variables</th>
<th>PTSD diagnosis</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>Significance</th>
<th>t</th>
<th>Df</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PTSD Score</td>
<td>No</td>
<td>312</td>
<td>3.91</td>
<td>4.19</td>
<td>$p = .000^*$</td>
<td>-20.42</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>94</td>
<td>16.21</td>
<td>5.37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Depression Score</td>
<td>No</td>
<td>312</td>
<td>23.25</td>
<td>8.13</td>
<td>$p = .000^*$</td>
<td>-9.67</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>94</td>
<td>32.41</td>
<td>9.27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Suicide Risk</td>
<td>No</td>
<td>312</td>
<td>0.43</td>
<td>0.90</td>
<td>$p = .000^*$</td>
<td>-5.76</td>
<td>122</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>94</td>
<td>1.24</td>
<td>1.28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Trauma Exposure</td>
<td>No</td>
<td>312</td>
<td>12.20</td>
<td>5.52</td>
<td>$p = .000^*$</td>
<td>-9.50</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>94</td>
<td>16.96</td>
<td>5.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Openness to Reconciliation</td>
<td>No</td>
<td>238</td>
<td>19.32</td>
<td>4.85</td>
<td>$p = .001^*$</td>
<td>3.27</td>
<td>126</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>85</td>
<td>16.96</td>
<td>5.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Revenge Feelings</td>
<td>No</td>
<td>238</td>
<td>5.42</td>
<td>6.92</td>
<td>$p = .000^*$</td>
<td>-4.28</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>85</td>
<td>10.07</td>
<td>9.10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Aggression</td>
<td>No</td>
<td>312</td>
<td>17.43</td>
<td>11.77</td>
<td>$p = .000^*$</td>
<td>-7.58</td>
<td>404</td>
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<td>27.94</td>
<td>11.84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Stigmatization</td>
<td>No</td>
<td>312</td>
<td>4.57</td>
<td>5.91</td>
<td>$p = .000^*$</td>
<td>-5.73</td>
<td>122</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>94</td>
<td>9.89</td>
<td>8.41</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Youths with fully-developed PTSD revealed significant differences in all outcome measures, as compared with those respondents without PTSD diagnosis. Respondents with the diagnosis received higher scores in symptoms of depression, suicide risk, aggression, vengeful feelings, and stigmatization, when compared with youths without full-blown PTSD. We found that respondents with PTSD diagnosis reported statistically lower scores of openness to reconciliation when compared with those having no PTSD diagnosis.

3.5 Discussion

With the current study, we aimed to explore the applicability and measurability of the constructs of openness to reconciliation and revenge in the Northern Ugandan school context, as well as to understand their relationship to trauma. We therefore sought to determine correlates of mental health-related suffering with regard to reintegration and reconciliation measures. Finally, we sought to derive implications for the development of psychosocial and reconciliation interventions to support the peace-building processes in Northern Uganda.
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Given the relative novelty of measuring the concepts of openness to reconciliation and revenge and previous inconsistent findings in the field, we aimed at understanding whether the concepts fit our study population in Uganda’s post-war context. A previous study employing the Questionnaire on Openness to Reconciliation and Revenge (Alipanga et al., 2014) came to controversial results with regards to the theoretical match and face validity of the concepts. In our study, we discovered that misinterpretation of items was frequent when using the original Openness to Reconciliation and Revenge scale from Bayer et al. (2007). Some other items of the questionnaire were simply inapplicable for the selected study group. We therefore adapted our measures of openness to reconciliation and feelings of revenge for war-affected learner respondents. With factor analysis, we were able to separate two factors with the sub-dimensions openness to reconciliation and feelings of revenge. The third factor, “seeking for forgiveness,” appeared to be of no relevance within the current study sample, although the majority of respondents were former child soldiers and although many had perpetrated violence. Nonetheless, the youths interviewed largely saw themselves as victims—this was true as well in the case that they had been forced to commit violence towards others. All former child soldiers had been abducted by force; none had joined on a voluntarily basis.

We can only hypothesize about the underlying reasons for this finding, but it appears plausible that the specifics of the war in Northern Uganda, during which the majority of the respondents’ generation was abducted by the rebel force, shaped the attitudes and perceptions of respondents in that the wrongdoings forced upon abductees were attributed to the rebel group, not seen as the responsibility of the abducted individuals. This assumption would be in line with the attitudes of learners concerning forgiveness towards the LRA. The large majority of respondents was ready to forgive or reconcile with the LRA, if only the rebel group was to “return from the bush.” At the same time, interviewees did not report seeking punishment for perpetrators; rather, they hoped that perpetrators would be treated fairly. In light of an ongoing political amnesty process for all returning LRA rebels implemented by the Ugandan government, these attitudes may be socially, culturally and politically shaped. They seem to be very specific to the context of the country, where forced child soldiering became a modus operandi of warfare and where an amnesty process is in place.
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Returning child soldiers frequently expressed that they had “not done anything wrong during the war,” and to underline this point they put forward their forced conscription, their young age at the point of rebel captivity, and the initial events forced upon them their perpetrators. The high rates of child abductions in Northern Uganda suggest that every second person among an entire generation of youth in Northern Uganda was abducted by the LRA at least once in their lives. Given the extent to which communities are affected while having the same ethnicity as the LRA, communities might not see returning child soldiers as “different” from their own group, per se.

Hardly any respondents suggested means of punishment or international justice mechanisms as a prerequisite for forgiveness. It seems plausible that particular war-context characteristics, such as the high prevalence of forced abductions and forced perpetrator events shape attitudes towards forgiveness and reconciliation in Northern Uganda. Therefore, the concepts of reconciliation and revenge should also be assessed with context-specific instruments. The feasibility of the construction of a context-tailored scale for openness to reconciliation and vengeful feelings was outlined and resulted in the two matching factors, which were used as outcome variables in the current survey.

Beyond the issues of the validity of the concepts of openness to reconciliation and revenge, the limitations of this study concern the selection of the sample from youths enrolled in school. This finding cannot be generalized to the overall population of war-affected youth in Uganda. They surely indicate, however, the need to develop and test adequate classroom-based interventions (CBIs) for the war-affected learner population.

The second aim of the study was to understand the correlations between psychopathology and reconciliation measures. In line with previous research (Allen & Schomerus, 2006; Elbert et al., 2006; Hermenau et al., 2013; Schauer & Elbert, 2010), we found significant correlations between number of traumatic experiences, levels of psychopathology and level of aggression in male and female respondents. We found that youths who were more affected by trauma spectrum disorders were also more aggressive and, in turn, more stigmatized by the community. Former child soldiers scored higher on PTSD, trauma exposure and aggression when compared to non-abductees. The perpetuating effect of stigmatization on child soldiers’ aggression and community discrimination against mental ill-health has been stated.
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before (Betancourt, Agnew-Blais, et al., 2010) and is also supported by our findings. Yet, we were unable to replicate previous findings suggesting that former child soldiers experience significantly higher levels of discrimination compared to their non-abducted peers, possibly due to large-scale abductions and the fact that the LRA and the communities are of the same ethnicity. Our results point out, as previously suggested by others (Ertl et al., 2014), that those individuals with mental ill-health or other social dysfunction are subject to community discrimination in Northern Uganda. In small pilot samples in the Democratic Republic of Congo (DRC), as well as in the Republic of South Sudan, we observed interestingly significant differences in stigmatization between LRA-abducted and non-abducted youth. In these two neighboring countries, the prevalence of LRA abductions in the overall population is much lower; at the same time, DRC and South Sudanese communities are made up of other ethnicities and differ in that aspect from the LRA rebel group.

As previously suggested for the context of Northern Uganda, female respondents, including victims of sexual and gender-based violence and young mothers, reported high scores of community discrimination. Female respondents also had significantly higher scores of depression and suicide risk when compared with male respondents and appear in need of more adequate support taking these gender specifics into account.

Survey respondents with a full-blown PTSD diagnosis differed from respondents without PTSD diagnosis on all outcome measures. Stigmatization, PTSD, aggression and vengeful feelings were correlated. These measures were negatively correlated with openness to reconciliation. Respondents with diagnosis of PTSD scored significantly lower on openness to reconciliation, and significantly higher on revenge, aggression and stigmatization. The study provides evidence that mental ill-health has a direct link to peace-building attempts, in particular attitudes towards reconciliation and revenge, in war-affected learners in school settings in Northern Uganda. Our results let us conclude that PTSD and psychopathology are obstacles to post-war reconciliation in Northern Ugandan schools, not particular sub-groups of war-affected learners such as former child soldiers. While our previous work (Winkler et al., 2015) has shown that prevalence rates of PTSD are associated with trauma exposure and duration of abduction. It is notable that the experience of child soldiering did not decrease the level of openness to
reconciliation in our war-affected learners population. Only when taking a PTSD diagnosis into account did we obtain significant differences with regards to readiness to reconcile. This finding is crucial with regards to programming and underlines how closely mental health and psychosocial support (MHPSS) and peace-building programming are linked. Even if a causal relationship would still require further testing, these findings also imply that PTSD severity should be addressed as a direct obstacle to community reconciliation.

The correlations and group-comparisons we found furthermore underline that psychosocial and reintegration problems are diverse amongst the various groups of war-affected youth. While former abductees showed higher scores in PTSD and trauma exposure when compared to non-abductees, our previous work (Winkler et al., 2015) showed that prevalence rates of mental disorders are also very high in other war-affected learners. The subgroup of learners with PTSD diagnosis requires more tailored trauma interventions, while symptoms of depression, suicidality and higher scores of self-perceived stigmatization and aggressiveness also need to be addressed. Based on the survey’s findings, we suggest an integrated MHPSS approach employing both individual and group-based interventions to respond adequately to the various identified psychosocial problems of war-affected youth, based in classroom-settings. The recommendable elements of an integrated approach such as derived from the current findings are outlined below.

We found that respondents with PTSD diagnosis differed in all adjustment-related outcome measures. While we currently have no evidence that individual trauma interventions might directly change measures of reconciliation and revenge, trauma interventions have proven its efficacy to increase psychosocial wellbeing, decrease symptoms of PTSD and depression, and measures of aggression and perceived stigmatization (Betancourt, Borisova, et al., 2008; Ertl et al., 2011; Robjant & Fazel, 2010). Since the outcome measures in our study were all correlated with openness to reconciliation, it may be assumed that trauma interventions might enhance reconciliation and recovery processes. One previous trauma-focused short-term intervention with good results observed in Northern Uganda is narrative exposure therapy (NET) (Ertl et al., 2011; Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004). This method of therapy has proven to be feasible and effective with other war-affected populations with multiple traumata, including children and youth; it has previously been used in the school context as an
individual treatment approach. Further, a group-based trauma and reconciliation education (TRE) approach, could be beneficial if applying trauma therapy principles, such as talking in detail and chronologically through the past. This approach might not only benefit the wellbeing of learners from Northern Uganda, but also have an impact at the societal level, enhancing attitudes towards reconciliation and decreasing feelings of vengeance.

At the same time, the current study suggests that PTSD is not the only prevalent mental health problem in war-affected youth in Northern Uganda, but that depression and suicidal ideations are also common, with significantly higher scores among girls. Hence, an individual referral pathway into an MHPSS referral network should be linked to any classroom-based psychosocial intervention to address crisis and emergency cases. We propose that an integrated MHPSS system can be implemented in school settings with trained teachers skilled to detect mental health-related problems in learners, able to provide broad psychosocial counseling to learners to normalize symptoms and with the knowhow to refer learners with severe mental health-related suffering to more skilled and specialized therapists within an MHPSS network. The provision of individual therapies for PTSD, depression, suicidal ideations and other prevalent mental health diagnoses appears crucial is this regard.

The large number of traumatized and affected learners in the education sector leave no doubt that the impact of war experiences in Northern Ugandan youths must also be addressed in group-based interventions. Classroom-based interventions have the potential to teach and train skills, knowledge and attitudes to learners fostering a peaceful dialogue and, for example, to address the increased rates of aggression in former child soldiers and respondents with a PTSD diagnosis. The absence of a means of peaceful conflict resolution and adequate social competence skills has been acknowledged for the context of Northern Uganda (Magambo & Lett, 2004a). At the same time, we found increased rates of discrimination in females and in respondents with PTSD from both genders. Aggression and discrimination were linked to openness to reconciliation and revenge. Therefore, we also recommend group-based conflict-resolution and social competence training. If employed as structured trainings and embedded in the school curriculum, they could be feasible alternatives to psychosocial programs.

This study aimed to provide evidence on the interrelations between psychopathology, specifically PTSD symptoms, and variables of reconciliation to
develop intervention approaches aimed at increased psychosocial wellbeing and reconciliation. We recommended the use of survey data to inform rehabilitation programming for war-affected youth in Northern Ugandan schools. More research is certainly needed with regards to the feasibility and impact that individual and group-based interventions targeting both psychopathology and enhanced reconciliation could have in the scholastic context in Northern Uganda. We strongly agree with authors who have called for the evaluation of classroom-based mental health and psychosocial intervention in randomized controlled study designs (Jordans et al., 2016; Neuner, 2007; Tol, Barbui, et al., 2011; Tol, Patel, et al., 2011). Randomized controlled trial (RCT) designs should test the efficacy of such interventions not only with regards to psychopathology such as PTSD as outcome measure, but also with regards to measures of openness to reconciliation and revenge to inform rehabilitation and recovery programs.

3.6 Conclusions

In summary, it can be concluded from the findings of this survey that the mental health status and particularly PTSD diagnosis of war-affected youths in Northern Uganda are strongly interrelated with measures of openness to reconciliation and revenge as well as with aggression and stigmatization. This finding has relevant implications for post-war peace-building attempts. They should include MHPSS programming and trauma rehabilitation as most post-war interventions aim at reconciliation as one of the ultimate goals of conflict transformation. Diagnosis of PTSD was a potential obstacle for reconciliation in our survey.

We have argued that the survey results provide the necessary evidence to develop and implement individual and group-based interventions aiming at increased psychosocial wellbeing, reintegration and reconciliation for youths in Northern Uganda. The data suggest that MHPSS, and particularly trauma interventions, might be promising peace-building tools. We described the survey’s implications with regards to the development of group-based interventions for schools in LRA-affected areas. Implementations should be embedded in randomized controlled study designs in order to provide practitioners, donors and policy makers with the relevant information and obligation for action to increase psychosocial wellbeing and reconciliation attempts alike in war-affected populations.
4 From Crisis to Reconciliation in Ugandan Schools: A Randomized Controlled Trial of Trauma and Reconciliation, Conflict Resolution and Teacher Counseling Interventions With Youth Affected by War and Child Soldiering

4.1 Abstract

**Background:** Trained local screeners assessed the mental health status and post-war reconciliation measures of male and female former child soldiers and other war-affected students in vocational training centers in Northern Uganda. The aim of the study was to test the feasibility and effectiveness of delivering individual and group-based psychosocial interventions by local lay counselors in the Northern Ugandan school context. Interventions’ primary outcomes for psychological ill-health, in particular PTSD and depression, and secondary outcomes of post-war reconciliation were tested in a randomized controlled research design.

**Methods:** Participants were randomly selected and allocated to 3 CBI conditions: trauma and reconciliation education \( n = 135 \), conflict resolution and social competence training \( n = 136 \), and teacher counseling \( n = 135 \). We used the PDS to assess symptoms of PTSD and the DHSCL to assess symptoms of depression. For post-war reconciliation measures, we used the Aggression Questionnaire, the Perceived Stigmatization Questionnaire (PSQ) and an adapted version of the Questionnaire on Openness to Reconciliation and Revenge prior to the start of interventions, at five months after the interventions, and at nine months after the interventions.

**Results:** We calculated analysis of variance with repeated measurement design with grouping factor treatment condition \( x \) time for all outcome measures in intention-to-treat as well as treatment-completer analysis. We obtained main effects for time for all 3 treatment conditions on all dependent variables \( p \leq .001 \), but no meaningful interaction effects between treatment conditions and times. We calculated Cohen’s \( d \) as effect size per treatment condition and obtained medium effect sizes for PTSD severity as an outcome measure in all conditions. We found high effect sizes for outcome of depression, as well as for all post-war reconciliation outcome measures in all conditions.
Conclusions: The study provides preliminary support for the effectiveness of classroom-based culturally and contextually adapted trauma and reconciliation education, conflict resolution and social competence training, and teacher counseling when implemented with former child soldiers and other war-affected learners in Northern Ugandan schools. The results suggest that the provision of tailored trauma and other individual and group-based MHPSS programs implemented by trained lay counselors is feasible in post-conflict educational rehabilitation settings within RCT research designs. The study further provides evidence that tailored MHPSS programs not only have beneficial effects on the psychological ill-health of war-affected learners, but also on post-war reconciliation after crisis. The study’s results imply that tailored MHPSS programs should be a core part of recovery and reintegration programs with the aim to promote peace.

4.2 Introduction

Northern Uganda has experienced decades of civil war, with child soldiering and sex slavery frequently used as weapons of war against minors. Reports of the most brutal forms of violence committed against children in Northern Uganda were not anecdotal incidents of this war, but are being prosecuted as systematic war crimes at the International Criminal Court. The conflict left, particular, a generation of youth traumatized by very frequent experiences of rebel abductions, sexual violence and other traumatic experiences of war (Ertl et al., 2014; Schauer & Elbert, 2010).

Our previous work outlined, in agreement with other authors (Annan et al., 2006; Pfeiffer & Elbert, 2011; Pham et al., 2009; Vinck et al., 2007), that trauma spectrum disorders are common among war-affected learners and constitute a large-scale problem effecting the education sector in Northern Uganda. A previous survey of war-affected learners in Uganda’s North found that post-traumatic stress disorder (PTSD) rates in the group of formerly abducted learners were as high as 32% (Winkler et al., 2015). At the same time, abduction history among Northern Ugandan youth is estimated at 50% (Ertl et al., 2014). We found that both trauma exposure and duration of abduction history predict PTSD and depression in the Northern Ugandan learner population.

Our previous work (Chapter 3) also revealed evidence suggesting that trauma exposure not only constitutes a risk for psychological ill-health, as widely
acknowledged (Catani et al., 2005, 2010; Catani, Jacob, Schauer, Kohila, & Neuner, 2008; Neuner, 2003), but that PTSD diagnosis must also be regarded as a sincere obstacle to post-war peace-building and reconciliation attempts in Northern Uganda. In our Northern Ugandan learner population, PTSD diagnosis was strongly associated with measures of openness to reconciliation and revenge, as well as with measures of aggression and stigmatization. While previous research on the interaction of variables of ill-health and reconciliation were somewhat contradictory and varied widely with regards to the employed constructs (Alipanga et al., 2014; Heim & Schaal, 2014; Pham et al., 2009; Vinck et al., 2007), our results led us to suggest that mental health and psychosocial support (MHPSS) programs including individual and group-based rehabilitation approaches could serve as effective peace-building tools, possibly enhancing post-war reconciliation attempts. We proposed in particular that interventions should include principles of trauma-focused therapy and promote reconciliation and peaceful means of conflict resolution. Given the strong inter-relations of constructs, we believed that such interventions might increase measures of reconciliation. At the same time, we concluded that such interventions are necessary to address the large-scale problem in schools and the frequencies of abduction, violence and displacement histories in learners. We suggested that group-based interventions would be beneficial to learners’ increased psychosocial wellbeing, rehabilitation and reintegration for youth of Northern Uganda if they would prove to be feasible. We recommended that the feasibility and efficacy of tailored interventions should be evaluated against outcome measures of learner’s psychological ill-health, including PTSD and depression, as well as against measures of post-war reconciliation in randomized controlled trials (RCTs).

Some targeted group-based interventions aiming at decreased PTSD and depression measures have been tested with good results in post-war settings, including Uganda; group interpersonal therapy and group cognitive behavioral therapy (CBT) showed promising results, specifically when former child soldiers were included (Bolton, 2007; McMullen, O’Callaghan, Shannon, Black, & Eakin, 2013; O’Callaghan, McMullen, Shannon, Rafferty, & Black, 2013). However, there remains large disagreement amongst researchers on the use and efficacy of classroom-based interventions (CBIs) in humanitarian settings. A recent review of randomized controlled research designs even suggests that CBI is ineffective for the treatment of PTSD and depression in such settings (Tol et al., 2014), while beneficial and
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preventive effects were found for CBI with regards to increased measures of hope and functioning. Other authors argue that the insufficient trauma-focus in CBI and limited individual support in group-formats interfere with the beneficial effects of CBI as trauma intervention. They therefore suggest a screen-and-treat approach based on diagnostic symptom scores of PTSD (Ertl & Neuner, 2014); this approach would apply equally in school settings.

Employing very broad inclusion criteria without prior screening procedures, group trauma-focused CBT was effective in reducing post-traumatic stress and psychosocial distress in former child soldiers and other war-affected in youths in the Democratic Republic of Congo (DRC) when compared with a waiting-list control (McMullen et al., 2013). Another study from the DRC suggests that both trauma-focused and non-trauma-focused group interventions are beneficial in reducing overall distress in war-affected youth, including for PTSD symptoms; however, no PTSD diagnosis was established in this study (O’Callaghan, McMullen, Shannon, & Rafferty, 2015). Results from Northern Uganda suggest that the implementation of psychosocial structured activities in schools has beneficial effects on general wellbeing of youth enrolled in school; however, neither PTSD nor depression were assessed in this study (Ager et al., 2011). It therefore remains unclear whether the approach is also beneficial for learners with clinically relevant symptoms scores above thresholds for clinical diagnosis. Another CBI in conflict-affected Nepal did not lead to reductions in psychiatric symptoms indicating PTSD and depression (Jordans et al., 2010). However, Ertl et al. (2011) provided evidence in a randomized controlled research design that individual trauma-focused therapy based on a screen-and-treat approach was effective in treating PTSD diagnosis in former child soldiers from Northern Uganda when compared with an academic catch-up condition and a waiting list control condition. Yet, it remains largely unclear how individual MHPSS screen-and-treat approaches can be combined with group-based CBI in schools and how such interventions would affect measures of PTSD, not to mention measures of openness to reconciliation and revenge.

This study has three aims. First, it aims to test the feasibility of delivering individual and group-based psychosocial interventions in the Northern Ugandan school context. Secondly, it aims to test the effectiveness of newly developed group-based interventions for the Northern Ugandan context in a randomized controlled research design. Thirdly, it aims to broaden the perspective of classic MHPSS
programming in testing whether context-tailored psychosocial programs in schools, delivered both in individual and group formats, can indeed serve as peace-building tools with notable effects not only on measures of psychological ill-health, such as PTSD and depression, but also on measures of post-war reconciliation, revenge, aggression and stigmatization in the population of traumatized learners.

4.2.1 Trauma and Reconciliation Education

Trauma-focused interventions have previously proven their efficacy to increase psychosocial wellbeing and decrease symptoms of PTSD and depression, as well as measures of aggression and perceived stigmatization in former child soldiers and other war-affected youth (Betancourt et al., 2013). However, attempts to reach classroom-settings are limited. Narrative exposure therapy (NET) (Ertl et al., 2011; Neuner, Schauer, Klaschik, et al., 2004) proved itself to be feasible and effective with war-affected populations with experiences of multiple traumatic events, including refugee children (Ruf et al., 2008) and youth in Northern Uganda (Ertl et al., 2011). A major advantage of NET is that it has previously been used in post-war rehabilitation center contexts (Crombach & Elbert, 2015; Kőbach, Schaal, Hecker, & Elbert, 2015) and has also proven robust with trained lay counselors as NET therapists (Neuner, 2008); in the latter case, it has had convincing results over different counselor generations, even if lay counselors trained other lay counselors in a training-of-trainers design (Jacob, Neuner, Maedl, Schaal, & Elbert, 2014). While NET was tailored to reduce PTSD symptoms and related psychological suffering in trauma survivors, a number of studies also provide evidence that NET has parallel positive effects on symptoms of depression such as frequent co-morbid disorder of PTSD (Ertl et al., 2011; Kőbach, Schaal, Hecker, et al., 2015). The underlying evidence inherent to individual trauma-focused treatments including NET is that a general openness to talk about traumatic events in detail leads to a decrease in trauma symptoms and reduced levels of fear (Schauer & Schauer, M., 2010; Schauer, Neuner, & Elbert, 2005). This relationship is also reflected in some group-based trauma psycho-education approaches (Yeomans, Forman, Herbert, & Yuen, 2010) aiming to decrease trauma symptoms. Staub, Pearlman, Gubin and Hagengimana (2005) could show in a sample of Rwandan genocide survivors that trauma psycho-education lectures and participants’ engagement with their painful past experiences
reduced trauma symptoms and lead to a more positive orientation towards members of the other group.

Hence, it appears plausible that trauma psycho-education and an acknowledgement of the past collective trauma may enhance levels of openness to reconciliation and may decrease vengeful feelings in survivors of trauma. Four elements have been widely agreed upon by researchers to be the main agents of reconciliation (Lederach, 2008), namely truth, justice, empathy and peace. Consequently, a tailored group-based trauma and reconciliation education (TRE) approach for Uganda should also enable war-affected youth to learn more about the realities of the conflict in Northern Uganda (truth), about human rights (justice), about mutual respect and understanding (empathy) and about a positive and self-empowered outlook towards the future (peace). To our knowledge, no research has yet tested the efficacy of individual or group-based trauma-focused interventions directly on measures of reconciliation and revenge. Recent research, however, suggests that trauma-focused therapies and group-based trauma psycho-education might have beneficial effects on aggressiveness and stigmatization (Betancourt et al., 2013; Crombach & Elbert, 2015).

4.2.2 Conflict Resolution and Social Competence Training

Psychosocial structured activities implemented in group format in the school context have previously shown good results for the general wellbeing of learners in Northern Ugandan (Ager et al., 2011) and for the reduction of PTSD symptoms in war-affected youth in the DRC (O’Callaghan et al., 2015). At the same time, the need for the promotion of peaceful conflict resolution skills has been acknowledged for the context of Northern Uganda (Magambo & Lett, 2004a). Our own results have also suggested that aggressiveness and stigmatization are key aspects closely interrelated with mental ill-health in former child soldiers and other war-affected learners in Northern Uganda.

Structured conflict resolution and social competence training developed by Petermann and Petermann (2008, 2010) aims to reduce aggressiveness and strengthen conflict resolution skills in learners in CBI format. A decline in learners’ aggressive behavior and overall problems, as well as fewer problems with peers, have been established as effects of the training (Petermann et al., 2007; Petermann, Kamau, Nitkowski, & Petermann, 2013). While the training has been used mainly in
European settings with much higher literacy rates among learners, it provides the advantage that it is delivered in a learning format largely independent of literacy skills. This consideration appeared crucial in the current learner population, whose education has been disrupted.

It appears plausible that adaptations and advancement of this training relevant for the context of Northern Uganda could have beneficial effects on measures of aggressiveness and stigma for war-affected learners. Our previous findings implied that elements of anger management techniques and conflict resolution skills as applied to the context of learners in Northern Uganda could address aggression, that social skills development could address reported levels of the perception of discrimination and lack of social support in learners; and that enhanced skills in changing perspective could increase overall empathy.

#### 4.2.3 Teacher Counseling

Whether teachers can effectively deliver an individual select-and-support psychosocial intervention in the classroom context for former child soldiers and other war-affected learners has to our knowledge not been tested in randomized controlled research designs. However, it seems important to understand mechanisms to draw conclusions on individual screen-and-treat-approaches, such as the ones described above, and to estimate whether they could be delivered feasibly in the school context with teachers as counselors. Still, it has been acknowledged that MHPSS and CBI should consider approaches combining group-based interventions with an offering of more specialized support for very vulnerable learners in need of individual rehabilitation support. It has been suggested that a clinical screening with focus on diagnostic criteria for PTSD could help determine who is in need of more individualized support, such as trauma-focused interventions (Ertl & Neuner, 2014), while others shift the main focus instead to providing support to learners experiencing daily stressors or exhibiting behavioral problems in the school context (Alipanga et al., 2014).

Either way, it is currently unclear how Ugandan teachers would naturally select-and-support former child soldiers and other war-affected learners in the school context if provided with the respective opportunity and responsibility to act as a teacher counselor offering individual support to learners in their school setting. The feasibility and effectiveness of placing a teacher counselor in learning centers remains untested to our knowledge, but could constitute a comparably simple and
cost-effective intervention with possible positive effects on the school milieu, if proven feasible and effective.

4.3 Methods and Study Design

4.3.1 Setting

The current study built on a needs assessment of war-affected learners that aimed to enhance the psychosocial care for beneficiaries within existing scholastic support programs carried out by the Norwegian Refugee Council (NRC) in Northern Uganda. The survey built on the network and experiences developed in two years of mental health assessment and referral provision by the international mental health organization Vivo International (www.vivo.org), who partnered with the above-mentioned organization and the University of Konstanz in Germany to conduct the current survey. The results of the needs assessment and implications for development of intervention were reported in our previous work.

Ten local trauma counselors who had previously been trained in basic counseling skills, mental health diagnosis, and trauma treatment conducted all interviews and individual trauma interventions. Prior to the beginning of the present study, local interviewers completed two years work as trauma counselors in Northern Uganda. Counselors who conducted interviews, interventions and follow-up tests were blind with regards to the study’s hypothesis.

An additional 10 teachers from NRC schools joined the Vivo International psychosocial team and paired with the experienced Vivo International trauma counselors for the assessments and interventions. Together, the 20 psychosocial team members, with very heterogeneous skill sets, received six weeks of joint training comprising basic counseling skills, the context-adapted and structured conflict resolution and social competence training, and the newly developed TRE. The six weeks of training were based on two newly developed and session-by-session structured, group-based intervention manuals targeting the context of learners in the school setting of Northern Uganda (appendix). Based on our previous results, the counselor training combined intensive theoretical training and practical training by a team of clinicians and researchers with degrees from Western universities (MA and PhD) and extensive work and research experience in East Africa. The third newly designed intervention manual, namely the Teacher
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Counseling Manual (appendix), was developed together with all 20 participants during the intensive training program. Based on the experience and suggestions particularly of the teacher participants, it offered basic guidance with regards to the most commonly assumed psychosocial concerns of learners in the school context.

Three clinical psychologists (MA or PhD) closely supervised all interviews. The Institutional Review Committee (IRC) and the Uganda National Council for Science and Technology approved the research protocol. All interviews were carried out in the school compounds in private after a comprehensive explanation of the study was provided and after written informed consent was obtained (signature or fingerprints). There were no personal incentives for taking part in the study.

