Wesleyan University The Honors College

The Cultural Context of Trauma:
A Case Study of Displaced Youth in Northern Uganda

by

Rebecca Littman
Class of 2008

A thesis submitted to the
faculty of Wesleyan University
in partial fulfillment of the requirements for the
Degree of Bachelor of Arts
with Departmental Honors in Psychology

Middletown, Connecticut April, 2008

Abstract

This thesis sought to examine the relationship between culture and trauma by using a case study of internally displaced youth in northern Uganda. A framework is proposed for looking at the nature of this relationship within a given culture "x", which asks whether (1) exposure to traumatic stressors leads to the development of the symptoms associated with posttraumatic stress disorder (PTSD), and (2) whether these symptoms are deviant from the cultural norm, cause distress, and lead to dysfunction, thus qualifying as a trauma disorder. A total of 390 youth between the ages of 16-23 were interviewed in the Gulu and Amuru Districts of northern Uganda. Participants were randomly selected from four Internally Displaced Persons camps. Exposure to war violence was found to lead to the development of symptoms associated with PTSD, with between 30-75% of the sample endorsing each symptom. However, scores on the PTSD measure were not related to positive social functioning, economic activity, enrollment in school, or community involvement. Therefore, while the symptoms developed were those associated with PTSD, individuals suffering from these symptoms should not be classified as having a "trauma disorder" because symptoms are not deviant from the norm and do not lead to dysfunction.

Acknowledgements

There are so many people who have helped me throughout this thesis process. I have to begin by thanking Onen Richard Olum, because without him there is no way that I could have completed the research for my thesis. He acted as a guide, a translator, a research assistant, and most of all a friend. I would also like to thank Angwech Pamela, Oketayot Moses, Aguti Caroline, Angwech Sara, and Akena Lambart Lamex for their constant help and support in Gulu. I would like to thank Evelyn, my wonderful translator, who took on the huge project of translating the interview questionnaire in addition to her other job and studies. I would also like to acknowledge Peter for helping me develop my questionnaire and acting as a translator. Also, I am very grateful for all of the guidance I received from Junior in the beginning stages of my research, and for the help I received from Kidega James both in my research and in finding me a place to live.

I am very grateful to my dedicated and hardworking research assistants for all of their time and effort. I would like to start with my research team in Awer, who were by far the most involved and efficient assistants, despite only having a three-person team. This team included Odong Geoffrey (team leader), Akot Agness, and Aciro Milly Grace, who still carried out interviews the first week even though she was nine months pregnant. In Unyama, the research team included Oola Francis (team leader), Akello Jackline Immaculate, Abonga Stephen, Atim Joyce, and Oroma Concy. In Koch Goma, the team included Okello Richard (team leader), Adong Filder, Opwonya James, and Laker Caroline. In Paicho, team members included Nyeko Christopher (team leader), Aloyo Janneth, Akera Jackline, and Olannya Dick.

I would also like to thank Mukasa, Richard, and Francis, who got me to the camps safely on their motorbikes and always made the journey enjoyable. I am very grateful to the camp leaders, especially those from Awer and Unyama, for allowing me access to their camps, providing me with the World Food Programme household lists, and identifying research assistants. Also, a very special thanks goes out to Lauren Gould, my roommate in the bus park, who supported me throughout much of this process.

Turning to the United States, I would like to thank my advisor, Professor Steven Stemler, for all of his help and insight. First of all, I am so grateful that he even agreed to take me on as an advisee and supervise my research from across the globe. His guidance has been invaluable and he has gone far above and beyond the call of an advisor. I would also like to thank my housemates and friends. I am particularly grateful to Francie Jones and Sara Rowe for listening to me talk about war trauma for house on end and helping me to make sense of my ideas. I would also like to thank Lauchlin Cruickshanks for coming up with part of my title, and Max Wu for all of the late nights in Judd Hall working on our theses. Finally, I would like to thank my parents. I am extremely lucky to have parents who I can also call my friends and role models. Thank you for putting up with the anxiety of having a daughter living on her own in northern Uganda, and for supporting me every step of the way.

Introduction

Imagine the following two scenarios:

Adong Proscovia is a sixteen-year-old living in northern Uganda, a region plagued by internal conflict since 1986. Two years ago, she was abducted from her home by rebel soldiers and forced to serve in the rebel army. She finally escaped three months ago and was reunited with her family, but since then she has been experiencing many problems. She has bad dreams and wakes up shouting and shaking. She startles easily and sometimes even sees visions of what happened to her while with the rebels. She also has what is known in her language as "poto cwiny," or leaping of the heart. Her family decides to take her to a traditional healer. Adong is diagnosed as being haunted by "cen", the vengeful spirit of the dead, which she probably contracted by coming into contact with dead bodies while with the rebels. Through the traditional healer, the deceased spirit asks her for a goat, two black chickens, and a crate of sodas in order to stop haunting her.

* * * * *

Daniel Martin is a twenty-two year old from Texas who just returned home three months ago from a tour of active duty in Iraq. About two month ago, he began to experience some problems. He kept seeing images from the day when one of his close friends was killed standing right next to him. He tried not to think about that day, and to avoid anything that might remind him of his friend. However, he still could not stop thinking about it or get the images out of his head. He started having trouble concentrating on anything, and just began to feel like nobody around him could understand what he was going through. He finally went to a VA health clinic

and was diagnosed with Posttraumatic Stress Disorder. He is going to try cognitive behavioral therapy, and has been given a type of drug known as selective serotonin reuptake inhibitor.

Adong and Daniel have both been exposed to war-related violence, and have developed symptoms upon return to their communities. However, they have experienced and interpreted their symptoms in extremely different ways. These anecdotes lead to a number of critical questions on the nature of trauma and its relationship to culture. First of all, what does it mean to be traumatized? Does this meaning differ from one culture to another? In northern Uganda, it is very common to hear people say, "Everyone in the north has been traumatized by the war." But what does it mean for an entire population to be traumatized? Also, what makes an event traumatic? Can an event be traumatic in one culture and normal in another? Finally, do individuals across different cultures develop the same symptoms in response to traumatic events? This paper will seek to find answers to these crucial questions, using displaced youth in northern Uganda as a case study for looking at the relationship between trauma and culture.

Defining Trauma

What is trauma?

Schauer, Neuner, and Elbert (2005), define psychological "trauma" as "the experience and psychological impact of events that are life-threatening or include a danger of injury so severe that the person is horrified, feels helpless, and experiences a psychophysiological alarm response during and shortly following the experience" (pg. 5). However, as Ingleby (2005) notes, such definitions of the word "trauma" are very complex because the term is used to describe both the situation causing the disturbance and the disturbance itself. Individuals exposed to a "traumatic" stressor will be called "traumatized" if they exhibit certain "trauma" symptoms, potentially developing a "trauma" disorder. Therefore, this thesis will separate the term "trauma" into its two components: the traumatic stressor and the trauma disorder. First, the definition of a traumatic stressor will be explored, followed by the definition of a trauma disorder.

Experiencing trauma: Definition of a traumatic stressor

A difference exists between a stressor and "traumatic" stressor. Recent research on the neurobiology of PTSD provides evidence that there are different biological reactions to traumatic and non-traumatic stress responses (Vendantham, Brunet, Neylan, Weiss & Marmar, 2000). Schauer et al. (2005, p.5) elaborate on the biological reaction to a traumatic stressor:

> Even extremely stressful events are only considered traumatic when the victim or the eye-witness enter a physiological *alarm state* during the event and the

> individual feels terrified or helpless or both. In this case, a cascade of responses in the body and mind is triggered which can damage both the mind and the body. The stressful event is then called a traumatic one. This cascade involves a series of very rapid changes in body and brain mediated by hormones and neural activity, which affect all organs and include increased heart rate, muscle tone, blood-flow, and metabolism; digestion is put on halt and resources are withdrawn from the immune system.

Therefore, a traumatic stressor causes a distinct neurobiological reaction, which then may lead to the development of symptoms. When a person who has been exposed to a traumatic stressor reacts by developing a particular set of symptoms, this may lead to a diagnosis of a trauma disorder.

Being in a state of trauma: Definition of a trauma disorder

While psychologists and psychiatrists have dedicated countless efforts to classifying various disorders and identifying their causes and effects, the actual definition of "disorder" remains controversial. For example, the *Journal of Abnormal Psychology* devoted an entire issue in 1999 to the scholarly debate over the definition of a disorder. Wakefield (1995) has argued for the harmful dysfunction definition of disorder, in which a disorder both causes harm and leads to dysfunction within internal mechanisms. This represents the evolutionary and biological view of a disorder, discounting the potential effects of value systems and social factors. Kirmayer and Young (1999) have criticized this definition, instead using individual

goal-directedness and social norms as the criteria for functioning. Therefore, they argue that failing to reach set goals or to embrace social practices are disorder.

This thesis will use a definition of "disorder" based on Comer's claim (as cited in Meyers,) that mental health workers label a behavior as disordered when it is *deviant*, *distressful*, and *dysfunctional*. Therefore, a disorder can be defined as a set of symptoms that (1) deviate from the norm, (2) cause distress, and (3) lead to dysfunction. Since deviance from the norm is one of the criteria for defining a disorder, the culture and context in which symptoms occur are necessarily important considerations. What is considered deviant in one culture may not be deviant in another culture. This thesis is concerned with a particular type of disorder: the trauma disorder. Trauma disorders are unique because they not only involve the development of a set of deviant symptoms that lead to distress and dysfunction, but they also involve exposure to a traumatic stressor.

Posttraumatic Stress Disorder

PTSD will be considered in detail because it is by far the most commonly discussed trauma disorder both in scholarly literature and everyday life. This thesis will look at the origins of the concept of PTSD, and will explore the evolution of the diagnostic criteria of the disorder found in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Finally, it will look at the growth in popularity of the diagnosis and its use in cultures around the world.

Origins of the PTSD concept

The idea that individuals react to certain types of events by experiencing distress and developing disturbing recollections is not new. Military officials, in particular, have for a long time identified these symptoms in soldiers exposed to combat. However, the "the idea of traumatic memory as a fixed, circumscribed entity" is a recent development (Summerfield, 2001, pg. 5). During the Vietnam War, psychologists and psychiatrists began to realize that the problems some soldiers were experiencing were not getting better after their return home. Additionally, other soldiers who had been fine during combat and upon their return were sometimes experiencing a delayed onset of these same symptoms. Therefore, mental health workers began to develop the idea that individuals react to traumatic stressors, as opposed to other types of stressors, in a unique way by developing a particular set of symptoms. Accoding to Summerfield, the terms "battle fatigue" and "war neurosis" were replaced by the new term, "post-traumatic stress syndrome." This was then turned into the diagnostic category of Post-Traumatic Stress Disorder, which was included in the DSM-III in 1980. Through the development of this new diagnostic category, Vietnam veterans could be seen "as people traumatised by roles thrust on them by the US military," instead of as perpetrators of atrocities. The focus of attention was thus shifted from details of individual soldiers' lives to the more general idea of the "fundamentally traumatogenic nature of war" (Summerfield, 2001, p.2).

Current diagnostic criteria for PTSD from the DSM-IV-TR

While originally developed as a framework for evaluating trauma symptoms among veterans of the Vietnam War, PTSD has become the main diagnostic category for responses to a wide range of traumatic stressors, including natural disasters, mass violence, abuse, accidents, and war (Ingleby, 2005).

As identified in the DSM-IV-TR (2000), diagnostic criteria for PTSD include (1) exposure to a traumatic event resulting in (2) intrusive recollections, (3) avoidant/numbing symptoms, and (4) hyper-arousal symptoms (5) lasting for a duration of over one month and (6) leading to clinically significant distress or impairment of occupational, social, or other areas of functioning. The full criteria from the DSM-IV-TR (2000) are as follows:

> Diagnostic criteria for PTSD include a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning.
>
> Criterion A: stressor
> The person has been exposed to a traumatic event in which both of the following have been present:
>
> 1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
> 2. The person's response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.
>
> Criterion B: intrusive recollection
> The traumatic event is persistently re-experienced in at least one of the following ways:
>
> 1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

2. Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content
3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur.
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
5. Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

Criterion C: avoidant/numbing
Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma
4. Markedly diminished interest or participation in significant activities
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (e.g., unable to have loving feelings)
7. Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Criterion D: hyper-arousal
Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least two of the following:

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hyper-vigilance
5. Exaggerated startle response

Criterion E: duration
Duration of the disturbance (symptoms in B, C, and D) is more than one month.

Criterion F: functional significance
The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

The increased use of the PTSD framework

Since it's inclusion in the DSM-III, PTSD has become a widespread diagnosis for individuals experiencing or witnessing a wide variety of violent or stressful occurrences. According to Summerfield (1999), while PTSD was originally intended to apply to events outside the range of normal human experience, it has now come to be applied to experiencing or witnessing more common events such as muggings, difficult births, road accidents, and verbal sexual harassment. PTSD had become important for people who are competing for moral high ground of the status of victim, pursuing both recognition and compensation. Summerfield provides the example of Holland, where a PTSD diagnosis allows victims of Nazi atrocities who come forward even now to receive compensation. These trends have been exported to other countries around the world. For example, men accused of politically-inspired multiple murders in South Africa and Bosnia have used PTSD as a defense for their crimes (Summerfield, 1999). Additionally, Foster and Skinner (1990) explain that whereas South African political detainees framed their stories in terms of biblical, legal, ideological, and humanist values for the majority of the apartheid era, later accounts began to incorporate the language of psychological effects.

"Trauma interventions" in cultures around the world

The PTSD framework has also been widely applied by the international community to those living in areas of armed conflict around the world. As Summerfield (1999) points out, while manuals of refugee mental health made no mention of PTSD as recently as the early 1980s, "trauma projects have rapidly

become attractive and even fashionable for Western donors" (p. 1451). These programs are based on the assumption that whole populations exposed to war experience a distinct psychological fall-out, and that this fall-out must be addressed in order for people to heal. Posttraumatic stress disorder has been promoted by humanitarian organizations as the framework within which to capture and address the psychological impact of wars "regardless of the background, culture, current situation, and subjective meaning brought to the experience by survivors" (Summerfield, 2001, p. 2).

In this view, war is seen as causing a mental health emergency, leading to discussion in the media of PTSD as a "hidden epidemic," often times hidden even to the people suffering from it (Summerfield, 1999). Therefore, trauma interventions from organizations and experts experienced in dealing with PTSD would be needed to "cure" this epidemic. For example, from their work in the former Yugoslavia, Agger, Vuk, & Mimica (1995) warned that PTSD was going to be the most critical public health problem for a generation and beyond. A European Community Task Force (ECTF) review noted that 185 psychosocial programs were being implemented by 117 organizations in the region. In February 1995, the European Community Humanitarian Office (ECHO) alone was "providing financial support to 15 international NGOs from six European Union member" for such work (Summerfield, 1999).

Culture and Trauma

A number of scholars and mental health workers around the world have begun to question the cross-cultural applicability of the PTSD framework (for example, Bracken, Giller, & Summerfield, 1995; Breslau, 2004; Dowdney, 2007; Gozdziak, 2004; Green & Honwana, 1999; Guyot, 2007; Honwana, 2006; Ingleby, 2005; Miller, 2004; Pedersen, 2002; Stubbs, 2005; Summerfield, 1999 and 2001; Wessells, n.d., 2004, and 2007). They argue that the ways in which traumatic stressors are experienced are profoundly influenced by culture and context. For example, in a book on former child soldiers in Angola and Mozambique, Honwana (2007) explains that youth in these countries interpret their reactions to traumatic stressors in terms of the spirit world. In order to cope with their war experiences and move forward with their role in the community, they must undergo traditional rituals that cleanse them of the things they have done and witnessed. Therefore, she argues that an application of PTSD to this culture is not relevant.

Proposed new framework for assessing the cultural context of trauma

I will now present a new framework for assessing the cultural context of trauma. This framework is based on the following two considerations:

(1) Are the symptoms associated with PTSD found in other cultures, indicating universal reactions to traumatic stressors?

This question is assessed within a given culture by looking at whether or not exposure to traumatic stressors leads to the development of the symptoms associated with PTSD, including intrusive recollections, avoidance/numbing, and hyper-arousal.

(2) Should people experiencing these symptoms in other cultures truly be classified as having a trauma disorder?

This question is assessed by looking at whether or not the symptoms developed in response to exposure to traumatic stressors cause distress, are deviant from the cultural norm, and lead to dysfunction.

The framework is presented in Figure 1 below:

Figure 1:
Framework for looking at the relationship between trauma and culture

PTSD symptoms

Trauma Disorder

Within Culture "x"	**Yes**	**No**
Yes	Model I	Model II
No	Model III	Model IV

Model I:

(1) Individuals within a given culture "x" react to traumatic stressors by developing the symptoms associated with PTSD.

(2) For individuals in culture "x", the development of PTSD symptoms causes distress and leads to dysfunction. Additionally, individuals experiencing these symptoms are deviant from the cultural norm. Therefore, individuals suffering from these symptoms should be classified as having a trauma disorder (specifically PTSD).

Model II:

(1) Individuals within a given culture "x" do not react to traumatic stressors by developing the symptoms associated with PTSD. Instead, they may develop a different set of symptoms that are specific to their culture.

(2) For individuals in culture "x", the development of culture-specific symptoms causes distress and leads to dysfunction. Additionally, individuals experiencing these symptoms are deviant from the cultural norm. Therefore, individuals suffering from these symptoms should be classified as having a trauma disorder (although a culture specific disorder instead of PTSD).

Model III:

(1) Individuals within a given culture "x" react to traumatic stressors by developing the symptoms associated with PTSD.

(2) For individuals in culture "x", at least one of the following is true: (1) the development of PTSD symptoms does not cause distress, (2) the development of PTSD symptoms does not lead to dysfunction, or (3) individuals experiencing these symptoms do not deviate from the cultural norm. Therefore, individuals suffering from PTSD symptoms in this culture should not be classified as having a trauma disorder.

Model IV:

(1) Individuals within a given culture "x" do not react to traumatic stressors by developing the symptoms associated with PTSD. Instead, they may develop a

different set of symptoms that are specific to the culture, or they may not develop any symptoms at all.

(2) For individuals in culture "x", at least one of the following is true: (1) the development of PTSD symptoms does not cause distress, (2) the development of PTSD symptoms does not lead to dysfunction, (3) individuals experiencing these symptoms do not deviate from the cultural norm, or (4) individuals do not develop symptoms in response to traumatic stressors. Therefore, individuals in this culture should not be classified as having a trauma disorder.

Previous research on the cultural context of trauma

This section will provide an overview of past research on trauma in different cultural contexts. First, a number of studies assessing the prevalence of PTSD symptoms in cultures around the world will be considered. This will be followed by a look at evidence for the existence of universal situational characteristics that lead to the development of PTSD symptoms. Finally, three case studies of trauma in different cultures will briefly be presented. The cultural context of trauma for these case studies will be assess in terms of the new framework presented above.

Prevalence of PTSD symptoms in areas exposed to armed conflict

In areas exposed to armed conflict throughout the world, researchers have found high levels of post-traumatic stress reactions matching criteria from the DSM-IV-TR using diagnostic interviews and standardized PTSD measures. Table 1 presents a summary of past research findings on prevalence rates of PTSD, ranging

from 11% in a sample of Iranian children (Almqvist & Brandell-Forsberg, 1997) to 99% in a sample of Sierra Leoneans right after an episode of violent conflict (de Jong, Mulhern, Ford, van der Kam, & Kleber, 2000).

Table 1
Prevalence rates of PTSD found in cultures around the world

Study	Description of Subjects	Findings
Almqvist and Brandell-Forsberg (1997)	Iranian refugee children in Sweden	documented PTSD rates of **11%** to **38%**, depending on level of exposure to violence
De Jong et al. (2001)	Palestinians	PTSD prevalence rate of **15.8%**
Pham, Weinstein, and Longman (2004)	Rwandan adults	found that **24.8%** of participants met symptom criteria for PTSD
De Jong et al. (2001)	Cambodians	PTSD prevalence rate of **28.4%**
Cardozo et al. (2005)	Afghani men and women	found PTSD rates of **32%** among men and 48% among women
Bayer, Klasen, and Adam (2007)	Former child soldiers in northern Uganda and the Democratic Republic of the Congo	Identified clinically important PTSD symptoms among **34.9%** of the sample
De Jong et al. (2001)	Algerians	PTSD prevalence rate of **37.4%**
Thabet and Vostanis (1999)	Palestinian children	Identified moderate to severe PTSD reactions among **41%** of Palestinian children
Schaal and Elbert (2006)	Rwandan orphans	Respondents endorsed an average of 9 out of 17 DSM-IV symptoms of PTSD, with an overall prevalence rate of **44%**
de Jong, Scholte, Koeter, and Hart (2000)	Rwandan and Burudian refugees	found a PTSD rate of **50%**
Smith, Perrin, Yule, Hacam, and Stuvland (2002)	children aged 9-14 in the former Yugoslavia	**52%** reported symptoms after the war that would justify a PTSD diagnosis
Vinck, Pham, Stover, and Weinstein (2007)	Northern Ugandans	Identified **74.3%** as meeting PTSD symptom criteria
Dyregrov, Gupta, Gjestad, and Mukanoheli (2000)	Rwandans	Identified moderate to severe stress reactions in **79%** of respondents
Derluyn, Broekaert, Schuyten, and De Temmerman (2004)	Former child soldiers in northern Uganda	found PTSD reactions of clinical importance in **97%** of the sample
de Jong et al. (2000)	Sierra Leoneans	found a PTSD rate of **99%**

Situational characteristics leading to the development of PTSD symptoms

Many of the studies on PTSD among populations in different cultures have identified factors that relate to the development of associated symptoms. First of all, many of the studies have found that the number of violent events experienced is an important risk factor in the development of PTSD (for example, de Jong et al., 2000; Schaal & Elbert, 2006; Vinck et al., 2006; Cardoza et al., 2000; Porter & Haslam, 2001; and Mollica et al., 1998). This finding that "increased exposure to violence can lead to significantly more psychological symptoms" is known as the dose effect (Vinck et al., 2007, p. 551-2).

Additionally, some studies have found a relationship between particular types of war-related experiences and the presence of posttraumatic stress reactions. These factors include parental loss, direct life threat, and the deprivation of basic needs. De Jong et al. (2000) identified loss of loved ones, and especially witnessing the violent death of someone close, as serious risk factors for the development of PTSD. In Rwanda, Dyregrov et al. (2000) found that posttraumatic stress reactions were associated with violence exposure, parental loss, and the feeling that one's life was perpetually in danger. Schaal and Elbert (2006) found that number of PTSD symptoms endorsed was most strongly associated with a person believing that he/she was going to die and witnessing the murder of a parent. Similarly, the results of a study carried out among adolescents living under conditions of siege in Sarajevo (Hussain et al., 1998) showed that war atrocities and personal losses were highly correlated with the development of PTSD. Hussain et al. also found an association between deprivation of basic needs and increased posttraumatic stress reactions,

particularly of symptoms relating to avoidance and hypervigilance.

Case studies from three countries

Sri Lanka

An epidemiological survey among Tamil children carried out by Vivo International in 2003 (as cited in Schauer et al, 2005), found that the prevalence of PTSD symptoms was related to distress and problems in functioning (Schauer et al., 200). Of their total sample, 57% reported that exposure to war violence and the resulting symptoms interfered with their life. Increased exposure to violence was related to greater difficulties in social and emotional functioning, including problems in school performance, social withdrawal, and difficulties leading a normal family life. These results were further validated through neuropsychological testing and school grades. Given these results, the relationship between trauma and Tamil culture fits with Model I since PTSD symptoms are present and meet the necessary criteria to be classified as a disorder.

Sierra Leone

In a book chapter presenting an overview of the mental health situation of Sierra Leonean refugees living in Guinea, Hubbard and Pearson (2004) show that while PTSD symptoms are common, Sierra Leoneans should not be thought of as suffering from PTSD. As a result of a civil war lasting for over a decade, most Sierra Leoneans have been exposed to very high levels of violence. Hubbard and Pearson report that Sierra Leonean refugees commonly have developed a number of

symptoms associated with PTSD, including sadness and frequent crying, sleep problems such as nightmares related to their traumatic experiences, avoidance of conversations or reminders of the atrocities that occurred, and flat affect. However, they conclude that despite the presence of these symptoms, most refugees are not traumatized to an extent that would require a mental health intervention to help them move on with their lives. In fact, they have found that most refugees are remarkably resilient and are able to rebuild their lives. Therefore, the nature of the relationship between trauma and culture is that of Model III. PTSD symptoms are present, but the individuals experiencing these symptoms should not be classified as having a trauma disorder.

Southern Sudan

In a book chapter titled "Traumatic Stress in Context: A study of unaccompanied minors from Southern Sudan", Jeppsson and Hjern (2000) compare two studies on traumatic stress among boy refugees from the Dinka tribe. In order to escape from armed attacks on their villages in Southern Sudan, a group of around 15,000 boys fled to Ethiopia, trekking for months through the south of Sudan from 1986-87. They were again forced to flee Ethiopia in 1991, this time going to refugee camps in Kenya. In 1993, a UNICEF team interviewed 174 children, and found 55.2% to be troubled by traumatic memories (Raundalen et al., 1999). They interviewed the children again with a more in-depth measure and found a mean score of 21 out of 27, with intrusive memories and avoidant behaviors particularly

common. From these results, they concluded that the boys were suffering from PTSD and were therefore were in need of an extensive intervention.