4.3.2 Randomization and Missing Data Protocol

We conducted pre-assessments of 406 randomly selected vulnerable learners in the learning centers of the NRC. The NRC beneficiaries went to training centers, where youth received scholastic support if they met at least one of the following criteria indicating their vulnerability: orphan, formerly abducted, child mother, or physically handicapped. The centers provide a one-year scholastic catch-up program and vocational training. From the ten existing youth education pack (YEP) centers in Gulu and Amuru districts, six were randomly selected for the survey. At the very beginning of the school year, the six centers provided lists of all learners to the study team. From the overall learner population, the same proportion of interviewees was randomly selected for the survey in each of the six centers. In each center, more than half of all learners ($n > 60$ of 120 learners in each center) were interviewed after a minimum four-week adjustment period in the learning center. Absent learners were contacted and replaced on the interview lists only if they failed to attend three interview appointments. None of the learners refused to take part in interviews; however, some learners had to be replaced from the initial survey list, as they were not enrolled in the learning center and had been replaced by other learners at the beginning of the school year.

Given the large number of learners and the fact that a diagnosis of PTSD is valid only for four weeks, we relied on a step-wise assessment and intervention design in two waves. Pre-test assessments were followed by intervention implementation in the first three centers. Subsequently, the second wave of pre-test assessments and interventions in the other three centers was conducted. Time
constraints on the validity of clinical diagnosis, the overall timing of the school year, pre-tests, post-tests, and follow-up tests and the general roll-out of interventions and number of trained interviewers determined that not all of the 720 learners in the six vocational training centers could be enrolled in interviews.

The following protocol applied to handling missing data: As daily practice throughout the study, one clinical supervisor checked all questionnaires for missing data as soon as the local screeners submitted them. In the case of missing data, questionnaires were immediately returned to the screeners, and the screeners re-approached the respective participants on the interview day. In some cases, we allowed screeners to call the participants via phone to minimize amount of missing data. If all attempts failed to re-asses a missing value in the database, we replaced it with the respondent’s mean value on the respective instrument’s sub-scale.

4.3.3 Overall Challenges

In the study’s context, a mental health and referral network to deal with crisis intervention and emergency cases was largely absent or inaccessible for study participants. Yet, we did not exclude participants from the study, although we could not refer them to a referral structure, as done in most other CBI studies (Layne et al., 2008). Instead, if clinically indicated based on screening results, the clinical psychologists explored and decided on individualized procedures with particularly vulnerable youth after assessments. At the end of the interviews, the screeners informed the supervising clinical psychologist in cases of (1) severe medical concern, (2) ongoing violence (protection concerns) at home, or (3) current suicidal ideations. The defined procedure at all measurement times and in all intervention groups was as follows: In cases of medical concerns and sexually transmittable diseases (STDs), the screeners encouraged participants to seek medical help from local health providers and provided respective access information. In a few life-threatening cases and when consent was given by the learners, teachers assisted and followed up on medical emergency cases within the local public health system. The study team did not provide any direct medical assistance or support throughout the study, but relied on referral structures, accessibility and expertise to ensure treatment. In two cases (malnourished babies of female learners), the study team provided transport from the respective learning centers to Gulu, the largest city where specialized free medical support was available for malnourished babies. In
cases of disclosure of ongoing domestic violence at home, information on legal referral structures and advice on aid organizations working on child or women protection issues, as well as local emergency telephone numbers, were provided to study participants. In cases of respondents with current suicidal ideations, clinical crisis or suicide intervention was provided at the end of the interview by the clinical psychologists. Almost all participants with suicidal ideations could distance themselves from suicide plans. Others were able to agree to contact the study team in case of a severe psychological crisis or concrete suicide plans. Emergency contacts were provided to affected learners, and the Vivo International team’s emergency phone could be called 24 hours a day, 7 days a week. In very few cases, no phone network was available, but the participant’s suicide risk was assessed as severe. In these cases, possibilities for social support from family members, school or peer networks were explored together with the respective participants after they had provided their consent. These procedures were sufficient for almost all youth with reported suicidal ideations. Yet, for two of 406 participants, the research team individually followed up frequently and provided repeated suicide intervention sessions, as these two participants could neither distance themselves from suicide attempts, nor did they feel they would have control over their own emotions and be able to contact someone for support if required. Given the absence of sufficient mental health referral networks in the study’s locations, the study team provided crisis intervention and regular follow-up monitoring to minimize the risk of self-harm in these learners. No new concrete suicide attempts were reported during the study period from pre-tests through to the last follow-up, nine months after the last intervention.

4.3.4 Flow of Participants: Pre-tests and Implementation of Interventions

Figure 4.1 visualizes the flow of participants in the three intervention conditions and throughout the three measurement times. All 406 pre-test interview participants were allocated to the three intervention conditions, irrespective of symptom scores (intention-to-treat [I-T-T]). In order to test the feasibility of the developed CBIs and to provide fair and inclusive services to all NRC beneficiaries, all learners in the centers were allocated and offered interventions, resulting in an overall intervention sample of $N = 720$ (120 participants in each of the six centers).
However, results and intervention proceedings will be reported only for the pre-tested sample \( N = 406 \). This group was followed through the different time measurements.

We ensured that the same ratio of survey participants and non-tested learners was allocated to the respective intervention groups. The composition of all intervention groups was random.

4.3.4.1 Pre-Tests and Implementation: Trauma and Reconciliation Education

We developed a specifically tailored manualized approach called trauma and reconciliation education (TRE) to be carried out by trained lay counselors. This approach presents group-based intervention, integrating trauma psycho-education, peace education and group reconciliation exercises for groups of six to eight learners. We designed it to be carried out within the timeframe of one full school day (4–5 hours). The aim of the newly developed intervention was to enable participants to learn more about the realities of the conflict in Northern Uganda, most importantly about trauma psycho-education, human rights and mutual respect and understanding. It combines the mutual conviction of trauma, human rights and reconciliation work that the revisiting of the past by truth telling will eventually lead to reconciliation. Also, in individual NET, it is a well-established fact that the construction of the trauma narrative leads to a decrease in trauma symptoms and a general openness to talk about and let go of the trauma of the past. Therefore, based on individual narratives derived from previously completed trauma NET therapies in Northern Uganda, the origins of civil wars and the influence and consequences of war on the individual and the community level are illustrated to participants in group-based interventions. In TRE, the concurrent understanding of the perspectives of perpetrators and victims is considered to lead to more tolerance. One hundred thirty-five participants were allocated to the TRE condition. In this condition, all participants with symptoms of full-blown PTSD according to DSM-IV (APA, 1994) were first offered individual NET with 10 sessions to comply with the principle of doing no harm. It was assumed that group-based TRE would be efficient and non-harmful for clients with PTSD diagnosis only if they had previously been enabled to process their own traumatic experiences and symptoms adequately in individual therapy. Based on the PTSD diagnosis at the time of the pre-tests, 30 participants were offered individual NET treatment prior to starting group TRE. Twenty-nine of 30 NET participants
completed NET; one client dropped out early, as her husband did not consent to her repeated participation. She was provided with the contact details of the research team and with contact information for protection actors in her area.

*Figure 4.1: Flow of Participants Through Each Stage of Randomized Controlled Trial (RCT) With 3 Classroom-Based Interventions*
Of the 135 participants allocated to TRE (I-T-T), 110 took part and completed TRE interventions (treatment-completer [T-C]). In both selected learning centers, TRE was offered on three different intervention days. Absent learners were informed of TRE days in their schools. The TRE sessions lasted five hours and were conducted in one day per group. Six to eight participants were randomly allocated for each intervention group, irrespective of gender.

Parts of the trauma narration reading integrated in TRE were emotionally charged for some participants. This effect was somewhat expected; however, it caused some participants to leave the intervention groups for some minutes in order to talk to the clinical experts, who provided individual advice and psycho-education in parallel to TRE sessions. In some cases, these conversations with clinical experts led to participants’ first ever disclosure of committed violent offenses during the war. They were perceived as meaningful disclosures with frequently reported feelings of relief from guilt and self-blame. All participants decided to re-join the TRE groups again after short durations. Based on ethical principles, two participants received one expert session each after TRE, with the topics of processing their own feelings of guilt and talking through advantages and disadvantages of disclosure of violent offenses to family and friends.

Twenty-five pre-test interviewees did not take part in TRE intervention. One participant was reportedly delinquent and homeless at the time of the intervention; others were repeatedly absent from the center during intervention days.

4.3.4.2 Pre-Tests and Implementation: Conflict Resolution Training

Conflict resolution skills and social competence training is a group-based training session including both theoretical and practical elements and aims to distinguish hostile and non-hostile interpretations of social cues and facilitate the acquisition of non-violent behavioral responses. New behavioral responses are learned and practiced with the help of role-plays. The training aims to compensate for the interruption in the social and emotional development of youth due to war, displacement and abduction. We developed a group-based intervention manual for the training that enabled lay counselors and teachers to implement it in the school context. The training is structured in 10 sessions, each lasting two hours. Six participants took part per group to ensure high levels of participation. The sessions topics were as follows: (1) introduction and rule setting, (2) interrelation of emotions
and behavior, (3) empathy training, (4) self-confidence training, (5) social competence and motivation: appraisal, (6) outsiders as sources of conflict—reasons and empathic behavioral responses, (7) behavior control—dealing with criticism and anger, (8) inter-individual conflict resolution skills, (9) conflict resolution between groups and cooperation within a group, and (10) repetition, lessons learned and feedback. The session-by-session structured intervention manual can be found in the (appendix).

One hundred thirty-six participants were allocated to the conflict resolution and social competence training condition. However, one participant was not found eligible to the allocated condition by the study team. Frequent suicide attempts within the past four weeks prior to interview, and clinical diagnosis of PTSD co-morbid with severe levels of depression led the clinical experts to decide that individualized therapy was urgently needed. Therefore, full individual NET was offered and conducted with the participant instead of conflict resolution training. For this learner, pre-test data were carried forward for post-test and follow-up measurements in the data analysis.

From 136 allocated participants (intended-to-treat), 54 (40%) took part in all 10 offered conflict resolution sessions and were included in T-C in analysis. The mean of attended sessions among all participants, however, was extremely high ($M = 8.57$, $SD = 2.10$).

4.3.4.3 **Pre-Tests and Implementation: Teacher Counseling**

Teachers and counselors together compiled the teacher counseling handbook (see Appendix C) in the joint training, which served as guideline manual. In the first step of its development, teachers and counselors listed frequent psychosocial problems among learners in Northern Uganda. In a second step, teachers and counselors agreed on strategies to solve the identified problems of the learners—largely without interference of the international experts. However, the international experts incorporated a few changes into the teacher counseling manual, in such cases when the suggested strategies were considered potentially harmful for learners. Alternative problem strategies were developed and documented in these exceptional cases. The respective teacher counselors decided in this intervention by themselves which learners were eligible for psychosocial support, as well on the number of required sessions.
One hundred thirty-five learners were allocated to the teacher counseling condition (I-T-T). In this condition, teachers documented all individual sessions with learners. Overall, 36 pre-tested learners received at least one counseling session (26.7%). The reasons for individual counseling were identified by teachers and varied widely (e.g. domestic problems, alcohol, orphanhood, vengeful feelings, abusive language, dropping out from school, etc.). Twelve participants received only one session of teacher counseling, 10 participants received two sessions, 11 youths received three sessions and three learners received four sessions. The length, frequency and content of the sessions depended entirely on the teacher counselors. All documented activities were carefully reviewed and monitored by the clinical experts.

All 135 pre-tested youth in this condition were included as T-Cs in the analysis.

4.3.5  Flow of Participants: Five Months Post-Test Assessments

On average, post-tests were conducted five months after the end of the intervention. The interview set was almost identical that of the pre-tests, allowing for comparisons over time. At the time of post-assessments, the YEP center school year was ongoing; therefore most interviews could be conducted in the learning centers. The study team also traced those participants who were not currently in the learning centers. Post-tests took place for one week (five to seven days) per center. Participants were informed of post-tests by the center, by fellow participants, and when possible by phone through the study team. The study team reached participants’ homes when youths were repeatedly unavailable in the learning centers. Some participants contacted the team to set up individual interview schedules, and the study team tried to accommodate these requests when feasible. Interviewers who were not involved in intervention implementation for the respective interviewees conducted post-tests to avoid biased ratings.

4.3.5.1  Post-Tests: Trauma and Reconciliation Education

Of 135 I-T-T participants in the trauma and reconciliation education (TRE) condition, 132 were interviewed again during post-tests, none of whom refused to take part in interviews. One participant could not be found; one boy was reportedly delinquent and homeless; one girl did not have her husband’s consent to participate. The pre-test data were carried forward to post-test analysis in these cases.
4.3.5.2 Post-Tests: Conflict Resolution Training

Of 136 participants allocated to the conflict resolution training condition, 133 were interviewed again; none refused to take part in the post-tests. Two participants were not found at the time of the post-tests. One participant had received individual NET treatment instead of conflict resolution training. In these cases, the pre-test data were carried forward with regard to post-test analysis.

4.3.5.3 Post-Tests: Teacher Counseling

Of 135 participants in the teacher counseling condition, we were able to interview 133 again during post-tests. We were unable to find one participant; another participant had been reportedly delinquent and was hiding from the police at the time of post-tests. In these cases, the pre-test data were carried forward with regard to post-test analysis.

4.3.6 Flow of Participants: Nine Month Follow-up Assessments

On average, nine months after end of intervention we conducted the long-term follow-up interviews. Given that our research was aimed at understanding the interplay of mental health and post-war reconciliation, we chose the time for follow-up assessments after the learners were back in their home locations. At the time of follow-up assessments, the NRC no longer supported participants.

We relied on the assistance of former teachers, study participant information, community members and peers to find the study participants. We also tried to contact participants via mobile phones. Given the scattered locations of the 406 participants at this advanced stage of the study, we compensated participants’ transportation by local means to either their former YEP center (the location of follow-up assessments per center) or Gulu (the location of the study team). We equally provided one free meal for taking part in follow-up interviews. For participants who worked during weekdays, we set up follow-up assessments flexibly at convenient times (e.g. during weekends).

4.3.6.1 Follow-ups: Trauma and Reconciliation Education

Of 135 participants initially allocated to the trauma and reconciliation education (TRE) condition, we were able to interview 134 again during follow-up interviews. We were also able to find two participants during follow-ups, whom we had not been able
to find during post-test assessments. One female was not able to take part in follow-up interviews due to her husband’s unwillingness to provide his consent. We used last-observation-carried-forward analysis.

4.3.6.2 **Follow-ups: Conflict Resolution Training**

Of 136 participants allocated to the conflict resolution and social competence training condition, we assessed 130 participants again in the follow-up interviews. We were not able to assess five participants during the follow-ups. We had no information about three of the participants’ whereabouts. One participant had reportedly moved to Sudan; one girl was not allowed to take part in the study by her husband. For the participant who had received individual NET instead of conflict resolution intervention due to his initial high suicidal risk, we used pre-test data for analysis. We used last-observation-carried-forward analysis for lost participants.

4.3.6.3 **Follow-ups: Teacher Counseling**

Of 135 participants allocated to the teacher counseling condition, we interviewed 133 again during follow-up assessments. We were not able to assess two participants at this stage, as we had no current contact and location details for one participant; another participant was reportedly still on the run from the police. We used last-observation-carried-forward analysis.

4.3.7 **Instruments**

Local counselors administered clinical interviews with the following instruments at three different times.

4.3.7.1 **Clinical Measures**

We used the post-traumatic diagnostic scale (PDS) (Foa, 1995b) for the assessment of PTSD. Its good psychometric properties in a wide variety of cultural settings (Griffin et al., 2004; Kuwert et al., 2008; Odenwald et al., 2007), including Uganda (Ertl et al., 2010), have been well established. Diagnoses of PTSD were established according to the fulfillment of DSM-IV criteria.

Symptoms of depression were assessed with the depression section of the Hopkins Symptom Checklist (DHSCL) (Derogatis et al., 1974). We employed a
Northern Uganda-specific and expert-validated cut-off score for the localized Lou/Acholi version, following Ertl et al. (2010).

We used the well-established and widely used suicide section of The Mini-International Neuropsychiatric Interview (MINI) (Lecrubier et al., 1997; Sheehan, 1998) as an instrument to assess suicidal ideations in the study sample. The instrument allowed us to determine current suicide risk.

The violence, war and abductee exposure scale (VWAES) (Ertl et al., 2010), previously tested and expert-validated in the context of Northern Uganda, was used to assess exposure to different potentially traumatic event types.

**4.3.7.2 Aggression**

The Aggression Questionnaire by Buss and Perry (1992) had already been shortened and adapted for the context of Northern Uganda by Ertl et al. (2014), with good internal consistency. It assesses four sub-dimensions of aggression, namely physical aggression, verbal aggression, anger, and hostility. Participants’ levels of aggression were calculated as the sum score of the four sub-scales.

**4.3.7.3 Stigmatization**

To assess feelings of stigmatization, we used the full version of the Perceived Stigmatization Questionnaire (PSQ) (Lawrence et al., 2006). The questionnaire represents three factors—“confused, staring and hostile behavior,” “absence of friendly behavior,” and “hostile behavior”—and the frequency of their occurrence within the past 4 weeks. Good internal consistency of the scale scores was previously reported for the use of the PSQ in Northern Uganda (Ertl et al., 2014).

**4.3.7.4 Openness to Reconciliation and Feelings of Revenge**

To assess openness to reconciliation and revenge, we had previously adapted the Questionnaire on Openness to Reconciliation and Revenge by Bayer et al. (2007b). After the factor-analysis and context-specific adaptations for the Northern Ugandan school context, reported previously, we finally employed two sub-scales. The first sub-scale, “openness to reconciliation,” was measured with six items; the second sub-scale, “revenge feelings,” was measured by eight items. Openness to reconciliation and revenge feelings were coded on a 5-point Likert
scale from 0 (not true at all) to 4 (totally true), representing the respondents’ attitudes over the four weeks prior to the interview. In line with our previous findings, we employed an inclusion question (“Do you feel anyone has harmed you during the war?”) prior to conducting the Questionnaire on Openness to Reconciliation and Revenge with participants to ensure applicability. Results are reported only for participants who scored positively on the inclusion question. The context-specific adaption and validity is described in our previous work (Winkler et al., 2015)

4.3.7.5 Translation

The final questionnaire was translated and delivered in Lou, the main language of the Gulu and Amuru districts, and it involved forward and backward translation, along with a detailed review by the study team.

4.3.8 Data Analysis

Data were analyzed using IBM SPSS statistics 19.00.

4.4 Results

4.4.1 Sample Characteristics

At the time of the pre-test assessments, the age of respondents in all groups varied between 12 years (min) and 30 years (max). The mean age of interviewees was 19.20 ($SD = 2.89$). With random gender allocation, the overall study sample consisted of 203 (50.0%) male and 203 (50%) female learners (Table 4.1).
Table 4.1: Sample Characteristics of Ugandan War-Affected Youth Respondents in Pre-test Assessment (N = 406).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>TRE (n = 135)</th>
<th>Conflict Resolution (n = 136)</th>
<th>Teacher Counseling (N = 135)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>72</td>
<td>69</td>
<td>62</td>
</tr>
<tr>
<td>Female</td>
<td>63</td>
<td>67</td>
<td>73</td>
</tr>
<tr>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>19.33</td>
<td>18.53</td>
<td>19.73</td>
</tr>
<tr>
<td>SD</td>
<td>2.92</td>
<td>2.62</td>
<td>3.02</td>
</tr>
<tr>
<td>Median</td>
<td>18</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Range</td>
<td>15–30</td>
<td>12–29</td>
<td>13–30</td>
</tr>
<tr>
<td>Religion n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>134</td>
<td>130</td>
<td>134</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Ethnicity n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acholi</td>
<td>117</td>
<td>124</td>
<td>127</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Marital status n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>105</td>
<td>110</td>
<td>95</td>
</tr>
<tr>
<td>Married</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Partner/cohabiting</td>
<td>13</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Divorced</td>
<td>11</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Partner died</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>YEP center location/name n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Odek</td>
<td>64</td>
<td>53.3</td>
<td></td>
</tr>
<tr>
<td>Purongo</td>
<td>71</td>
<td>46.7</td>
<td></td>
</tr>
<tr>
<td>Teyapadola</td>
<td>67</td>
<td>49.3</td>
<td></td>
</tr>
<tr>
<td>Gulu Municipality</td>
<td>69</td>
<td>50.7</td>
<td></td>
</tr>
<tr>
<td>Pabbo</td>
<td>64</td>
<td>47.4</td>
<td></td>
</tr>
<tr>
<td>Kochgoma</td>
<td>71</td>
<td>52.6</td>
<td></td>
</tr>
</tbody>
</table>

At the time of the pre-assessment interviews, all respondents had enrolled in scholastic support in one of the six randomly selected learning centers at which the study was conducted. At each of the six centers, a minimum of 64 and a maximum of 71 respondents were interviewed (from n = 120 learners per center). Almost all respondents were Christian (n = 398, 98.0%), and the majority of respondents were of Acholi ethnicity (n = 368, 90.6%).
Table 4.2: Aversive Life Events of Ugandan War-Affected Youth Reported in Pre-test Assessment (N = 406).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>TRE (n = 135)</th>
<th>Conflict Resolution (n = 136)</th>
<th>Teacher Counseling (n = 135)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphan status n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents alive</td>
<td>27</td>
<td>19</td>
<td>34</td>
</tr>
<tr>
<td>Maternal orphan</td>
<td>18</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Paternal orphan</td>
<td>50</td>
<td>44</td>
<td>48</td>
</tr>
<tr>
<td>Double orphan</td>
<td>40</td>
<td>53</td>
<td>43</td>
</tr>
<tr>
<td>Ever displaced n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Yes</td>
<td>131</td>
<td>126</td>
<td>124</td>
</tr>
<tr>
<td>Ever abducted n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>66</td>
<td>68</td>
<td>76</td>
</tr>
<tr>
<td>Yes</td>
<td>69</td>
<td>68</td>
<td>59</td>
</tr>
<tr>
<td>Nr. of traumatic event types experienced in life</td>
<td>13.79</td>
<td>13.18</td>
<td>13.90</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>5.86</td>
<td>6.46</td>
<td>5.97</td>
</tr>
<tr>
<td>Median</td>
<td>14</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Range</td>
<td>1–26</td>
<td>1–30</td>
<td>0–26</td>
</tr>
</tbody>
</table>

Three quarters of all respondents were single (n = 310, 76.4%), 54 participants (13.3%) reported cohabitating with a partner at the time of the data collection. Of all respondents, 41.1% (n = 167) reported having at least one child. In the subsample of female respondents only, the majority reported being a mother (n = 124, 61.1%). Orphans made up 80.3% (n = 326) of all respondents; every third respondent in the present sample was a double orphan (n = 136, 33.5%).

The majority of all interviewees (n = 381, 93.8%) had experienced displacement due to war. Hence, almost all respondents in the current survey are war-affected youth. the target group of our partner organization. There were no significant differences revealed in $\chi^2$ tests between the treatment groups with regard to gender, abduction or displacement history. Almost half of all individuals in the overall sample (n = 196, 48.3%) reported to have been abducted by the Lord’s Resistance Army (LRA) at least once. Learners of all groups had experienced multiple traumatic events in their lives; events were most often linked to he war. The mean number of traumatic events is documented in Table 4.2. To compare the means of traumatic events for the three treatment groups, a univariate ANOVA was calculated with treatment condition as a fixed factor. There was no statistically significant main effect of the treatment condition variable obtained, $F(2,403) = 0.54$, n.s.
4.4.2 Results Pre-test, Post-test, and Follow-Up Interviews

Flow of participants through the study took place as described above with the TRE condition, conflict resolution and social competence training condition and teacher counseling condition. The responses of all 406 participants enrolled in pre-tests were used for I-T-T analysis.

For T-C analysis, we followed a conservative approach for the treatment conditions: For the TRE condition, a T-C was defined as a participant fully taking part in TRE intervention plus having finished individual NET treatment prior to the TRE intervention, if so selected based on a PTSD diagnosis. For the conflict resolution and social competence training condition, we included only those participants in T-C analysis who had completed each of the offered 10 sessions. In the teacher counseling condition, all participants were eligible for sessions and had been informed that they had access to counseling, and were hence counted as T-Cs.

For both I-T-T and T-C analysis, we employed the last-observation-carried-forward method; hence we replaced the last assessment scores of participants, if interviewees were not present either during post-tests or follow-up interviews. Five months, and nine months after completion of allocated interventions, respectively, the post-test and follow-up assessments were conducted.

For all reported dependent variables in the present study, we calculated analysis of variance with repeated measurements within subject design with grouping factor TRE versus conflict resolution versus teacher counseling. Three measurements of all dependent variables were included in the analysis, namely pre-test, post-test and follow-up. For all calculations, 406 participants were included in the I-T-T last-observation-carried-forward analysis, while 305 were included in T-C last-observation-carried-forward analysis. At pre-measurements, participants of all groups did not differ with regards to dependent variables scores. Post-hoc tests were calculated in case significant interaction effects were obtained.

Figure 4.2 visualizes the change of all outcome measures over time in I-T-T analysis. Figure 4.3 illustrates the respective changes in T-C analysis.

Additionally, Cohen’s $d$, as effect size, was calculated as a post-hoc test for all dependent variables comparing the pre-test scores with follow-up scores within the three treatment groups. According to Cohen (1992), 0.20 indicates a small effect,
0.50 a medium effect, and 0.80 a large effect. Effect sizes are reported for I-T-T analysis. Effect sizes for T-C analysis are indicated in brackets.

**Figure 4.2:** Change of Outcome Measures Over Time in 3 Intervention Conditions, Intention-to-Treat (I-T-T) Analysis.
Figure 4.3: Change of Outcome Measures Over Time in 3 Intervention Conditions, Treatment-Completer (T-C) Analysis.
4.4.2.1 Change in PTSD Symptoms

Post-traumatic stress disorder (PTSD) symptom scores of participants changed over time. Analysis of variance revealed a significant main effect for time in I-T-T analysis, but there was no significant interaction effect with regard to time and treatment condition. Hence, the PTSD symptom score of respondents decreased in all conditions over time without significant group difference. Means, standard deviation and $F$-statistics are reported in Table 4.3.

Table 4.3: Change of PTSD Symptom Score Over Time Depending on Treatment Condition (I-T-T).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>6.64</td>
<td>6.73</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>6.15</td>
<td>7.08</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>7.49</td>
<td>6.76</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>5-Months Post-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>5.41</td>
<td>6.70</td>
<td>135</td>
<td>ME time $F(1.9, 755.9) = 70.61, p = .000$, partial $\eta^2 = .15$</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>4.60</td>
<td>6.35</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>4.68</td>
<td>6.18</td>
<td>135</td>
<td>IE time PTSD* treatment $F(3.8, 755.9) = 1.51, p = .200$, partial $\eta^2 = .01$</td>
</tr>
<tr>
<td>9-Months Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>2.75</td>
<td>4.91</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>2.21</td>
<td>4.92</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>3.64</td>
<td>5.59</td>
<td>135</td>
<td></td>
</tr>
</tbody>
</table>

Symptoms of PTSD notably reduced over time in all three conditions, and the change of PTSD scores over time is equally visualized in Figure 4.1.

Similar to the I-T-T analysis, the analysis of variance for T-C revealed a significant main effect for time, but there was no significant interaction effect with regard to time and treatment condition, as reported in Table 4.4. Reduction of PTSD symptoms over time in all three intervention conditions over time is visualized in Figure 4.2.

Cohen’s $d$ (pre-test compared with follow-up scores) in I-T-T analysis with depended variable PTSD scores for TRE condition was $d = -0.66$ (T-C analysis: $d = -0.64$), for conflict resolution and social competence training, $d = -0.65$ (T-C analysis: $d = -0.72$), and for teacher counseling, $d = -0.62$ (T-C analysis: $d = -0.62$).
Table 4.4: Change of PTSD Symptom Score Over Time Depending on Treatment Condition (T-C).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>6.43</td>
<td>6.48</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>6.78</td>
<td>7.39</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>7.49</td>
<td>6.76</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>5-Months Post-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>5.60</td>
<td>7.02</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>4.65</td>
<td>6.21</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>4.68</td>
<td>6.18</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>9-Months Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>2.70</td>
<td>5.04</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>2.29</td>
<td>4.89</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>3.64</td>
<td>5.59</td>
<td>135</td>
<td></td>
</tr>
</tbody>
</table>

Figure 4.4: Frequencies of PTSD Diagnosis Within 4 Weeks Prior to Interviews in the 3 Treatment Conditions at 3 Measurement Times

With regards to frequencies of assessed PTSD diagnosis in the three treatment conditions over time, diagnoses in all conditions decreased over time, particularly in
the TRE and conflict resolution conditions, to a lesser degree in the teacher counseling condition (Figure 4.4).

### 4.4.2.2 Change in Depression Symptoms

Similarly, for the dependent variable depression score, the analysis of variance also revealed a significant main effect for time in I-T-T analysis and in T-C analysis, but there were no significant interaction effects with regard to time and treatment condition obtained in either of the analyses. Hence, the depression symptom score of respondents decreased in all conditions over time without significant group difference. Statistics and illustrations for both analyses can be found in Tables 4.5 and 4.6 and Figures 4.2 and 4.3.

**Table 4.5**: Change of Depression Symptom Score Over Time Depending on Treatment Condition (I-T-T).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Test</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>24.81</td>
<td>0.79</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>23.92</td>
<td>0.79</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>27.38</td>
<td>0.79</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td><strong>5-Months Post-Test</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>24.54</td>
<td>0.86</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>23.50</td>
<td>0.86</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>24.85</td>
<td>0.86</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td><strong>9-Months Follow-Up</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>23.96</td>
<td>0.80</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>21.73</td>
<td>0.80</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>23.63</td>
<td>0.80</td>
<td>135</td>
<td></td>
</tr>
</tbody>
</table>

The Cohen’s d (pre-test compared with follow-up scores) in I-T-T analysis with dependent variable depression score for TRE condition was $d = -1.07$ (T-C analysis: $d = -1.36$); for conflict resolution and social competence training, $d = -2.76$ (T-C analysis: $d = -1.78$); and for teacher counseling, $d = -4.72$ (T-C analysis: $d = -4.69$).

With regard to frequencies of reported suicidal ideations in the three treatment conditions over time, suicidal ideations decreased in all conditions over time, particularly in conflict resolution and teacher counseling intervention, less in TRE (see Figure 4.5).
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Table 4.6: Change of Depression Symptom Score Over Time Depending on Treatment Condition (T-C).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>24.71</td>
<td>0.86</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>23.33</td>
<td>1.26</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>27.38</td>
<td>0.80</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>5-Months Post-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>24.23</td>
<td>0.91</td>
<td>116</td>
<td>ME time</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>23.67</td>
<td>1.11</td>
<td>54</td>
<td>$F(1.9, 601.1) = 6.42, p = .002, partial \eta^2 = .02$</td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>24.85</td>
<td>0.84</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>9-Months Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>23.54</td>
<td>0.86</td>
<td>116</td>
<td>IE time PTSD*treatment</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>21.02</td>
<td>1.33</td>
<td>54</td>
<td>$F(4.0, 601.1) = 1.36, p = .246, partial \eta^2 = .01$</td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>23.63</td>
<td>0.80</td>
<td>135</td>
<td></td>
</tr>
</tbody>
</table>

Figure 4.5: Frequencies of Current Suicidal Ideations Within 4 Weeks Prior to Interviews in the 3 Treatment Conditions at 3 Measurement Times.

4.4.2.3 Change in Aggression

Similar effects were found for aggression score as a dependent variable. We found significant main effects for time. The scores of aggression in participants reduced
over time. Interaction effects were obtained in neither I-T-T nor T-C analysis (Tables 4.7 and 4.8).

**Table 4.7:** Change of Aggression Score Over Time Depending on Treatment Condition (I-T-T).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>19.90</td>
<td>1.08</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>17.77</td>
<td>1.07</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>21.92</td>
<td>1.08</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>5-Months Post-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>17.67</td>
<td>1.11</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>16.72</td>
<td>1.10</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>18.32</td>
<td>1.11</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>9-Months Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>17.93</td>
<td>1.17</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>15.02</td>
<td>1.16</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>17.44</td>
<td>1.17</td>
<td>135</td>
<td></td>
</tr>
</tbody>
</table>

**Table 4.8:** Change of Aggression Score Over Time Depending on Treatment Condition (T-C).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>19.44</td>
<td>1.18</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>18.46</td>
<td>1.72</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>21.92</td>
<td>1.09</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>5-Months Post-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>17.60</td>
<td>1.22</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>16.83</td>
<td>1.78</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>18.32</td>
<td>1.13</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>9-Months Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>17.37</td>
<td>1.27</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>15.00</td>
<td>1.86</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>17.44</td>
<td>1.18</td>
<td>135</td>
<td></td>
</tr>
</tbody>
</table>

The Cohen’s $d$ (pre-test compared with follow-up scores) in I-T-T analysis with dependent variable aggression score for the TRE condition was $d = -1.75$ (T-C analysis: $d = -1.69$); for conflict resolution and social competence training, $d = -2.46$.
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(T-C analysis: \( d = -1.93 \)); and for teacher counseling, \( d = -3.98 \) (T-C analysis: \( d = -3.94 \)).

4.4.2.4 Change in Stigmatization

In the I-T-T analysis computing for changes in perceived stigmatization, we found a main effect for time, showing reduced scores of stigmatization over time and an interaction effect between time and treatment condition (see Table 4.9 and 4.10). However, post-hoc (two-tailed) Dunnett \( t \)-tests revealed that the teacher counseling intervention did not differ significantly from TRE (\( SD = .55, p = .28, \text{n.s} \)) or conflict resolution condition (\( SD = .55, p = .23, \text{n.s} \)).

\textit{Table 4.9:} Change of Stigmatization Score Over Time Depending on Treatment Condition (I-T-T).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>( M )</th>
<th>( SD )</th>
<th>( N )</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>5.64</td>
<td>0.59</td>
<td>135</td>
<td>ME time</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>4.45</td>
<td>0.59</td>
<td>136</td>
<td>( F(1.9, 768.0) = 50.15, p = .000, )</td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>7.32</td>
<td>0.59</td>
<td>135</td>
<td>partial ( \eta^2 = .11 )</td>
</tr>
<tr>
<td>5-Months Post-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>2.91</td>
<td>0.51</td>
<td>135</td>
<td>IE time PTSD*treatment</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>3.75</td>
<td>0.50</td>
<td>136</td>
<td>( F(3.8, 768.0) = 4.60, p = .001, )</td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>3.47</td>
<td>0.51</td>
<td>135</td>
<td>partial ( \eta^2 = .02 )</td>
</tr>
<tr>
<td>9-Months Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>2.39</td>
<td>0.46</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>2.57</td>
<td>0.45</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>2.47</td>
<td>0.46</td>
<td>135</td>
<td></td>
</tr>
</tbody>
</table>

The same significant effects were found in the T-C analysis with perceived stigmatization score as a dependent variable (see Table 4.10 and Figure 4.3). However, post-hoc (two-tailed) Dunnett \( t \)-tests also revealed that the teacher counseling intervention did not differ significantly from TRE (\( SD = .56, p = .09, \text{n.s} \)) nor the conflict resolution condition (\( SD = .71, p = .38, \text{n.s} \)).

The Cohen’s \( d \) (pre-test compared with follow-up scores) in I-T-T analysis with dependent variable stigmatization score for the TRE condition was \( d = -6.14 \) (T-C analysis: \( d = -5.95 \)); for conflict resolution and social competence training, \( d = -3.58 \) (T-C analysis: \( d = -2.37 \)); and for teacher counseling, \( d = -9.17 \) (T-C analysis: \( d = -9.29 \)).
### Table 4.10: Change of Stigmatization Score Over Time Depending on Treatment Condition (T-C).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Test</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>5.38</td>
<td>0.65</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>4.46</td>
<td>0.96</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>7.32</td>
<td>0.60</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td><strong>5-Months Post-Test</strong></td>
<td></td>
<td></td>
<td></td>
<td>ME time</td>
</tr>
<tr>
<td>TRE</td>
<td>2.59</td>
<td>0.54</td>
<td>116</td>
<td>$F(1.9, 569.0) = 32.96, p = .000$, partial $\eta^2 = .10$</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>3.70</td>
<td>0.79</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>3.47</td>
<td>0.50</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td><strong>9-Months Follow-Up</strong></td>
<td></td>
<td></td>
<td></td>
<td>IE time PTSD*treatment</td>
</tr>
<tr>
<td>TRE</td>
<td>2.03</td>
<td>0.46</td>
<td>116</td>
<td>$F(3.8, 569.0) = 2.56, p = .041$, partial $\eta^2 = .02$</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>2.50</td>
<td>0.67</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>2.47</td>
<td>0.43</td>
<td>135</td>
<td></td>
</tr>
</tbody>
</table>

### 4.4.2.5 Change in Openness to Reconciliation

When calculating the change of openness to reconciliation in our war-affected learners population, we found in the I-T-T analysis a significant main effect for time indicating an increase in openness to reconciliation over time. The I-T-T analysis also revealed an interaction effect between time and treatment condition (see Table 4.11 and Figure 4.2).

### Table 4.11: Change of Openness to Reconciliation Score Over Time Depending on Treatment Condition (I-T-T).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Test</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>18.36</td>
<td>0.51</td>
<td>108</td>
<td>ME time</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>19.22</td>
<td>0.51</td>
<td>105</td>
<td>$F(2.0, 625.8) = 11.13, p = .000$, partial $\eta^2 = .03$</td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>18.51</td>
<td>0.51</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td><strong>5-Months Post-Test</strong></td>
<td></td>
<td></td>
<td></td>
<td>IE time PTSD*treatment</td>
</tr>
<tr>
<td>TRE</td>
<td>18.79</td>
<td>0.52</td>
<td>108</td>
<td>$F(3.9, 625.8) = 0.76, p = .005$, partial $\eta^2 = .01$</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>19.75</td>
<td>0.53</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>19.72</td>
<td>0.52</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td><strong>9-Months Follow-Up</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>19.28</td>
<td>0.51</td>
<td>108</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>21.20</td>
<td>0.51</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>20.40</td>
<td>0.50</td>
<td>109</td>
<td></td>
</tr>
</tbody>
</table>
Post-hoc (two-tailed) Dunnett t-tests revealed that the teacher counseling intervention did not differ significantly from the TRE ($SD = .54, p = .30, \text{n.s}$) nor the conflict resolution condition ($SD = .54, p = .54, \text{n.s}$).

In the T-C analysis, we found a main effect only for time, with no interaction effect (see Table 4.12 and Figure 4.3).

**Table 4.12: Change of Openness to Reconciliation Score Over Time Depending on Treatment Condition (T-C).**

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>18.47</td>
<td>0.56</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>20.00</td>
<td>0.81</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>18.51</td>
<td>0.51</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>5-Months Post-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>18.79</td>
<td>0.58</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>19.19</td>
<td>0.85</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>19.72</td>
<td>0.52</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>9-Months Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>19.54</td>
<td>0.56</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>22.33</td>
<td>0.82</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>20.40</td>
<td>0.51</td>
<td>109</td>
<td></td>
</tr>
</tbody>
</table>

The Cohen’s $d$ (pre-test compared with follow-up scores) in I-T-T analysis with dependent variable openness to reconciliation score for the TRE condition was $d = 1.80$ (T-C analysis: $d = 1.91$); for conflict resolution and social competence training, $d = 3.88$ (T-C analysis: $d = 2.86$); and for teacher counseling, $d = 3.74$ (T-C analysis: $d = 3.71$).

### 4.4.2.6 Change in Feelings of Revenge

For revenge score as a dependent variable, we found significant main effects for time, indicating a decrease in vengeful feelings over time. However, we did not find respective interaction effects—neither in I-T-T nor T-C analysis (Tables 4.13 and 4.14).

The Cohen’s $d$ (pre-test compared with follow-up scores) in I-T-T analysis with dependent variable revenge score for the trauma and reconciliation education condition was $d = -5.04$ (T-C analysis: $d = -5.44$); for conflict resolution and social
competence training, $d = -5.75$ (T-C analysis: $d = -3.58$); and for teacher counseling, $d = -3.44$ (T-C analysis: $d = -3.39$).

Table 4.13: Change of Revenge Feelings Over Time Depending on Treatment Condition (I-T-T).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>7.04</td>
<td>0.75</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>6.57</td>
<td>0.77</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>6.33</td>
<td>0.75</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>5-Months Post-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>4.94</td>
<td>0.64</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>4.62</td>
<td>0.67</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>4.95</td>
<td>0.64</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>9-Months Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>3.68</td>
<td>0.57</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>2.45</td>
<td>0.66</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>4.04</td>
<td>0.57</td>
<td>109</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.14: Change of Revenge Feelings Over Time Depending on Treatment Condition (T-C).

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>M</th>
<th>SD</th>
<th>N</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>7.16</td>
<td>0.83</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>6.62</td>
<td>1.22</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>6.33</td>
<td>0.76</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>5-Months Post-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>5.07</td>
<td>0.71</td>
<td>90</td>
<td></td>
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<tr>
<td>Conflict Resolution</td>
<td>3.62</td>
<td>1.04</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>4.95</td>
<td>0.65</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>9-Months Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRE</td>
<td>3.13</td>
<td>0.64</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>2.74</td>
<td>0.93</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Teacher Counseling</td>
<td>4.04</td>
<td>0.58</td>
<td>109</td>
<td></td>
</tr>
</tbody>
</table>
4.5 Discussion

With regards to our first study question, the study presents evidence that both individual and group-based formats of tailored psychosocial support can be adequately delivered in the school-context of Northern Uganda, even in the absence of easily accessible MHPSS referral structures and specialized services. The study demonstrates foremost that MHPSS programs can be feasibly tailored to the classroom context and sufficiently scaled up for the education sector, when schools serve as a low-threshold entry point of rehabilitation for war-affected learners. Training teachers in psychosocial service delivery enhanced the feasibility of CBI. We found high acceptance among teachers to deliver all of the employed interventions. However, it needs to be noted that teachers were the co-facilitators of interventions only in the trauma and reconciliation education condition, while teachers were main facilitators for the conflict resolution and social competence training condition, as well as the teacher counseling condition. Skills of counselors and requirements for capacity building need to be taken into account. Thus, we continue to recommend that delivering trauma-focused interventions whether in group or individual format requires a certain level of specialized training and experience in trauma intervention (Jacob et al., 2014; Schauer & Schauer 2010). Our counselors who had previously received specialized trauma-focused NET training and had worked for two years as trauma counselors prior to the start of the current study were fully capable of delivering the individual NET treatments and the group-based TRE after training. The level of required skill sets, training and adequate supervision of counselors needs further consideration when planning CBI in war-affected regions and is consistent with the findings of other authors (Jordans et al., 2016).

Furthermore, during TRE intervention some learners exhibited emotional reactions and required breaks and more detailed psycho-education. Some learners had never disclosed the traumatic experiences they had endured during the war prior to TRE sessions. Feelings of guilt and shame feelings, especially, were frequently discussed with the learners around the TRE sessions. These feelings were also observed for learners who scored below clinical thresholds for PTSD and did not receive individual NET prior to TRE. We believe that more detailed education, preparation and information given by teachers in schools prior to the start of TRE
interventions would have been beneficial to learners. In addition, many learners had questions around war crimes accountability and impunity. Some learners asked the study team in confidence whether they themselves could be prosecuted for forcefully committed perpetrator events during their own LRA abduction. For some learners, this questioning was a sincere source of concern that had prevented them from sharing their war experiences for years, perpetuating their feelings of guilt. The importance of addressing the topics of trauma and guilt within psycho-education in school, but also in light of justice mechanisms, the amnesty process and the local jurisdiction, cannot be underestimated. This finding accords with previous research (Allen, 2006; Borzello, 2007). Especially for former child soldiers forced to be perpetrators during the war, this recommendation appears to be crucial for the context of Northern Uganda. The difficulties with disclosing perpetrator events due to guilt and shame suggest the utility of broad dissemination of these topics without discrimination of sub-groups of war-affected youths.

The group-based structured and manualized conflict resolution and social competence training was well received by teachers, counselors and all learners, due to its full immersion in the school curriculum with very little disruption of the learners’ schedules. The intervention was comparably easy to train to teachers and counselors. All necessary tools, reporting requirements, and activity guidelines were provided in the session-by-session manual, adding largely to the intervention’s feasibility and acceptance among teachers (Jordans et al., 2016; Laye et al., 2008). With the developed manual, trainers needed little time to prepare and document sessions and were therefore less burdened. Including manifold practical role-plays and topics related to the learners’ daily context, the manuals increased the overall feasibility of the training and also allowed learners with low literacy levels to benefit from the training. A final end-evaluation revealed high acceptance rates and self-reported learning outcomes among the learners for this intervention.

The current study also underlines the benefit of individual psychosocial support and of the presence of a trained teacher counselor per learning center who feels responsible for and is appraised of a learner’s overall wellbeing. In line with previous research (Hasanović et al., 2009), we observed a more positively inclined climate of learning center staff and learners disposed towards psychosocial topics and emotional processing. The fact that the selected and trained teacher counselors had previously been the teachers’ colleagues, and thus had a high ability to
empathize, may have contributed to teachers’ trust to report behavioral problems learners exhibited in the classroom to the teacher counselors. Unfortunately, the study did not allow us to fully understand how the teacher counselors selected learners for counseling. More research is needed to understand the process and efficacy of the teacher selection process better. A formal screening process adapted for teacher counselors may increase the positive outcomes of teacher counseling in future research. The degree to which select-support-approaches with very broad inclusion criteria are comparable with screen-and-treat approaches in classroom-settings also requires further research (Ertl & Neuner, 2014). The positive outcomes, however, indicate that teacher counselors may also be able to provide more specialized screen-and-treat approaches for learners with clinical diagnosis if trained sufficiently.

With regard to the feasibility of MHPSS in the school context, we further noted very low drop-out rates in all intervention conditions. Those findings are in line with a meta-analysis of CBI for PTSD. The study concluded that in classroom-settings, 91% of those offered intervention finished the CBI, while this was the case only for 15% in clinic-based settings (Rolfsnes & Idsoe, 2011). Providing the prevalence rates of LRA abductions and PTSD diagnoses among learners in Uganda, CBI must be regarded as an important means to address this large-scale problem amongst the youth generation enrolled in educational and reintegration activities. In a post-war scenario with very few possibilities to access other mental health referral services, the high participation rates are noted as a successful outcome, proving CBIs’ feasibility as a low-threshold MHPSS option.

This RCT demonstrated that all three school interventions (TRE, conflict resolution and social competence training, and teacher counseling) were effective in reducing psychological ill-health, namely PTSD and depression, in child soldiers and other war-affected learners of Northern Uganda. Teacher counseling reduced frequencies of PTSD diagnosis less over time, while TRE reduced the frequencies of current suicidal ideations less over time. The results provide preliminary evidence that both individual and group-based CBI have beneficial outcomes for the mental health of war-affected learners in Uganda, as suggested by findings from other war-affected countries (Jordans et al., 2010; Tol et al., 2014). Improvement over time was noted in all treatment conditions with medium effect sizes for PTSD as an outcome measure. The obtained improvement in PTSD scores is comparably high,
with results reported in a meta-analysis on CBI intervention programs for PTSD with broad inclusion criteria (Rolfsnes & Idsoe, 2011); however, it is much lower when compared to individual trauma-focused NET carried out with participants with full-blown PTSD diagnosis in Northern Uganda (Ertl et al., 2011). The inclusion criteria and PTSD rates obtained at the baseline affect the effect sizes of interventions. The obtained effect sizes for depression as an outcome measure were very high, also when compared with effective group-based treatments for symptoms of depression (e.g. inter-personal group therapy) in samples including former child soldiers in Northern Uganda (Başoğlu, 2007; Betancourt et al., 2012; Bolton, 2007). Yet, no interaction effects between treatment conditions were obtained, contrary to our initial assumptions. Our results are therefore more in line with the two recent studies from the DRC (O’Callaghan et al., 2015) and Burundi (Yeomans et al., 2010), which found no interaction effects for their group-based trauma treatment and trauma psycho-education conditions, when compared with non-trauma group-based structured intervention approaches. These studies have in common with the current one that broad inclusion criteria were applied, and inclusion was not based on clinical symptoms and PTSD diagnosis. Foa and Meadows (1997) put forward that the inclusion of participants with no or mild symptoms in an intervention study can lead either to minimized effect sizes, as improvements are more difficult to detect, or to inflated effect sizes, as participants with mild baselines scores are likely to show only very mild scores after intervention.

With regard to our third study question, whether school-based psychosocial support programs can be regarded as effective peace-building tools, we conclude that all three employed psychosocial interventions were effective in changing measures relevant to peace building and post-war reconciliation over time. Also for reconciliation measures, large effect sizes per treatment condition were obtained over time, but no meaningful interaction effects for treatment conditions were found. In all three treatment conditions, measures of aggressiveness were reduced over time, and perceived stigmatization and feelings of revenge also decreased over time, while openness to reconciliation increased over time. All findings were in line with desired outcomes in peace-building and recovery attempts. They were also in line with an intervention study with Rwandan genocide survivors which had linked post-war attitudes and trauma (Staub et al., 2005)—yet, without directly measuring openness to reconciliation and vengeful feelings as outcome measures. Hence, as a
new finding, we put forward that tailored psychosocial support programs can contribute directly to peace-building attempts in post-war contexts, thereby reducing levels of mental ill-health and enhancing measures of reconciliation. This crucial finding has manifold implications for further research and policy directions in humanitarian settings. It should encourage donors and aid organizations to more frequently link MHPSS with other support and rehabilitation programs geared towards promoting reconciliation and peace building. For this, the education sector and CBI offer a low-threshold entry point deserving more attention.

We can only speculate about the underlying reasons that no meaningful interaction effects were obtained with the three very different intervention conditions. All attempts were made to leave interviewers and counselors blind for study hypothesis and research design and to keep the treatment conditions as distinct as possible. Yet, the study faced various obstacles and limitations: First, the practical realities of an embedded study were challenging for us while providing psychosocial support for war-affected learners in pre-scheduled scholastic catch-up programs in a highly dynamic post-conflict scenario. We worked with a partner organization offering similar, non-discriminating and fair services to all their beneficiaries; hence, no waiting list control group could be employed in the research design. All learners received psychosocial support within their limited time spent in the learning center.

Second, the study team was faced with ethical considerations in situations when learners reported clinical crisis and emergencies, such as high risk for suicide. In the absence of easily accessible mental health referral pathways, we operated a crisis telephone and had to establish other support mechanisms when the assessed risks for potential harm outweighed research considerations.

Third, the parallel aim of building the capacity of former teachers to become lay counselors sometimes led to decisions that challenged the distinct separation of the three treatment conditions. For example, an exclusion of teacher counselors from certain parts of training, such as general counseling techniques and TRE, or conflict resolution and social competence training, was not an option under the capacity-building aspect put forward by our partner organization. The six-weeks of training with joint sessions for experienced counselors and teacher counselors certainly enriched the teacher counselors’ overall skills. At the same time, it offered teacher counselors the opportunity to observe experienced counselors in
psycho diagnostic screening interviews, gaining indirect knowledge of adequate questions and screenings for war-affected learners in need of psychosocial support. Yet, it may have caused difficulties in keeping the teacher counseling condition distinct.

Fourth, and linked to the previous issue, another limitation of the study concerns the extent to which we were able to keep the teacher counseling condition controlled. It was designed as a select-and-support condition without formal screening procedure, and all attempts were made to keep the teacher counselors blind about the pre-test results. However, we could not control whether learners who went through the screening interview and reported elevated distress during this process took their own initiative to approach the teacher counselor thereafter, or whether the psychosocial screening increased the overall sensitization for psychosocial support in the center. It is therefore difficult to conclude whether the condition was a de facto select-and-support condition, or constituted rather a select-and-treat condition owing to pre-test procedures and the training of teacher counselors. The fact that the teacher counselors received written guidelines, close monitoring and were asked to document all sessions may also have contributed to their good study results.

Fifth, all learners were enrolled in scholastic catch-up programs at the time of pre-tests and left the learning centers with academic and vocational skills leading to enhanced economic opportunities. In the absence of a waiting list condition, we can only speculate about the effect of the overall academic and vocational training on the learner’s wellbeing and lives. It is possible that the underlying overall training effect influenced the measured main effects over time and inflated the notably high effect sizes within the treatment conditions. It is also possible that the overall learning effect outweighed any potentially different treatment effects per intervention condition. The ongoing peace and reconciliation process in Northern Uganda, increased overall stability, economic opportunity and hope for a better future might have further contributed to the overall enhancement of the outcome measures in all conditions. In line with this assumption is also a recent finding of high rates of spontaneous remission from mental ill-health, including PTSD diagnosis. In a sample of war-affected adults in post-war Uganda, 72% had diagnoses of PTSD within their lifetimes, with 22% of the sample being diagnosed with a current PTSD diagnosis and, notably, 50% having a remitted PTSD diagnosis (Wilker et al., 2015). Hence, it
appears plausible that potential effects of spontaneous remission might have affected the current study results over time, reinforced by enhanced overall living conditions in Uganda.

A research review including 21 studies on psychosocial adjustment and mental health in former child soldiers (Betancourt et al., 2013) identified three main protective factors with regard to former child soldiers’ mental health and overall wellbeing: (1) family acceptance, social support and community acceptance, (2) opportunities for livelihoods and (3) education. Analogously, we believe that the academic and vocational catch-up program that our war-affected learners received in the course of the study positively changed all three identified factors for the better, while in parallel our three intervention conditions might have further influenced these factors to the positive. We further assume also that the three intervention conditions we employed in the Northern Ugandan school context had in common that they all increased social inclusion and support, as well as empathy, while past injustice was acknowledged, leaving war-affected learners with a more positive outlook towards the future.

In line with Tol et al. (2014), we agree that more research is needed in RCT research designs to dismantle treatment effects for former child soldiers and other war-affected learners, especially in classroom-settings. Future research should include control group designs and compare trauma-focused and non-trauma-focused individual and group-based interventions in the school contexts. Outcome measures should allow for a better understanding of the link between psychopathology and reconciliation. We also hope for more evidence with regard to adequate and feasible screening and selection procedures and treatment and support procedures for teachers in post-war school contexts.

4.6 Conclusions
This study provides preliminary support for the effectiveness of culturally adapted trauma and reconciliation education, conflict resolution and social competence training, and teacher counseling when implemented with former child soldiers and other war-affected learners in Northern Ugandan schools. It provides evidence that the provision of tailored individual and group-based MHPSS programs with trained lay counselors is feasible in post-conflict educational rehabilitation settings within
RCT research designs. The study provides evidence that tailored MHPSS programs in CBI format have not only potentially beneficial effects on the psychological ill-health of participants, but also on the promotion of reconciliation and peace in post-conflict settings.
III

General Discussion
5 Implications for Future Research and Programming

The present thesis focuses on how the Lord’s Resistance Army (LRA) and decades of armed conflict have caused human suffering in the civilian population of Northern Uganda, specifically the psychological consequences of this conflict. While the war has ended with expelling the armed group from Uganda’s territory and with the hope eventually to eliminate the LRA’s existence, regional instability remains a major challenge in the bordering countries affected by LRA violence. Recovery and reconciliations efforts for affected communities are still under way. The reintegration of former child soldiers poses a major challenge to reconciliation and peace efforts in the region. In our surveys, Ugandan war-affected youths reported enormous rates of violence that they had to experience as direct victims of the LRA or that they have been forced to perpetrate by the rebels. Now placed in the education sector to provide them with opportunities for economic recovery and scholastic opportunity and to promote reconciliation between them and their communities, these youths still struggle in many ways with their past as internally displaced persons (IDPs), child soldiers, or sex slaves. Large numbers of learners are impacted by mental suffering, continued stress and impaired functioning. Trauma-related mental ill-health interferes with education, reintegration and reconciliation attempts in various ways, as outlined in the current thesis. Our work therefore argues that recovery attempts must find feasible ways of providing, testing, and where necessary designing targeted mental health and psychosocial support (MHPSS) programs for the rehabilitation of war-affected youths, including former child soldiers. While the present results need to be regarded as limited to the researched classroom context in Northern Uganda, we argue that crucial information and recommendations can be drawn from our surveys

- for regional programs supporting the recovery process of LRA-affected communities;
- for programs aiming at the reintegration and psychological rehabilitation of former child soldiers, such as in (child) disarmament, demobilization and reintegration (DDR) programs; and
- for MHPSS programs aiming to enhance feasibility and effectiveness of interventions in emergency settings, especially with the use of classroom-based intervention (CBI) in educational settings.
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We will discuss the thesis’s results in light of the above and suggest respective recommendations for programming. We will also discuss the limitations of the thesis and its implications for future research.

5.1 Prevalence of Mental Disorders and Program Accessibility

According to our research in Northern Uganda, an estimated nine out of 10 young persons placed in the school programs have been displaced at least once in their life. At least one in three have been abducted by the LRA to serve as child soldiers. Approximately half of former child soldiers have been forced to commit violence themselves, for example abducting other children or injuring people. The first research article presented within this thesis (Chapter 2) describes the various often-overlapping psychological symptoms war-affected learners, including former abductees, face after their return home. Post-traumatic stress disorder (PTSD), depression and suicidality were very common among war-affected learners, indicating an urgent need for targeted MHPSS in schools.

There are, however, limitations in our data. First, our study’s population bias remains crucial. We dealt only with survivors of LRA-violence placed in rehabilitation programs and have no information on a possible bias concerning the selection process on who survives and who is killed during LRA encounters. Some research points to the strategic nature of LRA abductions and killings; for example, variations in exposure to warfare were found to be associated with age at abduction, duration of captivity, location of captivity, being militarily trained, and being a rebel’s “wife” (Vindevogel et al., 2011). The question of what characteristics, features and behaviors might have been adaptive for child soldiers’ survival during rebel abductions is an important one when dealing with former abductees. In addition, we do not know how many youths do not survive the aftermath of abductions after release due to, for example, poor health, lack of support or psychological ill-health and impaired functioning. These estimates would be important to understand better the societal impact of LRA-violence and respective support programs (Pham et al., 2007).

Second, there is no data available on estimates of LRA-affected youths actively seeking help and support within reintegration or other rehabilitation programs. While those abductees who went through repatriation programs would
have formally been offered to go through support programs, there are countless others who survived in other ways or were affected differently by the LRA violence not fitting in the beneficiary profiles of aid programs. Many may have remained without direct support. While the inclusion criteria in the educational support programs we drew our study samples from were outlined in the previous chapters (Chapters 2, 3, 4), we have little information on how support-seekers compare to those not reaching out for support in the LRA-affected areas. While the found prevalence rates of mental ill-health in our study were comparable to those found in the overall population of Northern Uganda (Ertl et al., 2014), it is noteworthy that program thresholds concerning entry and accessibility of rehabilitation support are determining factors with regard to the programs’ quality for LRA-affected communities. This consideration draws attention also to the extent to which LRA-affected populations have to actively contact programs to be able to benefit from them. Programs reaching out to affected individuals appear much more promising, even more so if community involvement is high (Kelly et al., 2016; Schiltz et al., 2015). It must be noted that mental ill-health is always paralleled by functional impairment. In our survey, we demonstrated that MHPSS can be offered in mobile teams operating in different locations and reaching out to learners, while teachers from the respective communities had a high level of involvement in designing teacher counseling intervention and implementation (Chapter 4). MHPSS programs embedded in other support activities have the potential to foster accessibility and feasibility and to make use of the natural nexus between education and psychosocial programming. The role of the receiving communities, including parents and peers, also remains important in such programs (Betancourt et al., 2013).

During trauma and reconciliation education (Chapter 4), it became evident that many former child soldiers had not ever shared their experiences of LRA-abduction stories, due to shame, guilt, or stigma they (feared to) face in the communities. Despite the ongoing Amnesty Act and warranted impunity, we noted youths’ sincere worries to be prosecuted by the International Criminal Court (ICC) or national authorities after being forced to perpetrate violence. It became clear that enhanced public information on issues related to national and international justice including both the Amnesty Act and the mandate of the ICC would have contributed to breaking their silence (Allen, 2006). In line with this finding, it is our recommendation that the school context should be used better to address these
General Discussion

topics, which may enhance the learner’s readiness to seek social or other forms of support, increasing their functioning and openness to reconciliation.