Jeppsson and Hjern then conducted another study to evaluate the findings of the UNICEF team. They found that while PTSD symptoms were widespread, they had "surprisingly limited impact on the boys' daily life and well-being…Future outlooks were fairly bright given the harsh living conditions, and few children reported having problems at school" (p. 77). Additionally, 90% of children reported that their current lifestyle was in accordance with *cieng* and *adheng* , the traditional concepts of well-being in Dinka culture. Jeppsson and Hjern then present Christian beliefs and close, mutually supportive relationships with friends as possible explanations for well-being despite a prevalence of PTSD symptoms. The results of this study incidacte that the nature of trauma in Dinka culture also falls into Model III. While the boys have developed trauma symptoms as a result of their experiences, the symptoms do not lead to dysfunction or distress. Therefore, the boys should not be classified as having a trauma disorder.

Northern Uganda: A case study of displaced youth

The people of northern Uganda have been plagued by a state of internal conflict since 1986. A number of scholars have written on the causes and course of the war in northern Uganda (see Behrend, 1999; Finnstrom, 2003; Dolan, 2005; ICG, 2004). A brief overview of the conflict will be provided. The war in northern Uganda began as a product of the divisive political climate fostered by British colonial policies. Under British rule, the Acholi people of the north were primarily given roles in the military, while the Baganda people around Kampala, the capital city, were involved in economic activities. When Uganda received independence in 1962, these regional and social divisions were perpetuated by the new independent government, who found it easier to rule within this structure.

The roots of the current conflict in northern Uganda can be traced back to 1986, when Yoweri Museveni and his southern National Resistance Army led a military coup against Tito Okello. Fearing marginalization under this new government, the people of the north mobilized for war. By 1988, most of the resistance had ended through peaceful settlements with the government. However, a woman named Alice Lakwena emerged and started the Holy Spirit Movement. Lakwena believed that the Holy Spirit was speaking to her and ordering her to overthrow the government. Her forces reached within eighty kilometers of the capital, but then were finally defeated. Out of the dust of this movement came a man claiming to be Lakwena's cousin, Joseph Kony. Kony took control of the dying movement and turned what still existed of the rebel army into the Lord's Resistance Army (LRA). Due to his extreme tactics, Kony's army did not receive widespread

support from a northern population already sick of war, leading him to turn against the civilian population. Additionally, his movement never had a clear set of goals beyond the desire to overthrown the government of Uganda and rule by the Ten Commandments of the Bible.

Consequences of the conflict for the Acholi people

The primary victims of the conflict in northern Uganda have been the civilians living in Acholiland, the area comprising the Gulu, Amuru, Pader, and Kitgum district. The Acholi people have been victims of violence and forced abduction at the hands of the rebel forces, and also victims of violence and forced displacement at the hands of the government and Uganda People's Defence Forces (UPDF) soldiers. A report by the World Food Programme (1999) describes this phenomenon as "the strategic use of civilians by both sides". As a result, an entire generation of youth has grown up knowing nothing but war (Cheney, 2007). As Baines, Stover, and Wierda (2006) explain, "All of these children have been affected in some way by the violence, including displacement, loss of family members and friends, witnessing horrific events, and lack of access to health care, education and other services" (p. 17). The Survey of War-Affected Youth (SWAY) Uganda (Annan, Blattman, & Horton, 2006) found that youth have experienced tremendous amounts of violence, endorsing an average of 9 out of 31 possible war experiences.

Abduction into the rebel army

One of the defining characteristics of the LRA has been its widespread use of abduction. Abducted children and adults are made to serve as porters, soldiers, and sometimes even sex slaves. Some of these abductees are forced to loot, carry heavy loads for long periods of time, participate in battles with government forces, and even "inflict horrific injuries by cutting off the ears, noses, lips, and limbs of defenseless civilians" (Baines et al., 2006, p. 9). In extreme cases, some have been forced to kill members of their own families. Annan et al. (2006) found the scale of abduction to be immense, with more than a third of all male youth and a sixth of all females taken for at least a day. While it is impossible to know exact numbers, SWAY estimates that at least 66,000 youth between the ages of 14 and 30 have been abducted by the LRA.

Displacement

Mass internal displacement has been the other defining feature of the conflict in northern Uganda. According to a report by Human Rights Focus (HURIFO, 2002), displacement on a large scale first began in September 1996 when Ugandan President Yoweri Museveni announced the creation of "protected villages." The army then informed local authorities in several villages that their residents must vacate in a few days and move to the trading centres. Those who remained in the villages were forcibly driven away by the UPDF, who in some cases fired artillery and mortar bombs into villages where people had not left (HURIFO, 2002; HRW, 1999). This policy of forced displacement was adopted by the government in order to remove

people from strategically important areas, and also to better protect civilians in places where the army could not prevent LRA activity (WFP, 1999). As a report by Boas and Hatloy (2005) explains: "The establishment of these camps were supposed to enable the Ugandan Army, the Uganda People's Defense Forces (UPDF), to bring a swift conclusion to the war: by clearing out the countryside one would cut off rebel resources and give free rein to UPDF units" (p. 1). As a result of another upsurge in rebel activity in 2002, almost the entire rural population of Acholiland was forced to move to the IDP camps (Boas & Hatloy, 2005; Baines et al., 2006).

A report from the Inter Agency Standing Committee in Uganda (IASC) Working Group (IASC, 2008) estimates a total IDP camp population of 1.1 million by the end of 2005. Other estimates (Baines et al., 2006) have gone as high as 1.5 million. UNOCHA (2006) reported the existence of a total of 53 IDP camps just in the Gulu and Amuru districts of Acholiland, with a total population of 460,226. One of the most distinctive features of the displacement situation in northern Uganda is that a majority of people are only a few miles from their original homes (Baines et al., 2006). A recent survey of the displaced population in Gulu district (UNOCHA, 2007) found that 63% of the total IDP population is residing less than 5 kilometers, just a 50 minutes walk, from their pre-displacement residence. Forty-six percent of the population is even within 3 kilometers, less than a 30 minutes walk. Boas & Hatloy (2005) remark that during their research stage, they often found that IDPs could point out the direction of their home, which was sometimes even visible from the camp. They go on to say: "Imagine the frustration of seeing your land, your

home, your place of origin and not being able to return to visit, to bury the dead or take care of your fields" (p. 11).

Life in the IDP camps

One of the biggest problems with life in the IDP camps was a lack of adequate protection, leaving the populations within the camps vulnerable to rebel attacks and abductions (Baines et al., 2006). Additionally, access to housing, water, food, health care, and education has been highly inadequate, leaving people in the camps almost completely dependent on international humanitarian organizations for a number of services (HRW, 1999; Boas & Hatloy, 2005). A health and mortality survey in the IDP camps (WHO, 2005) found that both child mortality rate and under 5 mortality rate were well above respective emergency thresholds. Additionally, an excess mortality rate of 25,694 was projected for the Acholi region between January and July 2005, which equates to almost 1,000 excess deaths per week. Lack of food in the camps is a major problem, with two-fifths of youth eating just once per day (Annan et al., 2006). Eighty-five percent of camp residents are dependent on the World Food Programme for their meals, but the ration rarely lasts even close to the entire month it is supposed to before the next delivery arrives (Cheney, 2007). The economic situation in the camps is dire, with the population lacking access to even basic resources. Boas and Hatloy (2005) found that two-thirds of people did not have any income in the past month. Additionally, one of the most troubling consequences of camp life for many Acholi is the loss of traditional culture (see Harlacher, Okot, Obanyo, Balthazard, & Atkinson, 2006; Cheney, 2007; Baines et al., 2006).

Current situation on the ground in 2007

On August 26, 2006, a Cessation of Hostilities Agreement was signed between the LRA and the Government of Uganda. Although this did not bring an end to the conflict, it did signify the beginning of the most promising peace process the people of northern Uganda have ever seen. As a result of this agreement, the living conditions in Acholiland are better than they have been in a very long time. People are free to move around the roads outside of the camps, and can even return to their home villages to cultivate their land. Despite this improvement in the security situation, the majority of people in the Gulu and Amuru districts have remained in the camps, often traveling to their villages during the day to tend to their land and then returning to the IDP camp at night (IMDC, 2007). The IASC Working Group (2008) estimated that 348,223 people in the Gulu and Amuru districts still remained in the camps as a January 2007. This figure represents 77% of the original population of the camps in 2005. Another 80,392 people (18%) have moved to one of the 178 transit sites, smaller camps that have been established closer to peoples' home villages. Only 5% of people are estimated to have returned to their villages of origin (IASC, 2008). While the security situation has vastly improved over the past two years, the overall state of the IDP camps remains dire. Additionally, despite increased optimism about the future, people are still wary to return home until peace is secured. They have seen peace processes fail before on two occasions, and therefore many people report that they will not feel comfortable going home until some time has passed after the signing of an agreement (IDMC, 2007).

Acholi culture and trauma

Existing research on the nature of trauma in Acholi culture will now be considered. First, studies assessing prevalence rates of PTSD symptoms will be discussed, followed by a study on the relationship between PTSD and functioning.

Prevalence of PTSD symptoms in northern Uganda

Previous research conducted on the psychological effects of the conflict in northern Uganda suggests that the symptoms associated with PTSD are fairly, if not extremely, common (Derluyn, Broekaert, Schuyten, & De Temmerman, 2004; Bayer, Klasen, & Adam, 2004; Amone-P'Olak, 2004; Neuner & Elbert, 2007). Only one study has been carried out among the general population in the IDP camps Vinck, Pham, Stover, & Weinstein, 2007). In 2005, Vinck, Pham, Stover, and Weinstein (2007), administered the PTSD Checklist-Civilian Version to 2,389 individuals aged 18 and older. They found that 74.3% of participants met the symptom criteria for PTSD. An additional four studies have assessed prevalence of PTSD symptoms among former child soldiers. Derluyn, Broekaert, Schuyten, and De Temmerman (2004) administered a revised version of the Impact of Event Scale to 71 former child soldiers who had been abducted at a young age and had stayed with the rebels for a mean of 774 days. They found scores of clinical significance among 97% of the sample. Another study of former child soldiers by Bayer, Klasen, and Adam (2007) in the Democratic Republic of the Congo and at the World Vision Trauma Centre in Gulu, Uganda, found that 34.9% of the 169 respondents had PTSD scores of clinical significance. Amone-P'Olak (2004) also carried out a study at the World Vision

Trauma Centre in Gulu, and found moderate to severe traumatic reactions in 39% of the 74 participants. Finally, Vivo International (Neuner & Elbert, 2007) carried out a study of PTSD among 61 former child soldiers who were either living in, or had recently left, the reception centre of the local organization Gulu Support the Children Organization (GUSCO). They identified a PTSD rate of 24.6%.

PTSD symptoms and dysfunction in northern Uganda

Only one previous study, the Survey of War-Affected Youth (Annan et al, 2006), has explored the relationship between the presence of PTSD symptoms and dysfunction in any detail. Despite being exposed to a large number of potentially traumatic stressors, the majority of youth reported low to medium amounts of emotional distress, with over 90% of the sample reporting low levels of aggression and fairly high levels of social functioning. Among the minority who reported psychosocial difficulties, on average the presence of symptoms was not related to educational and occupational functioning. Therefore, youth with a greater number of symptoms were able to function in daily activities just as well as their peers.

Research Questions

The overall purpose of this study is to determine which model of the relationship between culture and trauma is correct for the Acholi culture of northern Uganda. In order to evaluate this question, I will begin by looking at the current situation in the IDP camps and the level of violence to which the population has been exposed. Then I will seek to answer the following research questions:

(1) Are people who have experienced traumatic stressors developing symptoms associated with PTSD?

(1a) Are they any situational characteristics leading to the development of symptoms?

(2) Within the cultural context of northern Uganda, do people with these symptoms truly have a trauma disorder?

(2a) Do these symptoms cause distress?

(2b) Do people suffering from these symptoms deviate from the cultural norm?

(2c) Do these symptoms lead to dysfunction?

(3) Are there any specific characteristics of Acholi culture that are interacting with the trauma experience?

(3a) Are there particular explanatory frameworks and coping mechanisms present in Acholi culture for dealing with the violence that has occurred?

Methods

Participants

A total of 4 of the 53 IDP camps in the Gulu and Amuru Districts of northern Uganda were purposefully selected for inclusion in this study, including Paicho, Unyama, Koch Goma, and Awer. While living conditions are deplorable and exposure to violence is extremely high across the board, there is much variation between camps. According to a map of IDP camps by UNOCHA (2006), camp populations range from 365 to 53,612 people. Additionally, camps vary in their distance from a major trading center or Gulu Town, and in their levels of access to healthcare, education, economic opportunities, and humanitarian assistance. Camps also vary in the extent to which they have been exposed to war violence. While IDPs across the north have been exposed to extreme amounts of violence, some camps have been less secure and therefore more vulnerable to rebel attacks than others.

Camps were selected in consultation with number of Acholi and expatriate non-governmental organization (NGO) workers based on two main criteria. First, issues of logistics were considered, including distance from Gulu Town, ease of transport, population size, and safety. It was decided that camps must be within 30 kilometers of Gulu Town and have a population of between 8,000 and 25,000 to be considered for inclusion in the study. Within the remaining camps, the second criterion on which the final four were selected was the extent to which they reflected a good cross-section of all of the camps along the dimensions previously discussed. These include distance from a major trading center or Gulu Town, level exposure to war violence, and extent of access to healthcare, education, economic opportunities,

and humanitarian assistance.

The first camp selected from Gulu District was Unyama IDP camp, chosen for its close proximity to Gulu town of 7 kilometers. As a result of its location, people in Unyama have been exposed to lower levels of war violence than those in many other areas. Additionally, since they can easily walk or ride their bikes into town, residents of Unyama have greater access to educational and healthcare facilities. They also have more opportunities to earn an income since they can go into town to sell firewood or other goods.

The second camp selected for inclusion was Paicho IDP Camp, located 15 kilometers further down the road from Unyama, and a total of 22 kilometers from Gulu town. Paicho was chosen because it is considered one of the poorer camps in the area. Economic and employment opportunities are very limited and education beyond primary school is extremely rare. The security situation has been more precarious in Paicho than Unyama, although it has still been better than in many other areas of the north.

The third camp chosen for the study was Awer IDP camp, located about 20 kilometers from Gulu Town in Amuru District (See Appendix A for a profile of Awer IDP camp). With a population of 22,380, Awer is one of the largest camps in its district. Additionally, it is surrounded by a number of other slightly smaller camps, leaving the area extremely congested. The economic, employment, and educational opportunities in Awer are similar to that of Paicho.

The final camp chosen was Koch Goma IDP camp in Amuru District, about 25 kilometers from Gulu Town. This camp was chosen primarily for its reputation of

extreme exposure to war violence. Koch Goma is located near the home village of one of the top LRA commanders, and he decided to target the camp by carrying out a big massacre and abducting greater numbers of youth than in other areas. However, Koch Goma is considered to have better educational facilities and more access to economic opportunities than many of the other camps.

Instrumentation

The interview questionnaire consisted of 208 questions broken up into the following ten sections: (1) basic personal and household data, (2) economic standing and general well-being, (3) health, (4) education, (5) community involvement and religion, (6) social support, (7) justice, (8) war experiences (with an abduction supplement for those reporting abduction by LRA forces), (9) symptoms, and (10) a revised version of the Impact of Event Scale. See Appendix B for the full English version of the questionnaire. Neither the justice section nor the abduction supplement was used in this study.

The questionnaire was translated into the local language, Luo, by a professional translator from Gulu, and then back-translated into English. When this process was finished, a meeting was held with the two original translators as well as two other Acholi people with experience in translating surveys in order to discuss and fix any discrepancies. The full Luo version of the questionnaire can be found in Appendix C.

Many items in sections 1-9 were based on questions from the Survey of War-Affected Youth (SWAY) Uganda Individual Questionnaire, Phase 1, Round 1

(SWAY, 2005). The Survey of War-Affected Youth was a large-scale survey of youth carried out in the Kitgum and Pader districts of northern Uganda between September 2005 and March 2006. The survey covered war experiences, personal characteristics, and economic, psychological, and physical well-being. In order to assess the dimensions of vulnerability and resilience of internally displaced youth in northern Uganda, the SWAY researchers developed specific measures of youth well-being including economic success, physical health, psychological health, and social and family support.

Sections 1-5

Section 1 consists of questions on age, living situation, and family life. Section 2 has questions pertaining to economic activity and well-being, focusing on household possessions, personal and family income, unpaid work opportunities, food intake, and alcohol and drug consumption. Section 3 has two questions on physical health, asking about general health status and previous serious injuries. Section 4 consists of questions on enrollment in school, participation in skills training programs, and literacy. Section 5 asks participants about their involvement in community groups, and follows with seven questions on their religious beliefs and behaviors.

Social Support Scale

The Social Support Scale consists of 14 items assessing the amount and type of support an individual is currently receiving from family and community members.

Participants were given the following instructions: "*When answering these questions, I want you to think about your life right now, not how it used to be. Please answer either "no" or "yes" to each of the items."* Items in this scale were based on a set of 17 questions from SWAY asking participants about their relationships with family, friends, and other community members.

War Experiences Checklist

Level of exposure to violence was assessed using a 32 item War Experiences Checklist developed for this study. Some of the items for the checklist were based on a list of 31 war experiences in SWAY and an 18 item War Experiences Checklist developed for a study on the psychological state of former abducted youth in Gulu (Amone P'Olak, 2004). The new Checklist was then reviewed by three Acholis who have worked extensively in the IDP camps. With their input, the final version of the War Experiences Checklist was completed.

Symptoms

The symptoms section was broken up into two parts. The first set of symptoms consists of a 46 item scale addressing psychological, somatic, and behavioral issues. Respondents were provided with the answer choices of "Always", "Sometimes", "Rarely", and "Never". Some of the items for this set were based on a list of 43 questions on psychosocial adjustment found in SWAY. Additionally, some of the questions were created based on a list of the physical, emotional, cognitive, and behavioral issues observed among formerly abducted youth by staff at

the World Vision Trauma center in Gulu (Amone P'Olak, 2004). The second part of this section involved twenty questions evaluating the individual's outlook on life. Participants were given the following instructions: *"Now I want to ask you about some of your thoughts about these things you experienced. These questions are to better understand how you think about these experiences now."* The instructions and some of the questions were based on a set of eleven questions from SWAY. The final version of this section was developed in consultation with Angwech Pamela and Okello Peter.

Revised version of the Impact of Event Scale (IES-R)

To assess the prevalence of PTSD symptoms in this sample, a revised version of the Impact of Event Scale (IES) was used. The Impact Event Scale was developed by Horowitz, Wilner, and Alvarez (1979) as a short self-report measure for assessing the levels of intrusion and avoidance responses to a traumatic stressor over the past 7 days (Weiss & Marmar, 1997). In order to include the symptoms of the hyperarousal criterion of PTSD, Weiss, Marmar, Meltzer, and Ronfeldt (as cited in Weiss & Marmar, 1997) developed a 22 item revised version of the IES, known as the IES-R. A shorter, 13 item version was then developed by Dyregrov and Yule (as cited in Dyrgrov et al, 2000), who found that the 15 intrusion and avoidance items of the original IES could be reduced to 8 items.

The IES-R is one of the most widely used measures of PTSD. According to Weiss (2007), electronic databases come up with 1,147 citations (P.I.L.O.T.S) and 515 in the American Psychological Association's psychinfo database. Additionally,

both the adult and child versions of the IES-R have been translated in a number of languages and used to assess PTSD in many cultures around the world. On the issue of basic psychometric properties, Weiss explains that "the published data suggests impressive concordance in terms of internal consistency, test-relevant reliability, and subscale correlations" (Weiss, 2007, p. 235). For example, the Chinese version was found to have the following sub-scale alphas: Intrusion = 0.89, Avoidance = 0.85, Hyperarousal = 0.83 (Wu & Chan, 2003).

The particular version of the IES-R used in this questionnaire comes from a study by Dyregrov et al. (2000) of PTSD in Rwandans aged 8-19. This version consists of 8 intrusion and avoidance items from the original IES scale, as well an additional 14 items "tapping bodily arousal and other manifestations of posttraumatic stress depicted in DSM-IV" (Dyregrov et al., 2000, p.7). Dyregrov found an overall reliability for the scale of 0.57, with subscale alphas of 0.67 for intrusion, 0.62 for avoidance, and 0.67 for hyperarousal. This particular version was chosen because the present study is interested in the prevalence rates of the symptoms associated with PTSD rather than prevalence of the disorder itself, and the items in this version cover more of the symptoms from the DSM-IV-TR diagnostic criteria for PTSD than do the other versions. Additionally, the instructions and response choices were altered to reflect the purpose of this study. Instead of asking about the presence of symptoms over the last two weeks on a four-point scale ranging from "not at all" to "often", respondents were asked to simply endorse whether or not they had experienced the symptom. They were given the following instructions: *"When answering these questions, keep in mind the worst event that has happened to you as a result of the*

war here in northern Uganda. Now please answer how it has been during the last two weeks by answering either "yes" or "no" for each question."

Procedure

In each of the four camps, World Food Programme household lists were used to randomly select one hundred youth between the ages of 16-23. For organizational purposes, each of the camps are broken up into a number of "villages," ranging from 20 in Koch Goma to 41 in Unyama. Each village has a household list for the World Food Programme which lists the names and ages of the members within the village households. Each household was assigned a unique number, and then 100 households were randomly selected out of the total number in the camp. Once the households were selected, the World Food Programme lists were used to identify and locate the specific households chosen. If the household did not contain anybody between the ages of 16-23, the nearest neighbor within the correct age range was selected for participation. If the household contained more than one individual in the correct age range, one was randomly selected.

Since the vast majority of people in the IDP camps cannot read or write English or Luo well enough to fill out the questionnaire on their own, the questionnaire was given as an interview by research assistants from within each camp. Research assistants were identified by the Camp Leader, with two males and two females in each camp. They went through a one day training workshop, in which they were trained on interview techniques and protocol and familiarized with the subject matter and research procedure. In addition, part of the training session

included practice explaining the consent form and a mock interview in Luo (See Appedix D for the training manual). The research assistants each were responsible for carrying out twenty-five interviews in their home camp, but not in their particular village. They were provided with the name, age, and village of the selected participant, as well as the names and ages of the heads of the household when available. They then were responsible for tracking down the participant and securing consent from them or their guardian when under eighteen. Upon receiving consent, the research assistants scheduled a time to carry out the interview survey, which usually lasted between half an hour to an hour.

In some cases, the participant was attending school in town or had moved to town or another camp. In these cases, every effort was made to track down the selected participant in their school or new location. When this was not possible, the participant was replaced by the nearest neighbor meeting the criterion for age. Also, in a limited number of cases, the World Food Programme household lists either had the wrong age for a household member, or listed a person who did not actually exist within the household. When this occurred, the research assistants first asked if there was anyone in the household meeting the age criterion, and if not used the nearest appropriate neighbor.

Results

First, the demographic characteristics of the sample will be discussed relative to basic personal and household data, economic well-being and activity, health, education, community group involvement, religion, outlook on life, and social support. This will be followed by a discussion of levels of exposure to violence among the sample based on responses to the War Experiences Checklist. Next, psychological, somatic, and behavioral problems among respondents will be considered. Then, prevalence of PTSD symptoms will be discussed based on responses to a revised version of the Impact of Event Scale. This will be followed by a discussion of the relationship between demographic factors and the development of PTSD symptoms. Next, the relationship between PTSD and distress, and then PTSD and dysfunction will be considered. Finally, the potential explanatory frameworks particular to Acholi culture for making sense of the violence that has occurred will be explored.

Demographic characteristics

Basic personal and household information

Participants have been living in the IDP camps for a mean of 10.26 years (sd = 2.72). A one-way ANOVA comparing the length of time participants in each of the four IDP camps have lived in their camp found a significant difference ($F(3, 364) = 11.670$, $p < .05$). A Tukey's *HSD* analysis used to determine the nature of this difference found that participants in Awer have lived in the camp longer ($m = 11.48$, $sd = 1.22$) than those in all of the other camps. Respondents in Koch Goma have

lived in the camp longer (m = 10.32, sd = 2.14) than those in Unyama (m = 9.31, sd = 3.74). Respondents from Paicho (m = 9.92, sd = 2.66) were not significantly different from those in Unyama or Koch Goma.

Particpants were also asked some questions about their family life. They reported having a mean of 6.08 people (sd = 2.34) living with them in their present hut or structure. Almost half of the sample has lost their father (44.6%), and about a quarter has lost their mother (25.1%). Around half of the participants have children (51.9%), and 37.1% are married. Chi-square tests of independence were conducted to explore the relationship between these variables and gender. No significant association was found between gender and loss of father ($\chi^2(1) = .292$, $p > .05$) or loss of mother ($\chi^2(1) = .368$, $p > .05$). Significant relationships were found between gender and having children ($\chi^2(1) = 58.074$, $p > .05$) and gender and marital status ($\chi^2(1) = 17.081$, $p > .05$). Females were more likely to have children (75.9%) and be married (46.2%) than males (24.1% with children, 25.6% married). The relationship between these variables and IDP camp were also considered using chi-square tests of independence. No significant associations were found between IDP camp and loss of father ($\chi^2(3) = 4.086$, $p > .05$), loss of mother ($\chi^2(3) = 2.601$, $p > .05$), having children ($\chi^2(3) = 2.603$, $p > .05$), or marital status ($\chi^2(3) = 5.946$, $p > .05$)

Economic well-being and activity

Participants were asked a number of questions about their household possessions, as well as their personal and family economic situation. Table 2 shows the mean number of various items owned by a respondent's household. The most

commonly owned items are sets of clothing, jerry cans, and chairs. The least commonly owned items include pigs, goats, or sheep; chickens, ducks, or guinea fowl, and cell phones.

Table 1:
Household Possessions

	n	Response	
		m	*sd*
How many of the following items are owned by your household?			
Sets of clothing	369	4.20	3.17
Jerry cans	382	2.29	1.37
Chairs	382	2.08	1.86
Pairs of shoes	380	1.48	1.93
Mattresses	381	.85	1.22
Bicycles	381	.67	.71
Radios	381	.61	.65
Pigs, goats, or sheep	380	.55	1.45
Chickens, ducks, or guinea fowl	379	.55	1.59
Cell phones	381	.11	.44

Participants were asked how many times they usually eat food in a day and how many times they have meat in a typical month. These are indicators of economic well-being because households that are able to afford more meals per day and meat every once in a while are in a better financial state. Individuals in the sample take food a mean of 1.56 times a day ($sd = .66$) and meat a mean of 1.27 times a month ($sd = 1.4$), with a range of 0 to 8 times a month. A one-way ANOVA was computed comparing the mean number of times per day that individuals in each of the four IDP camps take food. A significant difference was found between the camps ($F(3, 379) = 29.48$, $p < .05$). A Tukey's *HSD* analysis revealed that respondents from Koch Goma take more food on average per day ($m = 1.99$, $sd = .63$) than do those in Paicho ($m = 1.42$, $sd = .55$), Unyama ($m = 1.65$, $sd = .75$), and Awer ($m = 1.21$, $sd = .44$).

Respondents from Unyama also take significantly more food per day than those in Awer. A one-way ANOVA comparing the mean number of times per month that residents in each of the camps take meat also found a significant difference ($F(3, 368) = 19.46$, $p < .05$). The results of a Tukey's *HSD* analysis showed that participants in Paicho take meat significantly less per month ($m = .56$, $sd = 1.04$) than those in Awer ($m = 1.11$, $sd = 1.44$), Unyama ($m = 1.58$, $sd = 1.14$), and Koch Goma ($m = 1.92$, $sd = 1.55$). Residents of Koch Goma also take meat significantly more than those in Awer.

Participants were also asked some questions about their family and personal economic well-being. Slightly more than half of respondents have access to land on which they can grow food. However, only around 12% either have their own steady source of income, or have a family member who receives a steady source of income. Respondents were also asked about their personal and family economic activity over the past four weeks. Around 40% of the population reported doing some work in the past four weeks for which they did not earn any cash, such as digging in a garden, volunteering for an organization, or taking care of animals. A little over a quarter of respondents reported earning some cash in the past four weeks, and less than a tenth reported that another family member brought home cash. Full results for the total sample, as well as for each IDP camp, can be found in Table 3.

Table 3
Personal and family economic activity

	Camps				Total Sample
	Paicho	Unyama	Koch Goma	Awer	
Has access to land for digging	52.5%	41.5%	76%	39%	52.3%
Has a steady source of income	7.1%	21.3%	21.1%	0%	12.3%
Another member of their household has a steady source of income	7.1%	26.6%	17.2%	0%	12.6%
Has done some work that they did not earn cash for in the past four weeks	31.3%	41.5%	32.3%	57%	40.8%
Has earned any cash in the past 4 weeks	9.2%	46.8%	42.1%	8.1%	26.2%
Another member of their household has brought home cash in the past 4 weeks	6.1%	19.1%	8.4%	2%	8.7%

The relationship between personal economic well-being and IDP camp was considered using chi-square tests of independence. A significant interaction was found for all of the variables considered, so additional chi-square tests of independence were conducted between each pair of camps. The results indicate that people in Koch Goma are more likely to have access to land for digging than people in Paicho ($\chi^2(1) = 11.713$, $p < .05$), Unyama ($\chi^2(1) = 23.431$, $p < .05$), and Awer ($\chi^2(1) = 27.442$, $p < .05$). Individuals in Awer are more likely to have carried out some type of unpaid work in the past four weeks than are those in Paicho ($\chi^2(1) = 13.308$, $p < .05$), Unyama, ($\chi^2(1) = 4.663$, $p < .05$), and Koch Goma ($\chi^2(1) = 12.087$, $p < .05$). Also, individuals in Unyama and Koch Goma were more likely to have earned cash in the past four weeks than those in Paicho ($\chi^2(1) = 33.987$, $p < .05$, $\chi^2(1) = 27.6$, $p < .05$) and Awer ($\chi^2(1) = 36.74$, $p < .05$, $\chi^2(1) = 30.140$, $p < .05$). Finally, individuals in Unyama and Koch Goma were more likely to have a steady source of income than

those in Paicho ($\chi^2(1) = 23.722$, $p < .05$, $\chi^2(1) = 23.459$, $p < .05$) and Awer ($\chi^2(1) = 23.722$, $p < .05$, $\chi^2(1) = 23.459$, $p < .05$), and residents of Awer even less likely to have a steady source of income than those in Paicho ($\chi^2(1) = 7.382$, $p < .05$).

The relationship between economic activity and gender was also considered using chi-square tests of independence. No significant differences were found between the genders in likelihood of having earned cash in the past four weeks ($\chi^2(1) = .239$, $p > .05$), having a steady source of income ($\chi^2(1) = .899$, $p > .05$), or having carried out unpaid work in the past four weeks ($\chi^2(1) = .388$, $p > .05$).

Health

Participants were asked to describe the general state of their health as either "very good", "somewhat good", "not very good", or "poor". A health score was calculated, assigning the response options a score from 1-4, with "very good" coded as 1 and "poor" coded as 4. A mean score of 2.26 (*sd* = .9) was found for the sample, indicating an average health description falling between "Somewhat good" and "Not very good." Additionally, 29.5% of the sample indicated that they have received a serious injury at some point in their life. Among those who had been seriously injured, 65.5% reported that this injury has affected their ability to function in some way (18.5% of the total sample).

Table 4
General state of health by camp and total population

	Camps				
	Paicho	Unyama	Koch Goma	Awer	Total Population
How would you describe the general state of your health?					
Very good	11.2%	16%	27.1%	25.3%	19.7%
Somewhat good	54.1%	55.3%	30.2%	42.4%	45.1%
Not very good	19.4%	21.3%	34.4%	20.2%	23.8%
Poor	15.3%	7.4%	8.3%	12.1%	10.8%

A one-way ANOVA was performed to compare the mean general health scores of respondents from Awer (m = 2.2, sd = .95), Koch Goma (m = 2.24, sd = .95), Unyama(m = 2.2, sd = .8), and Paicho (m = 2.39, sd = .88). No significant difference was found between the camps ($F(3, 383) = .993$, $p > .05$). Additionally, a chi-square test of independence conducted to assess the association between IDP camp and likelihood of having received a serious injury found no significant interaction ($\chi^2(3) = 4.624$, $p > .05$).

The mean health scores of male and female participants were compared using an independent-samples t test. The results indicate no significant difference ($t(385) = 1.37$, $p > .05$) between females (m = 2.31, sd = .9) and males (m = 2.18, sd = .89). A chi-square test of independence was also performed to examine the relationship between gender and likelihood of having been seriously injured. A significant interaction was found ($\chi^2(1) = 4.006$, $p < .05$), with males receiving more injuries (35%) than females (25.6%).

Education

Individuals in this sample have completed a mean of 5.94 years of schooling (*sd* = 2.72), with a range of 0 to 13 years. About a quarter are currently attending school (25.8%), and 10.7% have participated in a skills training program. Participants were also asked about their ability to read and write, with 62.4% responding that they can read a newspaper, and 61.1% reporting the ability to write a letter.

Table 5
Education by camp and sex

	Camps				Gender	
	Paicho	Unyama	Koch Goma	Awer	Female	Male
Currently in school	16.2%	24.5%	27.1%	35%	20.5%	32.7%
Has participated in a skills training program	4%	19%	12.5%	8%	11.2%	10.3%
Can read a newspaper	46.5%	53.5%	64%	36%	48.7%	82.3%
Can write a letter	45%	55%	64%	36%	47.8%	81%

A one-way ANOVA was computed to compare the mean years of school completed by respondents in the four IDP camps. A significant difference was found between the camps ($F(3, 375) = 10.828$, $p < .05$). Tukey's *HSD* analysis revealed that individuals from Paicho (*m* = 4.7, *sd* = 3) have completed less school than those in the other three camps. The differences between Awer (*m* = 6.05, *sd* = 2.67), Unyama (*m* = 6.45, *sd* = 2.15), and Koch Goma (*m* = 6.64, *sd* = 2.55) were not found to be significant.

The differences in likelihood of current school enrollment between the four IDP camps was also considered. A chi-square test of independence found a significant interaction ($\chi^2(3) = 9.416$, $p < .05$), so additional chi-square tests of

independence were performed between each pair of camps. Results of these tests indicate that individuals in Paicho were less likely to be currently enrolled in school than those in Awer ($\chi^2(1) = 9.263$, $p < .05$). A chi-square test of independence completed to explore the relationship between camp and participation in a skills training program found a significant association ($\chi^2(3) = 12.519$, $p < .05$). Further chi-square tests of independence between the camps show that individuals in Paicho are less likely to have participated in a skills training program than those in Unyama ($\chi^2(1) = 10.898$, $p < .05$) and Koch Goma ($\chi^2(1) = 4.631$, $p < .05$). Also, respondents from Awer were less likely to have participated in a skills training program than those in Unyama ($\chi^2(1) = 5.067$, $p < .05$).

Finally, chi-square tests of independence found significant relationships between IDP camp and ability to read a newspaper ($\chi^2(3) = 17.104$, $p < .05$) and write a letter ($\chi^2(3) = 17.104$, $p < .05$). Further chi-square tests of independence between each pair of camps found that individuals in Paicho are less likely to be able to read a newspaper than those in Unyama ($\chi^2(1) = 5.873$, $p < .05$), Koch Goma ($\chi^2(1) = 9.547$, $p < .05$), and Awer ($\chi^2(1) = 14.571$, $p < .05$). They are also less likely to be able to write a letter than those in Unyama ($\chi^2(1) = 6.927$, $p < .05$), Koch Goma ($\chi^2(1) = 9.883$, $p < .05$), and Awer ($\chi^2(1) =13.805$, $p < .05$).

The mean years of school completed by men and women were compared using an independent-samples *t* test. The results show a significant difference ($t(357.183) = 5.932$, $p < .05$), indicating that on average men ($m = 6.86$, $sd = 2.45$) have completed more school than have females ($m = 5.28$, $sd = 2.72$). Chi-square tests of independence were also performed to determine whether or not gender is

associated with current enrollment in school, participation in a skills training program, ability to read a newspaper, and ability to write a letter. The relationship between gender and current enrollment in school was found to be significant ($\chi^2(1) = 7.394$, $p < .05$), as well as ability to read a newspaper ($\chi^2(1) = 45.952$, $p < .05$) and ability to write a letter ($\chi^2(1) = 44.068$, $p < .05$). No association was found between gender and participation in a skills training program ($\chi^2(1) = .081$, $p > .05$). These results indicate that males are more likely than females to be attending school and to be able to read and write.

Community group involvement

A little over a third of the sample (34.5%) indicated that they are currently a member, participant, or volunteer with a group in their community. Among those who are involved with a community group ($n = 134$), 35.1% hold a leadership position. Table 6 shows the different types of groups in which people are involved. As indicated in the table, the most common type of group is one associated with religion, such as a church, prayer, or bible study group.

Table 6
Community Group Involvement

	People who are members of at least one group	Total Population
Belongs to a discussion group	14.8%	5.1%
Belongs to a drama, music, or dance club	16.3%	5.6%
Belongs to a school committee or club	18.5%	6.4%
Belongs to a women's group	19.3%	6.7%
Belongs to a sports team	31.1%	10.8%
Belongs to a farmers group	33.3%	11.5%
Belongs to a church, prayer, or bible study group	40.7%	14.1%

The relationship between IDP camp and group involvement was examined using a chi-square test of independence. A significant relationship was found ($\chi^2(3) = 11.86$, $p < .05$), indicating that likelihood of participation in a community group differs based on location. Additional chi-square tests of independence were performed between each pair of camps. Respondents from Unyama are more likely to be involved in a community group than those in Paicho ($\chi^2(1) = 4.377$, $p < .05$) and Awer ($\chi^2(1) = 10.682$, $p < .05$). Individuals in Koch Goma are more likely to be involved than those in Awer ($\chi^2(1) = 4.202$, $p < .05$). The relationship between likelihood of involvement in community groups and gender was also considered, but no significant association was found ($\chi^2(1) = .092$, $p > .05$).

Table 7
Group Involvement by camp

	Camps			
	Paicho	Unyama	Koch Goma	Awer
Currently a member, participant, or a volunteer with any group in your community	31.6%	46.3%	37.5%	24%

Religion

Respondents were asked about their religious affiliation. 99% identified with a denomination of Christianity, including Catholicism (70.24%), Protestantism (22.7%), and Born Again Christianity (6.22%).

Participants were then asked a series of six questions pertaining to their religious beliefs and behaviors, to which they responded with either “yes” or “no.” Over 90% of respondents endorsed the beliefs that God has a plan for them (95.4%)

and that God can help them through the hard times in their lives (94.9%). Slightly fewer reported believing that their suffering in this life will be rewarded in the next life (89.3%), and abound three-quarters of the sample believe that everything happens for a reason (75.7%). Religious behavior is high, with 85.7% of people reporting regular church attendance and 61.9% indicating that they pray often.

Outlook on life

Participants were asked a number of questions relating to their outlook on life and explanatory framework for the violence to which they have been exposed. Respondents were provided with the answer choices of "Yes", "Somewhat", and "No", which were then transformed into a two-point scale by combining "Yes" or "Somewhat" into a single category. Despite all of the hardships they have endured, responses indicate that nearly all participants are happy to be alive and feel like life is worth living, although 14.4% reporting thinking that it would be better if they were not living. While nearly 40% feel like their situation will never improve, the overwhelming majority of respondents still have hope, with over eighty percent believing that things will get better for them in the future.

Participants were also asked a series of questions aimed at identifying how they understand and explain the bad things that have happened to them. Over 80% of respondents endorsed the belief that bad things happen to them because it is part of God's plan, 36.7% because they are cursed, and 22.8% because they are not brave enough to stop the bad things. Additionally, 22.3% of respondents reported feeling like they are haunted by spirits. Participants were also asked about whom they blame

for the bad things that have happened. About a third blame themselves, and slightly over one-fifth blame their parents or guardians.

Table 8
Outlook on life items

	N	Yes	No
Are you happy to be alive?	389	97.4%	2.3%
Do you feel like life is worth living?	384	94.9%	3.6%
Do you think bad things happen to you because it is part of God's plan?	390	84.6%	15.4%
Do you believe that things will get better for you in the future?	386	82.6%	16.4%
Do you wonder why bad things keep happening to you?	389	78.7%	21%
Do you feel like your situation will never improve?	384	38.5%	60%
Do you think that bad things happen to you because you are cursed?	389	36.7%	63.1%
Do you blame yourself for the things that have happened to you?	377	33.8%	62.8%
Do you think that bad things happen to you because you are not brave enough to stop them?	389	22.8%	76.9%
Do you think your parents or guardians are to blame for the bad things that have happened to you?	390	22.6%	77.4%
Do you feel like you are haunted by spirits?	390	22.3%	77.7%
Do you think it would be better if you were not living?	386	14.4%	84.6%

Social support

Participants were given a fourteen item scale aimed at assessing their level of social support (Cronbach's alpha = .79). Respondents endorsed a mean of 8.74 items (*sd* = 3.32), with a range of 0 to 14 items. The most commonly endorsed item was "Is there someone who takes care of you when you are sick?" (81%), followed by "Is there someone you go to when you feel lonely or upset?" (78.5%). Additionally, 77.9% of the sample have someone who gives them guidance about their future plans, and 76.2% have someone who tells them that they are doing things well or appreciates them. The least commonly endorsed items include "Is there someone

who can give you or let you borrow money when things get very difficult?" (29.7%) and "Is there someone who gives you guidance about where to go for assistance or about different programs or organizations in your area?" (34.9%). See Table 9 for full results.

Table 9
Social Support Scale items

	N	Responses		Rasch Infit	
		Yes	No	mnsq	zstd
Is there someone who can give you or let you borrow money when things get very difficult?	381	29.7%	67.9%	1.11	1.5
Is there someone who gives you guidance about where to go for assistance or about different programs or organizations in your area?	388	34.9%	64.6%	.99	-.1
Is there someone who prays with you when things are difficult?	388	53.6%	45.9%	1.19	3.7
Is there someone who will listen to you talk about your thoughts and feelings?	388	55.1%	44.4%	.94	-1.1
Is there someone who takes you to do some activities when you need to get your mind off things?	389	58.7%	41%	1.00	.1
Is there someone who gives you advice when you need help in a difficult situation?	384	59.7%	38.7%	.83	-3.5
Is there someone who jokes and plays with you when you are feeing unhappy or worried?	387	65.1%	34.1%	.92	-1.6
Is there someone who tries to teach you how to do some work?	388	66.7%	32.8%	1.05	.9
Is there someone who tells you that the bad things will pass when life gets difficult?	385	66.9%	31.8%	1.06	1.1
Is there someone who has been through similar experiences as you that you talk and share experiences with?	388	67.2%	32.3%	1.19	3.3
Is there someone who tells you that you are doing things well or appreciates you?	386	76.2%	22.8%	.91	-1.3
Is there someone who gives you guidance about your future plans?	387	77.9%	21.3%	.79	-2.9
Is there someone you go to when you feel lonely or upset?	389	78.5%	21.3%	1.01	.1
Is there someone who takes care of you when you are sick?	388	81%	18.5%	1.03	.3

The raw score of respondents on the Social Support Scale was then turned into a Rasch measure (reliability = .72, separation = 1.62), with a kid raw score-to-measure correlation of .97. The mean of the Rasch Social Support measure was 578.72 (*sd* = 165.58), with a minimum score of 84.88 and a maximum of 929.57. See table 9 for the Infit statistics of the individual items.

A one-way ANOVA was calculated to compare mean Rasch scores on the Social Support scale between respondents living in the four IDP camps. A significant difference was found between mean scores of the camps ($F(3, 385) = 3.295$, $p < .05$), so Tukey's *HSD* was used to determine the nature of these differences. This analysis indicated that individuals in Koch Goma scored higher (*m* = 624.36, *sd* = 188.82) than those in Unyama (*m* = 562.44, *sd* = 165.33) and Awer (*m* = 560.18, *sd* = 155.88). The mean score of respondents from Paicho (*m* = 569.22, *sd* = 146.82) was not significantly different from that of the other three camps. The mean Rasch scores on the Social Support scale between males (*m* = 594.62, *sd* = 165.99) and females (*m* = 567.27, *sd* = 164.87) were also compared. An independent-samples *t* test found no significant difference between the means of the two groups ($t(387) = 1.608$, $p > .05$).

Exposure to violence

The interview questionnaire included a thirty-two item War Experiences Checklist (Cronbach's alpha = .91) to assess individuals' exposure to war-related violence in their lifetime. Respondents endorsed a mean of 12 items (*sd* = 6.7), with a range from none to all thirty-two items. The most common war-related experiences included a family member or friend disappearing or getting abducted (83.7%),

hearing gun fire on a regular basis (81.5%), and seeing dead bodies or body parts (79.8%). Around two-thirds of the sample reported being threatened with death (68.5%), and thinking that they would be killed (65.7%). Over half witnessed a killing (55.4%), 45.1% witnessed a massacre, 19.4% participated in a battle, and 11% were raped or sexually abused. About a quarter of individuals in the sample report having been abducted by the LRA rebel forces (25.7%). Around ten percent of the people in the sample were forced to kill a civilian who was not a family member or friend (11.1%), beat or cut someone who was a family member of friend (9.8%), or kill an opposing soldier in battle (9%). Finally, 7.7% were forced to kill a family member or friend. See Table 10 for the percentage of the total population and of respondents in each IDP camp endorsing all of the checklist items. The raw score of respondents on the War Experiences checklist was then turned into a Rasch measure (reliability = .90, separation = 3.02), with a kid raw score-to measure correlation of .99. The mean score on the Rasch War Experiences measure was 402.91 (*sd* = 185), with a range of -120.46 to 1090.47.

A one-way ANOVA calculated to compare mean Rasch War Experience scores between respondents living in the four IDP camps found a significant difference between the camps ($F(3, 385) = 13.682$, $p < .05$). Tukey's *HSD* was used to explore the nature of these differences. The mean scores in Paicho (340.69, *sd* = 204.2) and Unyama (*m* = 359.22, *sd* = 169.32) are not significantly different, nor are the mean scores in Koch Goma (*m* = 486.05, *sd* = 193.87) and Awer (*m* = 427.17, *sd* =132.23). Individuals in Koch Goma and Awer have been exposed to more violence than those in Paicho and Unyama. An independent-samples *t* test was calculated to

compare mean Rasch scores on the War Experiences checklist between males (411.98, *sd* = 188.32) and females (*m* = 396.86, *sd* = 183.41). No significant difference was found $t(387) = .735$, $p > .05$) between the genders.

Table 10
War Experiences Checklist Items

	Camps				Total Sample
	Paicho	Unyama	Koch Goma	Awer	
Forced to kill a family member or friend	5.1%	2.1%	16.7%	7%	7.7%
Forced to kill an opposing soldier in battle	10.1%	5.3%	12.5%	8.1%	9%
Forced to beat or cut someone who was a family member or friend	5.1%	8.5%	17.7%	8%	9.8%
Raped or sexually abused	10.6%	6.4%	20.4%	7%	11%
Forced to kill a civilian who was not a family member or friend	12.2%	3.2%	16.7%	12%	11.1%
Forced to have sex with a man or a woman	9.2%	12.9%	14.6%	8%	11.1%
Forced to step on or otherwise abuse the bodies of dead persons	9.2%	5.4%	23.4%	7.1%	11.2%
Forced to beat or cut a civilian who was not a family member or friend	10.1%	10.6%	19.8%	10%	12.6%
Tied or locked up as a prisoner	11.1%	10.6%	27.4%	6%	13.7%
Betrayed a family member or friend, placing them at risk of death or injury	12.4%	10.8%	25.3%	9%	14.3%
Betrayed someone who was not a family member or friend, placing them at risk of death or injury	10.3%	12.9%	28.1%	8%	14.8%
Attacked with a panga, machete, or other weapon	7.1%	17%	23.2%	14%	15.2%
Participated in a battle	18.2%	11.8%	29.5%	18%	19.4%
Stole or destroyed someone else's property or possessions	30.3%	17.4%	26.3%	20%	23.6%
Abducted	31.3%	13.8%	36.5%	21%	25.7%
Received a serious physical injury in battle or during a rebel attack	21.4%	24.5%	41.1%	27.3%	28.5%
Witnessed the rape or sexual abuse of a woman	23.2%	28%	40.6%	31%	30.7%
Betrayed by someone they know and put at risk of death or injury	26.3%	24.5%	56.8%	31%	34.5%
Received a severe beating to their body by someone	35.4%	40.9%	57.3%	42%	43.8%
Witnessed a massacre	19.4%	17.2%	74.7%	68%	45.1%
Forced to carry heavy loads or do other forced labor	42.9%	35.1%	53.7%	51%	45.7%
Witnessed a house being set on fire with people inside	30.3%	43.6%	60%	65.3%	49.7%
Witnessed a killing	51.5%	45.2%	62.5%	62%	55.4%
Someone shot bullets at them or their home	41.4%	38.3%	75%	76%	57.8%
Thought they would be killed	49.5%	66.3%	63%	83%	65.7%
Threatened with death	56.1%	63.4%	79.2%	75%	68.5%
Witnessed an attack by the LRA or a battle with the UPDF	59.6%	70.2%	79.2%	81%	72.5%
Has a family member who has received a serious physical injury from combat or a landmine	62.6%	80.9%	82.3%	74%	74.8%
Witnessed other people being beaten or tortured	68.7%	74.5%	83.3%	84%	77.6%
Has seen dead bodies or body parts	74.7%	75.3%	83.2%	85.9%	79.8%
Heard gun fire on a regular basis	67.7%	87.2%	83.3%	88%	81.5%
A family member or friend has disappeared been abducted	83.7%	80.6%	83.3%	86.9%	83.7%

Psychological, somatic, and behavioral problems

Participants were given a 46 item symptom scale to assess prevalence rates of psychological, somatic, and behavioral problems (Cronbach alpha = .86). The answer choices of “Always”, “Sometimes”, “Rarely”, and “Never” were scored on a four-point scale, with “Never” coded as 1 and “Always” coded as 4 for negative symptoms, and the reverse for positive items. Therefore, a high overall score indicates psychological, somatic, and behavioral problems. The sample had a mean score of 93.4 (*sd* = 17.8), with a range of 39-147. The raw score of respondents on the Symptoms scale was then turned into a Rasch measure (reliability = .88, separation = 2.77), with a kid raw score-to-measure correlation of .97. The mean of the Rasch Symptoms Measure was .56 (*sd* = .47), with a minimum of -2.05 and a maximum of 1.74.

Figure 2
Symptoms Item Map of Kids

```
          <more>|<rare>
   2                +  Q121
                    |  Q144
                  .  |  Q120
                  . T|
                  .#  |  Q130
                .###  |T
   1          .##### S+
            .#######  |
      .############  |S
           .####### M|  Q123   Q137
            .######  |  Q126   Q129
               .### S|  Q128   Q131   Q134   Q136   Q141   Q147   Q162
   0           .###  +M Q127   Q139   Q140   Q149   Q161   Q163
                 .#  |  Q124   Q125   Q138   Q143   Q148   Q160
                  . T|  Q133   Q135   Q142   Q151   Q156   Q159
                  .  |  Q122   Q132   Q145   Q146   Q150   Q152   Q154   Q155
                        Q164   Q165
                  .  |S Q157   Q158
                  .  |  Q153
  -1              .  +
                  .  |T
                     |
                     |
                     |
                     |
  -2              .  +
               <less>|<frequ>
EACH '#' IS 7.
```

A principal-components analysis with varimax rotation was then conducted to determine potential sub-scales. The eigenvalues and scree criterion suggested a three-factor solution. The first factor accounted for 17.4% of the variance, the second factor for 10%, and the third for 7.6%. A varimax rotation was conducted, and all items with factor loadings exceeding .3 were included. Items with factor loadings in more than one factor were assigned to the factor for which they had the higher factor loading. The following three sub-scales were created based on the results of the factor analysis: (1) psychological/somatic problems, (2) negative/aggressive behaviors, and (3) positive social behaviors.