Especially for returning females, community stigmatization was common, with manifold consequences on their social life and functioning. Sexual enslavement, forced marriage and forced pregnancies were experiences of female LRA returnees. We must assume that actual traumatic experiences of sexual nature are much higher than reported and are under-represented in the presented survey (Chapter 2), due to stigmatization and shame (Porter, 2015). While often returning fighting male youths are regarded as potential spoilers for peace due to an increased risk of violence in the future, it is crucial not to neglect the specific needs of survivors of sexual and gender-based violence in reintegration and educational programs. For females these needs include adequate psychosocial support to recover from experiences of sexual violence, access and information concerning women’s protection issues and ongoing domestic violence, access to health care including reproductive health and the provision of childcare support. Addressing these aspects adequately will enhance the accessibility and effectiveness of programs for females.

One of our studies’ most crucial findings (from Chapter 2) is that all efforts need to be undertaken to reintegrate not only abductees returning from the LRA, but all war-affected youths. The prevalence rates of mental ill-health we found in the classrooms were comparable with those found in Ugandan IDP camps and indicate the shift of psychosocial problems into the education sector and recovery programs. Both groups of abducted and non-abducted participants in our surveys had reported significant numbers of trauma events and high prevalence rates of mental ill-health, including PTSD, depression and suicidality. Every fifth non-abducted girl in our study (Chapter 2) reported suicidal ideations, indicating the urgent need for building psychosocial case management systems. As put forward by other authors (Ager et al., 2011; Annan et al., 2006; Inter-Agency Standing Committee - IASC, 2007), our research agrees that there are no grounds to assume that sub-groups of war-affected youths can be excluded from support; on the contrary, our results demonstrate the urgent need for MHPSS referral pathways for all war-affected youths. The education centers can serve as feasible entry points to a functional MHPSS referral system.
5.2 Predictors of Mental Disorders and Breaking the Cycle of Violence

In line with previous research (Catani et al., 2010, 2008; Wilker et al., 2015), our results support the building block mechanism indicating that prevalence rates of PTSD rise in parallel for abductees and non-abductees, depending on trauma exposure. The presented data demonstrates that everyone’s individual resilience will eventually be shattered as a function of more traumatic events in life. Therefore all efforts need to be made to prevent future war, gang, community and domestic violence to prevent further elevated frequencies of PTSD and mental suffering in war-affected populations. In our study (Chapter 2), trauma exposure predicted PTSD and depression.

Yet, it remains important to understand the predictors of mental health disorders better for recovery efforts. Given that our study (Chapter 2) provided evidence that the duration of rebel abduction also independently explained parts of PTSD and indirectly explained, via trauma exposure, psychological ill-health, future research should address the underlying psychological mechanisms engaged during abduction to be better able to reintegrate former child soldiers and prevent them from re-recruitment into armed groups or perpetrating gang, community or domestic violence in later stages of life. As outlined in the introduction of this thesis, the sequences of potentially traumatic events child soldiers of the LRA are forced to go through are crucial to understanding their reintegration needs. At different moments of abduction, training and indoctrination, initiation, and combat, as well as during their release and reception in the receiving communities, child soldiers may have experienced violence, threat and intimidation with myriad consequences for their mental health and later rehabilitation (Vindevogel et al., 2011), including elevated rates of aggressiveness and vengeful feelings. Future research will have to shed light on how to address these experiences better in rehabilitation programs. While overall experiences of abuse and neglect in childhood and youth present a prominent predictor of psychological ill-health, particular traumatic events such as forced killings and rape have consistently been reported to have a more severe impact on the psychological ill-health of former child soldiers (Ertl et al., 2014; Kelly et al., 2016; Pham et al., 2007). It appears that certain categories of traumatic events during abductions add to the LRA’s power and control by isolating child soldiers from
their previous belief systems and attachment to their communities. Forced perpetrator events also serve the LRA indoctrination process via the formation of a new “rebel identity” (Veale & Stavrou, 2007; Vermeij, 2009). More research is needed that adds to the better understanding of how exactly conscription to an armed group as a minor impacts child soldiers’ mental health. Only in this way will research assist in designing and implementing programs that not only provide adequate psychological support, but that also keep the affected youth from re-engaging in violent behavior at later life stages, such as in their homes and families, potentially setting off trans-generational spirals of violence (Hecker, Hermenau, Maedl, Hinkel, et al., 2013). The delayed building block reported for youth who had perpetrated violence (Chapter 2) indicates further that this sub-group of former child soldiers needs further exploration. An emerging body of evidence suggests that a number of child soldiers forced to kill develop an adaptive reaction towards violence leading to perceiving cruelty as appetitive in the long term. It appears that this reaction may protect the abductee’s mental health and thus help child soldiers to survive during war times (Elbert et al., 2010; Hecker et al., 2012; Hecker, Hermenau, Maedl, Schauer, et al., 2013; Hermenau et al., 2013; Köbach, Schaal, Hecker, et al., 2015; Nandi, Crombach, Bambonye, Elbert, & Weierstall, 2015; Weierstall et al., 2013.}

We therefore continue to argue that disparate mental conditions in a significant portion of war-affected youth, as outlined in our research, provide a breeding ground for violent gangs, foster armed groups and ultimately contribute to continuing unrest, potentially even war, if not addressed adequately. The associations found (Chapter 3) between mental ill-health and vengeful feelings, and self-reported aggressiveness and stigmatization, and their negative correlations with openness to reconciliation underline this assumption and illustrate the need for tailored MHPSS to build peace. The new findings of the current research could outline that PTSD is an obstacle for reconciliation in war-affected youths. While we were able to measure the concept of reconciliation as a context-specific variable for Northern Uganda, the field is comparably new and more research is needed on the predictors and further correlates with the employed concepts (Heim & Schaal, 2014; Pham et al., 2004a; Schaal et al., 2012). It is also possible that openness to reconciliation is closely connected to concepts such as post-war resilience, post-traumatic growth, spirituality, or remission from PTSD (Klasen, Oettingen, Daniels,
General Discussion

Post, et al., 2010). In better understanding the variable of reconciliation and its correlates, and thereby ways of recovery, future research will contribute to peace and reconciliation programs. While all recovery programs agree on the tenet of violence prevention, they are well advised to acknowledge the need for targeted individual mental health interventions reducing trauma symptoms, aggressiveness and vengeful feelings, along with the need for broader group-based MHPSS interventions, in light of this thesis’s results. It is paramount that donors and policy makers acknowledge that mental suffering will inevitably lead to functional impairments in affected populations and may perpetuate cycles of violence lasting over generations.

5.3 Interventions’ Feasibility, Effectiveness and Potential for Scale-Up

Finally, the current research provided evidence that both individual and group-based interventions are feasible in the Northern Ugandan school context with former child soldiers and other war-affected youth, with the help of local lay counselors including trained teachers. We were able to show that all three employed interventions, namely group-based trauma and reconciliation education, group-based conflict resolution and social competence training, and individual teacher counseling, were delivered and adapted for the school setting with very low drop-out rates among learners and positive long-term impacts on students’ PTSD, depression, aggression, stigmatization, openness to reconciliation and revenge feelings scores as outcome measures in a randomized controlled trial (RCT) research design. The employed interventions contributed to the ongoing rehabilitation attempts promoting recovery and reconciliation in Northern Uganda, and helped build peace, as our results show. Various limitations were noted in the intervention study and are concerned with the absence of a non-active control group, the difficulties of keeping treatment conditions separated while operating in the absence of a mental health referral structure, with ongoing demands of service delivery.

We described our means to mitigate these limitations. They included consistent study procedures and newly developed manuals for lay counselors to deliver interventions. Close monitoring, supervision and capacity building added to the interventions’ positive overall results. Despite the various obstacles, we agree with other authors (Neuner & Elbert, 2007; Tol, Barbui, et al., 2011) that future
implementation research should contribute to the advancement of successful and evidence-based MHPSS for war-affected populations. More research in RCT formats is particularly needed to understand the effectiveness of group-based interventions targeting PTSD and openness to reconciliation in CBI formats (Ertl & Neuner, 2014; Tol, Patel, et al., 2011). Studies should employ waiting list control conditions to be able to understand the potential effects of interventions better. The potential positive changes of mental wellbeing due to enhanced overall stability and economic opportunity within support programs needs further exploration. Future dismantling studies would be able to provide more evidence with regards to treatment agents of CBIs. More research is also required with regards to adequate group sizes and adequate number of sessions for CBIs. The potentially high spontaneous remission rates, which have been noted for the post-war context of Northern Uganda with up to 50% of found rates for remitted PTSD (Wilker et al., 2015), need further consideration, including the specific timings of when interventions should be offered in post-war contexts.

Despite the ongoing debate amongst researchers on both the overall use of CBI interventions and the effectiveness of group-based interventions for treating PTSD symptoms (Betancourt et al., 2013; Ertl et al., 2010; Jordans et al., 2016; Layne et al., 2008; Tol et al., 2014), we were able to show that none of our interventions were in any way harmful; rather, they caused a decrease in symptoms of psychological ill-health when embedded in overall MHPSS procedures allowing organizers to deal with crisis and emergency cases.

Group-based interventions will become more relevant in the future in the rehabilitation with former child soldiers, war-affected communities and adult ex-combatants alike, but they will only prove to be helpful for breaking cycles of violence if they can be scaled-up for larger populations affected by war.

We conducted such a scaling-up attempt in the context of the Republic of South Sudan, the world’s newest country, within the Life Skills and Psychosocial Support Program for Ex-Combatants. Herein, we further advanced and adapted the outlined group-based modules of trauma and reconciliation education (TRE) and conflict resolution and social competence training for the context of post-independent South Sudan. The peace agreement between Sudan and the Republic of South Sudan foresaw large-scale DDR activities to be carried out as one of the major priorities under the agreement. The government and the United Nations (UN)
General Discussion

proposed that life skills education including civic education and psychosocial support was to be an integral part of the three-month education center-based reinsertion activities for all of South Sudan’s ex-combatants after the demobilization phase. In line with the national life skills guidelines and together with the Ministry of Education, we established the national Life Skills and Psychosocial Support Curriculum for Ex-Combatants to be implemented in all states of the Republic of South Sudan and aligned with all national DDR activities. Endorsed by the national DDR Commission and the respective line ministries, the Life Skills and Psychosocial Support Curriculum serves as a structured group-based intervention in a guideline manual format for trainers. The program was embedded also in parallel-implemented curricula for vocational and literacy training to boost its overall effects. The 30-session curriculum included the topics of trauma, aggressiveness, conflict resolution, human rights, depression, alcohol abuse, domestic violence and related topics. In parallel, a training-of-trainers manual was designed to build national capacity, aiming to train more life skills teachers in a sustainable manner. An independent review and evaluation after the pilot service delivery concluded this CBI to have good results, measured in changes of self-reported knowledge, attitudes and behaviors of ex-combatants after they had concluded the three-month CBI program geared towards reconciliation and psychosocial wellbeing. In the future, all of South Sudan’s demobilized combatants will receive this CBI in all states as a new standard within the national DDR program.

Overall, we encourage more inter-disciplinary research between clinical psychology and other conflict-related studies. Only in this way, a better knowledge base can be built to inform practitioners in the humanitarian and development fields to enhance programs, foster collaboration and promote peace and reconciliation with larger populations and impacts. We were able to show with the current thesis that the design of targeted MHPSS programs, capacity building for national lay staff, monitoring and evaluation, and long-term follow-up of vulnerable community members in RCTs are feasible with sufficient cooperation and coordination with partner organizations, once these organizations are convinced of the direct pathway from mental health to reconciliation and the added value of MHPSS programs. Advocacy work and dissemination of research results, including practical implications, are inevitable to convince donors, decision-makers and policy-makers to consider MHPSS work in future peace and recovery efforts.
General Discussion

Therefore, the results and lessons learned from this thesis and our work on the LRA-affected communities and ways to foster recovery were presented in a joint UN, African Union (AU), World Bank capacity-building workshop for decision-makers at the AU level and during a World Bank-sponsored mentoring mission for a number of regional DDR officers and practitioners. The aim was to promote the need for MHPSS programs for LRA-affected populations and to demonstrate their feasibility and effectiveness. Accordingly, in the future it will remain important to translate clinical research findings effectively for decision-makers and donors to enable them to act upon the mental health needs of affected communities.

In current times, wars have changed to conflicts with features of terrorism and extremism. Now children and youth are not only trained to kill others by armed groups, but are also indoctrinated with radical belief-systems into killing themselves as suicide attackers. We must endeavor to understand better the underlying mechanisms to be able to counter and prevent extremism, let alone to be able to rehabilitate indoctrinated youths and reintegrate them back into communities to break cycles of extremism. The first international attempts to rehabilitate and reintegrate returning fighters from the armed groups of Boko Haram in Nigeria and Al-Shabaab in Somalia in education centers are currently under way and include CBI interventions aiming at countering radical belief-systems. Research on mental health predictors after experiences of war and implications for action on the successful rehabilitation of war-affected youths within programs promoting psychosocial wellbeing, peace and reconciliation is more than ever crucial for global peace and stability.
Conclusions
Conclusions

Mental health intervention strategies with a focus on trauma-related symptoms including those of post-traumatic stress disorder (PTSD), depression and suicidal ideation are needed to assist Ugandan survivors of war and rebel abduction in reducing their burden of mental suffering and to improve their performance in school. While trauma exposure and duration of rebel abduction predicted mental ill-health, the importance of inclusive mental health and psychosocial support (MHPSS) programming with all sub-groups of war-affected youth was underlined. Impaired functioning was frequently related to having experienced past stressors; but ways to cope with ongoing stress also appear to be essential in psychosocial programming, given ongoing economic instability and circles of violence in Uganda’s post-war context.

Mental health status and particularly PTSD diagnosis of war-affected youths in Northern Uganda are strongly interrelated with measures of openness to reconciliation and vengeful feelings, as well as with aggression and stigmatization, with outlined relevant implications for post-war peace-building attempts. Noteworthy is that PTSD diagnosis can constitute an obstacle for reconciliation. Programs promoting peace and reconciliation should therefore include MHPSS and trauma rehabilitation to assist the transformation from crisis to reconciliation.

We therefore developed and implemented individual and group-based interventions aiming at increased psychosocial wellbeing and reconciliation, and we found preliminary support for the effectiveness of culturally adapted trauma and reconciliation education, conflict resolution and social competence training, and teacher counseling when implemented with former child soldiers and other war-affected learners in Northern Ugandan schools. Practical limitations of research in MHPSS in post-crisis scenarios can be overcome with adequate tools, procedures, monitoring, training and supervision of lay staff. We therefore concluded that the provision of tailored individual and group-based MHPSS programs with trained lay counselors is feasible in post-conflict educational rehabilitation settings and within RCT research designs, to better inform programs. Subsequently, we found preliminary evidence that tailored MHPSS programs not only have potentially beneficial effects on the psychological ill-health of participants, but also on reconciliation and the promotion of peace in post-war settings. They should be regarded as peace-building tools and deserve further advancements, research and considerations in the field of conflict transformation.
Conclusions

In light of affected populations’ high prevalence rates of mental ill-health after war, we described the survey’s implications also for the further development of group-based interventions for LRA-affected areas; for the reintegration of former child soldiers, such as in (child) disarmament, demobilization and reintegration (DDR) programs; and for MHPSS programs using classroom-based intervention (CBI) in educational settings. The interventions’ potential for scale-up to assist larger populations is crucial. Future implementations should be embedded in randomized controlled research designs, for example with waiting list control conditions, in order to provide practitioners, donors and policy makers with the relevant information and obligations for action to increase psychosocial wellbeing and reconciliation attempts alike in war-affected populations. Dismantling studies will be required to test further the efficacy of group-based interventions. Skill sets and capacity building tools for lay trainers and enhanced screening procedures warrant further attention in future research.

We conclude that as long as the mental suffering of youth in post-war contexts and equally their human right to treatment and care are not fully acknowledged by the world community, attempts to enhance support structures and break cycles of violence will remain limited. Future research will have to find ways to convince decision-makers of the link between mental wellbeing, peace and reconciliation and of the larger-scale impact of targeted psychosocial programs. Through the lens of ongoing regional LRA violence and shifted global trends towards violent extremism, future needs to treat suffering youths affected by war are inevitable to prevent future violence and to build peace.
Appendices
A

Counselor Manual for Conflict Resolution Skills and Social Competence Training
Instruction & Documentation Folder

**Conflict Resolution Skills & Social Competence Training**

**A Group-Based Intervention**

*for War-Affected and Other Vulnerable Adolescents and Young Adults in Northern Uganda*

**Developed**

*by Nina Winkler & Martina Ruf-Leuschner*

2009

[www.vivo.org](http://www.vivo.org)

Contact: Nina.Winkler@vivo.org


Funded by the University of Konstanz, Germany & the Norwegian Refugee Council, Gulu, Uganda
1st Session: Introduction

Name of YEP-Centre: __________________

Name of Counsellor(s):

1. ___________________________ (Counsellor leading the group)
2. ___________________________ (Counsellor assisting)

Group-Code: _______________ (Will be filled in by Nina)

Materials needed for the 1st session

a. Instruction & Documentation Folder & Pens
b. Wallpaper, Additional DIN A4 paper & Markers
c. Nametapes
d. Informed Consent (six)
e. Questions for the introduction game in an envelope
f. Rating sheets for individual rules / aims (six)

Wallpaper that should be prepared at home:

1) Overview over sessions!

<table>
<thead>
<tr>
<th>STEPS &amp; DESCRIPTION</th>
<th>TO BE FILLED IN!</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction of Counsellor(s) and Procedure (briefly)</td>
<td></td>
</tr>
<tr>
<td>a) Counsellor(s) (Name(s) and Organisation – vivo &amp; NRC)</td>
<td></td>
</tr>
<tr>
<td>b) Brief Description of procedure (10 sessions; specify the days – according to the plan Nina will give you when the sessions will take place)</td>
<td></td>
</tr>
<tr>
<td>Brief Description of aims: Learning new skills which will help them in their future life; e.g. learning more about how to build good relationships with other people, how to handle conflicts, how to become more self-confident.</td>
<td></td>
</tr>
<tr>
<td>2. Introduction Participants</td>
<td>Full names &amp; Age:</td>
</tr>
<tr>
<td>Ask briefly every adolescent for his / her name and</td>
<td>1. ________________; Age:</td>
</tr>
</tbody>
</table>


Please use nametapes! Please listen attentively to the learners and react in a friendly way. SMILE!

You write down the first name of each learner on tape and afterwards you ask him or her to pin the nametape on his or her shirt.

<table>
<thead>
<tr>
<th>1st session: Introduction</th>
<th>6th session: Outsiders</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd session: Emotions &amp; Behaviour</td>
<td>7th session: Dealing with criticisms &amp; Anger</td>
</tr>
<tr>
<td>3rd session: Empathy</td>
<td>8th session: Inter-individual Conflict Resolution</td>
</tr>
<tr>
<td>4th session: Self-Confidence</td>
<td>9th session: Conflict Resolution btw. Groups, Cooperation within groups</td>
</tr>
<tr>
<td>5th session: Appraisal</td>
<td>10th session: Repetition and Feedback</td>
</tr>
</tbody>
</table>

3. Psychoeducation

Brief description of the procedure. Show briefly the wallpaper with all the topics you are going to work on in the next sessions to the learner. Tell them that you brought the wallpaper only to give them an overview. They should not worry if they do not understand everything. Later on everything will be explained in detail. Tell them that you will bring role-plays and other games for every single topic and that you all will also have a lot of fun while working on the topics.

4. Informed Consent

Check if you have a signed consent form from every single learner!

- yes
- no, if no, why not?

If somebody is not able to write his / her name please use a fingerprint.

5. Introduction Game

Introduce briefly the introduction game. Be aware that every learner is looking for your attention. Put in energy to give each single learner the feeling that you are very much interested in him / her.

Has every learner chosen and answered to 2 questions?

- yes
- no, if no, why not?

Comments / Problems, e.g. questions that were difficult to
Instruction:

This is a game that will help us to get to know each other a little bit better because so far I only know your names and ages. Therefore I brought some questions for you. The questions are written down on small papers. I will now ask one after the other to choose blindly one paper and to answer the question that is written on that paper. Then I will ask the next one to continue. In the end everybody – also my co-counsellor and I – will have chosen and answered two questions.

After the instruction the first learner should choose a paper. Ask whether you should read out the question for him / her or he / she wants to read it by him-/herself (Be aware that some learner might not be able to read!). After the learner has answered his / her question the next one should chose a paper and answer.

Every learner and every counsellor should have chosen and answered two papers in the end!

6. Trust Fall Game

Introduce the trust fall game to the learners.

Make sure they take the game serious and take good care of all the learners! Explain that in the beginning they only have to fall back a little bit. In case the learners do not feel comfortable show them the trust fall as a role-model. In case one learner does not feel comfortable you should encourage him / her.

Instruction:

I brought another very nice game to you. It is a game about building trust in each other. As we will meet a lot of times in the coming weeks and talk about important things it would be good of we learn to trust each other. Beside that, the game is also a lot of fun. The idea of the game is that somebody tries to fall back a little bit and two other group members will hold him so that nothing can happen. In the beginning it is enough to fall back only a little bit. When you feel more comfortable after a while you can try to fall back a little bit more. I want to ask all of you to take the game serious and to play it in a responsible way with each other.

Did every learner do the trust fall at least once?

☐ yes
☐ no, if no, why not?

Comments / Problems, e.g. learners who refused to take part in the game, learners who did not behave responsible during the game....
know that you can do that. If you want me to do it first I will show you.

Ask everybody after the game how he / she felt while doing the trust fall.

TAKE HOME MESSAGE:

Trusting others can be learned!

7. Ground Rules for the Group

Instruct the learner to collect ground rules for the group. Tell them that the counsellor has one VETO. They should collect everything that is important for them. Collect everything on the wallpaper. Try to help and guide them. Make sure the most important rules are mentioned (e.g. discipline (including punctuality), respect (including listening carefully to each other, not making fun of each other, not talking badly behind somebody's back, talking only one after the other) attention (no side talks), confidentiality....).

After collecting all the learner’s ideas you inform them about the voting procedure (The learners should vote for 4 rules. Every learner has four votes. That means he / she could only raise his / her hand 4 times). Before starting to vote you read out again all the rules that are written on the wallpaper to remind them of all rules they can vote for. Then you start the vote by reading out the first rule and asking them to raise their hands if they want to have this rule as a group rule. In case there is an equilibrium between two rules you let all learners vote again only for these two rules.

The counsellor has one VETO – that means he can change one rule if necessary. Take this VETO serious and make sure you chose a good rule.

Write the final Ground Rules down on wallpaper

<table>
<thead>
<tr>
<th>Please write down the four ground rules the group agreed upon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>

Did the counsellor use the VETO?

- yes. If yes for which rule?
- no
8. Individual Aims / Rules

Explain to the learners that everybody has weaknesses and everyone in the group will try to improve in two specific weaknesses in the course of the training. You can start by telling them two of your weaknesses (e.g. not being patient, not speaking loud enough, …).

Ask every learner for weaknesses he / she might have while working in groups, e.g. side talks, difficulties to concentrate, not speaking loud enough, not looking into somebody’s eyes, ….

Make sure that the learners pick weaknesses, which are observable in the group sessions and adequate for each individual learner (e.g. confidentiality cannot be observed and is therefore not suitable!).

The following weaknesses are not possible to take as they are too easy and there is not enough variation:
- eating in class
- sleeping in class
- late coming
- unnecessary movements

The aim for the long run is that the learners improve so do not choose behaviours that are too easy!

Introduce the rating sheet to the group and fill in the weaknesses of every single learner.

NO rating in the first session!
9. Ending

Thank the learners for their active participation.

Appraisal and Reinforcement!

Tell them when you *exactly* will come back (Check in the time schedule Nina gave to you!).

Make sure all learners will be there in the next meeting

<table>
<thead>
<tr>
<th>Have you given enough appraisals?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ yes</td>
</tr>
<tr>
<td>□ no</td>
</tr>
</tbody>
</table>

If no, why not? Were there any problems?

10. Only to be filled in after the session by the counsellors by the counsellor!!!!

How difficult was this session for the counsellor from 0 (no problem at all) to 10 (extremely difficult)

Counsellor 1 (Name _____________________):

Counsellor 2 (Name _____________________):
2nd Session: Emotions & Behaviour

Materials needed for the 2nd session:

a. Instruction & Documentation Folder & Pens
b. Wallpaper, Additional DIN A4 paper & Markers
c. Rating sheets for individual aims / rules needed for each learner (six)
d. Emotion cards for role-plays
e. Wallpaper with group rules from the first session

Name of YEP-Centre: __________________

Name of Counsellor(s):

1. ________________________ (Counsellor leading the group)
2. ________________________ (Counsellor assisting)

Names of members present in 2nd session:

<table>
<thead>
<tr>
<th>Name</th>
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</table>

In case any member is missing, please try to find out the reason and write it down here:

<table>
<thead>
<tr>
<th>STEPS &amp; DESCRIPTION</th>
<th>TO BE FILLED IN!</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reinforcement for coming!</td>
</tr>
<tr>
<td>2. Short Repetition of the last session</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(group rules, trust fall game,...)</td>
</tr>
<tr>
<td></td>
<td>Show again the group rules they agreed on in the first session to them.</td>
</tr>
<tr>
<td>3. Repetition of individual rules / aims and the rating sheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explain again the idea that all of us have weaknesses and that all of us will try to improve in these</td>
</tr>
</tbody>
</table>
weaknesses during the course of the training. Remind each single learner of his / her personal weaknesses and give each learner instructions how he / she can improve in their weaknesses. Tell them that you will monitor them during the session and that you will give feedback to them at the end of the session.

<table>
<thead>
<tr>
<th>4. Introduction of Emotion Cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>First divide the group into two small groups with 2-3 learners in each small group. Afterwards explain that you will give four cards to each group. Tell them that on every card an emotion is written down. Their task will be to think of social situations (situations in which different people interact) in which the emotions are usually present. Help them to find appropriate situations. Afterwards they should practice the four role-plays. Explain to them that after practicing they will be asked to put the role-plays on stage in front of the other small group. The other small group then should guess which emotion they are performing. Explain that it is important to perform the role-plays in a realistic way but that the emotion should not be named during the role-play, because the others have to guess it.</td>
</tr>
<tr>
<td>Continuously monitor both groups and assist the groups when it is needed. This is especially important when you have learners in the group who are not able to read or who are particularly shy. Make sure that the learners express emotions in the right way.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Putting the Role-Plays on Stage (each group 4 role-plays)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect the Emotion Cards of both groups. Then let the learners from the first group pick one card blindly. They afterwards should perform the role-play related to the emotion written on the card. The learners from the other small group should guess which emotions was presented after the performance is finished. They also should explain how exactly they recognized the emotion (facial expression, body language, voice). Assist the learner in identifying the right features by asking specifically for facial expression, body language and voice. During the discussion the counsellor should write down the emotion and its key features as discussed with the learners on one wallpaper. Please only write down correctly identified features!</td>
</tr>
<tr>
<td>Please write down the topic of the social situation they put on stage and the key features for every single emotion as identified by the group and as written on the wall paper:</td>
</tr>
<tr>
<td>Group 1 – Joy</td>
</tr>
<tr>
<td>Group 1 – Sadness</td>
</tr>
</tbody>
</table>
Now the second group picks a card and performs the role-play related to the emotion written on the card and the first group guesses the emotion and explains the features. Again the counsellor writes down all correctly identified features of this emotion on another wallpaper.

Use separate wallpaper for every single role-play!

Repeat this procedure for all Emotional Cards.
In the end all eight role-plays should have been performed and discussed and emotions identified.

Give appraisal after every single role-play for the actors and give also appraisal for the identification of key features of emotions!!!
6. Comparison of emotions in different situations

- Compare what the groups identified as key features of **joy** in the two different role-plays by comparing what is written down on the two wallpapers concerning joy.

- Compare what the groups identified as key features of **anger** in the two different role-plays by comparing what is written down on the two wallpapers concerning anger.

- Compare what the groups identified as key features of **fear** in the two different role-plays by comparing what is written down on the two wallpapers concerning fear.

- Compare what the groups identified as key features of **sadness** in the two different role-plays by comparing what is written down on the two wallpapers concerning sadness.

TAKE HOME MESSAGE:

The same emotion looks similar in different situations and when express by different people, e.g. joy can always be recognized by a smile.
other people
Ask the learners why it is important to detect emotions in other people.

For you to remember:
- Treat somebody adequately to his / her emotion
- Cool somebody down
- Know how to approach somebody
- Understand the perspective of the other person
- Confirmation for own behaviour (e.g. when we try to treat somebody nicely and he / she is smiling back we know that we acted in the right way).

Write the learner’s ideas down on wallpaper. Assist them when it is needed and make sure that all important points are mentioned in the end!

<table>
<thead>
<tr>
<th>8. Feedback on individual rules / aims in the group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start with one learner and one individual rule / aim.</td>
</tr>
<tr>
<td>- Give examples to the first learner of his / her individual behaviour in this session for his first weakness. Tell him / her first what was (very) good.</td>
</tr>
<tr>
<td>- Then tell him / her concrete ways for improvement during the next sessions.</td>
</tr>
<tr>
<td>- Motivate him / her that you trust in his / her ability to improve and tell him / her your rating.</td>
</tr>
</tbody>
</table>

Proceed like this with the first weakness of each learner. Then start the round for the second weakness of each learner. Proceed exactly like described above.

Make sure that the ratings are fair!

⇒ No ratings below 3!!!!

<table>
<thead>
<tr>
<th>9. Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Thank the learners for their active participation.</td>
</tr>
<tr>
<td>- Appraisal and Reinforcement!</td>
</tr>
</tbody>
</table>

Did you check, you have filled in all the rating sheets properly?
- yes
- no
If no, why?

Have you given enough appraisals?
- yes
- no
- Tell them when you exactly will come back.
- Make sure they will be there in the next meeting

<table>
<thead>
<tr>
<th>If no, why not? Were there any problems?</th>
</tr>
</thead>
</table>

10. **Only to be filled in after the session by the counsellors by the counsellor!!!**

How difficult was this session for the counsellor from 0 (no problem at all) to 10 (extremely difficult)

Counsellor 1 (Name _____________________):
Counsellor 2 (Name _____________________):
3rd Session: Empathy

IMPORTANT: Prepare the field for the “leading and following game” before the session!