Psychological/somatic problems sub-scale

The first factor is made up of sixteen items dealing with psychological/ somatic problems (Cronbach alpha = .88). The answer choices were scored on a four-point scale, with "Always" coded as 4 and "Never" coded as 1. Therefore, a high overall score on the factor indicates the existence of psychological/somatic problems. The sample had a mean raw score of 43.3 (*sd* = 11.5), with a range of 7 to 64. The raw scores were then turned into a Rasch measure (separation = 2.4, reliability = .85), with a kid raw score-to measure correlation of .94. Mean score on the Rasch measure was 1.24 (*sd* = .91), with a range of -3.19 to 5.06. Table 12 shows responses and Infit statistics for items in the factor.

Table 11
Symptoms Factor Loadings

Variable	Rotated Factors I	II	III
Do you have a lot of anxiety?	.73		
Do you feel depressed?	.7		
Do you get chest pains when you are overthinking?	.66		
Do you feel sad or unhappy?	.65		
Do you find life difficult?	.64		
Do you get headaches from overthinking?	.62		
Are you afraid of too many things?	.6		
Do you feel too tired most of the time?	.6		
Do you worry that you will not live to become an adult?	.58		
Do you cry when you remember bad things from the past?	.56		
Do you have too many worries and fears?	.54		
Does your body shake uncontrollably from overthinking?	.54		
Are you in constant fear of losing your family?	.48		
Do you feel stressed and overwhelmed?	.47		
Do you feel like you just don't want to get up in the morning and face the day?	.41		
Do you keep to yourself when you are worried?	.4		
Do you prefer being alone rather than being with family and friends?			
Do you feel lonely?			
Do you feel unloved?			
Do you threaten to hurt others?		.7	
Do you lie or behave in a dishonest way?		.67	
Do you get into physical fights?		.67	
Do you curse or use abusive language?		.61	
Do you steal things from others?		.59	
Do you feel very aggressive?		.59	
Do you destroy things that belong to others?		.57	
Do you argue a lot with other people?		.57	
Do you view others with suspicion?		.55	
Do you purposely isolate yourself from those around you?		.52	
Do you have difficulty following rules?	.32	.45	
Do you play games, sports, or go dancing?		-.36	
Do you have restless nights?	.31	.33	
Do you feel like there is nobody who can help you?			
Do you disobey you parents/guardians, teachers, or elders?			
Do you think that everything you do is wrong?			
Do you enjoy spending time with friends?			.61
Do other youth like associating with you?			.58
Do you share your feelings or ideas with your friends?			.57
Are you helpful to elders?			.55
Do you have love for your peers?			.55
Do you enjoy participating in community activities?			.54
Do you share with others?			.54
Do you help younger ones?			.48
Do you have confidence about your future?			.4
Do you feel bad for others when they have problems?			.37
Do you enjoy spending time with your family?			.31
% Var.	17.4	10	7.6

Table 12
Psychological/Somatic Problems Sub-scale Items

	Response				Rasch Infit	
	Always	Sometimes	Rarely	Never	Mnsq	Zstd
Do you feel too tired most of the time?	50.5%	17.7%	22.6%	7.7%	.97	-.5
Do you have a lot of anxiety?	47.7%	15.1%	16.2%	18.2%	1.25	3.5
Do you feel depressed?	43.8%	16.7%	20%	18.7%	1.03	.6
Are you afraid of too many things?	42.3%	16.4%	14.6%	25.1%	.89	-1.7
Do you find life difficult?	40.3%	25.9%	21.8%	10.8%	.93	-1.1
Are you in constant fear of losing your family?	39.7%	23.6%%	15.4%	20%	.84	-2.7
Do you feel sad or unhappy?	39.5%	20%	19.5%	20.3%	1.34	5
Do you worry that you will not live to become an adult?	38.2%	22.1%	12.1%	26.7%	1.02	.4
Do you get chest pains when you are overthinking?	37.9%	20%	15.6%	24.9%	.99	-.1
Do you get headaches from overthinking?	35.9%	26.4%	19.5%	16.9%	.86	-2.2
Do you cry when you remember bad things from the past?	32.6%	16.9%	21.5%	28.5%	1.17	2.7
Does your body shake uncontrollably from overthinking?	31.3%	20.3%	23.6%	24.6%	1.12	1.9
Do you feel stressed and overwhelmed?	31%	28.2%	23.1%	17.2%	.98	-.3
Do you have too many worries and fears?	29.5%	16.4%	19.5%	33.3%	.85	-2.2
Do you keep to yourself when you are worried?	28.2%	19.5%	26.2%	24.1%	.86	-2.3
Do you feel like you just don't want to get up in the morning and face the day?	20.5%	26.2%	30.3%	22.6%	.99	-.2

Figure 3
Psychological/Somatic Problems Sub-scale Kids Map of Items

```
                <more>|<rare>
    4              #  +
                   .  |
                      |
                      |
                   #  |
                      |
    3                 +
                  .# T|
                   .  |
                   #  |
                 .##  |
                 ###  |
    2       .####### S+
              .#####  |
           .#######   |
         .#########   |
           .#######   |
        ########### M|
    1     .########   +
             ######   |
              .####   |
              #####   |
                 ## S|T Q158   Q165
                  .#  |S Q135   Q152   Q157
    0          .####  +M Q145   Q150   Q151   Q155   Q156   Q159
                 .##  |S Q132   Q148   Q153   Q164
                   .  |T Q154
                   . T|
                  .#  |
                   .  |
   -1              .  +
                      |
                      |
                      |
                      |
                      |
   -2                 +
                      |
                      |
                      |
                      |
                      |
   -3                 +
                   .  |
                      |
                      |
                      |
                      |
   -4                 +
                <less>|<frequ>
 EACH '#' IS 4.
```

A one-way ANOVA calculated to compare mean Rasch scores on this factor between individuals in the four IDP camps found a significant difference between the mean scores of the four camps ($F(3, 385) = 11.831$, $p < .05$). Tukey *HSD* analysis revealed that individuals in Paicho ($m = .93$, $sd = .64$) and Unyama ($m = 1.01$, $sd = .99$) have significantly less psychological/somatic problems than those in Koch Goma

(m = 1.51, sd = 1.15) and Awer (m = 1.49, sd = .62). An independent-samples t test was calculated to compare the mean Rasch scores on this factor between males (m = 1.09, sd = .94) and females (m = 1.34, sd = .88). A significant difference was found ($t(387) = 2.706$, $p < .05$), indicating that females are experiencing more psychological/somatic problems than males.

Negative/aggressive behaviors sub-scale

The second factor includes twelve items dealing with negative/aggressive behaviors (Cronbach alpha = .83). The question "Do you play games, sports, or go dancing" was removed from the factor because it did not fit with the rest of the items in content and lowered the reliability of the scale. The answer choices provided were on a four-point scale, including "Always", "Sometimes", "Rarely", and "Never". However, the Rasch statistics suggested that the factor should be scored on a two-point scale, so the first three answer choices were combined into the single category of "Yes", indicating that the subject engages in the behavior to some degree. Answer choices falling into this general "Yes" category were coded as 1, and "Never" was coded as 0. Therefore, a high overall score on the factor indicates problems with negative/aggressive behaviors. Respondents endorsed a mean of 3 negative behaviors (sd = 2.8), with a range of 0 to 12. The raw scores were then turned into a Rasch measure (separation = 1.45, reliability = .68), with a kid raw score-to measure correlation of .98. Mean score on the Rasch measure was -1.97 (sd = 2), with a minimum of -4.76 and a maximum of 4.52. Table 13 shows item responses and infit statistics for Factor 2.

Table 13
Negative/Aggressive Behaviors Sub-Scale Items

	Response		Rasch Infit	
	Yes	No	Mnsq	zstd
Do you have restless nights?	60.8%	37.4%	.98	-.2
Do you have difficulty following rules?	49.0%	49.7%	.90	-1.7
Do you view others with suspicion?	41.0%	56.9%	.72	-3.7
Do you feel very aggressive?	31.5%	67.9%	.90	-.7
Do you purposely isolate yourself from those around you?	25.4%	73.6%	1.05	1.0
Do you argue a lot with other people?	19.7%	79.2%	1.28	4.5
Do you get into physical fights?	15.4%	82.8%	1.06	.5
Do you destroy things that belong to others?	15.1%	84.4%	.84	-1.3
Do you threaten to hurt others?	12.8%	86.4%	1.09	.8
Do you lie or behave in a dishonest way?	12.1%	87.7%	.94	-.6
Do you curse or use abusive language?	9.5%	90.5%	.95	-.3
Do you steal things from others?	6.2%	93.3%	.96	-.1

A one-way ANOVA was calculated to compare mean Rasch scores on this factor between individuals in the four IDP camps. A significant difference was found between mean scores of the four camps ($F(3, 385) = 24.44$, $p < .05$). Tukey's *HSD* was used to reveal the nature of these differences. This analysis found that individuals in Koch Goma ($m = -.59$, $sd = 2.33$) have significantly more problems with negative/aggressive behaviors than do those in Paicho ($m = -2.43$, $sd = 1.47$), Unyama ($m = -2.61$, $sd = 1.86$), and Awer ($m = -2.23$, $sd = 1.61$). An independent-samples *t* test was calculated to compare the mean Rasch scores on this factor between males ($m = -2.14$, $sd = 1.97$) and females ($m = -1.85$, $sd = 2.02$). No significant difference was found ($t(387) = 1.441$, $p > .05$) between the genders.

Figure 4
Negative/Aggressive Behaviors Sub-Scale Kids Map of Items

```
              <more>|<rare>
   4             .  +
                    |
                    |
                    |
                    |
                    |
                 .  |T
   3                +
                    |
                    |
                    |
                    |  Q141
                 .  |
                    |
   2                +
                    |
                    |
               .# T|S Q160
                    |
                    |
               .#  |  Q144
   1                +  Q134
                    |
                    |  Q137   Q147
               .#  |
                    |
                    |
              .##  |  Q140
   0               S+M
                    |
                    |
             .###  |  Q149
                    |
                    |
                    |  Q162
  -1         .###  +
                    |
                    |
                    |
        .######## M|S Q161
                    |
                    |
  -2                +
                    |  Q163
      .##########  |
                    |
                    |
                    |
                    |
  -3                +  Q136
                   S|T
     #############  |
                    |
                    |
                    |
                    |
  -4      .#######  +
             <less>|<frequ>
EACH '#' IS 7.
```

Positive social behaviors sub-scale

The third factor contains eleven questions dealing with engagement in positive social behaviors (Cronbach alpha = .78). The answer choices were scored on a four-point scale, with "Never" coded as 4 and "Always" coded as 1. Therefore, a high overall score on the factor indicates problems with social interaction. The sample had a mean raw score of 18 (*sd* = 5.6), with a range of 8 to 42. The raw scores were then turned into a Rasch measure (separation = 1.72, reliability = .75), with a kid raw score-to measure correlation of .90. The mean score on the Rasch measure was -.18 (*sd* = 1.13), with a minimum of -4.96 and a maximum of 3.57. Table 14 shows responses and infit statistics for this factor.

Table 14
Positive Social Behaviors Sub-Scale Items

	Response				Rasch Infit	
	Always	Sometimes	Rarely	Never	Mnsq	Zstd
Do you enjoy spending time with your family?	81.5%	9.7%	6.9%	1.8%	1.05	.8
Do you help younger ones?	74.1%	13.8%	9.7%	2.1%	.98	-.2
Do you have love for your peers?	73.3%	12.8%	9.5%	3.3%	.98	-.2
Do you enjoy spending time with friends?	67.2%	15.6%	12.3%	4.9%	.85	-1.8
Do you feel bad for others when they have problems?	62.1%	16.9%	14.1%	4.6%	1.12	1.6
Are you helpful to elders?	60.3%	18.2%	15.9%	5.4%	.89	-1.6
Do you have confidence about your future?	57.4%	21.5%	13.6%	7.4%	.97	-.5
Do you share your feelings or ideas with your friends?	54.1%	22.8%	16.4%	5.1%	1.17	2.2
Do you share with others?	52.3%	23.8%	17.2%	5.9%	1	0
Do you enjoy participating in community activities?	50.3%	19.5%	20%	9.7%	.9	-1.1
Do other youth like associating with you?	38.2%	23.8%	23.3%	12.3%	1.12	1.1

Figure 5
Positive Social Behaviors Sub-Scale Kids Map of Items

```
              <more>|<rare>
   4                +
                    |
                 .  |
                    |
                    |
   3                +
                    |
                    |
                    |
                    |
   2              . T+
                  .  |T Q131
                 .#  |
                .##  |  Q120
                .##  |
   1           .#### S+S Q123
             #######  |
          .########  |
       .###########  |
             .#####  |
   0        .######  +M
          .######## M|  Q125   Q129
           .#######  |  Q128   Q130
          #########  |  Q121   Q127
               .###  |  Q124
  -1                +S Q126
                    |
              .#### S|
                    |
                    |T
  -2                +
                    |
      .############ T|
                    |
                    |
  -3                +
                    |
                 .  |
                    |
                    |
  -4                +
                    |
                    |
                    |
                    |
  -5              .  +
              <less>|<frequ>
EACH '#' IS 4.
```

A one-way ANOVA calculated to compare mean Rasch scores on this factor between individuals in the four IDP camps found a significant difference between the mean scores of the four camps ($F(3, 385) = 9.448$, $p < .05$). Tukey *HSD* analysis revealed that individuals in Paicho ($m = .24$, $sd = .96$) have significantly more problems with social interactions than do those in Unyama ($m = -.52$, $sd = 1.21$) and

Koch Goma (*m* = -.4, *sd* = 1.33). Additionally, individuals in Unyama also have fewer problems than those in Awer (*m* = -.08, *sd* = .85). An independent-samples *t* test was calculated to compare the mean Rasch scores on this factor between males (*m* = -.32, *sd* = 1.11) and females (*m* = -.09, *sd* = 1.14). No significant difference was found ($t(387) = 1.996$, $p = .05$) between the genders.

Prevalence of PTSD symptoms

Participants were given a twenty-two item version of the Impact of Event Scale-Revised to assess prevalence rates of symptoms associated with Post-Traumatic Stress Disorder (Cronbach's alpha = .79). Respondents endorsed a mean of 12.45 items (*sd* = 4.57), with a range of 1 to 22 items. Table 15 shows the responses for the total population to each question. The least commonly endorsed item (31%) was "Do you feel that it is a waste of time to plan for the future because you do not expect to live long?" This was followed by "Have you had troubling experiencing feelings such as love, happiness, or sadness?" (36.9%), "Have you been less interested in activities that you used to enjoy (i.e., sports, hobbies, games)?" (38.5%), and "Do you easily get irritable?" (40%). The most common post-traumatic stress reaction endorsed was "Do you try to remove the event from your memory? (74.1%), followed by startling more easily because of loud, unexpected sounds or feeling more jumpy and nervous than before (73.3%), and having waves of strong feelings about the event (71.5%).

The raw score of respondents on the IES-R was then turned into a Rasch measure (reliability = .78, separation = 1.89), with a raw score-to-measure correlation

of .98. The mean on the Rasch IES-R measure was 534 (*sd* = 116.29), with a range of 178.11 to 948.9. Table 15 contains IES-R item responses and Rasch infit statistics.

Table 15
IES-R Items

	n	Response		Rasch Infit	
		Yes	No	msqr	Zstd
Do you feel that it is a waste of time to plan for the future because you do not expect to live long?	389	31%	68.7%	1.01	.3
Have you had troubling experiencing feelings such as love, happiness, or sadness?	388	36.9%	62.6%	.96	-.9
Have you been less interested in activities that you used to enjoy (i.e., sports, hobbies, games)?	388	38.5%	61%	1.08	1.8
Do you easily get irritable?	386	40%	59%	1.15	3.4
Do you have problems/difficulty sleeping at night?	390	47.7%	52.3%	.93	-1.7
Do you feel that people around you do not understand how you really feel?	389	48.2%	51.5%	1.15	3.6
Do you stay away from situations or things that remind you of the event?	388	49.5%	50%	1.02	.5
Do you worry that you may not live to become an adult?	385	50.8%	47.9%	1.00	.1
Do you have difficulty concentrating/paying attention?	387	52.1%	47.2%	1.00	-.1
Do you think about the event when you do not want to?	388	57.4%	42.1%	1.21	4.4
Have you suddenly acted or felt like the event was happening again?	388	57.7%	41.8%	.94	-1.3
Do you feel guilt about what happened?	387	59.2%	40%	.96	-.9
Do you try not to talk about the event?	388	59.6%	39.7%	1.06	1.3
Do pictures about the event suddenly pop into you head?	383	60.8%	37.4%	.86	-3.1
Do you have difficulty remembering what happened?	385	61%	37.7%	.90	-2.2
Have you heard or seen things that make you think about what happened?	387	68.2%	31%	.85	-2.8
Are you alert and watchful even when there is no need to be?	389	68.7%	31%	.89	-2.0
Do you try not to think about the event?	386	69%	30%	1.19	3.2
Do things that remind you about the event cause or trigger bodily reactions (beating heart, trembling)?	388	69.7%	29.7%	.79	-3.8
Do you have waves of strong feelings about the event?	388	71.5%	27.9%	.84	-2.6
Do you startle more easily because of loud unexpected sounds or feel more jumpy and nervous than before?	388	73.3%	26.2%	.88	-2.0
Do you try to remove the event from your memory?	376	74.1%	22.3%	1.28	3.9

Figure 6
IES-R Kids Map of Items

```
      KIDS MAP OF ITEMS
              <more>|<rare>
 900             #  +
                    |
                    |
                    |
                    |
                ##  |
                    |
 800                +
                    |
                    |
                   T|
                ##  |
                    |
                    |
 700       .######  +
                    |
                    |
             ####   |
                   S|
        .#########  |T Q206
                    |
 600  .###########  +  Q200
       .##########  |  Q201   Q205
                    |S
        .#########  |
      .###########  |  Q193   Q202   Q208
                   M|  Q189   Q190
    #############   |
 500   ###########  +M Q187   Q194
         .########  |  Q195   Q196   Q204   Q207
                    |
            .#####  |
             ####   |  Q197   Q203
                    |S Q198   Q199
              ### S|  Q191   Q192
 400                +  Q188
             ####   |
             ####   |T
                    |
             .###   |
                    |
                   T|
 300           .##  +
                    |
                    |
                ##  |
                    |
                    |
                    |
 200                +
                    |
                #   |
                    |
                    |
                    |
                    |
 100                +
             <less>|<frequ>
EACH '#' IS 3.
```

Factors relating to the development of PTSD symptoms

Exposure to violence

A Pearson correlation coefficient was calculated to explore the relationship between Rasch IES-R Score and Rasch score on the War Experiences checklist. A strong positive correlation was found ($r(388)= .528$, $p < .001$), indicating that increased exposure to violence is associated with the development of more PTSD symptoms.

Location

A one-way ANOVA was calculated to compare mean Rasch IES-R scores between respondents living in the different IDP camps. The results showed a significant difference between mean scores of the camps ($F(3, 385) = 12.37$, $p < .05$). Tukey's *HSD* was used to reveal the nature of these differences. There was no significant difference in mean Rasch IES-R scores between individuals in Paicho ($m = 496.75$, $sd = 134.13$) and Unyama ($m = 501.37$, $sd = 108.85$), and between individuals in Koch Goma ($m = 568.36$, $sd = 115.89$) and Awer ($m = 567.73$, $sd = 81.93$). Therefore, respondents in Koch Goma and Awer had higher mean scores than those in Paicho and Unyama, indicating a higher prevalence rate of PTSD symptoms.

Additionally, the relationship between Rasch IES-R score and length of time spent living in an IDP was considered by calculating a Pearson correlation coefficient. A significant positive correlation was found ($r(387)= .142$, $p < .01$), indicating that increased length of time spent in an IDP camp is associated with a higher prevalence of PTSD symptoms.

Sex

An independent-samples *t* test was calculated to compare the mean Rasch scores on the IES-R between males (m = 526.12, sd = 124.46) and females (m = 539.34, sd = 110.26). No significant difference was found ($t(387) = 1.106$, $p > .05$) between sexes.

Health

The relationship between Rasch IES-R score and general health score was explored by calculating a Pearson correlation coefficient. A significant positive correlation was found ($r(386) = .153$, $p > .05$), indicating that participants in a poorer state of health tend to exhibit more PTSD symptoms.

An independent-samples *t* test was conducted to compare the mean Rasch IES-R score of respondents who have been seriously injured (m = 579.32, sd = 116.54) and those have not (m = 515.19, sd = 114.2). The results show a significant difference between the two groups ($t(385) = -5.12$, $p < .05$), with participants who have been injured reporting more PTSD symptoms.

Social Support

A Pearson correlation coefficient was calculated to examine the relationship between Rasch IES-R Score and Rasch score on the Social Support Scale. No significant correlation was found ($r(388) = .078$, $p > .05$), indicating that level of social support is not related to the prevalence of PTSD symptoms.

Economic Well-being

The relationship between Rasch IES-R score and a number of indicators of economic well-being was considered by calculating Pearson correlation coefficients (see Tables 16 and 17 for a full reporting of the correlation coefficients). A negative correlation was found between number of times food is taken on a typical day and Rasch IES-R Score, suggesting that people who are able to eat more food tend to exhibit fewer PTSD symptoms. Negative correlations were also found between Rasch IES-R score and number of cell phones, shoes, jerry cans, chairs, mattresses, and sets of clothing owned by the respondent's household, indicating that people who own more of these material possessions tend to have lower prevalence rates of PTSD symptoms.

No significant correlations were found between Rasch IES-R score having another household member with a steady source of income, having another household member bring in cash in the past four weeks, having access to land on which to grow food, and number of times meat is eaten in a typical month. Additionally, significant correlations were not found between number of bicycles; pigs, goats, or sheep; radios; or chickens, ducks, or guinea fowl owned by a respondent's household.

Table 16
Situational Characteristics Correlating with Rasch Score on the Revised Impact of Event Scale

	Rasch IES-R Score	Rasch WE Score
IDP Camp	.269**	.233**
Have you ever been seriously injured?	.253**	.368**
How would you describe the general state of your health?	.155**	.102*
How long have you lived in the camp?	.142**	.188**
How many times do you usually take food in a day?	-.106*	-.066
How many cell phones are owned by your household?	-.110*	-.036
How many pairs of shoes are owned by your household?	-.120*	-.162**
Is your father alive?	-.128*	-.077
How many jerry cans are owned by your household?	-.144**	-.089
How many chairs are owned by your household?	-.145*	-.184**
How many mattresses are owned by your household?	-.151**	-.179**
Is your mother alive?	-.152**	-.110*
How many sets of clothing are owned by your household?	-.206**	-.104*

Note. Rasch WE Score is the Rasch Score on the War Experiences Checklist.
*p < .05. ** p < .01

Table 17
Risk factors not correlating with Rasch IES-R Score

	Rasch IES-R Score	Rasch WE Score
How many times do you usually take meat in a month?	.089	.142**
Do you have children?	.084	.122**
How many pigs, goats, or sheep are owned by your household?	.070	-.055
Are you married?	.059	.093
Have any other members of your household brought home cash in the past 4 weeks?	.038	.048
How many people live with you in your present hut or structure?	.037	-.024
Do any members of your household have a steady source of income?	-.017	.024
How many bicycles are owned by your household?	-.030	-.102*
How many radios are owned by your household?	-.034	-.124*
How many chickens, ducks, or guinea fowl are owned by your household?	-.049	-.098
Sex	-.056	.040
Do you have access to land for digging?	-.082	-.090
Rasch Social Support Score	.078	.157**

Note. Rasch WE Score is the Rasch Score on the War Experiences Checklist.

*p < .05. ** p < .01

PTSD and distress

Psychological/somatic problems

A Pearson correlation coefficient was calculated to examine the relationship between Rasch IES-R Score and Rasch score on the Psychological/somatic problems factor. A strong positive correlation was found ($r(388)= .616$, $p < .001$), indicating that people with more PTSD symptoms tend to also have psychological and somatic problems.

Negative/Aggressive Behaviors

The relationship between Rasch IES-R Score and Rasch score on the Negative/aggressive behaviors factor was examined by calculating a Pearson correlation coefficient. A significant positive correlation was found ($r(388)= .278$, $p < .001$), indicating that people with more PTSD symptoms tend to also exhibit more negative and aggressive behaviors.

PTSD and dysfunction

Positive Social Behaviors

A Pearson correlation coefficient was calculated to examine the relationship between Rasch IES-R Score and Rasch score on the positive social behaviors factor. Almost no correlation was found ($r(388)= -.027$, $p > .05$), indicating prevalence of PTSD symptoms is not related to positive social functioning.