Materials needed for the 3rd session:
- Instruction & Documentation Folder & Pens
- Wallpaper, Additional DIN A4 paper & Markers
- Rating sheets for individual aims / rules needed for each learner (six)
- Emotional Pictures (2 for each child)
- Scarves (2-3)
- Empathy Stories

Name of YEP-Centre: __________________
Name of Counsellor(s):
1. __________________ (Counsellor leading the group)
2. __________________ (Counsellor assisting)

Names of members present in 3rd session:

<p>| | |</p>
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In case any member is missing, please try to find out the reason and write it down here:

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</table>

STEPS & DESCRIPTION

1. Welcome: Reinforcement for coming!

2. Short Repetition of the last session
   - Emotions (Anger, Fear, Joy, Sadness) – Same emotion can be recognized in the same way in different situations
   - Why is it important to recognize emotions in others?

Learners should repeat the above mentioned interactively. Counsellor should assist when needed.

TAKE HOME MESSAGE of last session:
- The same emotion looks similar in different situations and when express by different people, e.g. joy can always be recognized by a smile.
- It is important to detect and interpret emotions in other people so we can help them, share laughter, escape and enhance our relationships.
3. Repetition of individual rules / aims and the rating sheet

Explain again the idea that all of us have weaknesses and that all of us will try to improve in these weaknesses during the course of the training. Remind each single learner of his / her personal weaknesses and give each learner instructions how he / she can improve in their weaknesses. Tell them that you will monitor them during the session and that you will give feedback to them at the end of the session.

4. Emotional Pictures

The counsellor refers briefly to the last session when emotions were identified in social situations. He afterwards explains that this time he brought a new game in which the identification of emotions is slightly more difficult. He then introduces the game as a quiz by explaining that he brought two pictures of emotional faces for every learner and each learner should identify the emotions shown in two pictures. The counsellor then appoints the learner who is supposed to guess first. He explains to the others that he will show one picture to everybody and that everyone except the appointed one should remain silent. After everyone has seen the picture the appointed learner is asked to name the emotion and explain his / her decision based on features seen in the face. After the appointed learner has answered the others are invited to add their ideas.

The counsellor will write down the emotion and the features on wallpaper. Then the next picture should be shown to the learners and a newly appointed learner should identify the emotion and the features. Again you should write down the emotion and the features. Continue with this procedure. When one emotion is shown for the second or third time it is enough to tick the features that are already written down on wallpaper and to add the new mentioned features.

Give appraisal after every single identification of emotions and after every recognition of adequate features.

Please write down the key features for every single emotion as written on the wallpaper:

Joy

Sadness

Anger

Fear
TAKE HOME MESSAGE:
Emotions are expressed similar in different situations and can be detected even when only the face is seen.
Identification of emotions has been learned well.

5. Empathy
Group-Discussion on the definition of empathy.
Please keep in mind that most learners might not know what empathy is so the counsellor has to assist and give good and adequate examples.
Write down the ideas of the learners on wallpaper.

Make sure that in the end the following points are mentioned:

- Empathy means assuming what another person is thinking and feeling.
- Empathy means putting oneself into the other person's shoes.

Please write down the ideas of the learners and the final definition of empathy as written on the wallpaper

6. Leading and Following Game
Introduction of the game. Please take special care of learners who do not feel comfortable or insecure or are shy. Keep in mind that you are responsible for the learners’ safety. Follow them closely during the game and assist when it is needed. Give especially good instructions to the person who is leading. Every learner should be in the position of leading and following once! In case you have an unequal number of students in your group, the counsellor will also take part in the game with one student, but only when the other members are finished (and are safe).

Instruction:
I brought a scarf and I will blind-fold a person with this. This is about trust and empathy. The person who is blind-folded will try to trust the person leading and should try to be aware of what helps him / her to trust. The person leading needs to anticipate what helps the other person to feel secure and anticipate his/her movements. We call this empathy. Please try to be aware of how difficult this task is for you. We will have groups of 2 people – both will be blindfolded (following) and both will be leading.
7. Feedback to leading and following game

After returning back ask the learners what was helpful to trust the other person when following and was difficult when leading another person. Collect the ideas and write them down on wallpaper. Assist with further suggestions when needed. Write everything down on wallpaper.

After finishing the discussion point to the importance of the named factors in everyday life. Circle the ones that are also important in everyday life to trust in another person (e.g. careful communication, good information, encouragement, friendly voice).

Please write down what was helpful to trust and what was difficult to lead as written on the wallpaper. Circle the points that are also important in everyday life.

Helpful to trust:

Difficult to lead:

8. Empathy-Stories

Introduce Empathy-Stories as quiz during which the learners could show what they have already learned.

When introducing the stories make sure to mention the following points:

Empathy is not only about anticipating and detecting emotions but also about what other people might think. The stories also contain some new emotions.

When reading out the story and asking for the feelings and thoughts make sure that every learner has the chance to answer at least twice. If necessary give assistance or corrections in a kind and motivating manner. You will find some ideas for the right answers on the story sheets.

TAKE HOME MESSAGE:

It is important to detect not only emotions but also thoughts in others to show adequate reactions and behaviour!

9. Home-Work Assignment

The learners should try to observe every now and then other people and / or situations and should try to assume what the others are feeling and thinking. If they want to know if they are right in heir assumptions, they should ask the persons what they are feeling or thinking. You tell the learners that you will ask them in the next session for their experiences.
10. Feedback on individual rules / aims in the group

Start with one learner and one individual rule / aim.

- Give examples to the first learner of his / her individual behaviour in this session for his first weakness. Tell him / her first what was (very) good.
- Then tell him / her concrete ways for improvement during the next sessions.
- Motivate him / her that you trust in his / her ability to improve and tell him / her your rating.

Proceed like this with the first weakness of each learner. Then start the round for the second weakness of each learner. Proceed exactly like described above.

Make sure that the ratings are fair!

11. Ending

Thank the learners for their active participation.

Appraisal and Reinforcement!

Tell them when you exactly will come back.

Make sure they will be there in the next meeting

12. Only to be filled in after the session by the counsellors by the counsellor

How difficult was this session for the counsellor from 0 (no problem at all) to 10 (extremely difficult)

Counsellor 1 (Name _____________________):

Counsellor 2 (Name _____________________):

Did you check, you have filled in all the rating sheets properly?

☐ yes
☐ no

If no, why?

Have you given enough appraisals?

☐ yes
☐ no

If no, why not? Were there any problems?
4th Session: Self-Confidence & Peer Pressure

Materials needed for the 4th session:

a. Instruction & Documentation Folder & Pens
b. Wallpaper, Additional DIN A4 paper & Markers
c. Rating sheets for individual aims / rules needed for each learner (six)

Name of YEP-Centre: __________________

Name of Counsellor(s):
1. _______________________ (Counsellor leading the group)
2. _______________________ (Counsellor assisting)

Names of members present in 4th session:

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<th>STEPS &amp; DESCRIPTION</th>
<th>TO BE FILLED IN!</th>
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<tbody>
<tr>
<td>1. Welcome: Reinforcement for coming!</td>
<td>Comments / Problems?</td>
</tr>
<tr>
<td>2. Short Repetition of the last session</td>
<td>How many learners did the homework assignment?</td>
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<tr>
<td>• Empathy (Learners should repeat the above mentioned interactively. Counsellor should assist when needed.)</td>
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<tr>
<td>TAKE HOME MESSAGE of last session:</td>
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<tr>
<td>➔ One Emotion is expressed similarly in different situations and can be detected even when only the face is seen.</td>
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<tr>
<td>➔ It is important to detect not only emotions but also thoughts in others to show adequate reactions and behaviour!</td>
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To trust and to be empathic can be learned

**Check homework assignment.** Ask for difficulties when trying to find out what others are feeling or thinking

### 3. Repetition of individual rules / aims and the rating sheet

Explain again the idea that all of us have weaknesses and that all of us will try to improve in these weaknesses during the course of the training. Remind each single learner of his / her personal weaknesses and give each learner instructions how he / she can improve in their weaknesses. Tell them that you will monitor them during the session and that you will give feedback to them at the end of the session.

### 4. Discussion on peer pressure

Explain to the learners what peer pressure is.

(Peer pressure means you are doing something you don’t want to do and you even feel is wrong to do but still you do it, because your friends are asking you to do so or you feel they want you to do so. You are afraid that otherwise you would loose their friendship or you would be completely rejected by them. So in a situation of peer pressure you are in a conflict between doing something you do not want to do for different reasons and loosing friendship and acceptance by the group).

Invite them to share a situation when they did things that are not accepted by the society, they did not want to do, but still they did because they wanted to belong to a certain group or wanted to be liked by others. Remind them of **confidentiality** and **respect** for each other (group rules) and encourage them to talk freely.

Each learner should share at least one situation with the others. Examples could be smoking, drinking alcohol, stealing things.

### 5. Role-Plays on peer pressure

The counsellor should pick two of the named examples. Ideally two examples that were

<table>
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<th>Please write down the examples mentioned by the learners:</th>
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Please write down the content of the role-plays briefly – including the two endings (self-unconfident and self-confident).
mentioned more often by the learners should be picked. You mention again that all examples were fine.

The counsellor then divides the group in two small groups.

Every small group should work on one example.

Each small group should practice two role-plays on the same situation:

- One role-play with social incompetent and self-unconfident behaviour (not resisting peer pressure) and therefore bad ending.
- One role-play with social competent and self-confident behaviour (resisting peer pressure) and therefore a good ending.

It is extremely important that you assist during the role-plays and tell them exactly which body language, facial expression, voice etc. they should use for confident / unconfident behaviour. Always keep the learning goal in mind!

Afterwards small group 1 puts on stage their two role-plays. Small group 2 is instructed to observe carefully the behaviour so that they can describe it afterwards.

Afterwards discussion:

- Was there a conflict? And why?
- How did you observe self-unconfident and self-confident behaviour? (voice, body language, face,...)
- How did different behaviours change the outcome of the situation? Why is self-confidence important to resist peer pressure?

Write down the questions and answers on wallpaper after the role-play of group 1.

- Was there a conflict? And why?
- How did you observe self-confident and self-unconfident behaviour?
- How did different behaviours change the outcome of the situation? Why is self-confidence important to resist peer pressure?

Please copy the questions and answers written on wallpaper after the role-play of group 2:

- Was there a conflict? And why?
- How did you observe self-unconfident and self-confident behaviour?
Then small group 2 puts on stage their two role-plays. Small group 1 is instructed to observe carefully the behaviour so that they can describe it afterwards.

Afterwards discussion: Same procedure as above

TAKE HOME MESSAGE:
Youths who are acting confident in facial expression, body language, and voice are less targeted by peers and can resist peer pressure more easily. It might be difficult to resist peer pressure but it is worth it.

6. Sharing of successful moments due to high self-confidence

Instruction: Now we have talked about self-confidence in situations of peer pressure. But there can also be self-confidence in other every-day situations. Please think of ANY example of a situation in which you acted with high self-confidence (e.g. talking in front of others, singing alone in the church, taking somebody’s side, helping another person, resisting peer pressure,…).

One learner is invited to tell his / her story.

After that, the other learners and the counsellor give feedback on learner’s strengths in that situation.

Please proceed like that with every learner (story of every learner and feedback to every learner).

Make sure that every learner tells one story. In case somebody...
has a very low self-confidence and cannot remember any situation when he / she acted self-confidence assist the learner by telling them a situation when he / she acted self-confidence in one of the group sessions and give him / her appraisal for that. Encourage him / her afterwards to think about similar situations he / she might also have experienced outside the groups sessions.

### 7. Feedback on individual rules / aims in the group

Start with one learner and one individual rule / aim.
- Give examples to the first learner of his / her individual behaviour in this session for his first weakness. Tell him / her first what was (very) good.
- Then tell him / her concrete ways for improvement during the next sessions.
- Motivate him / her that you trust in his / her ability to improve and tell him / her your rating.

Proceed like this with the first weakness of each learner. Then start the round for the second weakness of each learner. Proceed exactly like described above.

Make sure that the ratings are fair!

### 8. Ending

Thank the learners for their active participation.

Appraisal and Reinforcement!

Tell them when you exactly will come back.

Make sure they will be there in the next meeting

### 9. Only to be filled in after the session by the counsellors!!!

How difficult was this session from 0 (no problem at all) to 10 (extremely difficult)

- Counsellor 1 (Name _____________________):
- Counsellor 2 (Name _____________________):

### Have you given enough appraisals?
- yes
- no

If no, why not? Were there any problems?

Did you check, you have filled in all the rating sheets properly?
- yes
- no

If no, why?
5th Session: Appraisal

Materials needed for the 5th session:

a. Instruction & Documentation Folder & Pens
b. Wallpaper, Additional DIN A4 paper & Markers
c. Small papers with names of each learner for appraisal game
d. Rating sheets for individual aims / rules needed for each learner (six)

Name of YEP-Centre: _______________________

Name of Counsellor(s):

1. ________________________ (Counsellor leading the group)
2. ________________________ (Counsellor assisting)

Names of members present in 5th session:

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In case any member is missing, please try to find out the reason and write it down here:

STEPS & DESCRIPTION

1. Welcome: Reinforcement for coming!

2. Short Repetition of the last session

   Self-Confidence (Learners should repeat the above mentioned interactively. Counsellor should assist when needed.)

   TAKE HOME MESSAGE:

   ➔ Youths who are confident in their facial expression, body language and voice are less targeted by peers and are resistant to peer pressure. It might be difficult but it is worth it.

3. Repetition of individual rules / aims and the rating sheet

   Explain again the idea that all of us have weaknesses and that all of us will try to improve in these
weaknesses during the course of the training. Remind each single learner of his / her personal weaknesses and give each learner appraisal for the improvement so far achieved. Give each single learner instructions how he / she can improve in their weaknesses even more. Tell them that you will monitor them during the session and that you will give feedback to them at the end of the session.

**4. Definition of Appraisal**

Ask the learners for what you can give appraisal to others. Write down their ideas on wallpaper and fill in some of your ideas when needed (e.g. outwards appearance, attitude, character, skills, behaviour,…)

Please copy what you have written down on wallpaper to the following question: For what can you give appraisal to others?

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**5. Appraisal-Game**

The counsellor should prepare papers for every learner and counsellor. On each paper the name of one learner or counsellor should be written. Afterwards one learner should start and choose blindly one paper. The learner then is asked to give appraisal to the person whose name is written on the paper. Afterwards the person who received appraisal should choose the next paper blindly and give appraisal to the person whose name is written on the paper. Continue in the same manner until everybody gave and received appraisal.

As counsellor you are part of this game but please be aware that you should give your appraisal to one learner very carefully! Avoid sentences like “you are the best learner” because the other members would feel bad. To prevent jealousy you should give appraisal to the entire group after you gave individual appraisal to one learner.

**6. Group Discussion**

Invite the learner to discuss the following questions and write down their answers on wallpaper:

a) How do you feel if somebody gives you appraisal?  
(e.g. proud, motivated,…)  

b) What is difficult when giving somebody appraisal?  
(e.g. choosing the right words, fear of reaction of the other person,…)  

Please copy the answers from the learner as written on the wallpaper:

a) How do you feel if somebody gives you appraisal?
TAKE HOME MESSAGE:

- Appraisal is good for motivation and building trust and relationships! **DO IT!**
- Maybe we feel a bit insecure when giving appraisal but it makes us and the other person happy!

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<th>Question</th>
<th>Answer</th>
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<tr>
<td>b) What is difficult when giving somebody appraisal?</td>
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7. Discussion in Small Groups

Divide the group in **two small groups**. Each small group should discuss one of the following questions.

a) Why is it good to give appraisal?
   (e.g. It makes other people happy, it creates friendship, it helps others to improve,...)

b) When is appraisal justified?
   (e.g. If somebody did something that was good, in case of success, attempts positive behaviour)

After the discussion in small groups the two small groups should present their questions and answers in the plenum again and the counsellor is writing down the answers on wallpaper. The counsellor can also add his/her ideas.

8. Homework Assignment

Ask the learner to try out appraisal in everyday life:

a) Each learner should give **appraisal to at least 3 persons**. The persons could be friends, family members or even strangers. They should say something really nice to these persons.

b) Each learner should also try to give **a lot of appraisal (at least 5 nice things)** to one person. They should carefully observe the reaction of the recipient & the impact on their relationship to this person.

9. Feedback to individual rules / aims in the group

Start with one learner and one individual rule / aim.

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<th>Question</th>
<th>Answer</th>
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<td>Did you check, you have filled in all the rating sheets</td>
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- Give examples to the first learner of his / her individual behaviour in this session for his first weakness. Tell him / her first what was (very) good.

- Then tell him / her concrete ways for improvement during the next sessions.

- Motivate him / her that you trust in his / her ability to improve and tell him / her your rating.

Proceed like this with the first weakness of each learner. Then start the round for the second weakness of each learner. Proceed exactly like described above.

Make sure that the ratings are fair!

10. Ending
Thank the learners for their active participation.
Appraisal and Reinforcement!
Tell them when you exactly will come back.
Make sure they will be there in the next meeting

Have you given enough appraisals?
- yes
- no
If no, why?

11. Only to be filled in after the session by the counsellors by the counsellors!!!!
How difficult was this session from 0 (no problem at all) to 10 (extremely difficult)

Counsellor 1 (Name _____________________):
Counsellor 2 (Name _____________________):
# 6th Session: Outsiders

**Materials needed for the 6th session:**

a. Instruction & Documentation Folder & Pens  

b. Wallpaper, Additional DIN A4 paper & Markers  

c. Rating sheets for individual aims / rules needed for each learner (six)

**Wallpaper that should be prepared at home:**

1.) Wallpaper with all the questions for the group discussion (see 6.)  

2.) Wallpaper with the learning goal (see 10.)

Name of YEP-Centre: ________________

Name of Counsellor(s):  

1. ________________ (Counsellor leading the group)  

2. ________________ (Counsellor assisting)

Names of members present in 6th session:

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**STEPS & DESCRIPTION**

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<th>TO BE FILLED IN!</th>
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<tr>
<td><strong>1. Welcome:</strong> Reinforcement for coming!</td>
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| **2. Short Repetition of the last session**  | **Comments / Problems?**  

- Appraisal (Learners should repeat the above mentioned interactively. Counsellor should assist when needed.)  

  **TAKE HOME MESSAGE:**

  ➔ Appraisal is good for motivation and building trust and relationship! Do it! | **How many learners did the homework assignment?**

  ________ |  |
Check homework assignment: Try to find out whom they gave appraisal and how the recipient of the appraisal reacted and how the learner felt.

3. Repetition of individual rules / aims and the rating sheet
Explain again the idea that all of us have weaknesses and that all of us will try to improve in these weaknesses during the course of the training. Remind each single learner of his / her personal weaknesses and give each learner appraisal for the improvement so far achieved. Give each single learner instructions how he / she can improve in their weaknesses even more. Tell them that you will monitor them during the session and that you will give feedback to them at the end of the session.

4. Discussion on outsider
Definition:
Outsider = Person who is disliked by all the others but who would like to be part of a group.

Ask the learner if there are learners in school nobody wants to associate with and nobody likes. Please tell them that they should not mention anybody's names. Also remind them of the ground rules (especially respect for one another and confidentiality). Afterwards ask the learners to complete the following sentence and write the sentence and the answers down on wallpaper.
For me personally an outsider is somebody who ...

Take care that the members respect each other during the discussion. Be especially careful if there is an “outsider” in your group.

In case the learners are focusing too much on one person who is an outsider in the YEP-Centre try to get the focus on something else by asking “do you know other persons maybe even outside the centre who are behaving in the same way, who are looking the same way?” or ask them why they think somebody with these features is an outsider ....

Make sure that always all learners are involved in the discussion. Ask everybody for his / her opinion. Everybody is allowed to express his / her thoughts freely and without judgment.

Please write down the ideas learners have about outsiders as written on the wallpaper:
For me personally an outsider is somebody who
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Give appraisal for their active participation. Ask them to talk freely and remind them of confidentiality.

Based on their ideas explain the TAKE HOME MESSAGE to them:

a) Everyone could be an outsider
b) People who are not average are more likely to be outsiders than people who are on one end or the other of a continuum.
   e.g. Smartness/ Beauty,…

   very ugly ___________________________ extremely beautiful
   very dull ___________________________ extremely intelligent
   very poor ___________________________ extremely rich
   0-----------------------------------------------10

5. Role-Play “Outsider” with negative ending

Important: Make sure you choose somebody who is well accepted by the group and has a high self-confidence for acting the role of the outsider.

Instruction:

Remember the other role-plays we had. We will also have two role-plays today. You will act as different persons, not you. Today we will have a role-play about the consequences of rejecting and accepting outsiders. I would like to ask _______________ to act as he / she would be an outsider in this role-play. The others will also act. Imagine you play DINIDINI and because one member just left, you do not have enough people to make the game interesting. There is an outsider, but the group is not sure if they want him to join. Actually ALL of them do not like him and all of them are talking badly about him / her in the beginning. Nobody wants the outsider to join the game in the beginning. But DINIDINI is not nice and interesting if you do not have enough players. The group members make clear that they do not like the outsider at all and gossip about him. The mood of the group members becomes bad. Some even do not want to play again. Somehow the fun is lost. So in the end, one group member decides to ask the outsider to join the game, but his answer is NO.

6. Group Discussion on the following questions:

Please write down all answers on wallpaper with the questions you already prepared at home. Make sure that all the learners participate actively in the discussion. Give appraisal for the ideas they are coming up with, but without strengthening their prejudices. Don’t be judgemental. Take care of the group rules. Especially remind them of confidentiality and respect for each other. You also could remind them of empathy. Assist them when it is needed.

Be aware that you are dealing with a very sensitive
topic that might cause conflicts between the learners. You have to be very fast in recognizing these small conflicts and solve them quickly.

a) Which negative consequences were caused because it took long until the outsider was asked to join the game? (e.g. loss of interest & fun in the game, outsider refused to join the game, disagreement among themselves, …)

b) Why do you believe outsiders are rejected by others? (Not only in the role-play but also in GENERAL) (e.g. appearance, social status, disabilities, family background, jealousy, …)

c) What are prejudices? (Information for counsellor: You see one member from a group and then you think the whole group is like this or you see one feature of one person and you conclude now I know how this person is; Generalizing & Categorizing).

d) Why can prejudices be helpful? (e.g. save time, save energy, save much thoughts, gives us a sense of safety & control, …) KEEP IN MIND THAT THIS IS ACTUALLY WRONG!
e) Why do you think groups have prejudices against outsiders?
(e.g. to protect their group)

f) Do groups feel superior if they see an outsider as inferior?
(YES, if we say bad things about others, it enhances our pride and our sense of how good we feel; important for self-esteem, self-worth and self-confidence)

g) Does the presence of outsiders enhance the feeling of belonging together for a group?
(YES, social exclusion makes you stick together more; group pressure; fear of being excluded by the group; outsider = warning signal)

h) How do you believe do outsiders feel?
(e.g. excluded, isolated, alone, ...)

Important:
Remind them of the empathy session

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7. Role-Play “Outsider” with positive ending

Instruction:
Remember the other role-play we had in the beginning. We will act the same role-play again but this time with a positive ending. You will act again as different persons, not you. Again I would like to ask __________ to act as he / she would be the outsider again. The others will also act. Imagine you play DINIDINI and because one member just left, you do not have enough people to have an interesting game. One person, namely ______X______ takes the side of the outsider right from the beginning. He / She likes the outsider although the rest of the group again does not want the outsider to join the game. ______X______ gives good arguments why the outsider should join in (e.g. more fun, the outsider knows well how to play DINIDINI, let’s try, ...). Another person of the group namely ______Y______ is convinced and also takes the side of the outsider. After some more group discussion the whole group is convinced that the outsider should join. ______X______ asks the outsider to join and he / she says YES. Everybody is happy and enjoying the game together.
8. Discussion and write down on wallpaper:
   a) How could we observe in the role-play tolerance / social competent and positive behaviour for the outsider?
      (e.g. arguments, communication, confidence, let me talk and let me try to explain, stayed in group, resistance, accepted criticism, listen to other arguments, patient, long-term goal, pointing out her ability, taking responsibility, he went up to her, first targeting one and only then the others)

   b) How difficult was it for the “helpers” to convince the others?
      (e.g. It was very difficult because it took time and resistance. I was afraid that the outsider might not meet the expectations; I was afraid, that the outsider might refuse; I was afraid of loosing the group; I was afraid that the majority is right)

   c) Which feelings did the “helpers” have towards the outsider and towards the group members in the beginning and at the end of the role-play?
      (e.g. confused, small, insecure and at the same time strong, fearful, angry, sympathy for the outsider, courage, proud, in the end happy & grown, acceptance afterwards has risen in the group)

   Point out that you can gain from taking the side of an outsider!

Please write down the answers of the learners to the following questions. Please also write down, if you face any problems in the discussion.

a) How could we observe in the role-play tolerance for the outsider?

b) How difficult was it for the “helpers” to convince the others?

c) Which feelings did the “helpers” have towards the outsider and towards the group members in the beginning and at the end of the role-play?

9. Learning goal
   Please explain carefully to the learners the learning goals and show them the wallpaper you already prepared at home with all the points below!

   Usually groups create outsiders to feel better and to have a scapegoat... also to make life easy and not to have to think too much. If only ONE person takes side for the outsider, it can change
the situation. It is difficult to take side for the outsider, but it is effective and it is worth it!

TAKE HOME MESSAGE:
Brave, smart, confident, social competent, strong and beautiful youths don’t need outsiders. They can take outsiders on board. They know it is good for everybody.
1. Anyone can be an outsider
2. Smart, intelligent and bright people do not need prejudices. They are smart enough to question them.
3. Outsiders feel lonely, disliked and sad ➔ nobody wants to feel that way.
4. Smart people should not feel better because they make others look bad. They should be confident enough.
5. ONE confident person is enough to take an outsider on board and integrate him into the group.
6. No doubt that it is difficult to take the side for an outsider and to convince a group BUT it is worth it and you will gain from it.

Make sure that everybody got the learning goals clear. Ask them how they feel about what they have learned today.

10. Feedback to individual rules / aims in the group
Special appraisal for the one who was acting as the outsider and for the ones who were acting as the helpers!

Aftwards start with one learner and one individual rule / aim.
- Give examples to the first learner of his / her individual behaviour in this session for his first weakness. Tell him / her first what was (very) good.
- Then tell him / her concrete ways for improvement during the next sessions.
- Motivate him / her that you trust in his / her ability to improve and tell him / her your rating.

Proceed like this with the first weakness of each learner. Then start the round for the second weakness of each learner. Proceed exactly like described above.
Make sure that the ratings are fair!

Did you check, you have filled in all the rating sheets properly?
☐ yes
☐ no
If no, why?
### 11. Ending
Thank the learners for their active participation.
Appraisal and Reinforcement!
Tell them when you exactly will come back.
Make sure they will be there in the next meeting

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<th>Have you given enough appraisals?</th>
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<tbody>
<tr>
<td>□ yes</td>
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<td>□ no</td>
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If no, why not? Were there any problems?

### 12. Only to be filled in after the session by the counsellors!!!!
How difficult was this session from 0 (no problem at all) to 10 (extremely difficult)
Counsellor 1 (Name _____________________):
Counsellor 2 (Name _____________________):
# 7th Session: Dealing with Criticism & Anger Control

**Materials needed for the 7th session:**

- Instruction & Documentation Folder & Pens
- Wallpaper, Additional DIN A4 paper & Markers
- Rating sheets for individual aims / rules needed for each learner (six)
- Anger Control Cards

Name of YEP-Centre: __________________

Name of Counsellor(s):

1. _______________________ (Counsellor leading the group)
2. _______________________ (Counsellor assisting)

Names of members present in 7th session:

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<tr>
<th>Name</th>
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In case any member is missing, please try to find out the reason and write it down here:

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<tr>
<th>STEPS &amp; DESCRIPTION</th>
<th>TO BE FILLED IN!</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Welcome</strong></td>
<td><strong>Reinforcement for coming!</strong></td>
</tr>
<tr>
<td><strong>2. Short Repetition of the last session</strong></td>
<td><strong>Outsiders (Learners should repeat the above mentioned interactively. Counsellor should assist when needed.)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>TAKE HOME MESSAGE of last session:</strong></td>
</tr>
<tr>
<td></td>
<td>➔ Anyone can be an outsider</td>
</tr>
<tr>
<td></td>
<td>➔ Smart, intelligent and bright people do not need prejudices. They are smart enough to question them.</td>
</tr>
</tbody>
</table>
Outsiders feel lonely, disliked and sad → nobody wants to feel that way.

Smart people should not feel better because they make others look bad. They are confident enough: Brave, smart, confident, social competent, strong and beautiful youths don’t need outsiders. They can take outsiders on board. They know it is useful for everybody.

ONE confident person is enough to take an outsider on board and integrate him into the group.

No doubt that it is difficult to take the side for an outsider and to convince a group BUT it is worth it and you will gain from it.

### 3. Repetition of individual rules / aims and the rating sheet

Explain again the idea that all of us have weaknesses and that all of us will try to improve in these weaknesses during the course of the training. Remind each single learner of his / her personal weaknesses and give each learner appraisal for the improvement so far achieved. Give each single learner instructions how he / she can improve in their weaknesses even more. Tell them that you will monitor them during the session and that you will give feedback to them at the end of the session.

### 4. Group Discussion

Questions for discussion in the group **without writing on the wallpaper**; Please take some notes in the documentation folder.

First of all ask one learner the following question:

What are your personal strengths?

Then you ask the same question for the other learners.

Then ask the first learner the following 4 questions. Only after the first learner has answered all 4 questions continue with the second one,… Make sure that all learners are paying attention to the stories the learners are telling. Keep all of them active even so you are always asking one after the other:

1) **Can you remember a situation when you have been criticised?**

2) **How did you feel in that situation when being criticised?**

   (e.g. sad; angry; shattered self-confidence; hurt; embarrassed)

   Please write down the answers to the following questions:

   What are your personal strengths?

   Learner 1 (name):

   Learner 2 (name):

   Learner 3 (name):

   Learner 4 (name):

   Learner 5 (name):

   Learner 6 (name):

   Can you remember a situation when you have been criticised?

   Learner 1 (name):
For you to remember:

*If criticism is not justified or it is not in our hands it even hurts more and there are more negative feelings.*

3) How did you react?

4) From today’s perspective do you think there would have been a better way how to react in this situation or would you react exactly in the same way again?

*For you to remember:*

*If the criticism was justified and the learner was responsible it would be ideal to accept the criticism and to say sorry.*

*If the criticism was not justified and the learner was not responsible it would be ideal to stay confident and calm. To control the anger and to find good explanations.*

Ask all the learners the following question:

**In general was there ever a situation when you did something wrong and due to the justified criticism you learned something out of the situation?**

**TAKE HOME MESSAGE:**

Criticism sometimes can help us to grow!