Table 18
Symptoms Sub-scales correlations

	Rasch IES-R Score	Rasch WE Score
Psychological/Somatic Problems sub-scale	.616**	.438**
Negative/Aggressive Behaviors sub-scale	.276**	.303**
Positive Social Behaviors sub-scale	-.027	-.139**

Note. Rasch WE Score is the Rasch Score on the War Experiences Checklist.
*p < .05. ** p < .01

Economic activity

Pearson correlation coefficients were used to examine the relationship between Rasch IES-R score and economic activity. No significant correlation was found between Rasch IES-R score and having a steady source of income ($r(387)= .085$, $p > .05$) or having earned any cash in the past four weeks ($r(385)= .041$, $p > .05$), indicating that prevalence of PTSD symptoms is not related to economic activity. A slight positive correlation was found between Rasch IES-R Score and have done some kind of unpaid work in the past four weeks ($r(388)= .114$, $p < .05$), suggesting that individuals with a higher prevalence of PTSD symptoms tend to engage more in unpaid work.

Education

An independent-samples *t* test comparing the mean Rasch IES-R scores of those currently attending school ($m = 527.07$, $sd = 121.04$) and those not currently in school ($m = 536.31$, $sd = 114.9$) did not find the difference to be significant

($t(388) = .686$, $p > .05$). Pearson correlation coefficients were also calculated to explore the relationship between Rasch IES-R score and current enrollment in school, years of schooling completed, participation in a skills training program, ability to read a newspaper, and ability to write a letter. The only significant correlations found were negative correlations with ability to read ($r(387) = -.188$, $p < .001$) and write ($r(386) = -.181$, $p < .001$), indicating that those who are literate tend to experience fewer PTSD symptoms.

Community group involvement

The mean Rasch scores on the IES-R were compared for those involved in a community group ($m = 537.16$, $sd = 124.04$) and those not involved in a group ($m = 531.91$, $sd = 101.24$) using an independent-samples t test. The difference was not found to be significant ($t(387) = -.422$, $p > .05$). The relationship between Rasch IES-R Score and current community group involvement was also examined by calculating a Pearson correlation coefficient. No significant correlation was found ($r(387) = -.021$, $p > .05$), indicating that the prevalence of PTSD symptoms is not related to group involvement. Additionally, a Pearson correlation coefficient was calculated to explore the relationship between IES-R score and holding a leadership position in a community group. The results show a slight positive correlation, but this was not found to be significant ($r(132) = .123$, $p > .05$).

Table 19
Function Variables Correlated with Rasch IES-R Score

	Rasch IES-R Score	Rasch WE Score
In the past four weeks, have you done any work that you did not earn cash for?	.114*	.150**
Can you write a letter?	-.181**	-.006
Can you read a newspaper?	-.188**	-.022

Note. Rasch WE Score is the Rasch Score on the War Experiences Checklist.
*p < .05. ** p < .01

Table 20
Function Variables Correlated with Rasch IES-R Score

	Rasch IES-R Score	Rasch WE Score
Do you hold any leadership positions in a community group?	.123	.170**
Do you have a steady source of income?	.085	.176**
Have you earned any cash in the past 4 weeks?	.041	.088
Have you ever participated in a skills training program?	.023	.037
Are you currently a member, participant, or a volunteer with any group in your community?	.021	.014
Are you currently in school?	-.035	-.063
How many years of schooling did you have?	-.045	.058

Note. Rasch WE Score is the Rasch Score on the War Experiences Checklist.
*p < .05. ** p < .01

Explanatory frameworks in Acholi culture for understanding the violence that has occurred

The relationship between the prevalence of PTSD symptoms and responses to questions from the religion and outlook on life/explanatory framework sections were considered using Pearson correlation coefficients. The full results of these calculations are presented in Table 21. Respondents with higher Rasch IES-R scores tend to endorse the ideas that bad things happen to them because they are cursed and

because it is part of God's plan. They tend to feel like they are haunted by spirits, think that everything happens for a reason, and believe that their suffering in this life will be rewarded in the next life. Additionally, participants who believe that God can help them through the hard times in their lives tend to have lower Rasch IES-R scores. No significant relationship was found between prevalence of PTSD symptoms and exhibiting the religious behaviors of praying often and attending church regularly (see Table 22). There was also no relationship between prevalence of PTSD symptoms and having a positive outlook on life, with no significant correlations between Rasch IES-R score and feeling like life is worth living, being happy to be alive, and believing that things will get better in the future.

Table 21
Explanatory Framework Items Correlated with Rasch IES-R Score

	Rasch IES-R Score	Rasch WE Score
Do you feel like you are haunted by spirits?	.341**	.154**
Do you believe that everything happens for a reason?	.276**	.277**
Do you think that bad things happen to you because you are cursed?	.271**	.161**
Do you blame yourself for the things that have happened to you?	.241**	.122**
Do you think your parents or guardians are to blame for the bad things that have happened to you?	.229**	.111**
Do you think that bad things happen to you because you are not brave enough to stop them?	.201**	.081
Do you wonder why bad things keep happening to you?	.192**	.111**
Do you think it would be better if you were not living?	.186**	.197**
Do you feel like your situation will never improve?	.159**	.212**
Do you think bad things happen to you because it is part of God's plan?	.155**	-.054
Do you believe that your suffering in this life will be rewarded in the next life?	.122*	.116*
Do you believe that God can help you through the hard times in your life?	-.128*	.015

Note. Rasch WE Score is the Rasch Score on the War Experiences Checklist.
*p < .05. ** p < .01

Table 22
Explanatory Framework Items Not Correlated with Rasch IES-R Score

	Rasch IES-R score	Rasch WE Score
Do you pray often?	-.010	.053
Do you feel like life is worth living?	-.016	-.008
Do you attend church regularly?	-.029	.036
Are you happy to be alive?	-.032	.051
Do you believe that things will get better for you in the future?	-.037	-.011
Do you believe that God has a plan for you?	-.079	.071

Note. Rasch WE Score is the Rasch Score on the War Experiences Checklist.

Additionally, Pearson correlation coefficients were also calculated to explore the relationship between levels of social support and distress and dysfunction (see Table 23). Results indicate that social support does not seem to be related to levels of individual distress. However, respondents with lower levels of social support have more difficulties with social and daily functioning.

Table 23
Correlations with Rasch Social Support Score

	Rasch SS Score
Economic Well-Being	
How many radios are owned by your household?	.217**
How many bicycles are owned by your household?	.207**
How many chairs are owned by your household?	.191**
How many years of schooling did you have?	.185**
Haw many times do you usually take food in a day?	.169**
How many jerry cans are owned by your household?	.157**
How many mattresses are owned by your household?	.155**
How many pairs of shoes are owned by your household?	.151**
How many chickens, ducks, or guinea fowl are owned by your household?	.135**
How many pigs, goats, or sheep are owned by your household?	.132**
How many times do you usually take meat in a month?	.125*
Do you have access to land for digging?	.116*
How many sets of clothing are owned by your household?	.051
How many cell phones are owned by your household?	.012
Economic Activity	
Do you have a steady source of income?	.212**
Have you earned any cash in the past 4 weeks?	.141**
In the past four weeks, have you done any work that you did not earn any cash for?	.140**
Education	
How many years of schooling did you have?	.185**
Are you currently in school?	.108*
Can you write a newspaper?	.099
Can you write a letter?	.098
Have you ever received education or training in a skills training program?	-.028
Group Involvement	
Are you currently a member, participant, or a volunteer with any group in your community?	.107*
Scales	
Rasch War Experiences Score	.157**
Negative/aggressive behaviors Rasch score	.034
Psychological/Somatic Problems Rasch Score	.008
Positive Social Behaviors Rasch Score	-.362**

Note. Rasch SS Score is the Rasch Score on the Social Support Scale.
*p < .05. ** p < .01

Discussion

The discussion will begin with an overview of the current state of youth in the camps, looking at basic personal and family data, economic well-being and activity, health, education, group involvement, outlook on life, social support, and exposure to violence. It will then explore whether exposure to war violence has led to the development of the symptoms associated with PTSD among the Acholi people of northern Uganda. Additionally, the situational characteristics affecting the prevalence of PTSD symptoms will be considered. Next, the question of whether or not individuals with PTSD symptoms in northern Uganda should be classified as having PTSD will be evaluated. The relationship between PTSD and individual distress will be discussed, followed by a look at whether the development of these symptoms is deviant from the cultural norm, and whether these symptoms lead to dysfunction. Next, the implications of these results for the nature of the relationship between trauma and Acholi culture will be considered, identifying which model accurately captures the cultural context of trauma in Acholiland. This relationship will then be discussed in more detail through a look at some of the particular ways in which Acholi culture interacts with the experience of trauma, including Christianity, traditional Acholi beliefs, and the importance of social connections. Finally, the limitations of the study and directions for future research will be discussed.

Overview of the current state of youth

Basic personal and family data

Individuals from Gulu and Amuru Districts have lived in the camps for an average of around 10 years. Almost half have lost their fathers, and a quarter have lost their mothers. These figures are important because those who have lost a parent are more likely to develop symptoms associated with PTSD. Three-quarters of females have children compared to a quarter of males, and nearly half of females and a quarter of males are married. Overcrowding in the camps is rampant, with an average of six people living in one hut.

Economic well-being and activity

People in the camps have very few possessions and little access to sources of income. The most commonly owned items among households include clothing, jerry cans, chairs, and shoes. Only one in ten households have a family member with a steady source of income and less than one-tenth had a member of their household bring home any cash in the past four weeks. Nine out of ten people do not have their own source of income, and only a quarter reported earning any cash over the past four weeks. On a more positive note, two-fifths of people reported carrying out some kind of unpaid work in the past four weeks. Involvement of this type of work is very important because it helps youth to combat idleness, which is a huge problem in the camps. Additionally, slightly over half of people have access to land for cultivation. Many people were able to begin tending to their land again in 2006, which is a crucial step in improving the general livelihood of households. In addition to giving youth

something to do, working the land also allows families to better feed themselves and even possibly earn some income by selling extra food products. On average, people in the camps eat between 1 to 2 meals per day, and have meat about once a month. There do appear to be some differences in economic opportunities between the camps, with individuals in Koch Goma and Unyama more likely to have earned cash in the past four weeks and have a steady source of income than those in Paicho and Awer.

Health

The state of people's physical health in the camp can be described as mediocre. 45% of people described their health as "somewhat good", and nearly a quarter described it as "not very good". Only one-fifth described their health as "very good", with the remaining tenth reporting a poor state of health. Injuries among people in the camps have been relatively common, with three-tenths reporting having received a serious physical injury.

Education

Most youth in the camp have received at least minimal schooling, with ninety-three percent completing at least one year of school. Mean number of years of schooling completed is six, with less than one-fifth going beyond primary school. A quarter of youth aged 16-23 reported current enrollment in school. Around three-fifths of youth are able to read a newspaper and write a letter, and one-tenth have participated in a skills training program. Individuals in Paicho have completed less

school than those in the other camps, and are less likely to be able to read and write. Males have completed more years of schooling on average than females, and are more likely to be able to read and write.

Group involvement

Slightly over a third of people are currently a member, participant, or volunteer with a group in their community. Around one-tenth of people belong to a sports team or a farmers group, and fourteen percent belong to a church, prayer, or bible study group. Within those who are in a group, 35% hold a leadership position.

Outlook on life

Overall, people seem to have a positive outlook on life and an optimistic view of the future, with 97% of people reporting they are happy to be alive and 95% reporting they feel like life is worth living. Around 83% of people believe that things will get better for them in the future. However, there still are some who remain pessimistic, with two-fifths feeling like their situation will never improve. Taken with the previous statistic, this suggests that while some people do not think that their general situation will improve, they do think that their lives will get better at least to some extent.

Social Support

Social Support is high in the camps, with people endorsing an average of 9 items out of the possible 14. Around 30% of people have someone who can give

them or let them borrow money when things get very difficult, and 35% percent have someone who gives them guidance about where to go for assistance. Over half of people endorsed the rest of the items. Around four-fifths have someone who takes care of them when they are sick, someone to go to when they feel lonely or upset, and someone who gives them guidance about their future. Social support is particularly high in Koch Goma.

Exposure to violence

People in the Gulu and Amuru districts of northern Uganda have been exposed to high levels of violence, endorsing an average of 12 out of 32 possible items on a War Experiences Checklist. This is consistent with findings from SWAY, in which participants endorsed an average of 9 out of 31 possible war experiences (Annan et al., 2006). Individuals in Koch Goma and Awer have been exposed to more war violence than those in Paicho and Unyama. Males and females in the camps have been exposed to the same levels of violence, and only differed in their response to four items on the war experiences checklist, with more females reporting rape or sexual abuse, and more males hearing gunfire on a regular basis, witnessing a killing, and getting abducted. Overall, about a quarter of youth have been abducted by the rebel forces for at least a day, with 80% abducted for at least a month, and 30% for at least a year. Individuals in Koch Goma and Awer were exposed to more violence than those in Paicho and Unyama. Additionally, formerly abducted youth have been exposed to much higher levels of violence, endorsing an average of 19 checklist items versus 10 for youth who have never been with the LRA. Abduction

rates varied greatly between the camps, with people from Koch Goma and Paicho more likely to have been abducted than those in Unyama and Awer.

The development of PTSD symptoms in northern Uganda

There is a strong positive correlation between Rasch War Experiences Score and Rasch IES-R score, indicating that people who have been exposed to higher levels of violence tend to develop more of the symptoms associated with Posttraumatic Stress Disorder. In fact, war experience score is related to all but three items on the IES-R ("Do you feel that people around you do not understand how you really feel?"; "Do you try not to think about the even?"; and "Do you try to remove the event from your memory?"). Additionally, all of the individual items on the war experiences checklist except for hearing gunfire on a daily basis and being tied or locked up as prisoner are related to the development of PTSD symptoms.

The relationship found here between number of war-related events experienced and amount of PTSD symptoms present is known as the "dose effect". This finding that increased exposure to violence leads to more psychological symptoms is consistent with a number of previous studies. (for example, de Jong et al., 2000; Schaal and Elbert, 2006; Vinck et al., 2006; Cardoza et al., 2000; Porter and Haslam, 2001; and Mollica et al., 1998). Individuals in Koch Goma and Awer have more PTSD symptoms than those in the other two camps, which is not surprising since people in these camps have been exposed to greater levels of violence. On the other hand, males and females, who have not been exposed to different amount of violence, develop the same amount of PTSD symptoms.

It is important to note that while items on the War Experiences checklist meet the first part (A1) of the DSM-IV-TR of a traumatic stressor, they may not meet the second part of the criterion (A2) for certain individuals. As discussed previously in this paper, criterion A1 specifies that an individual must have experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others. However, criterion A2 specifies that the event only qualifies as a traumatic stressor if the individual's response involves intense fear, helplessness, or horror (DSM-IV-TR, 2000).

The findings from previous research (Annan et al., 2006) and this study suggest that some individuals abducted into the Lord's Resistance Army may have come to trust Joseph Kony and feel allegiance to the rebel army. 30% of the formerly abducted youth in this study indicate feeling allegiance to Kony and the LRA while with the rebels. While many of these individuals were eventually happy to return home, they indicate having somewhat of a positive experience at times with the rebels. 29% report that there was a time when they enjoyed being with the LRA, and 27% indicated that there was a time when they felt like they wanted to stay with the rebels. Additionally, about a third of formerly abducted youth report that they feel safer inside the rebel group than they would be at home. People who held this belief were actually less likely to develop PTSD symptoms. Therefore, it is possible that some of the events child soldiers experienced while with the LRA did not involve feelings of intense fear, helplessness, or horror, and therefore would not qualify as a "traumatic stressor".

Situational characteristics affecting the prevalence of PTSD symptoms

Previous studies have identified a few situational characteristics that lead to the development of PTSD symptoms, including loss of parents, direct life threat, and deprivation of basic needs (Hussain et al, 1998; Dyregrov et al., 2000; Schaal & Elbert, 2006; de Jong et al., 2000). The results of this study were consistent with these past findings, suggesting that there may be universal risk factors for the development of PTSD symptoms. People who reported that their mother or father was no longer alive had higher scores on the PTSD measure. On the war experiences checklist, the item "Have you ever been threatened with death?" was positively correlated with PTSD score, suggesting that experiencing a direct life threat leads to the development of PTSD symptoms. Additionally, number of meals eaten per day and number of possessions owned by a person's household were negatively correlated with score on the PTSD measure. People who have less food and who own fewer jerry cans, chairs, shoes, cell phones, mattresses, and clothing, tended to have more PTSD symptoms. This study also found that people who are illiterate and in a worse state of physical health have more PTSD symptoms.

Should individuals in northern Uganda be classified as having PTSD?

Results from this study suggest that while the presence of PTSD symptoms seems to be related to increased levels of distress, these symptoms are not deviant from the norm and do not lead to dysfunction.

PTSD symptoms and distress

Scores on the Psychological/somatic problems and Negative/aggressive behaviors subscales were used to assess levels of individual distress. These scales suggest that individuals experiencing PTSD symptoms are also experiencing more individual distress, as evidenced by feelings such as depression, anxiety, and aggression.

Psychological and somatic problems are very common in the population, especially those associated with depression and anxiety. Slightly under two-thirds of people reported always or sometimes feeling too anxious, and around three-fifths reported always or sometimes feeling depressed, or feeling sad or unhappy. Nearly half of people reported always or sometimes feeling like they don't want to get up in the morning and face the day. A majority also indicated always or sometimes experiencing somatic symptoms when overthinking, with 63% reporting headaches, 58% percent chest pains, and 51% percent uncontrollable shaking. A strong positive correlation was found between score on this subscale and IES-R score, indicating that people experiencing higher levels of PTSD symptoms are suffering more on an individual, psychological level. People in Koch Goma and Awer, who have more PTSD symptoms than those in Paicho and Unyama, also have more psychological/ somatic problems.

For the most part, negative/aggressive behaviors are not very common in the population, with people endorsing an average of three out of eleven behaviors. Around one-tenth of people curse or use abusive language, lie or behave in a dishonest way, or threaten to hurt others. 15% of people destroy things that belong to

others and get into physical fights, and six percent report stealing from others. About a quarter purposefully isolate themselves from others, and around two-thirds feel very aggressive. Two-fifths of people view others with suspicion, half have difficulty following the rules, and three-fifths have restless nights. Individuals in Koch Goma exhibit more negative/aggressive behaviors that those in the other camps.

A positive correlation was also found between Rasch scores on the IES-R and the negative/aggressive behaviors sub-scale, indicating that individuals with higher prevalence rates of PTSD symptoms engage in more negative/aggressive behaviors. This relationship is to be expected since the hyper-arousal criterion in the DSM-IV definition for PTSD includes symptoms of increased irritability, outbursts of anger, and hyper-vigilance. Out of the twelve items, all but four were correlated with the prevalence of PTSD symptoms. The four items not related all involve taking actions that affect others in a negative manner, including threatening to hurt others, getting into physical fights, stealing things from others, and lying or behaving in a dishonest way. This suggests that while PTSD symptoms are related to distressful personal feelings of aggression and irritability, they are not associated with engaging in behaviors that are harmful towards others.

Deviance from the norm

Despite an improvement in the situation in the IDP camps and a decrease in exposure to violence over the past few years in northern Uganda, results from the IES-R indicate high prevalence rates of the symptoms associated with PTSD. Each PTSD symptom was endorsed by between 31-73% of the sample, with at least half of

people endorsing fifteen of the twenty-two items on the PTSD measure. Symptoms were common from the three DSM-IV criteria of intrusive recollections, numbing/avoidance, and hyper-arousal. Most of the symptoms within the intrusive recollections criterion were highly prevalent among displaced youth in northern Uganda. Nearly three-quarters reported having waves of strong feelings about the event, and seventy percent indicated that things that remind them about the event cause or trigger a bodily reaction. About two-thirds reported having heard or seen things that made them think about what happened, and 61% indicated that pictures about the event suddenly pop into their head.

Symptoms from the avoidance/numbing criterion were also highly endorsed, although avoidance was more common than numbing. About three-quarters of people reported trying to remove the event from their memory. 69% tried not to think about the event, and 60% tried not to talk about it. Sixty-one percent reported having difficulty remembering what happened. Within the hyper-arousal criterion, two particular symptoms are especially prevalent in northern Uganda. Nearly three-quarters of people reported that they startle more easily because of loud, unexpected sounds or feel more jumpy and nervous than before, and slightly over two-thirds reported being alert and watchful even when there was no need to be.

Despite the presence of a cease fire agreement, an ongoing peace process, and an improvement in the security situation at the time of the study, allowing people to safely move around on the roads outside of the camps and return to their homes to cultivate crops, people are still experiencing a number of PTSD symptoms. Such high prevalence rates indicate that these symptoms have become somewhat of a norm

in the population. While these symptoms might cause individual suffering, their presence cannot be considered deviant from the cultural norm. The high prevalence of PTSD symptoms is most likely a product of the length of time northern Ugandans have been exposed to war and the horrible conditions in which they have been living. As 16-23 year olds, the individuals in this sample have only known a life with war. They have grown up over the past decade or so in the squalid conditions of the IDP camps. In these camps, not only were they living in horrible conditions, but they were also in a constant state of fear and were continuously exposed to war violence (Cheney, 2007; Baines et al., 2006).

Internally displaced persons in northern Uganda are in a very unique situation. While refugees cross an international border and are therefore removed from the environment in which their exposure to violence took place, IDPs remain within their country of origin (Thomas & Thomas, 2004). In the case of northern Uganda, the IDP camps are located in the same region as the conflict, and for the majority of individuals are even within five kilometers of their home village (UNOCHA, 2007). Therefore, even though exposure to violence has decreased and quality of life is slowly improving, the individuals in this study have neither relocated to another environment nor returned home, instead remaining in the place in which many of their war experiences took place. This means that on a daily basis, they are exposed to reminders of the violence they have witnessed and experienced.

Within this context, the high endorsement of particular hyper-arousal symptoms is not surprising. For many years, people lived in a constant state of fear in the camps. They had to be on guard all of the time, looking out for LRA soldiers who

might injure, abduct, or even try to kill them. Even though the security situation had been much improved over the year prior to the study, many people still will not trust that the violence is over until Joseph Kony comes out of the bush. They have seen lulls in the conflict before, and these periods of calm have always ended in more violence (IMDC, 2007). Therefore, perhaps the prevalence of hyperarousal symptoms will only decrease when subjects either relocate to a different environment or when the war finally ends, taking away the threat of violence sparking up again at any moment.

This issue of remaining in the IDP camps may help explain the high endorsement of symptoms pertaining to intrusion/re-experiencing, and in turn avoidance. Since the IDP camps are most likely associated with at least some of the war-related events they have experienced, individuals are constantly subject to reminders of their experiences. For example, if a boy was abducted by a spot near his home next to a big mango tree, he might be reminded of his abducted every time he sees the mango tree. This idea has been expressed by de Jong et al. (2000), who suggest that the high levels of trauma symptoms among the population in Freetown, Sierra Leone may a result of the number of former soldiers walking around the city who serve as a constant reminder of what happened. In turn, since individuals in the camps are often being reminded of the violence they have been exposed to, it follows that they would employ avoidance tactics as a defense mechanism.

PTSD symptoms and dysfunction

The relationship between prevalence of PTSD symptoms and dysfunction was explored by looking at whether or not scores on the IES-R related to decreased social and other types of daily functioning. No such relationship was found, indicating that while people with PTSD symptoms may suffer more on an individual level, experiencing problems such as depression, anxiety, and increased irritability and aggression, these symptoms do not lead to dysfunction for people in northern Uganda.

Positive social behaviors are very common in the IDP camps. Despite talk about a lack of respect for elders, nearly four-fifths of people report that they are always or sometimes helpful to elders. Between 80-90% of people reported always or sometimes helping younger ones, having love for their peers, enjoying spending time with family, and enjoying spending time with friends. Slightly over three-quarters reported always or sometimes sharing their ideas with family and friends, and 70% reported always or sometimes enjoying participating in community activities. Scores on this subscale were not related to IES-R scores, indicating that the presence of PTSD symptoms does not have an effect on positive social functioning. Nine of the eleven items were not correlated at all, and being helpful to elders and feeling bad for others when they have problems were negatively correlated, indicating that individuals who engage in these behaviors have lower prevalence rates of PTSD symptoms. Additionally, this factor is negatively correlated with war experiences, suggesting that individuals who have been exposed to greater levels of violence interact more positively in the community. Therefore, neither experiencing more

war-related events nor having higher prevalence rates of PTSD symptoms negatively affects individuals' ability to function in their social environment.

Additionally, the presence of PTSD symptoms was not found to have an effect on economic activity, education, and group involvement. High prevalence rates of PTSD symptoms were not found to affect the likelihood of having a steady source of income. People with many symptoms were no more or less likely to have brought home cash in the past four weeks. In fact, people with higher scores on the IES-R were even more likely to have carried out some type of unpaid work in the past four weeks. PTSD symptoms did not have an effect on the number of years of schooling completed, or on the likelihood of current enrollment in school. Finally, the presence of symptoms did not have an effect on the likelihood of being involved in a community group, or having a leadership position in a group. These results are consistent with finding from SWAY (Annan et al., 2006).

The relationship between trauma and culture: which model is correct?

For the Acholi culture in northern Uganda, it appears that model III captures the cultural context of trauma. PTSD symptoms develop in response to traumatic stressors and what seem to be somewhat universal situational characteristics. While these symptoms lead to individual distress, they are not deviant from the cultural norm and do not lead to dysfunction. Therefore, people suffering from these symptoms should not be classified as having a trauma disorder.

PTSD symptoms

	Within Acholi Culture	**Yes**	**No**
Trauma Disorder	**Yes**	Model I	Model II
	No	Model III	Model IV

Ways in which Acholi culture interacts with trauma

Christianity

In a discussion of the rise of the Western trauma discourse, Derek Summerfield (1999, p. 1449) mentions that "One of the features of 20th century Western culture—particularly in the last 50 years—has been the way medicine and psychology have displaced religion as the source of explanations for the vicissitudes of life, and of the vocabulary of distress." Responses to questions on the religion section of this questionnaire clearly indicate that this has not been the case in northern Uganda. 99% of people in the IDP camps identify with the Christian religion, with

around 70% identifying as Catholic, almost a quarter as Protestant, and 6% as Born Again. 86% of people attend church regularly, and 62% pray often.

People seem to use religion as a way to make sense of and cope with the bad things that have happened to them. Roughly 95% endorsed the beliefs that God has a plan for them and that God can help them through the hard times in their life. Nine-tenths of people believe that their suffering in this life will be rewarded in the next life, and three-quarters believe that everything happens for a reason. 85% think that bad things happen to them because it is part of God's plan. Past research (Newman, Riggs, & Roth) has shown that individuals who are able to make meaning out of their traumatic experiences are more likely to be able to cope.

Traditional Acholi culture

This study suggests that traditional Acholi beliefs about the spirit world still seem to be widespread, serving as an additional explanatory framework for the problems individuals may be experiencing. 37% think bad things happen to them because they are cursed, and almost a quarter feel like they are haunted by spirits. This suggests that some people are interpreting their PTSD symptoms within the framework of the Acholi traditional belief system.

Importance of social connections

In this population, not PTSD symptoms but instead levels of social support seem to be related to dysfunction. While IES-R score was not related to functioning, scores on the Social Support Scale were related to all of the different function variables. People with lower levels of social support have lower scores on the

Positive social behaviors sub-scale, suggesting that they have more problems with functioning in their social environment. They have fewer possessions and are less likely to be involved in paid and unpaid economic activities. They have completed fewer years of school and are less likely to be currently enrolled in school. Additionally, they are less likely to be involved in a community group. These results suggest that social networks are extremely important in Acholi culture. Having a solid network in their IDP camp helps youth to better function on a daily basis, regardless of number of PTSD symptoms present.

Limitations

This study had a number of limitations which need to be considered. First of all, conducting research in the setting of an IDP camp leads to a number of methodological challenges that cannot always properly be addressed. Random selection was carried out through the use of World Food Programme household lists, but these lists likely do not include everyone in the camps. Also, a number of problems came up when identifying those who had been selected for inclusion in the study. Some of the ages for youth reported in the WFP household lists were incorrect, and there were a number of names of the lists of people who did not actually exist. Additionally, some of the people on the lists had moved locations and could not be tracked down. Another issued when conducting research with IDPs is the potential for biased responses. While it was important for the research assistants to speak the local language and come from the same ethnic group, it may have been better if the research assistants had not come from inside the camp.

Another potential limitation of the study is that the scales have not been validated for this particular culture. Additionally, it is difficult to fully measure dysfunction in the population since opportunities are so limited in the camps. For example, it is difficult to know if symptoms would have an effect on occupational functioning since there are so few opportunities for employment in the camps. Finally, this study was not able to fully separate the effects of PTSD symptoms on distress from the potential effects of other characteristics such as exposure to violence and general poverty.

Directions for future research

Further research in northern Uganda should explore the relationship between the presence of PTSD symptoms and individual distress in greater detail. Additionally, research should explore which model other cultures fit into. Perhaps Western cultures fit into model I, in which PTSD is an appropriate framework within which to look at trauma, and all non-Western cultures fit into model III. Or perhaps the type, magnitude, and length of stressors also has an effect on which model is correct. Perhaps cultures that have been exposed to a number of traumatic stressors over a long period of type fit into Model III, while those exposed to shorter periods and fewer stressors fit into Model I.

Conclusion

The findings from this study in northern Uganda may have important implications for future humanitarian interventions. While individuals in Acholi culture presenting with PTSD symptoms should not be viewed as having a trauma disorder, it was found that individuals suffering from these symptoms had higher levels of individual distress. Therefore, it may still be useful to develop interventions to help alleviate PTSD symptoms. However, these interventions should consider the ways in which Acholi culture interacts with the experience of trauma. While certain Western therapeutic techniques may be helpful to an extent, interventions should also incorporate aspects of Acholi traditional culture. They should also consider ways in which Christianity can be used to alleviate distress.

On a bigger picture level, this thesis has sought to explore the nature of the relationship between trauma and culture. The experience of trauma in Acholi culture helps to demonstrate the idea that while people in other cultures seem to develop the symptoms associated with PTSD, culture mediates the ways in which people experience, interpret, and cope with these symptoms. Therefore, the cultural context helps determine whether or not an event is experienced as a traumatic stressor. If it is experienced as a traumatic stressor, people, regardless of culture, seem to develop a specific set of symptoms. However, the ways in which these symptoms are experienced, interpreted, and coped with are influenced by the cultural context. Thus, what it means to be traumatized is different from one culture to another because what is normal in each culture is different.

Reference List

Agger, I., Vuk, S., & Mimica, J. (1995). *Theory and practice of psycho-social projects under war conditions in Bosnia-Herzegovina and Croatia*. Zagreb: European Community Humanitarian Office.

Almqvist, K., & Brandell-Forsberg, M. (1997). Refugee children in Sweden: Post-Traumatic Stress Disorder in Iranian preschool children exposed to organized violence. *Child Abuse & Neglect, 21*(4), 351-366.

Amone-P'Olak, K. (2004). A study of the psychological state of former abducted children at Gulu World Vision Trauma Centre. *Torture, 14*(1), 24-34.

Annan, J., Blattman, C., & Horton, H. (2006). *The state of youth and youth protection in northern Uganda: Findings from the survey for war affected youth*: UNICEF Uganda.

Baines, E., Stover, E., Wierda, M. (2006). *War-affected children and youth in northern Uganda: Toward a brighter future*.

Bayer, C. P., Klasen, F.,& Adam, H. (2007). Association of trauma and PTSD symptoms with openness to reconciliation and feelings of revenge among former Ugandan and Congolese child soldiers. *Journal of the American Medical Association, 298*(5), 555-559.

Behrend, H. (1999). *Alice Lakwena and the holy spirits: War in northern Uganda 1986-97*. Kampala: Fountain Publishers.

Boas, M., & Hatloy, A. (2005). *Northern Uganda Internally Displaced Persons profiling study: Volume 1*: Fafo.

Bracken, P. J., Giller, J.E., & Summerfield, D. (1995). Psychological responses to war and atrocity: The limitations of current concepts. *Social Science and Medicine, 40*(8), 1073-1082.

Breslau, J. (2004). Cultures of trauma: Anthropological views of posttraumatic stress disorder in international health. *Culture, Medicine and Psychiatry, 28*, 113-126.

Cardozo, B. L., Bilukha, O.O., Gotway, C.A., Wolfe, M.I., Gerber, M.L., & Anderson, M. (2005). Report from the CDC: mental health of women in postwar Afghanistan. *Journal of Womens Health, 14*(4), 285-293.

Cheney, K. E. (2007). *Pillars of the nation: Child citizens and Ugandan national development*. Chicago: University of Chicago Press.

de Jong, J. P., Scholte, W.F., Koeter, M.W.J., & Hart, A.A.M. (2000). The prevalence of mental health problems in Rwandan and Burundian refugee camps. *Acta Psychiatrica Scandinavia, 102*(3), 171-177.

de Jong, J. T. V. M., Komproe, I.H., Van Ommeren, M., El Masri, M., Araya, M., Khaled, N., van de Put, W., & Somasundaram, D. (2001). Lifetime events and posttraumatic stress disorder in 4 postconflict settings. *Journal of the American Medical Association, 286*(5), 555-562.

de Jong, J. T. V. M. (2005). Commentary: Deconstructing critiques on the internationalization of PTSD. *Culture, Medicine and Psychiatry, 29*, 361-370.

de Jong, J. T. V. M., Komproe, I.H., Spinazzola, J., van der Kolk, B.A., & Van Ommeren, M.H. (2005). DESNOS in three postconflict settings: Assessing the

cross-cultural construct equivalence. *Journal of Traumatic Stress, 18*(1), 13-21.

de Jong, K., Mulhern, M., Ford, N., van der Kam, S., & Kleber, R. (2000). The trauma of war in sierra leone. *The Lancet, 355*(9220), 2067-2068.

Derluyn, I., Broekaert, E., Schuyten, G., & De Temmerman, E. (2004). Post-traumatic stress in former Ugandan child soldiers. *The Lancet, 363*, 861-863.

Dolan, C. G. (2005). *Understanding war and its continuation: The case of northern Uganda.* London School of Economics & Political Science, London.

Dowdney, L. (2007). Trauma, resilience, and cultural healing: How do we move forward? *Coalition to Stop the Use of Child Soldiers' Psycho-Social Forum.* Retrieved November 13, 2007, from http://www.child-soldiers.org/psycho-social/Trauma,_Resilience_and_Cultural_Healing_2007.pdf

Dyregrov, A., Gupta, L., Gjestad, R., & Mukanoheli, E. (2000). Trauma exposure and psychological reactions to genocide among Rwandan children. *Journal of Traumatic Stress, 13*(1), 3-21.

Finnstrom, S. (2003). *Living with bad surroundings: War and existential uncertainty in Acholiland, northern Uganda*. Uppsala: Acta Universitatis Upsaliensis.

Foster, D., & Skinner, D. (1990). Detention and violence: beyond victimology. In N. Manganyi, & Du Toit, A. (Ed.), *Political Violence and the Struggle in South Africa*: Palgrave Macmillan.

Goldstein, R., Wampler, N., & Wise, P. (1997). War experiences and distress symptoms of Bosnian children. *Pediatrics, 100*, 873-878.

Gozdziak, E. M. (2004). *Refugee women's psychological response to forced migration: Limitations of the trauma concept*: Institute for the Study of International Migration.

Green, E. C., & Honwana, A. (1999). Indigenous healing of war-affected children in africa. *IK Notes, 10*.

Guyot, J. (2007). Suffer the children: The psychosocial rehabilitation of child soldiers as a function of peace-building. *Coalition to Stop the Use of Child Soldiers' Psycho-social Forum.* Retrieved November 13, 2007, from http://www.child-soldiers.org/psycho-social/Linked_Guyot_2007.pdf

Harlacher, T., Okot, F.X., Obanyo, C.A., Balthazard, M., Atkinson, R. (2006). *Traditional ways of coping in Acholi: Cultural provisions for reconciliation and healing from war*: Caritas Gulu Archdiocese.

Honwana, A. (2006). *Child soldiers in Africa*. Philadelphia: University of Pennsylvania Press.

Horowitz, M., Wilner, M., & Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. *Psychosomatic Medicine, 41*, 209-218.

HRW. (1999). *World Report 1999*. New York: Human Rights Watch.

Hubbard, J., & Pearson, N. (2004). Sierra Leonean refugees in Guinea: Addressing the mental health effects of massive community violence. In K. E. Miller, & Rasco, L.M. (Ed.), *The mental health of refugees: Ecological approaches to healing and adaptation*. Mahwah: Lawrence Erlbaum Associates, Inc.

HURIFO. (2002). *Between two fires: the plight of IDPs in northern Uganda*. Gulu: Human Rights Focus.

Husain, S. A., Nair, J., Holcomb, W., Reid, J.C., Vargas, V., & Nair, S.S. (1998). Stress reactions of children and adolescents in war and siege conditions. *American Journal of Psychiatry, 155*(12), 1718-1719.

IASC. (2008). *Update on IDPs movement*: Inter Agency Standing Committee in Uganda Working Group.

ICG. (2004). *Northern Uganda: Understanding and solving the conflict*. Nairobi/Brussels: International Crisis Group.

IDMC. (2007). *Uganda: Uncertain peace process impedes return in north while protection crisis looms in Karamoja region*. Geneva: Internal Displacement Monitoring Center, Norwegian Refugee Council.

Ingleby, D. (2005). Editor's Introduction. In D. Ingleby (Ed.), *Forced migration and mental health: Rethinking the care of refugees and displaced persons*. New York: Springer Science + Business Media, Inc.

Jeppsson, O., & Hjern, A. (2005). Traumatic stress in context: A study of unaccompanied minors from Southern Sudan. In D. Ingleby (Ed.), *Forced migration and mental health: Rethinking the care of refugees and displaced persons*. New York: Springer Science + Business Media, Inc.

Kirmayer, L. J., & Young, A. (1999). Culture and context in the evolutionary concept of mental disorder: The concept of disorder: Evolutionary analysis and critique. *Journal of Abnormal Psychology, 108*(3), 446-452.

Miller, K. E., & Rasco, L.M. (2004). An ecological framework for addressing the mental health needs of refugees. In K. E. Miller, & Rasco, L.M. (Ed.), *The mental health of refugees: Ecological approaches to healing and adaptation*. Mahwah: Lawrence Erlbaum Associates, Inc.

Mollica, R. F., McInnes, K., Pham, T., Smith Fawzi, M.C., Murphy, E., & Lin, L. (1998). The dose-effect relationships between torture and psychiatric symptoms in Vietnamese ex-political detainees and a comparison group. *The Journal of Nervous and Mental Disease, 186*(9), 543-553.

Myers, D. G. (2007). *Psychology* (8 ed.). New York: Worth.

Neuner, F., & Elbert, T. (2007). *PTSD and collective identity in former Ugandan child soldiers*. Konstanz: University of Konstanz.

Newman, E., Riggs, D.S., & Roth, S. (1997). Thematic resolution, PTSD, and complex PTSD: The relationship between meaning and trauma-related diagnoses. *Journal of Traumatic Stress, 10*(2), 197-213.

Pedersen, D. (2002). Political violence, ethnic conflict, and contemporary wars: Broad implications for health and social well-being. *Social Science and Medicine, 55*, 175-190.

Pham, P. N., Weinstein, H., & Longman, T. (2004). Trauma and PTSD symptoms in Rwanda: Implications for attitudes towards justice and reconciliation. *Journal of the American Medical Association, 292*(5), 602-612.

Porter, M., & Haslam, N. (2001). Forced displacement in Yugoslavia: A meta-analysis of psychological consequences and thir moderators. *Journal of Traumatic Stress, 14*(4), 817-834.

Schauer, M., Neuner, F., & Elbert, T. (2005). *Narrative exposure therapy: A short-term intervention for traumatic stress disorders after war, terror, or torture*. Cambridge: Hogrefe & Huber Publishers.

Smith, P., Perrin, S., Yule, W., Hacam, B., & Stuvland, R. (2002). War exposure among children from Bosnia-Hercegovina: Psychological adjustment in a community sample. *Journal of Traumatic Stress, 15*(2), 147-156.

Stubbs, P. (2005). Transforming local and global discourses: Reassessing the PTSD movement in Bosnia and Croatia. In D. Ingleby (Ed.), *Forced migration and mental health: Rethinking the care of refugees and displaced persons*. New York: Springer Science + Business Media, Inc.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science and Medicine, 48*, 1449-1462.

Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *British Medical Journal, 322*(7278), 95-98.

SWAY. (2005). Survey of war-affected youth: individual questionnaire. Retrieved January 22, 2007, from http://sway-uganda.org/.

Thabet, A. A. M., & Vostanis, P. (1999). Post-traumatic stress reactions in children of war. *The Journal of Child Psychology and Psychiatry and Allied Disciplines, 40*, 385-391.

Thomas, S. L., & Thomas, S.D.M. (2004). Displacement and health. *British Medical Bulletin, 69*, 115-127.

UNOCHA. (2006). Gulu- IDP camps population as of February 2006.

UNOCHA. (2007). *Waiting for Godot in Gulu: Possible reasons for delay in IDP's return process*: United Nations Office for the Coordination of Humanitarian Affairs.

Vedantham, K., Brunet, A., Neylan, T., Weiss, D.S., & Marmar, C.R. (2000). Neurobiological findings in posstraumatic stress disorder: a review. *Dialogues in Clinical Neuroscience, 2*(1), 23-29.

Vinck, P., Pham, P. N., Stover, E., & Weinstein, H. M. (2007). Exposure to war crimes and implications for peace building in northern Uganda. *Journal of the American Medical Association, 298*(5), 543-554.

Wakefield, J. C. (1999). Evolutionary versus prototype analyses of the concept of disorder. *Journal of Abnormal Psychology, 108*(3), 374-399.

Weiss, D. S., & Marmar, C.R. (1997). The Impact of Event Scale-Revised. In J. P. Wilson, & Keane, T.M. (Ed.), *Assessing psychological trauma and PTSD*. New York: The Guilford Press.

Weiss, D. S. (2007). The Impact of Event Scale: Revised. In J. P. Wilson, & So-kum Tang, C. (Ed.), *Cross cultural assessment of psychological trauma and PTSD*. New York: Springer Science + Business Media, LLC.

Wessells, M., & Monteiro, C. (2004). Internally displaced Angolans: A child-focused, community-based intervention. In K. E. Miller, & Rasco, L.M. (Ed.), *The mental health of refugees: Ecological approaches to healing and adaptation*. Mahwah: Lawrence Erlbaum Associates, Inc.

Wessells, M. (2007). Trauma, culture, and community: Getting beyond dichotomies. *Coalition to Stop the Use of Child Soldiers' Psycho-social Forum.* Retrieved November 13, 2007, from http://www.child-soldiers.org/psycho-social/Getting_beyond_dochotomies_2007.pdf

Wessells, M., Poulton, M., & Javed, M.A. (n.d.). Community based, holistic approaches to increasing the well-being of African children. Retrieved November 24, 2007, from http://www.afrchild.ohio.edu/About%20The%20Institute/Community.html

WFP. (1999). *Uganda: Displacement in the northern and western districts*. Rome: World Food Programme.

WHO. (2005). *Health and mortality survey among internally displaced persons in Gulu, Kitgum and Pader districts, northern Uganda*. Kampala: World Health Organization and the Republic of Uganda Ministry of Health.

Wu, K. K., & Chan, K.S. (2003). The development of the Chinese version of Impact of Event Scale - Revised (CIES-R). *Soc Psychiatry Psychiatr Epidemiol, 38*, 94-98.

Appendix A

Profile of Awer IDP Camp
by Adong Geoffrey, resident of Awer IDP Camp

Awer camp started on 20th October 1996.

It has 8 zones and 41 villages.

Population: 22,830

Number of household: 4566

1. Medical info:
   - Number of clinics: 6
   - Total number of medical staff: 7
     - Number of nurses: 3
     - Number of clinical officers: 2
     - Number of other staff: 2

2. Education info:
   - Number of primary schools: 1
   - Number of teachers: 11
   - Number of pupils in the school: 1313
   - The closest secondary school: Keyo secondary school

3. Food stuff:
   - What do people eat?
     - People eat beans, peas, cassava, maize, millet, sorghum, simsim, g-nuts, tomatoes, cabbages, green vegetables, and sometimes meat.
   - How do they get food?
     - In fact they get food from the World Food Programme.
     - They also get food from the garden when they produce and also buy meat from the butcher.
   - How much does the World Food Programme give?
     - Actually the WFP gives food according to the number of people per household. So each person in the household is given 4kg of maize and 2kg of beans plus 2 cups of cooking oil.

4. Recreation
   - Pubs/bars
     - People drink beer, soda, other spirits, and local brews
     - 11 small bars
   - Films
     - People pay 100 shillings for each film
     - 2 film halls

- Sports/games
    - 1 field

5. NGO presence
    - NGOs working in the camp:
        - World Vision, Save the Children in Uganda, ACET, TASO, Dyere Tek Hope Project, AMREF, UNICEF, ICRC, WFP
    - What are NGOs doing here?
        - They are working here to promote peace and stability in the camp and in northern Uganda
        - Provision of tangible goods to the needy (e.g. food, clothes, shelter, etc.)
        - NGOs are here to create awareness on the danger of HIV/AIDS
        - They are here to sensitize the community about children rights
        - They are here to create relationships between the government of Uganda and other donors
        - NGOS are here to work for mediating between the government and the LRA rebels.
    - What kind of services do they provide?
        - Pay school fees for students in secondary and primary levels
        - Medical care: they give medical treatment to their clients (e.g. people who are HIV positive)
        - Provision of market for the local products
        - Constructing schools for war affected children (e.g. Save the Children)
        - Building health centers for the community

6. General Description of Life in Awer Camp
    - Life in Awer Camp is generally okay, unlike in the past eight years. People are free to move in any area within the camp. They also have leisure places for passing times (e.g. bars, disco hall, playground). The people in the camp are so friendly to each other, but the impact of the war has entered people's minds. Some are so traumatized due to abduction when they were too young but they are being counseled by good counselors from within this camp. The people in Awer camp have the problem that is the AIDS epidemic. Most of the people in the camp are infected, so the best thing to do is to disperse the people from the camp in order to reduce the risk of spreading HIV/AIDS and if possible the people from America (US) should help us with proper treatment to clients. The people have a lot of SD (stigma and discrimination) when you may be abducted or infected. People usually talk behind you bitter words which make the clients have no happiness with the community.

7. What Makes Awer Different from Other Camps?
    - Awer Camp is in the sub-county headquarter that is Lamogi sub-county unlike other camps in Lamogi
    - Awer Camp is in the junction road of Juba and Amuru District Headquarter road unlike other camps in Lamogi sub-county

- The name Awer camp is different from other camps' names.
- The population of Awer camp is different from other camps. The number of people is greater than the one in other camps.
- Awer camp is the largest camp is Lamogi sub-county.

8. General Description of Life in Awer during the Worst of the War
    - Life in Awer camp generally was not okay during the worst of the war because people were living in squalid conditions, hard life, and every day and night people kept on running up and down to keep their lives and property. People died day and night. These attacks could be by LRA and others from UPDF. They are slaughtered as chicken, cows, etc. so no one dared come to console the person having problems because that person may be having the same problems like the other one. During the worst of the war, people lost their property, e.g. cattle, food, houses. People were dying of hunger because all food were destroyed and burnt down to ashes. The results of this war were poverty, ignorance, and illiteracy. The impact of this war brought a lot of problems. These include:
        - Trauma (people are so traumatized)
        - Prostitution
        - Spread of HIV/AIDS
        - Poverty
        - Population decrease
        - Moving from their homeland to camps
    - The number of attacks by LRA and UPDF were very many. First of all I would start with LRA attacks. They attacked Awer camp almost thirty times. Each attack had abductions and killing of civilians. The attacks by the UPDF were about 10-15 times to civilians. These could be in arresting the collaborators and other innocent civilians.

Appendix B

Consent Form: Number:

My name is _____ and I also live in _____ Camp. This is Rebecca Littman and she is a student from a university in the United States of America. Rebecca is studying psychology at her university and is in Uganda doing a research study looking at the effects of the war here in northern Uganda. We are here to ask if you will participate in this research. The purpose of this study is to find out how much and in what ways the war has traumatized the population in this region. We will not be able to offer any assistance to the participants. However, we hope that the information gained from this research will help NGOs to improve their programs dealing with the rehabilitation of those affected by the war.

You will be asked questions about your experiences with the war, as well as questions dealing with your health, education, family, economic situation, community involvement, and social relationships. Since your participation is voluntary, you can decide to skip any questions that you do not want to answer, and you can stop the interview at any point. The risks in this study are no greater than those found in everyday life.

All of your answers will be kept private, and your name will only go on this consent form. Your identity will not appear anywhere on the interview form where your answers will be written down. The only people who will have access to your answers are Rebecca Littman and her research advisor in the United States. The data collected from this research will be stored in the home of Rebecca Littman in a secure location and will be destroyed by 2011.

If you have any question, concerns, or problems, you may contact Rebecca Littman on her Ugandan cell phone at 0774636017, or e-mail her at rlittman@wesleyan.edu. You may also contact the chair of the psychology department at her university, John Seamon, at jseamon@wesleyan.edu. The camp leader has this contact information.

If you are willing to participate in this research study, please sign on the line below and we will set up a time to come back and carry out the interview. If you are under the age of 18, please have your parent or guardian sign below on the line marked "Guardian Signature"

If 18 years of age or older:

Surname: _____ First Name: _____

Signature: _____ Date: _____

If below 18 years of age:

Guardian Surname: _____ First Name: _____

Guardian Signature: _____ Date: _____

Interview Questionnaire

Number:

To be filled out by the interviewer:

Camp:

Household Number:

Sex: Date of interview: Time of interview:

Name of Interviewer:

Basic Personal and Household Data:

1. What is your age?

2. When did your family leave your home in the village to come to a camp for the first time?

3. Is your father still alive? Yes No

If no:

3a. When did he die?

3b. What was the cause of death?

4. Is your mother still alive? Yes No

If no:

4a. When did she die?

4b. What was the cause of death?

5. Do you have any children? Yes No

If yes:

5a. How many children do you have?

5b. How old were you when you had your first child?

6. Are you married? Yes No

7. What adults are you currently living with in the same household *(check all that apply)*?

Mother
Father
Aunt or uncle
Grandparent
Brother or sister
Husband or wife
Other: _____

8. What type of building do you usually sleep in?

Hut
Permanent house
Public building
On a veranda or outside
Other: _____

Economic Standing and General Well-being:

9. How many people live with you in your present hut or structure?

10. How many of the following items are owned by you or your household *(fill in table)*?

	Item	Quantity		Item	Quantity
1.	Jerry cans		7.	Shoes	
2.	Chairs		8.	Pigs, goats, or sheep	
3.	Bicycles		9.	Clothes	
4.	Mattresses		10.	Chickens, ducks, and guinea fowl	
5.	Radios		11.	Other: _____	
6.	Cell Phones		12.	Other: _____	

11. Have you earned any cash in the past 4 weeks? Yes No
    If yes:
    11a. How much cash did you earn in the past four weeks?
    11b. How did you earn this cash?

12. Do you have a steady source of income? Yes No
    If yes:
    12a.What is this steady source of income?
    12b. How long do you spend doing this work each week?