---

5. Role-Plays on “justified” and “unjustified” criticism

Divide the group into two small groups. Each small group gets a different instruction for a role-play:

**Small group 1 (justified criticism):**

*An student is late for class for the third time this week and he knows that it is his / her fault. After the lesson the teacher asks the latecomer to talk. The teacher is criticising the student harshly, blames him, gives him extra work as punishment and clearly warns him to not be late again. The student tries to stay calm, says I’m sorry but still tries to give explanations for late coming. He obviously is hurt but stays calm and accepts the criticism.*

**Small group 2 (unjustified criticism):**

*The glasses for the catering-class are broken. The teacher is very angry and blames a student (______________) for breaking them. The teacher does not ask the student if he / she broke them. He
just starts blaming the student. The teacher is harsh. The student had broken one glass last week that is why the teacher is convinced that he broke the glasses again. The student is hurt and angry. He did not do anything. He tries to explain to the teacher, but the teacher does not listen. He is still convinced that the student broke the glasses. The student feels treated unfairly but stays calm and confident and tries to give good arguments why he did not break it. After a long discussion, the teacher finally is convinced that the student is not guilty.

Please assist both small groups when they are preparing the role-plays. Especially assist them in finding explanations they could give to the teacher. The role-plays are very important for the discussion afterwards so make sure the learners have good ideas for the role-plays.

5. Role-plays are put on stage & discussed

First small group 1 (justified criticism) puts their role-play on stage. Then small group 2 (unjustified criticism) puts their role-play on stage.

Afterwards first of all make very clear that these were role-plays and the learners were acting. Make sure that there are no bad emotions left. Then differences between the two role-plays are discussed:

1st role-play: student was responsible for late coming

2nd role-play: student was wrongly criticised

First of all make clear that in the first role-play the learner actually was wrong and therefore the criticism was justified while in the second role-play the learner did not do anything wrong and therefore the criticism was unjustified.

Please invite the learner to discuss the following three questions for the two situations acted in the two different role-plays. Take care that everybody is involved in the discussion.

Write the learners’ answers down on wallpaper. After collecting the answer for each question point out the differences between role-play 1 and 2 concerning feelings, thoughts and reactions (e.g. in role-play 1 a little bit angry, in role-play 2 very angry; in
role-play 1 guilty, in role-play 2 not guilty).
Please underline the differences on wallpaper.

1. How did the learner feel?
   (e.g. Role-play 1: sad, small disliked, a little bit angry…;
   Role-Play 2: very angry, very much disliked and discriminated…)

2. What did the learner think?
   (e.g. Role-play 1: He is right, bad conscious, I deserve some punishment…;
   Role-Play 2: He is wrong and I’m right, this is not fair,…)

3. How did the learner react?
   (e.g. Role-play 1: He accepted and said “I’m sorry”, he accepted the punishment, he stayed calm, he tried to give explanations (be careful: explanations but no justification!), …;
   Role-Play 2: he gave explanations, stayed calm, calm but determined, he did not accept, he was confident, …)

Make sure that every learner in the end understands that according to whether the criticisms is justified or unjustified feelings, thoughts and reactions are different!

Role-Play 2 (unjustified criticism):

1. How did the learner feel?

2. What did the learner think?

3. How did the learner react?

6. Prevention of Anger Outbursts:

First ask the learners if they remember situations when they were really angry. Then tell them that you brought something for them to learn how to handle situations of anger in a good way. Afterwards you could introduce the Anger Control Cards to them.

Stop-Cards for any kind of situation when anger becomes too much!

Please fill in an Anger Control Card for every single learner! Please copy the single skills you wrote down for the kids on the stop-cards.

Stop!
1. Breath out!
2. Stay calm!
3. Stay confident!
4. I’m great in…..
5. THINK ➔ Find arguments/ Solutions!
Instruction:

*In many different situations we might become angry and it is difficult to control our anger. I brought today cards for you that can help you to handle better situations when you feel you are becoming angry. These can be situations of criticism but also all other kinds of situations when you become angry like for example when somebody provokes you.*

Show the cards to the learners and explain to every single step to them. Make sure that they understand that the different steps are building on each other and that step 1 to 5 always should be done one after the other.

1) Breathing out – Take time, let the anger go!

Explanation:

*In a situation of anger everything is usually going very fast. Therefore it is good to slow down the situation a little bit. You can do that by breathing out slowly. You can breath out your anger!*

Show all the learners how to breathe out.

2) Stay calm!

Explain to the learners that in a situation of criticism conflict and therewith anger it is always good to stay calm.

3) Stay confident!

Explain to the learners that in a situation of criticism conflict and therewith anger it is also always helpful to stay confident.

4) I’m great in ….

Explain to the learners that in a situation of criticism or conflict accompanied by anger it is always good to remember one’s own strengths because this helps to stay confident.

5) THINK – Find arguments / solutions for the situation!

Explain to the learners that in a situation of criticism or conflict accompanied by anger it is always good to find good arguments to convince the others.
In case of emergencies:
Explain to the learners that in a situation of criticism or conflict accompanied by anger it could happen that even though they used all the 5 steps properly, the anger does not decrease. If the anger is still very high after the first five steps they are allowed to use an alarm button. That means to leave the situation to prevent further escalation! But it is an emergency button for extreme emergencies!

8. TAKE HOME MESSAGE:
We all are able to control our anger if we practice! The anger control card will help us to control our anger.  More concrete: Appropriate behaviour in situations of criticism and in other situations where we might get angry can be learned!

9. Home-Work Assignment
Carry the cards in your pocket and use the card in case of emergency. Try to learn the points written on the card by heart.

10. Feedback on individual rules / aims in the group
Start with one learner and one individual rule / aim.
- Give examples to the first learner of his / her individual behaviour in this session for his first weakness. Tell him / her first what was (very) good.
- Then tell him / her concrete ways for improvement during the next sessions.
- Motivate him / her that you trust in his / her ability to improve and tell him / her your rating.

Proceed like this with the first weakness of each learner. Then start the round for the second weakness of each learner. Proceed exactly like described above.
Make sure that the ratings are fair!

11. Ending
Thank the learners for their active participation.
Appraisal and Reinforcement!
Tell them when you exactly will come back.
Make sure they will be there in the next meeting

Did you check, you have filled in all the rating sheets properly?
☐ yes
☐ no
If no, why?

Have you given enough appraisals?
☐ yes
☐ no
If no, why not? Were there any problems?
12. Only to be filled in after the session by the counsellors!!!!

How difficult was this session from 0 (no problem at all) to 10 (extremely difficult)

Counsellor 1 (Name _____________________):
Counsellor 2 (Name _____________________):
8\textsuperscript{th} Session: Inter-individual Conflict Resolution

\textbf{Materials needed for the 8\textsuperscript{th} session:}
\begin{itemize}
  \item Instruction & Documentation Folder & Pens
  \item Wallpaper, Additional DIN A4 paper & Markers
  \item Rating sheets for individual aims / rules needed for each learner (six)
\end{itemize}

Name of YEP-Centre: __________________

Name of Counsellor(s):
\begin{itemize}
  \item _________________ (Counsellor leading the group)
  \item _________________ (Counsellor assisting)
\end{itemize}

Names of members present in 8\textsuperscript{th} session:

\begin{tabular}{|c|c|}
  \hline
  \text{Member 1} & \text{Member 2} \\
  \hline
  \text{Member 3} & \text{Member 4} \\
  \hline
  \end{tabular}

In case any member is missing, please try to find out the reason and write it down here:

\begin{tabular}{|l|}
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\textbf{STEPS & DESCRIPTION}

\begin{tabular}{|l|l|}
  \hline
  1. \textbf{Welcome}: Reinforcement for coming! & \textbf{TO BE FILLED IN!} \\
  \hline
  2. \textbf{Short Repetition of the last session} & \\
  \hline
  \textbullet\ Dealing with criticisms and anger control (Learners should repeat the above mentioned interactively. Counsellor should assist when needed.) & \\
  \hline
  \textbf{TAKE HOME MESSAGE} of last session: & \\
  \hline
  \textarrow{Criticism sometimes can help us to grow!} & \\
  \hline
  \textarrow{Appropriate behaviour in situations of justified and unjustified criticism can be learned} & \\
  \hline
  \textarrow{Anybody can learn to control his / her anger} & \\
  \hline
  \textbf{Check homework assignment}: Try to find out if they used the Anger-Control-Cards and if they still remember what they should do in situations when they feel anger coming up. & \\
  \hline
  3. \textbf{Repetition of individual rules / aims and the rating sheet} & \\
  \hline
  Remind each single learner of his / her personal weaknesses and give each learner appraisal for the improvement so far achieved. Give each single learner instructions how he / she can improve in their & \\
  \hline
\end{tabular}

Comments / Problems?
How many learners did the homework assignment?

__________
weaknesses even more. Tell them that you will monitor them during the session and that you will give feedback to them at the end of the session.

<table>
<thead>
<tr>
<th>4. Discussion in the group</th>
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<tbody>
<tr>
<td>What kinds of conflicts have you experienced or observed? (e.g. conflict about money, jealousy &amp; faithfulness, obedience,…)</td>
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<tr>
<td>Remind them again of group rules (especially confidentiality and respect for each others).</td>
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<tr>
<td>Invite every learner to share at least one conflict they have experienced. The counsellor also should share one conflict he/she experienced in the past.</td>
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<tr>
<td>Please write down the conflicts the learner have experienced by themselves or observed:</td>
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<tr>
<th>5. Definition of conflict</th>
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<tbody>
<tr>
<td>Ask the learners for suggestions for a definition of conflict and write it down on wallpaper. (e.g. disagreement between 2 or more persons; misunderstanding between 2 or more people, state of disharmony over interests).</td>
</tr>
<tr>
<td>Please also give the following definition to the learners (Write it down on wallpaper):</td>
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<tr>
<td>• The energy that builds up when 2 or more people are pursuing incompatible/contrary/excluding interests/goals.</td>
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<tr>
<td>• Conflicts do not have to be violent (e.g. outsider)!</td>
</tr>
<tr>
<td>• Conflicts sometimes can be positive &amp; help us to grow/change</td>
</tr>
<tr>
<td>• Conflicts can be between: 2 people; 1 person – 1 group; 2 groups; within one group</td>
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<tr>
<td>Please write the ideas the learners had about the definition of &lt;conflict&gt;:</td>
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<tr>
<th>6. Role-Play “Conflict”</th>
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<tbody>
<tr>
<td>Divide the group into pairs of two learners. In case you only have five learners ask the co-counsellor to be in one team with one of the learners. Give the following instruction to all the teams.</td>
</tr>
</tbody>
</table>
**Instruction:**

A student is entering the classroom and sees that another student is sitting on his chair. He thinks it is a provocation and his goal is to get his property back. He starts shouting at the person sitting on the chair, and then they start fighting.

### 7. Role-Plays on stage and discussion

All teams should put the same role-play on stage. Afterwards you should ask the entire group for the goals, thoughts, and behaviour that were present in the two acting parties. Ask one after the others (goals, thoughts, behaviour). Please write down their answers on wallpaper. Already write it down with the triangle:

After all role-plays were acted and the conflict triangle is filled in point out that goals, thoughts and behaviour are interrelated.

Afterwards **Brainstorming:**

Ask the learners what could have been done to solve the conflict (e.g. get another chair, ask a...
8. Look at a situation from different perspectives

Introduce to the learners the idea that you always can look at a situation from different perspectives and that if you are not considering the perspective of another person a conflict may arise. (From different perspectives: E, M, 3, W).

Put a wallpaper with a big E on the floor. The learners should sit around the paper. At least one learner should sit on each side of the paper. First ask one of the learners what he / she could read on the paper. Then ask the next one what he / she could read on the paper, continue like this until everything is mentioned (E, M, 3, W). Then the entire group moves together to each perspective so that the learners realize that all answers were correct depending on the perspective of each learner had.

Point out that also in conflicts we might see different elements when changing our perspective. Why always always should try to see all.

9. Conflict-Resolution-Triangle

Instruction:

*There are three interrelated components in a conflict that all contribute to a conflict. The goals are incompatible and they do influence our thoughts and our behaviour, also our thoughts and our behaviour can change our goals. If we want to solve a conflict we can start finding a possible solution at every angle of a conflict. We should take into account what goals, thoughts and behaviour we assume in the other party and based on this we can decide if we want to change our goals, our thoughts and our behaviours. It is always good to have many alternatives and perspectives on all levels! To look at a conflict from the three different angles helps us to find better solutions and then, when have taken all perspectives into account, to decide for the best one.*

Please copy the ideas of the learners regarding helpful goals, thoughts and behaviours as written on the conflict resolution triangle on the wallpaper.

Person 1:
Goals:
Thoughts:
Sometimes we have to change our goals, our thoughts and our behaviour, sometimes it is enough to change only the thoughts or the goals or the behaviour. This is always depending on the given conflict.

Let us think about our role-play again. We already have collected ideas on how to solve the conflict (see brainstorming above). Let us try to fill in our ideas in the so-called conflict resolution triangle.

After you have filled in the ideas the learner have already collected you can encourage them to find more helpful goals, thoughts and behaviour to solve the conflict.

Examples could be:

**Person 1:**

**Goals:** Change from “I want my property back” to “I can sit on another chair”; “We can share the chair”; ...

**Thoughts:** Maybe he/she just wants to sit somewhere; maybe he/she does not know that it is my chair; nobody here owes a chair; ...

**Behaviour:** Stay calm; communicate to the other person that he/she was sitting on that chair before; asking the other person friendly to leave the chair, ...

**Person 2:**

**Goals:** “I just want to sit somewhere and rest”

**Thoughts:** Maybe this was his/her chair and I should leave it; I want peace; maybe I did something wrong, ...

**Behaviour:** Stay calm; communicate well; look for another chair; ...

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### 10. TAKE-HOME-MESSAGE & Integration into ANGER CONTROL

Explain that the conflict and the conflict resolution triangle can be used in any conflict situation to analyze and come up with solutions.

Explain how the triangles are embedded in the anger outburst control:
1. Breath Out
2. Stay Calm
3. Stay Confident
4. I’m great in great in ….

5. Think about arguments / solutions and come up with long-term solutions (keep long-term consequences in mind)

Important: Step 5 is the triangle.

Triangle helps us to think better about possible solutions, see more perspectives and alternatives, so that we can pick the best solution.

Make sure that the learners understand the take home message by briefly mention the example of the role-play again. E.g. the learner who came back to the class could have done all the five steps and not started arguing.

11. Feedback to individual rules / aims in the group

Start with one learner and one individual rule / aim.

- Give examples to the first learner of his / her individual behaviour in this session for his first weakness. Tell him / her first what was (very) good.
- Then tell him / her how much he / she has improved over the course of time and explain concrete ways for even more improvement in the future.
- Motivate him / her that you trust in his / her ability to improve and tell him / her your rating.

Proceed like this with the first weakness of each learner. Then start the round for the second weakness of each learner. Proceed exactly like described above.

Make sure that the ratings are fair!

12. Ending

Thank the learners for their active participation: Appraisal and Reinforcement!

Tell them when you exactly will come back.

Did you check, you have filled in all the rating sheets properly?
- yes
- no
If no, why?

Have you given enough appraisals?
- yes
- no
Make sure they will be there in the next meeting

<table>
<thead>
<tr>
<th>If no, why not? Were there any problems?</th>
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**13. Only to be filled in after the session by the counsellors!!!!**

How difficult was this session from 0 (no problem at all) to 10 (extremely difficult)

Counsellor 1 (Name _____________________):

Counsellor 2 (Name _____________________):
9th Session: Conflict Resolution between Groups and Cooperation within Groups

IMPORTANT: Prepare the field for the “cooperation game” before the session!

Materials needed for the 9th session:
- Instruction & Documentation Folder & Pens
- Wallpaper, Additional DIN A4 paper & Markers
- Rating sheets for individual aims / rules needed for each learner (six)
- Materials for cooperation game (e.g. scarves!)

Name of YEP-Centre: __________________
Name of Counsellor(s):
1. _______________________ (Counsellor leading the group)
2. _______________________ (Counsellor assisting)
Names of members present in 8th session:

<table>
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<tr>
<th>Name</th>
<th>Name</th>
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In case any member is missing, please try to find out the reason and write it down here:

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<th>Reason</th>
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STEPS & DESCRIPTION | TO BE FILLED IN!
1. Welcome: Reinforcement for coming!

2. Short Repetition of the last session
Conflict triangle, conflict resolution triangle and embedding of conflict resolution triangle in anger control card (Learners should repeat the above mentioned interactively. Counsellor should assist when needed.)

TAKE HOME MESSAGE of the last session:

➡ Looking at different perspectives and looking at all three angles of a conflict helps us to find more possible solutions for conflicts and then to chose the best one and further helps us to control our anger.

3. Repetition of individual rules / aims and the rating sheet
Give appraisal for the improvement so far achieved and motivated them to further improvement
# 4. Discussion in the group

Please write down the conflicts between and within groups as mentioned by the learners

<table>
<thead>
<tr>
<th>a) What kind of conflicts between groups do you know?</th>
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<th>b) What kind of conflicts within groups do you know?</th>
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# 5. Instruction: Role-Play “Conflict between Groups”

The entire group now should act one role-play about a conflict between boys and girls. In case your group is not gender-balanced you have to assign some boys to act as girls or the other way round.

You can read out the following instruction to the learners but you also should summarize it again with your own words to make sure that the learners fully understand the instruction. Be aware that the following discussion is based on the role-play and therefore the role-play is highly important. Make sure they got the goals, thoughts and behaviours well to fill in the triangle later on.

**Instruction:**

*The boys group is out on the football field since two hours. They are still in the middle of the game, happily playing. Their goal is to continue playing to finish up their game among themselves.*

*When the girls come to the field, they are disappointed because the boys are still playing. The girls think that the boys are too proud and that they should let them play. The girls ask them to leave the field, so that the girl’s team could start to play. The boys start laughing. They do not take the girls serious. They think girls cannot play soccer. They think generally girls should not play soccer: It’s a men’s world 😊 They act in an arrogant way. The girls get angry, because they want to play. The girls*
start arguing and even shouting. The boys are very annoyed and also quarrel.

7. Role-play on stage and discussion (Conflict Triangle)

The entire groups should act the role-play. Afterwards you should ask the entire group for the, goals, thoughts, and behaviour that were present in the group of the girls and the group of the boys. You can ask their girls for their goals, thoughts and behaviour and the boys for their goals, thoughts and behaviour. Please write down their answers on wallpaper using the conflict triangle separately for boys and girls (use different colours).

Possible answers could be:

**BOYS:**

Goals: Play among themselves

Thoughts: Footballs is only for men, they want to provoke us, they want to interrupt us, they want to fight, they want our attention, they are lazy because they should be at home and working, they should go away,…. 

Behaviour: Chasing the girls away, pushing them, shouting at them, refusing to leave the filed, making jokes out of the girls,

**GIRLS:**

Goals: Play among themselves

Thoughts: The boys should leave, they are arrogant, they don’t take us seriously, they are selfish, they will beat us, they don’t like us,…

Behaviour: Approaching the boys, shouting at the boys, grabbing the ball, pushing the boys,…
After the conflict triangle is filled in point out again that goals, thoughts and behaviour are interrelated. Stress again that it is helpful to look at a conflict from all three angles and that it is also helpful to take into consideration the goals, thoughts and behaviour of the other conflicting party. Remind them of the last session when you were talking about the conflict and the conflict resolution triangle as well.

8. Role-Play with positive ending

The idea is that the learners discuss together a possible solution for the conflict between the boys and girls. Don’t tell them the solution! Be aware that there are different possible solutions like for example playing together, the girls waiting for five more minutes and the boys first finish their game and afterwards the girls are playing, the boys could move to another field, they could share the field and everybody is only playing on one half of the field…

*Instruction:*

*Now having analysed the conflict situation please let us see the role-play again. But this time try to find a solution with which everybody – boys and girls – is happy. Therefore first you should discuss jointly about possible solutions and agree on one solution before acting.*

9. Group Discussion & Conflict Resolution Triangle

After the learners acted the role-play with the positive ending ask them again for the goals, thoughts and behaviour. Again you can ask the girls for their goals, thoughts and behaviour and also the boys for their goals thoughts and behaviour. Fill in the conflict resolution triangle together with the learners. Use different colours for boys and girls.

*Instruction:*

*You remember the triangles we had in

<table>
<thead>
<tr>
<th>Goals:</th>
<th>Please copy the answers of the learners as written town on the conflict resolution triangle on the wallpaper after the role-play:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys:</td>
<td></td>
</tr>
<tr>
<td>Girls:</td>
<td></td>
</tr>
<tr>
<td>Thoughts:</td>
<td></td>
</tr>
<tr>
<td>Boys:</td>
<td></td>
</tr>
</tbody>
</table>
our last session. We had one for the conflict and one for the resolution of the conflicts. We already filled in the conflict triangle for the conflict between the boys and girls. Now I would like to fill in the conflict resolution triangle with you. We can fill in the solution you right now acted in the role-play and also other solutions you have in mind.

After the conflict resolution triangle is filled in point out again that goals, thoughts and behaviour are interrelated. Stress again that it is helpful to look at a conflict from all three angles and that it is also helpful to take into consideration the goals, thoughts and behaviour of the other conflicting party. Explain to them that the conflict and the conflict resolution triangle can be used not only in situations of conflict between to persons but also in situations of conflict between groups. Remind them again of the anger control cards and the fact that the triangles can be embedded in the anger control cards.

<table>
<thead>
<tr>
<th>11. Group Discussion on Cooperation</th>
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Please discuss with the learners briefly the following questions:

1) What is cooperation?

Collect their answers on wallpaper and summarize them in the end to the following definition:

Cooperation: Working together with

<table>
<thead>
<tr>
<th>Please copy the answers of the learners as written on the wallpaper to the following questions:</th>
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</table>

1) What is cooperation?
understanding each other to reach a common goal.

2) When did you use cooperation in the past and why?

3) If we have the chance to select somebody for cooperation what kind of person would we choose?

Collect their answers on wallpaper and summarize them in the end to the following points:

We would select somebody who
- has the same common goal
- shares the work with us in a fair way
- we can fully trust in

12. Cooperation-Game

Ask the group to follow you to the field you already have prepared before the session. Instruct them that they are now going to play a game where cooperation is needed. Divide the group in pairs of two learners. In case you have only five learners in your group ask the co-counsellor to be in a team with one of the learner. Tie the ankles of two learners together with one piece of clothes. The tied learners form one team. Proceed like this with the other learners of your group, so that you have 2-3 small teams. Afterwards two teams should try to run through the field as fast a possible. Make sure that the have a fair competition (all teams should be tied in the same way).

*Instruction:*

*Now I would like to invite you to play another game. The game is about cooperation. I will always tie together two of you on your legs. Afterwards two couples will have a little competition. You should try to manage the field I have prepared for you as fast as possible. Who can do the field faster and without injuries is the winner. Every team will run against every team.*

Ask the learners afterwards what was helpful for cooperation with one another, e.g. we need to trust each other; we depend on each other; it needs patience; you need to be confident; you need to aim at winning; you need to be motivated; you have to work together; you have to communicate well; you
have to wait for each other sometimes.

**Explain to them that these skills are also needed for cooperation in real life situations.**

<table>
<thead>
<tr>
<th>13. Feedback on individual rules / aims in the group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start with one learner and one individual rule / aim. Give examples of the individual behaviour in this session for the first learner. Tell him / her first what was very good. Point out how much he / she already has improved. Then tell him / her concrete ways for even more improvement. Motivate him / her that you trust in his / her ability to improve and tell him / her your rating. Proceed like this with the first weakness of each learner. Then start the round for the second weakness of each learner. Proceed exactly like described above.</td>
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<table>
<thead>
<tr>
<th>Did you check, you have filled in all the rating sheets properly?</th>
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</thead>
<tbody>
<tr>
<td>□ yes</td>
</tr>
<tr>
<td>□ no</td>
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<tr>
<td>If no, why?</td>
</tr>
</tbody>
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<tr>
<th>14. Ending</th>
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<tbody>
<tr>
<td>Thank the learners for their active participation: Appraisal and Reinforcement! Tell them when you exactly will come back. Make sure they will be there in the next meeting!</td>
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</table>

<table>
<thead>
<tr>
<th>Have you given enough appraisals?</th>
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<tbody>
<tr>
<td>□ yes</td>
</tr>
<tr>
<td>□ no</td>
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<tr>
<td>If no, why not? Were there any problems?</td>
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<tr>
<th>15. Only to be filled in after the session!!!!</th>
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<tbody>
<tr>
<td>How difficult was this session from 0 (no problem at all) to 10 (extremely difficult)</td>
</tr>
<tr>
<td>Counsellor 1 (Name _____________________):</td>
</tr>
<tr>
<td>Counsellor 2 (Name _____________________):</td>
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10th Session: Repetition and Appraisal

Materials needed for the 10th session:
- Instruction & Documentation Folder & Pens
- Wallpaper, Additional DIN A4 paper & Markers
- Rating sheets for individual aims / rules needed for each learner (six)

Wallpaper that should be prepared at home:
1) Wallpaper for circle feedback

Name of YEP-Centre: __________________
Name of Counsellor(s):
1. _______________________ (Counsellor leading the group)
2. _______________________ (Counsellor assisting)

Names of members present in 10th session:


In case any member is missing, please try to find out the reason and write it down here:

<table>
<thead>
<tr>
<th>STEPS &amp; DESCRIPTION</th>
<th>TO BE FILLED IN!</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome:</td>
<td>Reinforcement for coming!</td>
</tr>
<tr>
<td>2. Repetition of the whole training with all topics and take-home-messages</td>
<td></td>
</tr>
</tbody>
</table>

Session 1: Introduction
Introduction; Informed Consent; “Trust-Fall-Game”; Group Rules and Individual Rules

TAKE HOME MESSAGE:

- We can learn to trust others (trust fall).
- We all can learn to improve in our weaknesses (individual rules).
- If we all stick to certain rules it makes our life easier (group rules).

Session 2: Emotions & Behaviour
Role-Plays of Emotions and Recognition of Emotions
TAKE HOME MESSAGE:

- The same emotion looks similar in different situations and when express by different people, e.g. joy can always be recognized by a smile.
- It is important to detect and interpret emotions in other people so we can help them, share laughter, escape and enhance our relationships.

Session 3: Empathy
Detect Emotions in pictures, definition of empathy, “Empathy-Game” and “Empathy-Stories”

TAKE HOME MESSAGE:

- Same emotion is expressed similar in different situations and can be detected even when only the face is seen.
- To trust and to be empathic can be learned.

Session 4: Self-Confidence and Peer Pressure
Discussion on peer pressure; role-play with positive and negative ending; how and why can we behave self-confident

TAKE HOME MESSAGE:

- Youth who are confident in their facial expression, body language and voice are less targeted by peers and are resistant to peer pressure.

Session 5: Appraisal
Definition of appraisal; “Appraisal-Game”; feelings when being appraised or when giving appraisal; importance and of appraisal

TAKE HOME MESSAGE:

- Appraisal is good for motivation and building trust and relationships! DO IT!

Session 6: Outsiders
Who can be an outsider? Role-plays with negative and positive ending (DINIDINI); prejudices; causes and consequences of having outsiders

TAKE HOME MESSAGE:

- Anyone can be an outsider.
Smart, intelligent and bright people do not need prejudices. They are smart enough to question them.

Outsiders feel lonely, disliked and sad → nobody wants to feel that way.

Smart people should not feel better because they make others look bad. They are confident enough: Brave, smart, confident, social competent, strong and beautiful youths don’t need outsiders. They can take outsiders on board. They know it is good for everybody.

ONE confident person is enough to take an outsider on board and integrate him into the group.

No doubt that it is difficult to take the side for an outsider and to convince a group BUT it is worth it and you will gain from it.

Session 7: Dealing with Criticism and Anger

Personal strengths, moments when we have been criticised, justified and unjustified criticism, anger control cards

TAKE HOME MESSAGE:

→ Criticism sometimes can help us to grow!

→ Appropriate behaviour in situations of justified and unjustified criticism can be learned

→ Anybody can learn to control his / her anger

Session 8: Inter-individual Conflict Resolution

Definition of conflicts, sharing of own experiences; conflict triangle; conflict resolution triangle; conflict resolution triangle and anger control cards

TAKE HOME MESSAGE:

→ Looking at different perspectives and looking at all three angles of a conflict can help to find more possible solutions to a conflict and to chose the best solution for a conflict and helps us to control our anger.

Session 9: Conflicts Between Groups & Cooperation Within Groups

Role-Play football field; conflict and conflict resolution triangle; “Cooperation-Game”; Why is cooperation helpful?

TAKE HOME MESSAGE:

→ Looking at different perspectives and looking at all three angles of a conflict can help to find more possible solutions to a conflict and to chose the best solution for a conflict and helps us to control our anger.
Usually the best way to solve a conflict within a group is cooperation. Cooperation might be difficult and we have to trust each other but cooperation helps us to reach a common goal.

### 3. Group Discussion

Invite the learners to discuss with you the following questions and write their answers down on wallpaper:

1. What have you learned? (Brainstorming: Everybody is invited to give as many answers as he/she likes)
2. What was most important for you to learn? (Each learner should mention 1 thing)
3. What did you like the most? (Each learner should mention 1-3 things)
4. What did you dislike the most? (Each learner should mention 1-3 things)
5. What was most difficult for you? (Each learner should mention 1 thing)

Please copy the answers of the learner to the following questions as written on the wallpaper:

1. What have you learned?
2. What was most important for you to learn?
3. What did you like the most?
4) What did you dislike the most?

5) What was most difficult for you?

4. Feedback on individual rules / weaknesses

Summarize the improvement of everyone. Give a lot of appraisal, e.g. “You have really learned to improve your behaviour. I’m so proud if you and you also should be proud of yourselves!”.

DON’T BE STRICT ANYMORE!!!!!

5. Circle Feedback

Ask the learners to give feedback to each single session by using the circle feedback.

Instruction:

I would like to ask you again how much you liked each single session we had together. Therefore I brought something on wallpaper. In this circle we have all our sessions except the first and the last one. Each session is represented by one piece of the pie. For every session you now can give your rating. If you make a mark in the middle that means that you really liked the session if you make it at the
edge that means you did not like this session. It is arranged like a darts board. Middle means perfect hit, outside means not fully met expectations. Every one of you should now make the first mark for the first session. I will not observe you while you are doing this so it is anonymous.