13. In the past 4 weeks, have you done any work that you did not earn cash for? Some examples of this would be digging in a garden, volunteering for an organization, and taking care of animals. Yes No
    If yes:
    13a. What was this work?
    13b. How long do you spend doing this work each week?

14. Do you feel like you do not have enough to do each day? Yes No

15. Do you wish that you had more to do each day? Yes No

16. Have any other members of your household brought home cash in the past 4 weeks? Yes No
    If yes:
    16a. Which family members brought home this cash?
    16b. In total, how much cash did they bring in?

17. Do any members of your household have a steady source of income? Yes No
    If yes:
    17a. Which family members have a steady source of income?
    17b. What is this steady source of income?

18. Do you have access to land for digging? Yes No

19. How many times do you usually take food in a day?

20. How many times do you usually take meat in a month?

21. Do you smoke tobacco or cigarettes? Yes No
    21a. ***If yes,*** how often do you normally smoke?

22. Do you take alcohol? Yes No

If yes:

22a. How often do you normally take alcohol?

22b. When you take alcohol, do you usually take enough to get drunk? Yes No

22c. What time do you normally beginning drinking?

22d. Why do you usually take this alcohol? _____ _____

_____

Health:

23. How would you describe the general state of your health?

Very Good Somewhat good Not very good Poor

23a. ***If not very good or poor,*** please explain why:

_____

_____

_____

24. Have you ever been seriously injured? Yes No

If yes:

24a. What was the injury and how did you get it?

_____

_____

_____

_____

24b. Has this injury affected your ability to function in any way? Yes No

If yes, please describe how?

_____

_____

Education:

25. What is the highest level you have reached or are what class are you in?

26. Are you currently in school? Yes No

If no:

26a. Why did you stop attending school?

_____

_____

If yes:

	Please answer yes, somewhat, or no to the questions	**Yes Somewhat No**
26b.	Do you like school?	
26c.	Do your teachers like you?	
26d.	Do the other students like you?	

26e.	Do you have trouble getting along with the other students?	
26f.	Do you feel like you are an important part of your school?	

27. Have you ever received education or training in a (*read and check all that apply)*:
Skills Training
University
Diploma program

27a. ***If yes to any,*** what kind of training did you receive or what area did you study?

_____

28. Can you read a newspaper? Yes No

29. Can you write a letter? Yes No

Community Involvement and Religion:

30. Are you currently a member, participant, or a volunteer with any group in your community? Yes No

If yes:

30a. What type of groups do you belong to?

A school committee or club
A sports team
A farmers group
A women's group
A drama, music, or dance club
A church, prayer, or bible study group
A discussion group
Other: _____

30b. What kinds of activities do you do with this group?

_____

30c. Do you hold any leadership positions within this group? Yes No

If yes, please describe what your role is?

_____

30d. How long do you spend with your group each week?

		Yes	**Somewhat**	**No**
30e.	Do you feel like the people in this group have become very good friends, almost like they are your brothers and sisters?			
30f.	Do you feel like the people in this group understand you very well?			
30g.	Do you fee like you are an important part of this group?			
30h.	Do you ever have trouble getting along with the other members of this group?			
30i.	Do you go to some of the other group members to talk when you need advice or are having problems?			

31. What is your religion?

	Answer yes or no to the following questions	Yes	No
32.	Do you attend church regularly?		
33.	Do you pray often?		
34.	Do you believe that God can help you through the hard times in your life?		
35.	Do you believe that God has a plan for you?		
36.	Do you believe that everything happens for a reason?		
37.	Do you believe that your suffering in this life will be rewarded in the next life?		

Social Support:

Instructions: *When answering these questions, I want you to thing about you life right now, not how it used to be. Please answer either "no" or "yes" to each of the questions.*

		Yes	No
38.	Is there someone who you go to when you feel lonely or upset?		
39.	Is there someone who has been through similar experiences as you that you talk and share experiences with?		
40.	Is there someone who takes you to do some activities when you need to get your mind off of things?		
41.	Is there someone who tells you that you are doing things well or appreciates you?		
42.	Is there someone who gives you guidance about where to go for assistance or about different programs or organizations in your area?		
43.	Is there someone who tells you that the bad things will pass when life get difficult?		
44.	Is there someone who gives you guidance about your future plans?		
45.	Is there someone who gives you advice when you need help in a difficult situation?		
46.	Is there someone who can give you or let you borrow money when things get very difficult?		
47.	Is there someone who will listen to you talk about your thoughts and feelings?		
48.	Is there someone who tries to teach you how to do some work?		
49.	Is there someone who jokes and plays with you when you are feeling unhappy or worried?		
50.	Is there someone who prays with you when things are difficult?		
51.	Is there someone who takes care of you when you are sick?		

Justice:

52. If the war ended right now, what do you think should be done to Joseph Kony?

_____

_____

_____

53. If the war ended right now, what do you think should be done to the other top commanders of the LRA, like Otti and Dominic among others?

_____

_____

_____

54. If you were only given two options, what would you like to see happen to Kony?
    Put him on trial
    Reintegrate him into the community

55. What would you like to see happen to the other top commanders of the LRA?
    Put them on trial
    Reintegrate them into the community

War Experiences:

	Please answer yes or no to the following questions.	**Yes**	**No**
56.	Have you ever heard gun fire on a regular basis?		
57.	Has someone ever shot bullets at you or your home?		
58.	Have you ever witnessed an attack by the LRA or a battle with the UPDF?		
59.	Have you ever received a severe beating to your body by someone?		
60.	Have you ever been attacked with a panga, machete, or other weapon?		
61.	Have you ever been tied or locked up as a prisoner?		
62.	Have you ever received a serious physical injury in battle or during a rebel attack?		
63.	Have you ever been forced to carry heavy loads or do other forced labor?		
64.	Has someone you know ever betrayed you and put you at risk of death or injury?		
65.	Have you ever witnessed other people being beaten or tortured?		
66.	Have you ever witnessed a killing?		
67.	Have you ever witnessed a massacre?		
68.	Have you ever witnessed a house being set on fire with people inside?		
69.	Have you ever witnessed the rape or sexual abuse of a woman?		
70.	Have you ever been raped or sexually abused?		

70a.	If yes, did you get pregnant as a result?
71.	Have you ever thought that you would be killed?
72.	Have you ever been threatened with death?
73.	Have you ever seen dead bodies or body parts?
74.	Have you ever participated in a battle?
75.	Has another family member or friend disappeared or been abducted?
76.	Have any family members received a serious physical injury from combat or a landmine?
77.	Were you ever forced to steal or destroy someone else's property or possessions?
78.	Were you ever forced to kill an opposing soldier in battle?
79.	Were you ever forced to beat or cut someone who was a family member or friend?
80.	Were you ever forced to beat or cut a civilian who was not a family member or friend?
81.	Were you ever forced to kill a family member or friend?
82.	Were you ever forced to kill a civilian who was not a family member or friend?
83.	Were you ever forced to have sex with a woman?
84.	Were you ever forced to step on or otherwise abuse the bodies of dead persons?
85.	Were you ever forced to betray a family member or friend, placing them at risk of death or injury?
86.	Were you ever forced to betray someone who was not a family member or friend, placing them at risk of death or injury?

87. Have you ever been abducted? Yes No

If yes, continue with line of questioning.

88. How many times have you been with the LRA?

89. In what month and year did you go with the LRA?

90. How did you come to be with the LRA?

_____

_____

91. Did you undergo a ceremony initiating you into the LRA? Yes No

91a. ***If yes,*** what was done in this ceremony *(check all that apply)*?

Prayers
Shea oil
Beat another
Kill another
Drink blood
Receive beating/cuts
Other: _____

92. In what month and year did you return?

93. Roughly how long were you abducted for?

94. How did you return? released rescued escaped

95. Did you pass through UPDF? Yes No

95a. ***If yes,*** were you harmed at all by the army? Yes No

96. Did you pass through a reception center such as Gusco or World Vision?
Yes No

96a. ***If yes,*** what treatments or services did you receive *(check all that apply)*?

Medical	Cash
Counseling	Goods
Skills training	Other: _____

97. Did you get an amnesty certificate? Yes No

98. Were you ever given a gun to fight with? Yes No

99. Were you considered someone the leaders could depend on? Yes No

100. Were you ever rewarded for a job well done? Yes No

If yes:

100a. What sorts of actions were you personally rewarded for doing well?

Looting	Gathering information on loot/abductees
Showing discipline	Informing on a soldier or abductee
Killing/ambushing enemies	Obtaining weapons or ammunition
Abducting others	Other: _____

100b. What kind of rewards did you receive?

_____

101. Did you ever lead other soldiers? Yes No

102. What was the highest rank you ever held?

103. Did you ever feel that you were safer inside the rebel group than you would be at home? Yes No

104. When you were with the rebels, did you ever feel allegiance to Kony and the LRA? Yes No

104a. ***If yes,*** do you still feel any allegiance to Kony or the LRA?
Yes No

105. When you were with the rebels, was there ever a time when you felt like you preferred to stay with them? Yes No

106. When you were with the rebels, was there any oen time when you enjoyed being with the LRA in the bush? Yes No

107. Immediately after returning from the bush or reception center, who were you returned to?

Mother	Grandparent
Father	Brother/Sister
Aunt or Uncle	Other: _____

108. Have you received any programs or assistance from anyone other than the reception center?

Medical	Amnesty package
Counseling	Income Generating Activity (IGA) Cash
School sponsorship	Other: _____

109. Immediately after returning from the bush or reception centre, how accepted did you feel by your family?

Very Somewhat Not at all

109a. ***If not accepted,*** why did your family not accept you?

_____

	Answer yes or no to the following questions	Yes	No
110.	Was your family happy to see you come home?		
111.	Did your family have you step on an egg?		
112.	Did your family perform a cleansing ceremony for you?		
113.	Did your family ever insult you because of your experience in the bush or say things to hurt you?		
114.	Did your family ever blame you for the things you did in the bush?		
115.	Did anyone in your family ever get physically aggressive with you because of your experience in the bush?		
116.	Did any people in your community ever call you *olum* or other names referring to your time in the bush?		
117.	Did any people in your community ever blame you for things you did in the bush?		
118.	Were any people in your community ever afraid of you because of your time in the bush?		

119. Immediately after returning from the bush or reception centre, how accepted did you feel by other community members?

Very Somewhat Not at all

119a. ***If not accepted,*** why did they not accept you?

_____

_____

Symptoms:

In each case, please tell us whether you always, sometimes, rarely, or never feel or act in this way.

		Always	Sometimes	Rarely	Never
120.	Do you enjoy spending time with friends?				
121.	Do you enjoy spending time with your family?				

122.	Do you play games, sports, or go dancing?	
123.	Do you feel bad for others when they have problems?	
124.	Are you helpful to elders?	
125.	Do you enjoy participating in community activities?	
126.	Do you have love for your peers?	
127.	Do you share with others?	
128.	Do you help younger ones?	
129.	Do you share your feelings or ideas with your friends?	
130.	Do you have confidence about your future?	
131.	Do other youth like associating with you?	
132.	Are you in constant fear of losing your family?	
133.	Do you feel lonely?	
134.	Do you destroy things that belong to others?	
135.	Do you have too many worries and fears?	
136.	Do you argue a lot with other people?	
137.	Do you get into physical fights?	
138.	Do you feel unloved?	
139.	Do you think that everything you do is wrong?	
140.	Do you lie or behave in a dishonest way?	
141.	Do you steal things from others?	
142.	Do you disobey you parents/guardians, teachers, or elders?	
143.	Do you prefer being alone rather than being with family and friends?	
144.	Do you curse or use abusive language?	
145.	Do you cry when you remember bad things from the past?	
146.	Do you feel like there is nobody who can help you?	
147.	Do you threaten to hurt others?	
148.	Do you keep to yourself when you are worried?	

149.	Do you have restless nights?
150.	Do you find life difficult?
151.	Do you get chest pains when you are overthinking?
152.	Do you get headaches from overthinking?
153.	Does your body shake uncontrollably from overthinking?
154.	Do you feel too tired most of the time?
155.	Do you feel like you just don't want to get up in the morning and face the day?
156.	Do you have a lot of anxiety?
157.	Do you feel stressed and overwhelmed?
158.	Do you feel depressed?
159.	Are you afraid of too many things?
160.	Do you feel very aggressive?
161.	Do you have difficulty following rules?
162.	Do you view others with suspicion?
163.	Do you purposely isolate yourself from those around you?
164.	Do you worry that you will not live to become an adult?
165.	Do you feel sad or unhappy?

166. When you feel sad or depressed, what do you do to make yourself feel better?

_____

_____

_____

Now I want to ask you about some of your thoughts about these things you experienced. These questions are to better understand how you think about these experiences now. Please answer yes, no, or somewhat.

		Yes	**Somewhat**	**No**
167.	Do you think it would be better if you were not born?			
168.	Do you believe that things will get better for you in the future?			
169.	Do you feel like it is a waste of time to plan for the future?			
170.	Do you wonder why bad things keep happening to you?			
171.	Are you happy to be alive?			
172.	Do you feel like life is worth living?			

173.	Do you feel like your situation will never improve?	
174.	Do you blame yourself for the things that have happened to you?	
175.	Do you think that bad things happen to you because you are not brave enough to stop them?	
176.	Do you think that bad things happen to you because you are cursed?	
177.	Do you think bad things happen to you because it is part of God's plan?	
178.	Do you feel like you are haunted by spirits?	
179.	Do you think your parents or guardians are to blame for the bad things that have happened to you?	
180.	Do you feel like you have caused trouble for your family?	
181.	Do you feel like you have caused trouble for your community?	
182.	Do the people in your family see you as a bad person for anything you did?	
183.	Do the people in your community see you as a bad person for anything you did?	
184.	Do you feel like the people in your family like you a lot?	
185.	Do you feel like the people in your community like you a lot?	
186.	Do you think it would be better if you were not living?	

Revised Impact of Event Scale:

Instructions: *When answering these questions, keep in mind the worst event that has occurred to you as a result of the war here in northern Uganda. Now please answer how it has been during the last two week by answering either "yes" or "no" for each question.*

	Questions	Yes	No
187.	Do you think about the event when you do not want to?		
188.	Do you try to remove the event from you memory?		
189.	Do you worry that you may not live to become an adult?		
190.	Do you have difficulty concentrating/paying attention?		
191.	Do you have waves of strong feelings about the event?		
192.	Do you startle more easily because of loud unexpected sounds or feel more jumpy and nervous than before?		
193.	Do you stay away from situations or things that remind you of the event?		
194.	Have you suddenly acted or felt like the event was happening again?		

195.	Do you try not to talk about the event?
196.	Do pictures about the event suddenly pop into you head?
197.	Have you heard or seen things that make you think about what happened?
198.	Do things that remind you about the event cause or trigger bodily reactions (beating heart, trembling)?
199.	Do you try not to think about the event?
200.	Have you had troubling experiencing feelings such as love, happiness, or sadness?
201.	Do you easily get irritable?
202.	Do you feel that people around you do not understand how you really feel?
203.	Are you alert and watchful even when there is no need to be?
204.	Do you have difficulty remembering what happened?
205.	Have you been less interested in activities that you used to enjoy (i.e., sports, hobbies, games)?
206.	Do you feel that it is a waste of time to plan for the future because you do not expect to live long?
207.	Do you feel guilt about what happened?
208.	Do you have problems/difficulty sleeping at night?

Appendix C

Form Me Yeetic Kwedwa

Number:

An nyinga _____ dok bene abedo i _____ camp. Eni Rebecca Littman ma obedo latin kwan i univarsiti acel i lobo ulaya onyo America. Rebecca tye ka kwano psychology onyo kit me ngeyo tam wi dano. I Uganda kany en tye ka kwedo matut adwogi me lweny ma ori pi kare ma lac i kumalo me Uganda.

Wan watye kany ka penyi ka i biribbo cing kwedwa i kwedo lok man. Tyen lok ma omiyo watye ka timo kwedo lok man obedo me ngeyo kit mat lweny obalo kwede kwo pa lwak i kumalo kany dok i yoo ma nining? Wan pe wa bimiyo kony mo me jammi bot lwak ento wa tammo ni ngec ki lok ma wabinongo i kwed man obikonyo NGOs/ Dul mape jange i kom gamente me ilo malo rom me tic gi ikit me dwako paco jo ma lweny obalo kwo gi.

Ki bipenyi lapeny malubbe ki kit kwo ni ikare me lweny man kin ngo ma i wok ki iye ikare man, ki lapeny makwako yot komi, kwan, jo pacconi, lok makwako lim, tic alwak ki kit ma ibedo ki luwoti. Kit ma lok ma ibimiyi wa ni pe ki bi diyi adiya, bed agonya me wacciwa ka wa rome penyi onyo pe.

Bed agonya me gammo lapeny maggi pien pe tye peko mo mapat ma obitmme i kommi pien igammo gi. Lagami weng wabigwoko i mung. Nyingi watiyo kwede i karatac man keken nikwanyo ka imiti watii kwede i kwedo lok waman.

Ka itye ki lapeny, lworo onyo peko mapat ci iromo lok ki Rebecca Littman inamba cim 0774636017, onyo i email mege i rlittman@wesleyan.edu. I twero bene nongo wonkom me dul Psychology i gang kwan univarsti ma Rebecca kwano iye. En wonkom nyinge John Seamon dek email ne tye jseamon@wesleyan.edu. Camp leader onyo ladit kemaman tye ki namba ne bene.

Ka iyee me tic kwedwa i kwedo lok man, tim ber idi cingi onyo sign piny kany ci wabi yubbu cawa me bino rwatte kwedi wak wa penyi. Ka mwakani Aparaboro (18) odwoko kwede piny, tim ber i wek lanyodoni onyo ngat ma ibedo bote odi cinge ka ma ki coyoni lagwok latin sign.

Mwaka Aparaboro odok kwede malo:

Nying peni: _____ Nying me batisa: _____

Sign/ ket cingi kany: _____ Nino Dwe: _____

Mwakani pe romo Aparaboro:

Nying pen ngat magwoki: _____ Nying me batisa: _____

Ngat magwoki oket cinge kany:___ _____ Nino Dwe: _____

Lapeny Me Kwedo

Number:

Ngat ma obipenyo dano opong form man:

Kema/camp: _____ Namba ot: _____

Dako/laco:_____ Nino Dwe: _____ Cawa: _____

Nying in lapeny dano: _____

Lok Makwako Ngat Ma Ipenyo Ki Dano Ma Iode:

1. Mwakani adi? _____

2. Wun obino ikema kany tyen me acel imwaka mene? _____

3. Babani pwod kwo? Kwo Pe

Ka pe dong kwo:

3a. Babani oto awene? _____

3b. Ngo ma oneke? _____

4. Mamani pwod kwo? Kwo Pe

Ka pe dong kwo:

4a. En oto awene? _____

4b. Ngo ma oneke? _____

5. Itye ki lutino? Atye Pe

Ka itye ki lutino:

5a. Itye ki lutino adi? _____

5b. Latin kayo ni inywalo ki mwaka adi? _____

6. In inyome? Anyome Pe

7. Jo ma dongo mene ma kom kareni itye kabedo kwedgi i ot acel? *(read each option and check all that apply)*

Mamani
Babani
Wayo onyo Nero
Adani onyo kwaro
Omero onyo lamero
Cwari onyo Dakoni
Mukene mapat: _____

8. Kit ot ango ma in ibedo iye?

Ot lum
Ot bati
Ot pa lwak
Ite ot onyo woko
Mukene mapat: _____

Yoo Makwako Lim Kit Kwoni:

9. Dano adi ma ibedo kwedi i ot ma itye iye ikareni? _____

10. Jami adi ikin eni ma itye kwede onyo ma tye i ot wu? *(fill in table)*

	Item	Quantity		Item	Quantity

1.	Jerrecan		7.	War	
2.	Kom		8.	Opego, goats, room	
3.	Lela		9.	Bongo	
4.	Kabutu		10.	Gweno, Atudu, Aweno	
5.	Radio		11.	Mukene mapat: _____	
6.	Cim cing		12.	Mukene mapat: _____	

11. I cabit angwen ma okato angec itiyo onyo inongo cente mo? Anongo Pe

Ka inongo:

11a. Cente adi ma in itiyo onyo inongo i cabit angwen angec? _____

11b. Cente eni inongo nining? _____

12. In itye ki yoo ma ocwiny me nongo cente? Atye Pe

Ka tye:

12a.Yoo mene enoni ma inongo ki cente? _____

12b. Tic ma itiyoni iri iye pi cawa/ kare ma rom mene i cabit acel acel? _____

13. Tye tic mo ma itiyo ma pe inongo iye cente pi cabit angwen angec? Labol mogo twero bedo puru poto, dyere pi tic ki NGO onyo dul ma pe jenge ikom gamente, ki gwoko lee onyo kwayo dyangi? Tye Pe

Ka tye:

13a. En tic eni obedo tic ango? _____

13b. Tic eni itiyo pi cawa/ kare marom mene i cabit acel acel? _____

14. In itamo ni tic pe romi nino ducu? Atamo Pe atamo

15. Itamo ni omyero ka twere ci tic me atiya omede nino ki nino? Omede Pe omede

16. Ngat mapat ki in iot wu dong okello cente gang cabit angwen ma okato angec? Okello Pe okello

Ka okello:

16a. Anga eno ma okello centeni? _____

16b. Iwel me lumuku, cente weng ma gukello obedo adi? _____

17. Ngat mapat ki in iot wu tye ki yoo mucwiny me nongo lim/cente? Tye Pe

Ka tye:

17a. Ngat mapat ki in iot wu tye ki yoo mucwiny me nongo lim/cente? _____

17b. En yoo mucwiny me nongo lime ni obedo yoo mene? _____

18. Wu tye ki ngom me pur? Watye Pe

19. Inino acel wun ocamo tyen adi? _____

20. Wu camo ringo ki dii idwe acel? _____

21. In imato taa? Amato Pe

21a. ***Ka imato,*** inino imato taa tyen adii? _____

22. In imato kongo? Amato Pe

Ka imato:

22a. Imato kongo tyen adii inino? _____

22b. Ka imato kongo pol kare imer? Amer Pe

22c. In icako mato kongo cawa mene? _____

22d. Pingo in imato kongo? _____

_____

_____

Yot Kom:

23. In ineno yot kami tye nining?
    Tye maber atika Tye maber ber Pe ber tutwal Goro
    23a. ***Ka pe ber tutwal onyo goro,*** tim ber iwacciwa pi ngo tye kumano:
    _____
    _____

24. In kong kare mo ino awane matek? Awane Pe
    Ka iwane matek:
    24a. Ka iwane, ret ango ma inongo dok inongo nining? _____
    _____
    _____
    _____
    24b. Ret/awano eni ongwali i yoo mo onyo obale tic pa dul komi mo?
    Obalo Pe
    Ka obalo, wacciwa kit ma obalo kwede? _____
    _____
    _____

Kwan:

25. In rwom kwani ogik kakwene onyo ikwano class adi? _____

26. In pwod itye igang kwan? Atye Pe
    Ka ipe igang kwan:
    26a. Pingo ipe igang kwan? _____
    _____
    _____
    Ka itye igang kwan:

	Instructions: *Gam lapeny ni eyo, pe tutwal, onyo pe.*	**Eyo**	**Pe tutwal**	**Pe**
26b.	In imaro kwan			
26c.	Lupwonye ni mari?			
26d.	Lutino kwan luwoti mari?			
26e.	Itye ki peko ibedo ki lutino luwoti?			
26f.	Itamo ni piri teki cukuli?			

27. Inongo pwonye ijami magi: *(read each option and check all that apply)*
    Tic cing
    Univasti
    Diploma
    27a. ***Ka inongo pwonye ikin acel me,***, pwonye me ma inongo onyo ikwano ngo? _____

28. I romo kwano karatac acoya? Aromo Pe

29. I romo coyo waraga? Aromo Pe

Tic Ki Lwak Ki Dini:

30. I kome rareni in itye idul mo onyo idyere ka tic ki dul mo kabedo ni?
Atye Pe

Ka itye onyo idyere idul mo:

30a. Dul mene ma itye iye? *(check all that apply)*

Dul me gang kwan	Dul goga, myel ki wer
Dul tuku	Dul lega, ki kwano baibul
Dul pa lupur	Dul me nywako tam
Dul pa mon	Mukene mapat: _____

If in more than one group, tell them to use the one they are most involved with to answer the following questions (30b-30i).

30b. Jami ango ma otimo idul man? _____
_____

30c. In itye latela i dul man? Atye Pe
Ka itye latela, kong i wacciwa ngo ma itimmo calo latela? _____
_____

30d. Ibedo pi cawa ma rom mene ki dul ma megi i cabit acel acel? _____

	Instructions: *Gam lapeny ni eyo, pe tutwal,onyo pe.*	**Eyo**	**Pe tutwal**	**Pe**
30e.	I tammoni jo ma i dul eni gudoko lureme dok bene calo omeggini onyo lumeggini?			
30f.	Itamoni jo ma i dul eni gi niang in maber?			
30g.	Itamo ni piri tek i dul?			
30h.	I tye ki peko ibedo ki dul man?			
30i.	I ceto bot jo ma idul man icawa mukene ka nongo tam onyo ka peko ytye?			

31. In dini ngo? _____

	Instructions: *Gam ni "Eyo" onyo "Pe" pi lapeny magi.*	**Eyo**	**Pe**
32.	In iceto ka lego pol kare?		
33.	In ilego nino ducu?		
34.	Itammo ni Lubanga room konyi i kare me peko?		
35.	Iye ni Lubanga tye ki yub piri?		
36.	I tammo ni jammi weng timme pi tyen lok?		
37.	Itammo ni can ma itye ka wok iye ni ibinongo mot madit i polo?		