After the learners have given their feedback to the first session you can discuss the rating with them and afterwards you ask them to continue with the second session.

6. Appraisal towards one another

Each learner should give appraisal to each group member and to you as a counsellor and you should also give appraisal to each learner. The appraisal may also contain wishes for the future.

7. Motivation

Motivate the learner that they should continuously practice the new skills learned and put the learned skills into real life in order to get along better with their peers, solve conflicts more effectively, and be
more self-confident.

<table>
<thead>
<tr>
<th>8. Certificates</th>
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</thead>
<tbody>
<tr>
<td>Hand over the certificate to each learner and give one more time appraisal for his / her performance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Goodbye &amp; All the best!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Say goodbye to each single learner and wish him / her all the best. Please also inform them that in November colleagues of you will come back to the centre to check on how the learner are doing and that you would be happy if all of them would take part in the interviews in November again.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Only to be filled in after the session by the counsellors!!!!</th>
</tr>
</thead>
<tbody>
<tr>
<td>How difficult was this session from 0 (no problem at all) to 10 (extremely difficult)</td>
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<tr>
<td>Counsellor 1 (Name _____________________):</td>
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<tr>
<td>Counsellor 2 (Name _____________________):</td>
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B

Counselor Manual for Trauma and Reconciliation Education
Implementation Manual

Trauma and Reconciliation Education (TRE)

A Group-Based Intervention
for War-Affected and Other Vulnerable
Adolescents and Young Adults in Northern Uganda

Developed by
Nina Winkler, Thomas Elbert, Elisabeth Kaiser-Schauer,
Margit Bussmann & Martina Ruf-Leuschner

2009

www.vivo.org

Contact: Nina.Winkler@vivo.org, Martina.Ruf@vivo.org

Funded by vivo, the University of Konstanz, Germany & the Norwegian Refugee Council, Gulu, Uganda
Name of YEP-Centre: __________________
Name of Counsellor(s):
1. ___________________________ (Counsellor leading the group)
2. ___________________________ (Counsellor assisting)

**Materials needed for the TRE**
- a. Implementation Manual & Pens
- b. Wallpaper (Flip chart paper), Additional DIN A4 paper & Markers
- c. Nametags (Masking Tape)
- d. Informed Consent (six)
- e. Translated narrations (folder!)
- f. Paper-flowers with children’s rights
- g. Masking tape

**Wallpaper that should be prepared at home:**
1. Wallpaper with the 5 origins of civil wars as known from literature
2. Wallpaper with children’s rights
3. Wallpaper with important TAKE HOME MESSAGES

**GENERAL INSTRUCTION:**
**BE AWARE THAT YOU ARE GOING TO TALK ABOUT VERY SENSITIVE TOPICS TODAY THAT MIGHT CAUSE STRESS TO THE LEARNERS. BE EMPATHIC AND SENSITIVE! GIVE POSITIVE APPRAISAL (WITHOUT JUDGEMENT)! YOUR FULL ATTENTION IS NEEDED TO MANAGE THIS SESSION IN A SUCCESSFUL WAY. IN CASE OF ANY PROBLEMS IMMEDIATELY GET HELP FROM THE VIVO SUPERVISION TEAM**

The goals of the present activity are the following:
- Survivors will realise that they were not alone then and are not alone today in dealing with their memories, but that others have suffered as well, in too many regions of this world. This will encourage them to face the challenge of coping with their situation, as others did before them and still do at present in many post-conflict regions.
- Topics of violence, cruelty and torture will be no more a taboo. Children and youth will learn that it is possible to talk about terrible events and horror without repercussions, judgement and punishment. This will allow a process of open discourse and societal processing of the shared history of Northern Uganda to begin.
- Those who have suffered silently or have suffered because they have not found words to talk about the most unspeakable and frightening experiences of their lives might find ways to report their experiences and express their feelings. The expectation is that victims, survivors, perpetrators and their peers are able to consciously process what has happened, get insight into each side of the story and understand where problems remain – individually and socially - and where additional help is needed.
## STEPS & DESCRIPTION

### 1. Introduction of Counsellor(s) and Procedure (briefly)

| a) Counsellor(s) (Name(s) and Organisation – vivo & NRC |
| b) Brief Description of procedure: a half-day meeting to discuss and process the impact of the conflict in Northern Uganda for adolescents and young adults |
| c) Brief Description of aims: Learn more about the conflict and its impact on the youth of Northern Uganda |

### 2. Introduction of Participants

| Full names & Age: |
| 1. ___________; Age: |
| 2. ___________; Age: |
| 3. ___________; Age: |
| 4. ___________; Age: |
| 5. ___________; Age: |
| 6. ___________; Age: |

### 3. Psychoeducation

**Brief description of the procedure:**

*Today we will meet for the whole morning / afternoon to discuss together the conflict in Northern Uganda and its impact on our lives. We will also discuss ideas for a better future. To understand the conflict I will give you some information that we have gathered from books and from talking to researchers. I will also read out to you very personal stories of young people who we have talked to in different countries in Africa, Asia and Europe and also in IDP camps in Uganda in the past years. These stories were collected up to the year 2008 and will show us what people your age have experienced during times of war and conflict and how they felt. Some of the stories I will read out might sound familiar to you because you might have encountered similar experiences. It could happen that by listening to the stories of others, you will feel somehow emotional, or even a bit sad or fearful. This is not unusual. You can let me know during our session or afterwards if you are not feeling comfortable or if you did not understand something.*

*I would like all of you to stick to two rules:*

1. *The first rule is that we treat each other with respect that means we listen when somebody speaks, we try to understand what others are saying and we do not judge what a person says.*
2. *The second rule is that we treat everything we are going to talk about confidential. That means if somebody is telling us something personal during the course of the session, we are going to keep this as our secret and we are not going to tell anybody else.*

*Can we all agree on this? Can we all agree to treat the others respectfully and to treat everything we are going to talk about confidential? Before we start I would like to ask all of you to sign this consent form, which means you are stating your agreement in writing.*
4. Informed Consent
Check if you have a signed consent form from every single learner!
☐ yes
☐ no, if no, why not?
If somebody is not able to write his / her name please use a fingerprint.

5. What are civil wars? Where are civil wars currently going on?
As I told you today we are going to talk about the conflict here in Northern Uganda. First I would like to discuss the term ‘civil war’ with you. Do you know what a civil war is?

Collect briefly the ideas of the learners – without writing them down on wallpaper.
Appraise all ideas that they are coming up with!

After collecting the ideas of the learners provide them with the following definition:
A civil war is a war between organized armed groups (ne could be the government) who
• want to take control of resources and / or political power of a nation or region,
or
• want to change government policies to the benefit of certain (ethical, religious, social) groups or the country’s whole population

It is a high-intensity conflict that is sustained, organized, large-scale and usually involves regular armed forces as well as irregular ones such as rebels, paid soldiers or para-military groups. Civil wars result in large numbers of casualties, especially among civilians, such as women, children and elderly people. In civil wars many people become poor, displaced, homeless, orphaned and loose loved ones, jobs, education and hope for the future. In many regions of the world where civil wars go on, natural resources, agricultural land and infrastructure is destroyed.

Now ask the learners the following question:
Do you know countries where civil wars are going on?
Collect children’s ideas on wallpaper.
Add some more countries the learners might not have mentioned like: Afghanistan, Sudan, Congo, Somalia, Columbia…

TAKE HOME MESSAGE: Civil wars are going on in many different countries and even continents in the world.
6. How do children, adolescents and young adults all over the world experience civil wars?

**Instruction:**

Let us now have a look at how children, adolescents and young adults in different countries experience civil wars. I brought some stories of adolescents and children from different countries that I want to read out to you. Please try to listen carefully. Afterwards I will ask you some questions about these children’s feelings.

Read out the 1st Narration:

**Chechnya (Russia):** This is the story of a young boy in Chechnya:

There is one day, which I can remember very well. It was approximately five or six o’clock in the evening. I was sitting in our house watching a movie. My parents weren’t in the house. They were outside. Suddenly I heard shots. I was scared and thought that my parents had been killed. That’s why I ran outside immediately. There I heard my mum screaming and crying. I saw one of my uncle lying on the ground. He was covered with blood. He had been visiting us before and had played with us kids. I was so scared and felt sick. It was a disgusting picture. His face was hardly identifiable. I think he was shot in the eyes. I run to my mum very fast and was happy when I saw that nothing had happened to her. She cried and screamed at the same time. Dad and my cousin were already there picking him up. The dead body was full of holes – I thought the body would fall apart. Mum took me in her arms to prevent me from seeing all of this. But over her shoulders I still could see how dad and my cousin carried the young man away. One took the dead man’s feet and the other his arms. The man’s clothes were hardly identifiable as they were covered in blood. I felt really bad and was very sad.

Ask the learners the following question:

**How do you think the child in the story felt?**

Write down their answers on wallpaper.

After everybody has given at least one answer, continue with the 2nd narration:

**Kosovo (South-east Europe):** This is the story of a young boy from Kosovo

In the morning we were walking through the forest. We suddenly saw dead bodies in front of us. Some of them were lying on a heap. It looked like a garbage heap. It was very big, about three by three metres. There were about four or five dead bodies lying on top of each other. The first dead body that I could see more clearly, was a man who was lying in the centre of the heap. A knife still stuck in his chest. At this moment I was totally shocked and couldn’t move. I was really scared and thought: ‘hopefully this is not going to happen to us!’ I was afraid that we would be killed as well. There were women, men and children...
on that heap. There were many children and they were covered in blood. My mum told us not to look at the dead bodies and just kept on walking. But I couldn’t look away as I also had to see were I was going.

Ask the learners the following question:
How do you think the child in the story felt?
Write down their answers on wallpaper.

After everybody has given at least one answer, continue with the 3rd narration:

Somalia (Africa): This is the story of a young girl from Somalia

One day I went to the market with our maid Hani. I was about 10 years old and Hani 20. We wanted to buy some new shoes for me. Suddenly I heard bullets, there was shooting and panic in the street everywhere around me. People were shouting and running. I fell down, was crouching close to the ground in the street with my hands over my head to protect myself. A moment later I could feel people running over me. I was injured and in that moment I thought I would die. I started crying. Hani must have recognized my voice, she heard me crying. She had been hiding under a roof and when she heard me she ran towards me. She was injured too and crying. She wore only one shoe and was bleeding from her head and mouth. She picked me up from the ground and carried me in her arms. She called a taxi, we sat inside and drove away. We were safe in this car and we held each other tightly. We were both crying. There was still shooting, running and people crying around us in the street.

Ask the learners the following question:
How do you think the child / adolescent in the story felt?
Write down their answers on wallpaper.

Comparison of feelings:

Put the three wallpapers where you have written down the feelings of the three different children / adolescents from the different countries on the floor and compare the emotions of the children / adolescents.

Explain the take home message

TAKE HOME MESSAGE: Children, adolescents and adults all over the world feel sad, fearful, scared, helpless and desperate when they experience war situations.

7. Origins of civil wars

Ask the learners why they think civil wars break out.
Collect their ideas – it is not needed to write them down on wallpaper.
Afterwards explain to them the origins that are known from literature. Show them the wallpaper you already have prepared before the session!
1) **Greed**
- People join the rebellion because they see it as a way to earn money, especially if there are no other jobs available.
- In some countries rebel groups want to control a certain territory to get access to the natural resources.
- Another way to get rich is to loot and steal from the population.
- This can explain why most civil wars take place in poor areas.

2) **Grievance**
- People may also join a rebellion because they are very unhappy with their situation and they feel treated unfairly and suppressed.
- Social and economic injustice can motivate people to take up arms to fight for change and improvement.
- People might also feel treated unfairly not because they are much poorer than others but because they are not taken serious by the government, because they are suppressed, and politically marginalised because of their ethnic origin or their religious conviction.
- If people perceive their lives as very miserable already, the threshold to enter war is lowered as people have the feeling that there is not much to lose.

3) **Survival, threat and fear**
- The motivation to survive could explain why child soldiers stay e.g. with the LRA and do not run away.
- Fear from punishment if resistant to a rebel movement or government order.
- Planned threat in the community by rebels in various ways, e.g. public torture or murders increase the fear level in the community and cause people being more obedient to rebel orders.

4) **Weak state government**
- A civil war can only rage in a country where the government is too weak to fully set in place efficient structures for making new laws, rules and just decisions in courts and especially structures and control over the military and police.
- In poor countries governments are often weak because they do not have enough money for a strong military and police force to suppress rebellions.
- When a civil war breaks out a weak government has not enough resources to protect the civilian population.
- Governments might not reign in favour of all people in the country, but protect and support only a certain group.
- If the government disfavours a certain (ethnical) group and at the same time have political problems within the country (e.g. being accused of corruption), they might have an interest entering or prolonging the civil war as it disturbs the gravity of problems perceived by the nation.
5) **International factors**

- In civil wars usually groups fight against each other within a country.
- Most of the time neighbouring countries are also involved (willingly or unwillingly).
- Some neighbouring countries directly support rebel groups with weapons or they offer sanctuary to rebels to harm the other countries’ government.
- Many Western countries sell weapons or war to countries in / before war.

8. The conflict in Northern Uganda – Facts and Numbers

- Many many thousands of children were abducted (in total probably as many as the size of Gulu District).
- Mainly children between the age of 7 and 15.
- Nearly all of the LRA fighters entered the LRA as children.
- Millions of people have been displaced as a consequence.

9. Child Soldiers

**Group discussion:**

1st step: Why are children abducted and used as soldiers?

Collect the ideas of the learners on wallpaper. Try to include everybody in the discussion.

Add the facts that are not mentioned by the learners.

1. *Modern weapons are small and light enough to be handled by children.*
2. *Children are easier to abduct than adults.*
3. *Children are not readily able to assess danger and outcomes of battles.*
4. *Children are also not able to understand the consequences of soldiering on their future lives.*
5. *Children are more economical than adults as they eat less and don’t ask for payment.*
6. *It’s easier to handle children than adults:*
   - They adjust very fast to new situations.
   - They are easier to be inculcated.
   - They are unlikely to challenge orders/instructions they receive by their leadership.
   - They are more afraid of leaving the group.
   - For them it is more difficult to start /continue a life outside LRA if their families were killed during war and they have no one else to support them.
### 2nd step: Where in the world are children used as soldiers?

1. Governments that deployed child soldiers between April 2004 and October 2007 in armed conflicts include: Democratic republic of the Congo; Yemen; Myanmar; Somalia; Sudan; Chad; Uganda, USA;

2. Other countries (not state organizations) where child soldiers are used in armed conflicts: Afghanistan; Bhutan; Burundi; DRC; Republic of Congo; Cote d’Ivoire; India; Indonesia; Iraq; Colombia; Lebanon; Liberia; Myanmar; Nepal; Nigeria; Pakistan; Philippines; Somalia; Sri Lanka; Sudan; Thailand; Chad; Uganda; Central African Republic;

### 10. War experiences of children and adolescents in Northern Uganda

Counsellors please be aware that listening to the narrations might be stressful for some of the learners and might trigger own memories of traumatic events. Carefully observe all learners. Keep them active during the process of the discussions. Ask them every now and then how they are feeling. In case one of the learners experiences strong intrusions and it is not possible for him / her to stay in the group ask your co-counsellor or a vivo supervisor to take care of this learner! Never leave a learner who is experiencing strong intrusions or emotions alone!

**Instruction:** No matter whether somebody was abducted or not he / she might have experienced difficult situations during the war. We are now going to discuss about very typical situations many people here in Northern Uganda have experienced.

### 10a. Attacks on camps and villages: Witnessed killings and abductions

**One of the typical situations many people have experienced is the attack on a village or camp. What do you think happens during such an attack? What have you heard from others or experienced by yourself?**

Collect the ideas of the learners – without writing it down on wallpaper. Don’t go too much into details! Add aspects that are not mentioned by the learners themselves.

**Aspects of an attack:**
- Rebels attack mostly villages and preferably at night.
- Often loved ones are killed, hurt or mutilated.
- People, especially children perceive intense anxiety and describe being in state of a shock.
- Some children and adults are abducted (from field, house, school).
- Abduction is often accompanied by robbery (especially food).
- Generally whole groups of children and adults are abducted at the same time.

After you have collected all the important aspects continue with reading out excerpts from narrations:
I'm now also reading to you stories of what children and adolescents have told me about their own experiences of being attacked and/or abducted. Again it might happen, that some parts of the stories remind you of your own experiences. If you are not feeling comfortable please let me know. Please listen again carefully. Afterwards we are going to discuss the stories and we will especially focus on the feelings of the children or adolescents in the stories.

Narration of killing of parents
It was a day in June and I was collecting Mangoes with a friend. Suddenly we heard gunshots. My friend and I looked at each other and without talking we just took off. I dropped the mangoes and started running behind him. He still carried one mango in his hand. Then we reached a camp. There were three other boys with me now in the compound. The LC of the area passed by and told the neighbours that he had seen soldiers and that children should be careful tonight. He suggested that the children should sleep in town. It was dark already. My three friends decided to walk to town nevertheless. I decided to stay behind alone and wait for my parents. When my parents came home my father asked “how are things here?” I told him that we were fine, but that we had heard gunshots a while ago. My dad said, “let’s go to sleep quietly then.” We went to sleep in different huts. My parents slept in the hut, which was also for cooking; I slept in another hut, right next to it. At around 11pm I heard a big bang. It was the rebels kicking in the door of my hut. I woke up at the loud noise and my heart was pumping fast. I couldn’t see the rebels because they were holding a torch into my eyes, but they told me to take my shirt off and step outside. I walked out of the hut. There my mum and dad and six other people were seated on the ground. It was too dark to see my parents’ faces, but I noticed that their faces were lowered and I could see body shapes. Nobody talked. Then I heard people quarrelling and voices getting loud. I thought I heard my father say “but we have nothing to give you.” Next there were gunshots and I knew that they had killed my parents on the other side. It was too dark to see anything. I just saw their bodies lying still in the compound. I started shaking and fearing. Next they brought boys to carry the luggage and organised the bigger boys to get in line for walking. They were tied to each other with a rope. Finally the command was given and the group set off. I think I was saved since I was still only 6 years by then. I miss my parents every day of my life and it makes me sad and frightened up to today to think back of this day.

Ask the learners the following two questions:

How did the boy in the story felt at the time when his parents where killed? And how is he feeling today?
- fearful
- sad
- lonely
- unfortunate
- ….

What kind of support – beside financial support – would the boy in the story need today to cope better with his feelings?
- Neighbours who help him.
- Friends who listen to him.
- Relatives who love him.
- Somebody to talk to.
Involve all the learners in the discussion.
It is not necessary to write down the answers on wallpaper.

10b. Initiation Rituals

During the first few days of the abduction many children and adolescents experience rituals, which are supposed to turn them into fighters and feel part of the group. Have you ever heard about that? What do you think the children and adolescents experience in the first days?

Collect the ideas of the learners – without writing it down on wallpaper. Don’t go too much into details!

Aspects of an attack:

- Initial beatings.
- Witnessing killings to make them obey orders.
- Being sprinkled with holy water.
- ..... 

After you have collected the important aspects continue with reading out excerpts from narrations:

Again, I’m continuing to read out stories of children and adolescents that talk about their experiences during initiation rituals. Again it might be that some parts of the stories remind you of your own experiences or experiences of your friends and family members. If you are not feeling comfortable you always can let me know. Please listen again carefully. Afterwards we are going to discuss again, focusing especially on the feelings of the children or adolescents in the stories.

Narration <Initiation>

After two days, an assembly took place. Everybody was gathered. The rebels talked about us newly abducted children and they said: “you look like people who plan to escape, so we are going to make you rebels now.” One rebel was told to get the book in which our names would be written. We were told that we would be made ‘holy’ now. Instead of a book he came back with sticks. They were put on the ground in front of us children. I started shaking. They told us to lie down. Now 40 rebels surrounded us. They said: “do not raise your head or we will kill all of you.” We had to stretch our hands forward and put our foreheads to the ground. They started beating my back. In the bush they never beat people with thin sticks, they always use thick ones. 350 strokes were given on my back and buttocks. After a while the pain was so big that I felt that it would be better if I would be dead. It was just too much to bear. They were mistreating me so badly. Hope left me. The coldness started creeping into my body. And the trembling started. Death was trying to take my soul. Pain was everywhere in me. I could see death. You can see it when you are going to die. I couldn’t hear anything. I also didn’t realize when they had stopped beating me. But then I heard a loud voice: “Get up. You are a holy now, a soldier.” I tried, but I couldn’t sit. I kneeled for almost one hour. It felt like a very long time. I realised that almost all other children had died in the beating. I could see them lying still and not breathing. They were lying all around me. Their bodies were swollen and full of blood all over. The rebels dragged their bodies and dumped them into the
nearby river. I lay down again. I was too exhausted. I felt this anger inside me. I was angry with the people who abducted me; they had killed my mother and beaten me almost to death. They had killed the other children.

Ask the learners the following two questions:

How did the boy in the story felt at the time when the rebels beat him? And how is he feeling today?
- fearful
- sad
- angry
- ....

What kind of support – beside financial support – would the boy in the story need today to cope better with his feelings?
- Neighbours who accept him.
- Friends who listen to him.
- Relatives who love him.
- Somebody to talk to.
- Forgiveness.
- Counselling....

Involve all the learners in the discussion. It is not necessary to write down the answers on wallpaper.

10c. Rules within the LRA

Within the LRA as within every kind of organization there are rules. Have you every heard about that? What do you think these rules could be?

Collect the ideas of the learners – without writing it down on wallpaper. Don’t go too much into details!

Rules within the LRA:
- Control your feelings, never show fear or sadness.
- Do what your leader is telling you to do.
- Get used to war.
- Never try to escape.

Also ask the learner what they think why abducted children and adolescents adhere to those rules?
- Fear.
- Spirit possession.
- ....
After you have collected the important aspects continue with reading out excerpts from narrations:

I’m now also reading out what children and adolescents have told us about rules during the time of their abduction. Again it might be that some parts of the stories remind you of your own experiences or experiences of your friends and family members. If you are not feeling comfortable please let me know. Please listen again carefully. Afterwards we are going to discuss again the stories and especially we will focus on the feelings of the children or adolescents in the stories.

**Narration <rules – always do what your leader is telling you>**

Then I saw the commander bring a hapanga. My mind was racing and I thought he would kill my sister and me now. I had such fear in my chest. My heart was racing too. He gave the hapanga to me. I could feel it heavy in my right hand. Now I realised what would happen. He said: “Cut your sister or you both will die.” I didn’t move. He slapped me with the blade of his hapanga on my back. I just stood still. I didn’t move. I couldn’t feel the pain. Then he got the gun. He pointed it at me “cut her and do it fast,” was what he said. I saw 3 other rebels coming now. They all had guns and they all pointed at me. I thought: “let me die as well”. I was not ready to move. Then I heard them firing the guns just above my head ….rrrtatatata…. That’s the moment, when my heart dropped. I was full of fear. I started trembling. I thought: “they will not wait long now”. I raised my hand and in this moment my sister cried. She shouted: “Michael, don’t cut me.” I started to cry and shake and I replied: “Grace forgive me, I am forced to do this.” The commander slapped me again with his bush knife. I raised my hand and now the hapanga came down on the back of my sister’s neck. She lay there flat on her stomach, her face to the ground, with her arms stretched out widely to both sides. She was silent. Blood was coming out of the cut that I had made. She moved a little bit. I thought: “She is still alive, the hapanga had not killed her”. But now the other 3 rebels pushed me aside and took over. They had big wooden logs and hapangas. They hit her hard on the back of her head. That is when she died. There was so much blood. I looked at my little sister how she laid there, arms stretched out, quiet now. I could not see her face. Her head was smashed. My heart was racing. And her voice was still with me, the way she had pleaded for her life. Such sadness settled now in me.

Ask the learners the following two questions:

How did the boy in the story felt at the time he was forced to kill his sister? And how is he feeling today?

- fearful
- sad
- angry
- guilty
- ....

What kind of support – beside financial support – would the boy in the story need today to cope better with his feelings?

- Neighbours who accept him.
- Counselling.
- Friends who listen to him.
- Relatives who love him.
- Somebody to talk to.
- Forgiveness.
- ....

Involve all the learners in the discussion.
It is not necessary to write down the answers on wallpaper.

**Narration <why do children and adolescents follow these rules>**
As we sat down resting the big man told us: “here is a man who wanted to escape”. He said the man should be killed. He was brought, and the big man ordered that some of the new ones should go and kill him. That this will show all the others that escaping is bad. Three girls and one boy were chosen to go and kill him. The girls and the boy were told to tie and beat him with clubs. He was beaten until death. It was not far from us. When I saw this, my soul ran out of my body. I was fearful. Then everybody was told to come and step on the man who had just been killed. Girls and women were forced to step on him four times and men and boys three times. We all lined up. I was lifeless. I just stood there. I could not even hear the people standing around me talk. We moved towards the dead man in the queue and people stepped on him. The rebel whose bag I had been carrying called me. It was a horrific situation. The body had blood all over. His head was smashed and white stuff mixed with blood was scattered all over. It is a very bad scene. I was lucky; I did not step on the dead body. We were addressed again by the ‘big man’ who said anyone who tries to escape should know what will happen to him by what has just happened to the man over there. Fear filled my heart; my mind was full of thoughts of death. The picture of the dead man remained inside me.

Ask the learners the following two questions:

How did the boy in the story felt at the time when the rebels beat him? And how is he feeling today?
- fearful
- sad
- angry
- ....

What kind of support – beside financial support – would the boy in the story need today to cope better with his feelings?
- Neighbours who accept him.
- Counselling.
- Friends who listen to him.
- Relatives who love him.
- Somebody to talk to.
- Forgiveness.
- ....

Involve all the learners in the discussion.
It is not necessary to write down the answers on wallpaper.
10d. Characteristics of daily life in the bush

When children / adolescents are abducted for a while in many cases the rebels try to make them being part of the group. What do you think they do?

Aspects of daily life during abduction

- Children are assigned a certain function within the rebel group.
- Increasing active part within the rebel group as receiving a gun, participation in abductions.
- Girls are given as wives to other members of the rebel group.

After you have collected the important aspects continue with reading out excerpts from narrations:

I’m now also reading stories of children and adolescents related to experiences of daily life during the time with the LRA. Again it might be that some parts of the stories remind you of your own experiences or experiences of your friends and family members. If you are not feeling comfortable let me know. Please listen again carefully. Afterwards we are going to discuss again the stories and especially we will focus on the feelings of the children or adolescents in the stories.

Narration <being given as wife>

I saw a man coming with many shirts in his hands. I thought that they had brought clothes for us to wear and I was happy because my clothes were already torn due to the scratches in the bush. Then the commander said that each of us girls should get up and pick one of these shirts. I picked a plaid shirt mixed with blue, white and black. The commander said: ‘We have seen that the system of choosing women in the bush here is causing us problems and many have died because of that.’ When I heard that my heart began beating and I felt so bad at that moment and I knew I had chosen a man with this shirt. Suddenly a woman called me. I went to the woman’s place, entered her house and found the man was there. He was in uniform, tall and brown, old and lame. At that time I realized that he was the man who’s t-shirt I had chosen and this was his wife and I will be the co-wife. At that time I got so angry but I could not say anything. I really felt bad and did not want this man to be my husband but since they forced me I could not do anything to stop it. So I stayed with this lady for some time and my forced husband could just come and visit me at her place. Every time he raped me I felt pain in my whole body. I never got used to it. 12 month later I got pregnant

Ask the learners the following two questions:

How did the girl in the story felt at the time when she was given as wife? And how is she feeling today?
- fearful
- sad
- angry
- ashamed
- guilty
What kind of support – beside financial support – would the girl in the story need today to cope better with his feelings?

- Neighbours who accept her.
- Counselling.
- Friends who listen to her.
- Relatives who love her.
- Somebody to talk to.
- ....

Involving all the learners in the discussion.

It is not necessary to write down the answers on wallpaper.

10e. Returning home

Sometimes children / adolescents are able to escape from the bush, sometimes they are released by the rebels and sometimes they are rescued by the army. What do you think do children and adolescents returning from the bush fear? What do you think bothers these children and adolescents most?

Collect the ideas of the learners and add the aspects missing:

- Fear of being killed by the rebels when running away or when rescued by the army.
- Fear of not finding their family members at home anymore.
- Fear of being haunted by the spirits.
- Fear of being rejected by the community.
- ....

After you have collected the important aspects continue with reading out excerpts from narrations:

I'm now also reading out stories about worries and fears children have experienced when returning home from the bush. Again it might be that some parts of the stories remind you of your own experiences or experiences of your friends and family members. If you are not feeling comfortable let me know. Please listen again carefully. Afterwards we are going to discuss again the stories and especially we will focus on the feelings of the children or adolescents in the stories.

**Narration <returning home>**

On the 25th of December, Christmas day, we had gone out to get sugar cane. It was 6pm in the evening, just before it was getting dark. As we were already in the fields and harvesting, the UPDF started firing. There were 7 of us rebels, but the soldiers were many. They were all hiding in the ground. The firing started and I tried to escape. Suddenly a bullet hit me on my back and it came out in the front, just above my heart. I started vomiting blood. There was this piercing, sharp pain. When I was breathing, it felt like air was coming through the hole. I was sure that now the time had come, I would die. I kept bleeding, but I knew I must run, so I made it up to the end of this garden. I was so afraid that the soldiers would come and get
Ask the learners the following two questions:

How did the boy in the story feel at the time when he was returning home?
- fearful
- unsecure
- ....

What kind of support – beside financial support – would the boys in the story need today to cope better with his feelings?
- Neighbours who accept him.
- Counselling.
- People who welcome him.
- Friends who listen to him.
- Relatives who love him.
- Somebody to talk to him.
- ....

Involve all the learners in the discussion.
It is not necessary to write down the answers on wallpaper.

10f. Stigmatization and Feelings of Guilt and social problems

Sometimes children / adolescents experience stigmatization and feelings of exclusion, guilt and shame after return from the bush. What do you think do returnees from the bush fear most? What do you think bothers these children and adolescents most in daily life in the community and family?

Collect the ideas of the learners and add missing aspects:
- Fear of stigmatization or discrimination.
- Guilt and Shame feelings.
- Fear of learning that family members or loved ones have died meanwhile.
- Fear of being poor, since they cannot access their parental land anymore.
- Fear of being over-aged for school.
- ....
After you have collected the important aspects continue with reading out excerpts from narrations:

I’m now also reading out stories about worries and fears children have experienced when returning home from the bush. Again it might be that some parts of the stories remind you of your own experiences or experiences of your friends and family members. If you are not feeling comfortable let me know. Please listen again carefully. Afterwards we are going to discuss the stories and especially we will focus on the feelings of the children or adolescents in the stories.

**Narration <Feeling guilty>**

“Then, when I was still in the bush, I knew that Bosco and the commander and the rebels were the guilty ones, but when I came home and started living in the IDP camp that changed. Then I felt I was the guilty one. People just made those from the bush feel like killers. Today I know that I was forced to do it, it is clear to me, but how can I ever forgive myself? There are nights, when I hear my cousin’s voice pleading to help her, yet I am the one who killed her.”

“They call us ‘killers’ when we get to the well to fetch water. They also say ‘look this is one from the bush, he doesn’t know how to behave around people’. Don’t they know that we did not choose this life? When I was still in the bush I longed to get home to my people. But now that I am back I start thinking of the bush and the people that I have left behind there.”

**Narration <living with fearful memories and trauma symptoms>**

“Even now many years later the pictures of this day when my friend got raped keep coming back to my mind. I look at normal people, like a teacher or a friend and suddenly the face of the rebel appears. Then I get angry and aggressive and try to hurt the person. I throw things and get violent. Sometimes I find myself sitting in strange places, like on top of the roof, crying and I have no idea how I got there. It is as if there are two personalities living inside me. One is smart and kind and normal, the other one is crazy and violent. I try so hard to control this other side of me. But I fail. Sometimes I feel tears running down my cheek and I wonder why. Sometimes I walk down the street and suddenly I see the path home from the field that day in front of me and I feel my friend’s hand pulling my hand, trying to make me run and escape together. Since that day I can’t walk shortcuts anymore. Even a normal bush can bring back all these memories. And when the memory of the rape comes, all the other pictures are in my mind as well, like the dead bodies and the combat. I feel so bad and guilty. How could my friend ever forgive me for not having helped her when she needed me most? Sometimes she comes to me in my dreams, even now, and she looks beautiful and kind, just like she used to. But I cannot forgive myself. I don’t even know whether she is still alive. I can’t get myself to find out. I can’t imagine how it would be to see her again. I only know I would run away.”

**Narration <living with fearful memories and trauma symptoms>**

“My sister Agnes doesn’t get those problems that I have, when I forget everything around me and act in strange ways when the memories from the bush come back. We are alone, since my parents have been killed. We are living in a small hut in the camp. This makes life difficult when this thing comes over me. When my mind goes away, then my sister runs out and
locks me up in the hut. Later when I have stopped acting out and lie down to sleep and stay quiet she comes back. It can happen twice a day that I forget time and wake up in a strange place where I don’t know how I got there… but this didn’t just start when I had reached home. Even out in the bush, when I would sit somewhere I started to see the film of how I had killed in front of my eyes and I also started thinking of how my father and mother were killed by the rebels, especially how they were cut. The memories came back so much and it is all mixed in my mind. Sometimes I would sit and a cold feeling would creep into my body and I would start shivering and from a distance pictures of the killings came to appear in front of my eyes. I used to cry so much and a great sadness had come into me. Problem now is that people in the community think I am crazy and they want to take away our ancestral land from us, but digging and harvesting is the only source of income we have.”

Ask the learners the following two questions:

How do you think the youths in the stories feel in their communities?
- Unsecure
- Rejected
- Afraid
- Guilty
- Afraid of going crazy
- ....

What do you think makes their lives more difficult?
- Prejudices
- People calling them names
- Discrimination
- Loneliness
- ....

What kind of support – beside financial support – would the boys in the story need today to cope better with his feelings?
- Neighbours who accept him.
- Counselling.
- People who welcome him.
- Friends who listen to him.
- Relatives who love him.
- Somebody to talk him.
- ....

Involve all the learners in the discussion. It is not necessary to write down the answers on wallpaper.
**11. Human- and children’s rights: What rights do we need for a better future?**

Discuss with learners, which rights for children should exist for a better life and future. Collect their ideas and write them down on wallpaper.

Show the wallpaper with the children’s rights of the UN that you have prepared before the session. At the same time explain to the learners that these are international rights for children aimed to be put in place in every country in the world. These rights are still an ideal vision for all countries, there is no country in the world in which children’s rights are not violated in one or another way. However, the UN has declared children’s rights to be put in place and has ordered all governments to implement these rights as one of the major goals of the International Community.

**Important Children’s Rights:**

- **Right to Health:** Children’s health and well-being is very important and must be considered preferentially. All children have the right to the highest attainable standard of health, including access to health care, nutritious food and drinking water.

- **Right for living:** Every child has the inherent right to life, survival and development, which must be governmentally supported and guaranteed. In war and during conflict this right is almost always violated.

- **Right to live with parents:** Children shall not be separated from their parents against their will. It is a crime to abduct a child and take her/him away from his/her family.

- **Right to Protection:** It is the task of adults to protect children against all forms of physical and psychological violence, injury, harm or (sexual) abuse. This also includes domestic violence.

- **School education:** Every child has the same right for education to enable equal opportunities among children.

- **Armed forces:** It is a crime to recruit children under 18 years of age into fighting forces.

- **Recovery and rehabilitation:** Children that have been treated badly or have become victims of violence have a right to rehabilitation as well as physical and psychological recovery.

Clarify that many of the learners are victims of children’s rights violations.

Discuss with learners what everyone can do on his or her own for a better and more righteous future. Here you can relate to what you have collected before when asking what the formerly abducted and war affected children would need (10a-10f)

Give to every learner 1 paper flower and ask every learner to pick the right he / she thinks is most important for the future. Write one right for every learner on his / her flower. Afterwards all the flowers should be glued on wallpaper.

**12. TAKE HOME MESSAGES:**

Ask the children what they have learned today. Collect first their ideas. Appraise them for...
everything they remember. Afterwards show them the wallpaper with the TAKE HOME MESSAGES:

1. There are civil wars going on in many different countries in the world, Northern Uganda is one of many affected regions.

2. In many armed conflicts all around the world children are abused as soldiers or slaves (e.g. to carry heavy loads, for sex, for cooking and cleaning, to have babies).

3. No matter in which country or continent: Children, adolescents and adults confronted with war and other cruelties feel fearful, sad, angry, desperate and lonely. At times they remain fearful and sad for the rest of their lives, even when peace has returned. These people are especially vulnerable and might need special care, warmth, support and psychological as well as social help.

4. Many of the international rights for children have been violated in the conflict in Northern Uganda. However your memories and the violations of your rights have been documented. In fact the International Community has indicted the leaders of the LRA for War crimes, Crimes against Children and Crimes against Humanity, among other. The International Community is aware of the fact that the LRA leaders abducted children against their will, forced them to commit horrible acts, but that formerly abducted children are not guilty for these acts.

5. We all have experienced terrible things but we have survived and we can make a contribution to change the situation and work towards a peaceful future.

13. Goodbye

Every counsellor thanks the learners of his / her group for their active participation. Encourage children and explain to them that they are active agents for change in their own life and for the future of their region. Wish them all the best for their future and say good-bye.

14. Only to be filled in after the session by the counsellors!!!!

How difficult was this session for the counsellor from 0 (no problem at all) to 10 (extremely difficult)

Counsellor 1 (Name _____________________):
Counsellor 2 (Name _____________________):
Counselor Manual for Teacher Counseling
At the beginning of all counselling sessions

- First of all introduce yourself well to the client to create a strong relationship and build trust.
- Assure your client that everything he or she is going to tell you will be treated as strictly confidential.

General attitude of the counselor during counselling sessions

- Be patient and polite towards the client.
- Give the client enough time to talk and express himself or herself.
- Listen carefully to what the client is saying.
- Try to acknowledge what the client is telling you.

Contents

1. Solutions to avoidance of certain people, places, and activities and of talking about past experiences
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13. Solutions to being overly alert
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22. Solutions to feelings of revenge
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1. **Solutions to avoidance of certain people, places, and activities and of talking about past experiences**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the practices of confidentiality in place, to enable trust.
- Ask the client about the reason or root cause of his or her avoidant behavior and how he or she feels about it.
- Ask the client what he or she likes and dislikes about the avoided people, places and activities.
- Ask about people he or she can associate with (e.g., close friends, relatives, etc.) and whether these people are of value to him or her. Ask about his or her feelings when he or she is with them.
- Ask him or her about something he or she is satisfied with or what would make him or her satisfied (e.g., participation in group work, attending social gatherings, etc.).
- Give advice according to the above responses or options provided by the client (e.g., tell him or her not to isolate himself or herself from others or from certain activities).
Counselor Manual for Teacher Counseling

- Motivate the client to join youth groups (e.g., drama) in order to avoid thinking about past experiences.
- Ask the client again at the end of the counseling session about his or her feelings.

**ATTENTION: Always end the counselling only when the client is not in a bad mood!**

- Talk to the client again at least four weeks later in order to check whether the client has changed and whether he or she has been able to reduce avoidance. The counselor should maybe even make a home visit or visit the client at school or the youth education pack (YEP) center.

2. **Solutions to feelings of guilt**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the practices of confidentiality in place, to enable trust.
- Ask the client why he or she feels guilty, thereby giving the client maximum attention so that he or she can openly discuss the problem or situation.
- Ask whether the client has shared these ideas with friends or family members. If so, ask how they responded.
- Ask the client about his or her feelings related to the stated problem.
- Give some positive advice according to the client’s above responses, like:
  - to share ideas and thoughts with friends and socialize freely.
  - to participate in sports activities in order to get used to being with others.
  - encourage him or her to always have self-confidence.
  - always tell the client to be open with his or her feelings or with what he or she has done and to understand that such things can happen.
- Ask the client again at the end of the counseling session about his or her feelings.

**ATTENTION: Always end the counselling only when the client is not in a bad mood!**
• Talk to the client again at least four weeks later in order to check whether the client has changed and whether he or she has been able to reduce the feelings of guilt. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.

3. **Solutions to thoughts about the past and flashbacks**

*As a counselor*

• Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
• First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
• Ask the client to identify the causes of the above problems.
• Give the client enough time to speak, and listen carefully.
• Ask what the client feels about the problem and what might be possible solutions.
• Guide the client according to his or her responses into positive solutions; for example,
  • to associate with friends.
  • to read story books or novels
  • to involve himself or herself in active community work.
• Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** Always end the counselling only when the client is not in a bad mood!

• Talk to the client again at least four weeks later in order to check whether the client has improved. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.
4. **Solutions to sleeping problems and nightmares**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Ask the client about the root causes of the problem.
- Find out how the client feels about the problem.
- Ask whether he or she has ever shared the problem with family members, other relatives or close friends. If so, ask about their responses.
- Talk with the parents or the responsible teacher about the client’s problem, and ask for their opinions in case the learner agrees.
- Give your advice according to the various responses; for example,
  - to avoid watching bad and disturbing movies (e.g., war movies, horror movies, etc.) in order to fight nightmares.
  - to participate in productive activities (e.g., games and sports, music and dancing, drama, etc.) whereby the client becomes more tired and falls asleep more easily.
  - to commit to church activities (e.g., prayer, choir) to avoid nightmares.
  - to involve himself or herself in future plans (e.g., income-generating activities, therefore working hard in school), since after work the client will be more exhausted and will fall asleep more easily.
- Give your advice also to responsible teachers, provided that your client has agreed; for example,
  - to give energizers in school (combinations of physical and learning activities, motivation techniques) to avoid laziness and sleeping in class.
- Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** Always end the counselling only when the client is not in a bad mood!
Counselor Manual for Teacher Counseling

- Talk to the client again at least four weeks later in order to check whether the client has improved. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.

5. **Solutions to feelings of isolation and worthlessness**

*As a counselor*

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship to the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Ask how he or she is doing.
- Ask the client to tell more about his or her family and friends by using different questions; for example,
  - “Who are your friends?”
  - “What do you share in common with them?”
  - “What do you like about them?”
- Ask if the friends are of great value to him or her.
- Encourage him or her to continue the good relationship with those friends.
- Ask the client if he or she thinks that other people are also of great value to him or her by asking questions; for example,
  - “Do you think other people apart from your friends are also of great value?”
  - “What do you think you could do to value other people?”
- Guide the client according to her or his responses on how to develop valuable feelings towards other people and to be valued by them; for example,
  - to be friendly with other people.
  - to play together with others.
  - to share ideas with others.
- Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** Always end the counselling only when the client is not in a bad mood!
● Talk to the client again at least 4 weeks later in order to check whether the client has improved. The counselor maybe should even make a home visit or visit the client in school / YEP center.

6. **Solutions to emotional numbing**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Ask the client in a polite way to share with you his or her happy and sad moments by using questions; for example,
  - “Can you please share with me some of your happiest and saddest moments?”
- Clarify the problem you have observed in the client and ask whether he or she is aware that it is a problem for him or her.
- Discuss with the client's ways of solving or restoring his or her feelings.
- Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** *Always end the counselling only when the client is not in a bad mood!*

- Always try to be close to the client. Talk to the client again at least four weeks later in order to check how he or she lives and whether the client has improved. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.
7. **Solutions to crying**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Try to get in touch with the client.
- Find out good and undesirable things that have happened to the client. Ask what the impact of these undesirable things have been, and ask him or her which are the strongest implications to him or her.
- Try to list the above problems and impacts according to their intensity. Ask if these are the cause of crying or being unhappy and how he or she feels about it.
- Find out how long these problems have already been there, whether there have been any efforts to solve these problems and what efforts have already been made.
- Appreciate the efforts taken so far to solve the problem, but try to discourage negative efforts taken.
- Ask which other efforts could be taken in order to solve the problem, apart from the ones mentioned.
- Guide the client according to his or her responses into positive solutions, and suggest other possible options or solutions, which the client does not mention.
- Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION: Always end the counselling only when the client is not in a bad mood!**

- Talk to the client again at least four weeks later in order to check whether the client has improved in relation to the problem he or she had to handle. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.
8. **Solutions to loss of interest in activities and hygiene**

*As a counselor*

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Ask him or her to talk about himself or herself and his or her problems (e.g., family, parents, status) and what he or she does, by giving posing questions; for example,
  - Could you tell me more about yourself, please?
- Ask whether the person has got friends and what kind of friends they are.
- Find out what they commonly do together as friends and whether there are problems associated with that or other company, or with something else.
- Discuss with the client the above-mentioned problems, whether they are the causes of loss of interest or hygiene problems. If he or she fails to identify any problems, tell him or her your observations concerning interests and hygiene, and find out whether he or she can recognize it as a problem or not and how he or she feels about it.
- If the client recognizes your observations as a problem, ask whether any effort has been made to solve it so far and what effort he or she can make later on.
- Discuss with the client positive and negative responses given concerning possible ways of solving the problems. Try to discourage the negative responses given by the client.
- Suggest other options that can be used to solve the problem for the client.
- Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** *Always end the counselling only when the client is not in a bad mood!*

- Talk to the client again at least four weeks later in order to check whether the client has improved in activities and hygiene. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.
9. **Solutions to worries, hopelessness about the future and suicidality**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Find out how he or she is doing.
- Identify the problem (worries, hopelessness, suicidality) by asking questions in a friendly way; for example,
  - “You don't look fine. Is there a problem?”
  - “If yes, do you mind sharing it with me? “
- Ask the client what the probable cause of the above-mentioned problem could be; for example,
  - “What do you think could be bringing all these worries and hopelessness in your life?”
  - “For how long have you had these worries?”
- Having identified the problem of the client, find out how he or she feels about it and whether there are any ways he or she has tried to solve the problems so far. From the clients responses, you will realize constructive and destructive measures used to solve the problem.
- Share with the client the merits of the good measures used and the demerits of the bad measures used to solve the problem so far (e.g., worries can lead to suicide). In case he or she considers suicide as a way out, find out whether and to what extent he or she has already prepared to harm himself or herself or to commit the suicide (e.g., using a rope, taking drugs or poison, etc.).
- Politely request the client to hand over whatever he or she intends to use to commit suicide.
- Find out what the client thinks can be done to help him or her out of the problem, apart from the above options shared.
- Then, as a counselor, suggest other measures that can be used to help the client to get out of the problem and strongly encourage him or her to try.
- Ask the client again at the end of the counselling session about his or her feelings.
ATTENTION: Always end the counselling only when the client is not in a bad mood!

- **Definitely** talk to the client again at least once a week for at least four weeks (in cases of suicidality) in order to monitor whether the client has improved or whether he or she is still at risk. The counselor should make home visits or visit the client at school or at the YEP center.
- INFORM NINA ABOUT LEARNERS WHO ARE SUICIDAL IMMEDIATELY

10. **Solutions to indiscipline problems**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- In case of indiscipline situations, the major thing is to build a friendly atmosphere with the affected learner, which could enable him or her to be open.
- Try to find out reasons for the indiscipline problem by asking the client what could be the cause of his or her problems.
- Only ask others about him or her if he or she agrees to that, supposing he or she is exposed to negative conditions, such as negative peer group influence, family neglect or a negative environment, which might cause indiscipline.
- The next step is to discuss these problems and causes of indiscipline with the learner.
- Ask the client how he or she feels about it.
- The next idea is to give options to the learner about how he or she can handle those problems mentioned above. Also give the client the opportunity to explain his or her own suggestions. Engage the indiscipline client in various activities in order to guide his or her energy and interests towards more positive outcomes.
- Ask the client again at the end of the counselling session about his or her feelings.

ATTENTION: Always end the counselling only when the client is not in a bad mood!
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- Talk to the client again at least four weeks later in order to check whether the client has improved in behavior. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.

11. Solutions to low performance

As a counselor

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place to enable trust.
- Try to find out the causes of his or her low performance (e.g., late arrival, absenteeism or poor memory due to stress).
- Ask how he or she feels about his or her low performance and its possible causes.
- Only ask the responsible teacher about his or her performance if the learner has agreed.
- Give options to the client on how to handle the problems he or she is facing; for example,
  - to improve reading and writing.
  - to attend daily.
  - to consult various teachers in areas of individual weaknesses.
  - to consult advanced classmates in areas of individual weaknesses.
- Ask the client again at the end of the counselling session about his or her feelings.

ATTENTION: Always end the counselling only when the client is not in a bad mood!

- Talk to the client again at least four weeks later in order to check whether the client has improved in performance. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.
12. **Solutions to poor memory**

*As a counselor*

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Try to find out reasons for his or her low memory (e.g., being playful in classes, domestic problems, hunger, sicknesses, etc.) and how he or she feels about it.
- Try to find out what exactly is coming into the client’s mind during the lesson that causes him or her not to remember what has been taught.
- In case the learner does not give an answer or cause, check whether the client is worried about certain things (e.g., family conditions, health) and what worries him or her most.
- In case the client replies that he or she is sick, explain the importance of getting proper treatment and advise him or her to seek medical help.
- Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** *Always end the counselling only when the client is not in a bad mood!*

- Talk to the client again at least four weeks later in order to check whether the client has improved in memory and learning. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.

13. **Solutions to being overly alert**

*As a counselor*

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Try to find out from the client what it is that causes him or her to be overtly alert.
• Ask when this overt alertness started and how he or she feels about it.
• Give the client assurance of safety if appropriate. If necessary, discuss possible dangers.
• Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION: Always end the counselling only when the client is not in a bad mood!**

• Talk to the client again at least four weeks later in order to check whether the client has improved. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.

14. **Solutions to late arrival**

**As a counselor**

• Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
• First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
• Try to find out reasons for his or her late arrival (e.g., waking up too late, coming slowly to school, too many responsibilities next to school, etc.), and ask how he or she feels about it.
• Suggest some options (e.g., having a plan for the day, waking up early, getting organized faster) to improve on the lateness.
• Only talk to the parents or caretakers about the client's late arrival if he or she agrees to that.
• Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION: Always end the counselling only when the client is not in a bad mood!**

• Talk to the client again at least four weeks later in order to check whether the client has improved concerning late arrival. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.
15. **Support in cases of poverty**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Find out how the learner is doing, what problems he or she is facing and how he or she feels about them.
- Acknowledge his or her problems (e.g., “I understand what you are going through”). This acknowledgement helps the client to feel you are with him or her.
- Offer the client possible solutions to poverty; for example,
  - encourage the client to involve himself or herself in income-generating activities (e.g., brick laying, burning charcoal, etc.).
  - advise the client to get involved in group digging, whereby he or she can get food to sustain his or her living.
  - encourage the client to associate with good friends and relatives that might be able to assist him or her or to help him or her to fight poverty.
- Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** Always end the counselling only when the client is not in a bad mood!

- Talk to the client again at least four weeks later in order to check whether the client has improved. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.

16. **Support in cases of orphanhood**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
● First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.

● Try to find out how the client is doing.

● Ask about his or her family background and relations, what kind of problems the client is facing as an orphan, and how he or she feels about it.

● Acknowledge his or her problems so that he or she doesn't feel left alone.

● Give emotional support. The client should feel that there is someone who still cares about him or her.

● Ask the client about possible caretakers or relatives who could help. If there is nobody, discuss with the client the possibility of orphanages.

● If necessary, also advice him or her to get involved in income-generating activities to improve his or her living conditions.

● Only talk to the relatives or caretakers about his or her problems if he or she agrees to that.

● Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** Always only end the counselling when the client is not in a bad mood!

● Talk to the client again at least four weeks later in order to check whether the conditions have improved for the client. The counselor should maybe even make a home visit or visit the client at school at the YEP center or orphanage.

17. **Support in cases of missing school because of domestic problems**

*As a counselor*

● Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.

● First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.

● Find out how the client is doing.
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- Ask about his or her family background, try to understand what problems at home are causing his or her school absenteeism (e.g., poverty, workload, abuse, orphanhood, etc.) and ask how he or she feels about these.
- Acknowledge his or her problems and feelings.
- Offer solutions to his or her domestic problems; for example,
  - In cases of too much workload, encourage the client to write down his or her daily work plan or time schedule for a better daily structure.
- Only talk to the parents or caretakers about his or her problems if the client agrees to that. Provided that the client accepts, the following steps could be taken:
  - Sensitize parents or caretakers to the importance of the good education of the learner.
  - Sensitize parents or caretakers to a realistic workload at home for learners.
  - Invite parents or caretakers or to talk to school authorities, to make parents or caretakers attend school meetings to increase transparency of school programs and reduce absenteeism or drop-out rates due to parental refusal.

**ATTENTION:** Always end the counselling only when the client is not in a bad mood!

- Talk to the client again at least four weeks later in order to check whether the conditions at home have improved for the client. The counselor should make a home visit and visit the client at school or at the YEP center.

18. **Support in cases of homelessness**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Find out how the client is doing.
- Ask the client about his or her family background, identify reasons for his or her homelessness, and ask how he or she feels about it.
● Acknowledge the identified problems.
● Give emotional support. The client should feel that there is someone who still cares about him or her.
● Ask the client about possible caretakers or relatives who could help. When there is nobody, discuss with the client other options for accommodation (e.g., organizations or non-government organizations [NGOs] with centers for the homeless).
● If necessary, also advice him or her to get involved in income generating activities to improve his or her living conditions.
● Only talk to the relatives or community members about his or her problems if he or she agrees.
● Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** Always end the counselling only when the client is not in a bad mood!

● Talk to the client again at least four weeks later in order to check whether the conditions have improved for the client. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.

19. **Support in cases of child-headed households**

**As a counselor**

● Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
● First of all, try to establish a good relationship with the client, and inform him or her about confidentiality to enable trust.
● Find out how the client is doing, ask about his or her family background and the problems he or she has to face.
● Acknowledge what the client is going through, as well as his or her feelings and thoughts.
● Give emotional support. The client should feel that there is someone who still cares about him or her.
● Ask the client about relatives or friends who could help.
● If necessary, also advise him or her to get involved in income-generating activities to improve his or her living conditions.
● Give advice on how to engage in income-generating activities in order to improve living conditions. Name possible contacts in the community.
● Only talk to the relatives or community members concerning the client’s problems, as well as possible support, if he or she agrees to that.
● Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** Always end the counselling only when the client is not in a bad mood!

● Talk to the client again at least four weeks later in order to check whether the conditions have improved for the client. The counselor should even visit the child-headed household or visit the client at school or at the YEP center.

20. **Solutions to school drop-outs**

**As a counselor**

● Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
● First of all, try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place to enable trust.
● Ask the client about the reasons that made him or her drop out from school (e.g., bad peer group, lack of money for school fees and school uniform, etc.).
● Ask whether the client has already tried to get help from another person or organization.
● Talk with the client about the advantages of going to school:
  ● about what his or her future will look like when he or she continues school and finishes his or her education.
  ● about the advantages of full education for the family.
● Talk also about the disadvantages of not being in school and the possible consequences (e.g., becoming drug-dependent or becoming a thief).
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- Give your client the chance to express thoughts and feelings about dropping out of school and what he or she thinks could be done now.
- Talk to the client again at least four weeks later in order to check whether the client has changed and whether he or she is going back to school. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.

21. **Solutions to drug and substance abuse**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about confidentiality to enable trust.
- Find out which kind of drug or substance the client abuses (e.g., drinking alcohol, sniffing glue).
- Ask for the reason why he or she is abusing drugs and for how long he or she has already been abusing drugs.
- Acknowledge the client’s problem by being kind to the client.
- Talk to the client about the danger or disadvantages of drugs to his or her body.
- Ask how the client feels about drugs and his or her thoughts about drugs.
- Ask the client whether he or she thinks that he or she can stop abusing drugs.
- Advise the client to join a rehabilitation center (e.g., teenage centers, YEP centers, etc.). This choice possibly would make the client more committed, and he or she would have no more time for abusing drugs.
- Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** Always end the counselling only when the client is not in a bad mood anymore!

- Talk to the client again at least four weeks later in order to check whether the client has changed and whether he or she has stopped abusing drugs or
substances. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.

22. **Solutions to feelings of revenge**

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- First of all, try to establish a good relationship with the client, and inform him or her about confidentiality to enable trust.
- Keep in mind the concept of revenge (why, what, when).
- Acknowledge the client’s feelings of revenge.
- Ask the client about his or her feelings of revenge and when they started.
- Try to find out what the client thinks about his or her feelings of revenge.
- Find out which people are involved and which people are the target of his or her feelings or behaviors of revenge.
- Try to find out briefly the underlying problem or conflict, and discuss it according to the client’s feelings of revenge. Talking about particular feelings or problems that might help the client to overcome the original cause of the vengeful feelings.
- As a counselor, never decide for the client what to do, but you can make suggestions about possible behaviors.
- If necessary, advise the client (*only if he or she agrees*) to seek compensation or amnesty in order to reduce feelings of revenge and enmity and instead create longing for harmony.
  - “*Mato oput*”—reconciliation ritual after intended, unintended or forced crimes (e.g., abductions, injuries, mutilations, murders, etc.) in Northern Uganda.
  - “*okulya Mwanyi*”—reconciliation ritual among the Bantu tribes in Uganda.
- Ask the client whether he or she can share his or her feelings of vengeance and the underlying problem with family members or close friends.
- It may be necessary and useful to help the client find an appropriate role model (e.g., a family member, close friend, etc.) with whom he or she can identify and
who will be able to take care of the client’s emotional status in case the
counselor is not around.

- Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION:** Always end the counselling only when the client is not in a bad mood or in the middle of telling the problem or conflict anymore!

- Talk to the client again at least four weeks later in order to check whether the client has changed and whether he or she was able to reduce his or her feelings of revenge and to identify with a role model. The counselor should maybe even make a home visit or visit the client at school or at the YEP center. Positive visits can prevent the client from emotional isolation, help to facilitated re-socialization and adaption to society, along with cultural norms and values.

### 23. Solutions to love affaires or elopement

**As a counselor**

- Introduce yourself to the client, tell him or her what you do, and let the client introduce himself or herself too.
- Try to establish a good relationship with the client, and inform him or her about the standards of confidentiality in place, to enable trust.
- Be patient and polite towards the client.
- Try to find out the reason why the client is engaging himself or herself in a love affaire or elopement.
- Give the client enough time to talk and express himself or herself.
- Try to acknowledge the client’s reasons for the love affair and elopement.
- Try to take what the client tells you as the truth.
- Ask the client for possible ways to deal with the problem.
- Teach the client about cultural norms and values. Discuss the rules and regulations of the country, community and school the client is living in or attending. This discussion might help the client to be more cautious about his or her behavior.
● Advise the client to go to reproductive- and health-friendly centers (e.g., family planning associations, World Vision, etc.), since they also offer recreational activities.
● It also would be good to advise the client to join clubs that would help him or her to avoid engaging in love affairs and elopement behavior.
● Ask the client again at the end of the counselling session about his or her feelings.

**ATTENTION: Always only end the counselling when the client is not in a bad mood!**

● Talk to the client again at least four weeks later in order to check whether the client has changed concerning love affairs and elopement. The counselor should maybe even make a home visit or visit the client at school or at the YEP center.
Record of Achievements

The research and articles outlined in the present thesis were realized in collaboration with a number of colleagues. My independent contributions are listed per article below.

*Article 1: From War to Classroom: PTSD and Depression in Formerly Abducted Youth in Uganda*


*My contributions*

- made substantial contributions to the conception and design
- supervised the data collection
- analyzed and interpreted data
- drafted the manuscript

*Article 2: Is Trauma an Obstacle for Peace? PTSD and Reconciliation in Formerly Abducted and War-Affected Youth of Uganda*

Nina Winkler, Martina Ruf-Leuschner & Thomas Elbert (for submission)

*My contributions*

- made substantial contributions to the conception and design
- carried out substantial part of the interviewer training
- supervised the data collection and clinical interviews
- carried out validation interviews
- carried out workshop for cultural validation
- coordinated logistics and the collaboration with partners in the field
- analyzed and interpreted data
- drafted the manuscript
Article 3: From Crisis to Reconciliation in Ugandan Schools: A Randomized Controlled Trial of Trauma and Reconciliation, Conflict Resolution, and Teacher Counseling Interventions with Youth Affected by War and Child Soldiering

Nina Winkler, Martina Ruf-Leuschner, Elisabeth Kaiser-Schauer & Thomas Elbert (for submission)

My contributions

- made substantial contributions to the conception and design of the study
- made substantial contributions to the conception and design of the three interventions
- carried out substantial parts of the interviewer training
- carried out substantial parts of the three intervention trainings for counselors
- supervised the data collection and clinical interviews at three time intervals
- supervised individual NET therapies
- supervised all group-based interventions
- offered crisis intervention to participants when clinically indicated
- coordinated logistics and the collaboration with partners and schools in the field
- analyzed and interpreted data
- drafted the manuscript
References


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