Ki Me Bedo Ki Dano:

Instructions: *Ka igamo lapeny magi, amiti itam pi kwoni ikareni ento pe kit ma obedo kwede ikare ma okato angec. Timber igamni "pe" onyo "tye" pi lapeny acel acel ma abipenyo.*

		Tye	**Pe**
38.	Tye ngat mo ma iceto bote ka iyi owang onyo bedo keni tek?		
39.	Tye ngat mo ma owok I peko acel ma itye iye ma inywako kwede		

	tam?
40.	Tye ngat mo ma teri ka timmo jammi mogo me bodowic calo tuku?
41.	Tye ngat mo ma wacci ni ngo ma itye ka timo ne ni ber dok pwoyo?
42.	Tye ngat mo ma miyi tam malubbe ki kama myero i cet iye kanongo kony onyo makwako gin mapatpat ma tine ikabedoni ki NGOs matye i kabedoni?
43.	Tye ngat mo ma wacci ni jammi marac pe rii ka kwo odoko tek?
44.	Tye ngat mo ma miyi tam pi ayim?
45.	Tye ngat mo mamiyi tam I cawa ma imito ka jammi odoko tek?
46.	Tye ngat mo ma yee ideno cente ka peko tye?
47.	Tye ngat mo ma ciko ite dok winyi ka iloko tammi ki ngo ma tye ka timmi?
48.	Tye ngat mo ma pwonyi kit me timo jammi mogo?
49.	Tye ngat mo maboki lok oree ki tuku kwede ka cwinyi tye ka wang onyo itye ka tam madwong?
50.	Tye ngat ma konyi ki lega ka jammi odoko tek?
51.	Tye ngat mo ma gwokki ka komi lit?

Ngol Ma Tie:

52. Ka lweny ogik i cawani, i tammo ni ngo ma omyero ki tim ki Joseph Kony?

_____

_____

_____

53. Ka lweny ogik i cawani, i tammo ni ngo ma omyero ki tim ki jo ma dongo malubbo kony calo Otti ki Dominic ongwen ikin gi mapol? _____

_____

_____

_____

54. Ka ki miyi jami ariyo keken ni ikwany ikin gi ngo ma imitoni otimme i kom Kony, ikwanyo mene?

Pide i kot

Dwoko en gang i kin dano

55. Ngo ma imito ni omyero ki tim ki ludito mogo malubbe?

Ki pid gi ikot

Dwoko gi gang i kin dano

Jammi Ma I Wok Iye Ikare Me Lweny:

	Instructions: *Timber igam ni "eyo" onyo "pe"*	**Eyo**	**Pe**
56.	I winyo kokko pa luduku tere tere?		
57.	Ngat mo kong oceli onyo ocelo gangwu?		
58.	In dong ineno mak pa LRA onyo lweny ikin LRA ki mony pa gamente?		
59.	Ngat mo dong ogoyi matek atika?		

60.	In dong ki tongi ki panga, ler onyo jami ma bit?
61.	In dong ki maki i buc?
62.	Inongo ret malit ilweny onyo icing Lakwena/LRA?
63.	In dong ki diyi ka tingo yec mapek onyo tiyo tic mego matek?
64.	Ngat mo ma ingeyo dong odwali onyo oketo kwo ni ka ma rac calo too ki awano malit?
65.	In dong ineno ka ngat mo ki goyo onyo ki uno?
66.	In dong ineno ka dano kineko?
67.	In dong ineno nek lumuku?
68.	Ineno ka ot ki cwinyo ki dano iye?
69.	Dong ineno ka mon ki butu kwedgi tek-tek onyo bal mogo ma kitimo i kom mon marac makwako butu?
70.	In dong ki butu kwedi tek-tek?
70a.	Ka ki butu kwedi tek-tek ci iyac ma lubbe ki butu man?
71.	Kong itammo ni ki bineki?
72.	Dong ki buri ki too?
73.	Dong ineno lyel onyo dul kom dano ma oto?
74.	In dong iceto i dog lweny?
75.	Omero, lamerro onyo laremi dong orweny onyo ki mako ilum?
76.	Wati mo dong onongo awano malit malubbe ki lweny onyo owic?
77.	Ki diyi me kwalo onyo balo jami pa ngat mapat?
78.	Ki diyi oweko ineko lamony mo i dog lweny?
79.	Ki diyi oweko i goyo onyo itongo wait onyo laremi?
80.	Ki diyi oweko i goyo onyo itongo ngat mo ma pe wati onyo laremi?
81.	Ki diyi me neko wati onyo laremi mo?
82.	Ki diyi me neko reya/ ngat mo ma onongo pe wati onyo laremi?
83.	Ki diyi me butu ki dako onyo laco?
84.	Ki diyi me onyono lyel onyo nyaro ne iyo mo keken dano ma oto?
85.	Ki diyi me dwalo lawoti onyo wati oweko kwone oloyo cwicwi onyo kiwano?
86.	Ki diyi me dwalo ngat mo ma pe wati onyo laremi oweko kwo ne oloyo cwicwi onyo kiwano?

87. In kong ki maki? Ki maka Pe

If they were abducted, go to abduction supplement.

Lanyut:

Instructions: *Pi lapeny acelacel, timber i wacci wa ka i timo "pol kare", "cawa mukene", "kicel kicel" onyo "pe".*

		Pol Kare	**Cawa Mukene**	**Kicel Kicel**	**Pe**
120.	Imaro bedo ki luremi?				

121.	Imaro bedo ki jo ma gang?
122.	I tuku tuku, ngwec onyo iceto imyel?
123.	I winyo marac ka ngat mapat tye ki peko?
124.	In konyo jo ma otegi/otii?
125.	In imaro tic alwak?
126.	In imaro luremi ma I kwo kwedgi?
127.	In iriboo jami ki luwoti?
128.	In ikonyo lutino matino?
129.	In ileyo tammi ki luwoti?
130.	In itye ki gen i ayimi?
131.	Bulu mukene maro bedo kwedi?
132.	Lworo makki pol kare ni jo ma gangwu obito?
133.	In ibedo kekeni pol kare?
134.	In ibalo jammi pa dano ma pe meggi?
135.	I pong ki lworo ki tam madongo?
136.	In pyem matek ki dano mukene?
137.	In ilwenyo ki dano?
138.	In itamo ni pe ki mari?
139.	I tammo ni jammi weng ma itimmo rac?
140.	In wacco gobba onyo ibeddo iyoo me bwomi?
141.	In I kwalo jammi pa dano?
142.	In pe i woro lunyodoni ngat magwokki, lupwonye ki jo madongo?
143.	In imaro bedo keni loyo bedo ki joma gang onyo luremi?
144.	In ilamo dano onyo itiyo ki leb marac?
145.	In ikok ka wiyi opor pi jami maracu ma otimme angec?
146.	Itamo ni p e tye ngat mo matwero konyi?
147.	In iketo bura mo ikomjo mukene?
148.	In ibedo kekeni ka i tye ki par?
149.	In pe inino idyewor?
150.	Inongo kwo tek?
151.	Inongo arem kor ka itye ka tam matek?
152.	Inongo abar wic ka itye ka tam matek?
153.	Inongo kommi myel matek ka itye ka tam tutwal?
154.	Inongo iol matek pol kare?

155.	Inongo cawa mukene ni ideg aa malo ki kabutu wek inen nino mapat?
156.	Itye ki par mapol?
157.	Inongo cwinyi cwer ki dok nongo yom matek?
158.	I winyo tam onuri?
159.	I lworo jami mapol?
160.	I nongo i ger tutwal?
161.	I nongo goro ilubo cik?
162.	Ineno jo mukene ki akalakala?
163.	I poke Akaka ki ikom jo ma ingeti?
164.	I paro ni ibi too ma put piya idongo ma dit?
165.	Iyi wang onyo inongo ni ipe ki yom cwiny?

166. Ka cwinyi tye ka wang onyo par onuri, itimo ngo wek i bed onyo iwiny maber?

_____

_____

_____

Instructions: *Cawani amito penyi malubbe ki tammi ikom ngo ma iwok iye. Lapeny magi pirgi tek pien weko wa niang kit ma itammo kwede kombedi. Timbe igam ni "eyo" "pe tutwal" "pe"*

		Eyo	**Pe tutwal**	**Pe**
167.	I tammo ni bedo ber ka onong pe i kwo?			
168.	I tammo ni jami obi doko maber boti i kare me anyim?			
169.	I tammo ni tamo pi anyim obedo balo kare?			
170.	I bedo ki uur madit pingo jammi marac mede ameda ka kimme ikomi?			
171.	Iyi yom ni i kwo?			
172.	I tammo ni kwo piri tek?			
173.	I tammo can ma itye iye pe obi yube wa acel?			
174.	In ikok i komi kekeni pi ngo ma otimme ikomi?			
175.	I tammo ni jami ma racu timine ikommi pien in ipe ki teko me jukugi?			
176.	I tammo ni jami maracu timme ikomi pien ki ceni onyo ki lami?			
177.	I tammo ni jammi maracu timine ikomi pien obedo yub pa Lubanga /lacwec?			
178.	I tammo ni tipu onyo cen mo aye tye ka yelli?			
179.	I tammo ni lunyodoni onyo ngat magwokki aye omyero ki kok ikome pi ngo ma otimme i komi?			
180.	I tammo ni ikello peko i kom jo ma gangwu?			
181.	I tammo ni ikello peko i kin gang ma ibedo iye?			

182.	Jo ma gang wu neni calo ngat marac pi ngo ma itimmo?
183.	Jo ma ikin gang neno calo ngat marac pi ngo ma itimmo?
184.	I tammo ni jo ma gangwu mari tutwal?
185.	I tammo ni jo ma i kin gang mari tutwal?
186.	I tammo ni onongo bedo ber ka pe ikwo?

Adwogi Pa Bal Ma Otimme:

Instructions: *Ka igammo lapeny magi, por wigi ijammi maracu ma otimme ikomi calo Adwogi me lweny itung kumalo me Uganda. Timber i gwet "Eyo" onyo "Pe" lapeny acel acel.*

		Eyo	Pe
187.	I tammoni ngo ma otimme ikabedoni pe imito tammone?		
188.	I temme me rwenyo ngo ma otimme ki i adami?		
189.	I tammo ni pe ibi dongo me doko ngat ma dit?		
190.	I tye ki goro me cikko tammi i gin acel?		
191.	I tye ki par matek mogo ma bino ma pe i yubbe iye malubbe ki ngo ma otimme?		
192.	Kommi por ka i winyo dwon ma longo onyo wor matek dok lworo maki ma tek ikom kareni?		
193.	I poke piri keni ki i kom jami ma poyo wiyi ingo ma otimme?		
194.	I cako nongo onyo calo ngo ma otimme ni dok obidwogo?		
195.	I temmo ki tek pe me lok ikom ngo ma otimme?		
196.	Cal bal ma ineno nen i wangi cawa mukeken?		
197.	I winyo onyo ineno jammi ma weko i tammo ngo ma otimme angec?		
198.	Jammi ma poyo wiyi eni kelli myel kom onyo weko cwinyi gone matek?		
199.	I temme ki tek pe me tammo ngo ma otimme?		
200.	I nongo peko i nyutu jami calo mar, yom cwiny onyo kiniga?		
201.	In ikeco oyot?		
202.	Itammo ni dano ma i ngeti pe gi niang kit ma i winyo kwede?		
203.	In cawa weng ibedo atera ki wang ma twolo kadibed gin mo marac pe?		
204.	Inongo goro i par ikom ngo ma otimme?		
205.	Mitini oa woko ikom jammi ma naka yang imaro calo tuku, ngwec ki kwan?		
206.	I tammo ni paro pi anyim obedo balo kare pien in itammo ni pe ibirii ilobo?		
207.	Leweic maki pi ngo ma otimme?		
208.	In inongo peko i dye wor?		

Appendix D

Training Manual for Research Assistants

1. **Introduction to purpose and topic of research project**
   - I am a student at Wesleyan University in the United States and am studying psychology and international relations. In the US we go to four years of university, and in our fourth year we have the option of writing a big research paper called our senior thesis. I am doing my senior thesis in psychology and am carrying out the research here in northern Uganda. I am looking at the nature of trauma in northern Uganda, trying to answer two main questions:
     - What does it mean to be traumatized?
       - What are the symptoms and behaviors exhibited by someone who is traumatized?
     - What factors are important in determining how traumatized a person is?
       - Obviously the events that a person has lived through contribute to how traumatized they are, but are there other factors that also contribute? For example, this study is looking at factors such as economic situation, social support and relationships, health, and access to education.

2. **Go over the role of the research assistants- what will be expected of them, structure of the research, etc.**
   - Structure: At this point, the research project is being carried out in four camps: Unyama, Awer, Paicho, and Koch Goma. We will be interviewing 100 people in each camp between the ages of 16-23. The households have already been randomly selected using a computer program, and you will each be assigned specific households broken up by villages within the camp.
   - Payment: You will receive 1,000 Uganda shillings per interview, to be paid when all of your interviews have been completed.
   - You will carry out a minimum of 6 interviews per week, for a total of four weeks beginning the week after the training takes place. You may start during the week of the training, but the project will officially run beginning the following week. It is completely up to you to set your own schedule, as long as you do the minimum of six interviews per week.
   - At each camp, the research assistants will choose one person to be the team leader. The only requirement is that this person needs to have access to a phone. The team leader will lead a weekly meeting with the whole research team to check on everyone's progress, and then will call me afterwards to update me on all of the interviews carried out during the week. We will now decide on the leader, and on the time and location of the weekly meetings.

3. **Go over interviewer protocol**
   - Do not be judgmental: Make sure not to react to anything the participants say in a negative or offensive manner. It is important for them to feel comfortable being honest with you, and you can help create this comfort by showing that you are not going to judge them for anything they might tell you.
   - Be very supportive: We are asking about some very sensitive subjects that might be hard for some of the respondents to talk about. Do not force them to answer

anything that they do not want to answer, and make sure you show that you are really listening carefully, and are sensitive when asking the difficult questions.

- Subjects can skip any question that they would like to, so never force them to answer anything. You can probe for more information, but only if they would like to answer the question in the first place. Also, they have the right to stop the interview at any point. Don't make anyone feel bad for not wanting to answer a question. Just move on to the next question.
- There are no good or bad answers, and no right or wrong answers, so make sure the participants never felt like their answer is not adequate. We are just trying to gather information about what the person has been through abnd about their life right now.
- Make sure the participants understand that they should be completely honest. Nobody will ever know what their answers are other than the interviewer, so they can feel free to be honest, even on sensitive subjects.
- They need to understand that they will not be receiving anything for participating in this research. I am a student, and as such can not offer them anything. The data collected is only for the purposes of my studies.
- When asking for a date or length of time, get the most specific answer possible. Ask them to provide the month and year if they know it.
- The open-ended questions on the survey should be filled out in English.

4. Go over the consent form

- Consent Form: Before they can be interviewed, each person must sign a consent form. This form contains a lot of information that is very important for the participants to understand before we begin with the interview. Now we will go over this form in detail. I will go around with you to your assigned households to choose the participants and ask for their consent. This process will involve locating the household, and then finding out how many people there are living inside between the ages of 16-23. If there is more than one person within the age range in a household, we will randomly select one of them by picking a number out of a bag. We will then move forward on getting their consent. If there is nobody between the specified age range in the household, we will go to their closest neighbor and complete the process described above.
    - Before going over the form, ask the participant their age. If they are 16 or 17 years old, the form needs to be signed by a parent of guardian. You need to have them locate a parent or guardian before going on to explain the form, and then you should go over the information in the presence of this parent or guardian.
    - You will start off by introducing yourself and me, and then will explain the basic topic and purpose of the research study. This can be read directly from the consent form.
    - Next you will explain to them that since I am a student carrying out this research for my studies, we will not be able to offer them any assistance or rewards of any kind.
    - Then you will explain the structure of the interview and the types of questions they will be asked.

- You will inform them that participation in the study is voluntary, and that they may choose to skip any questions that they do not want to answer, and can choose to end the interview at any point.
- You will tell them that their answers will be private, and their names will not appear anywhere on the answer form, so they can be completely honest. The only people who will even see the data at all are me and my supervisor back in the United States.
- You will end by telling them that if they have any questions, the camp leaders will have information on how to contact me or my university.
- You will then give them time to ask questions, and then will have them sign the form (or their guardian if they are 16 or 17) if they agree to the interview.
- When you have gotten their signature, you will then discuss when you can carry out the interview. I would recommend asking them what days of the week and times of day work best for them, and choosing what will work best for both of you. Make a tentative date and time, and then stop by their place a day or two before your scheduled date to remind them of the appointment and to make sure it still works.

5. Go over interview procedure

- Before going for an interview, make sure that you have a pen, the interview questionnaire, and the interviewee's consent form with you.
- You will begin the interview by introducing yourself again and asking if they have any questions before you begin. Make sure that you are alone. If their parents or guardians are around, respectfully request that they let you carry out the interview in private if possible.
- You will then remind them of the consent form that they signed, and will bring it out to show to them. Go over it in detail again, although feel free to do this in a conversational manner, making sure to explain all of the points found in the training manual in clear language. Give them another opportunity to ask questions.
- Then you will take out the interview questionnaire and tell them it is time to begin. Before you start answering the questions, remind them of the following things:
  - Everything they say during the interview session will be kept confidential. They should be very honest about everything. There is no such thing as a good or bad, or a right or wrong answer, so they should also feel free to say whatever comes into their heads. They do not need to answer any question that they do not feel comfortable answering. In this case, they can just say that they would like to skip the question, and you will move on to the next one. Also, they can stop the interview at any point if they feel like they do not want to continue. They need to understand that they will not be receiving anything for participating in this research. I am a student, and as such can not offer them anything. The data collected is only for the purposes of my studies.

6. Do mock interview

- We are now going to carry out a mock interview in English so that I can make sure you understand exactly what I am looking for with each question. It is very

important that you understand how to ask the questions, so please mark up your copy with all of the directions I give you, and then study this in depth before you begin your first interview.

7. **Sign the research assistant agreement form**

8. **Contact Information:** Rebecca Littman- 0774636017

Research Assistant Agreement Form

I, _____, agree to be a research assistant for the project being carried out my Rebecca Littman of Wesleyan University. As such, I agree to the following guidelines:

1. I will not discuss any of the information gathered in these interviews with anybody but Rebecca Littman. I understand that everything I hear during an interview is confidential and will keep it private.

2. I understand that I will receive 1,000 Ugandan shillings per interview, and that this money will only be paid to me given the successful completion of all of my assigned interviews. I will not be paid if I fail to complete all of my interviews.

3. I agree to attend a weekly meeting in order to report on my progress.

4. I agree to carry out at least six interviews a week for a period of four weeks.

5. I agree to follow all of the research assistant protocol as laid out in the training manual to the best of my ability.

6. I understand if I do not abide by the following guidelines, Rebecca can terminate my position as a research assistant.

Print Name: _____ Date: _____

Signature: _____

Appendix E

Table 24
IES-R item correlations

	Rasch Symptoms Factors			Rasch
	Factor 1	Factor 2	Factor 3	WE Score
Do you feel that it is a waste of time to plan for the future because you do not expect to live long?	.283**	.223**	.091	.305**
Have you had troubling experiencing feelings such as love, happiness, or sadness?	.305**	.192**	.025	.261**
Have you been less interested in activities that you used to enjoy (i.e., sports, hobbies, games)?	.177**	.146**	-.045	.218**
Do you easily get irritable?	.269**	.304**	.192**	.133**
Do you have problems/difficulty sleeping at night?	.412**	.244**	.042	.280**
Do you feel that people around you do not understand how you really feel?	.135**	.052	.032	0.055
Do you stay away from situations or things that remind you of the event?	.225**	.125*	-.033	.262**
Do you worry that you may not live to become an adult?	.303**	.293**	-.002	.370**
Do you have difficulty concentrating/paying attention?	.256**	.171**	.044	.193**
Do you think about the event when you do not want to?	.080	.089	-.109*	.145**
Have you suddenly acted or felt like the event was happening again?	.303**	.126*	-.084	.267**
Do you feel guilt about what happened?	.328**	.079	.001	.234**
Do you try not to talk about the event?	.239**	.101*	-.098	.231**
Do pictures about the event suddenly pop into you head?	.368**	.156**	-.058	.292**
Do you have difficulty remembering what happened?	.364**	.172**	.082	.208**
Have you heard or seen things that make you think about what happened?	.306**	-.001	-.113*	.263**
Are you alert and watchful even when there is no need to be?	.369**	.057	-.076	.212**
Do you try not to think about the event?	.107*	-.134**	-.114*	.089
Do things that remind you about the event cause or trigger bodily reactions (beating heart, trembling)?	.376**	.071	-.072	.317**
Do you have waves of strong feelings about the event?	.395**	.063	-.018	.290**
Do you startle more easily because of loud unexpected sounds or feel more jumpy and nervous than before?	.371**	.037	-.042	.264**
Do you try to remove the event from your memory?	.113*	.047	-.188**	0.080

*p < .05. ** p < .01

Table 25
Social Support item correlations

	Rasch IES-R Score	Rasch Symptoms Factors Factor 1	Factor 2	Factor 3	Rasch WE Score
Is there someone who can give you or let you borrow money when things get very difficult?	.077	.018	.061	-.187**	.078
Is there someone who gives you guidance about where to go for assistance or about different programs or organizations in your area?	.150**	.009	.053	-.230**	.125*
Is there someone who prays with you when things are difficult?	.157**	.074	.073	-.142**	.211**
Is there someone who will listen to you talk about your thoughts and feelings?	.027	-.017	.052	-.190**	.085
Is there someone who takes you to do some activities when you need to get your mind off things?	.046	.049	.030	-.251**	.086
Is there someone who gives you advice when you need help in a difficult situation?	.061	-.006	.062	-.135**	.118*
Is there someone who jokes and plays with you when you are feeing unhappy or worried?	-.001	.018	.009	-.256**	.035
Is there someone who tries to teach you how to do some work?	-.139**	-.120*	-.088	-.134**	-.120*
Is there someone who tells you that the bad things will pass when life gets difficult?	.002	.009	.016	-.090	.059
Is there someone who has been through similar experiences as you that you talk and share experiences with?	.184**	.167**	.122*	-.217**	.239**
Is there some who tells you that you are doing things well or appreciates you?	-.023	-.059	-.084	-.154**	.015
Is there someone who gives you guidance about your future plans?	-.084	-.098	.055	-.196**	-.010
Is there someone you go to when you feel lonely or upset?	.097	.031	.032	-.236**	.158**
Is there someone who takes care of you when you are sick?	-.081	-.081	-.012	-.127*	-.113

*p < .05. ** p < .01

Table 26
Economic, health, education, community involvement, religion, and demographic item correlations

	Rasch IES-R Score	Rasch Symptoms Factors Factor 1	Factor 2	Factor 3	Rasch WE Score
How many jerry cans are owned by your household?	-.144**	-.150**	.070	-.120*	-.089
How many chairs are owned by your household?	-.145*	-.176**	-.037	-.189**	-.184**
How many bicycles are owned by your household?	-.030	-.149**	.023	-.109*	-.102*
How many mattresses are owned by your household?	-.151**	-.257**	-.003	-.161**	-.179**
How many radios are owned by your household?	-.034	-.105*	.027	-.121*	-.124*
How many cell phones are owned by your household?	-.110*	-.101*	.011	-.011	-.036
How many pairs of shoes are owned by your household?	-.120*	-.214**	-.035	-.157**	-.162**
How many pigs, goats, or sheep are owned by your household?	.070	.008	.022	-.082	-.055
How many sets of clothing are owned by your household?	-.206**	-.283**	-.092	-.087	-.104*
How many chickens, ducks, or guinea fowl are owned by your household?	-.049	-.076	.035	-.089	-.098
Have you earned any cash in the past 4 weeks?	.041	.056	.023	-.154**	.088
Do you have a steady source of income?	.085	.079	.065	-.159**	.176**
In the past four weeks, have you done any work that you did not earn cash for?	.114*	.219**	.025	-.080	.150**
Have any other members of your household brought home cash in the past 4 weeks?	.038	-.002	.017	-.037	.048
Do any members of your household have a steady source of income?	-.017	.011	.037	-061	.024
Do you have access to land for digging?	-.082	-.111*	-.002	-.132**	-.090
How many times do you usually take food in a day?	-.106*	-.126*	.111*	-.089	-.066
How many times do you usually take meat in a month?	.089	.019	.090	-.175**	.142**
How would you describe the general state of your health?	.155**	.184**	.067	.116*	.102*
Have you ever been seriously injured?	.253**	.232**	.092	-.073	.368**
Are you currently in school?	-.035	-.098	.006	.003	-.063
How many years of schooling did you have?	-.045	-.111*	.012	-.125*	.058
Have you ever received education or training in a skills training program?	.023	.025	.042	.035	.037
Can you read a newspaper?	-.188**	-.230**	-.021	-.079	-.022
Can you write a letter?	-.181**	-.216**	-.032	-076	-.006
Are you currently a member,	.021	.021	.079	-.117*	

participant, or a volunteer with any group in your community?					
Do you hold any leadership positions within this group?	.123	.064	-.040	-.111	
Do you pray often?	-.010	-.037	-.110*	-.104*	.053
Do you believe that everything happens for a reason?	.276**	.205**	.087	-.088	.277**
Do you attend church regularly?	-.029	-.036	-.055	-.128*	.036
Do you believe that your suffering in this life will be rewarded in the next life?	.122*	.136**	-.010	-.149**	.116*
Do you believe that God can help you through the hard times in your life?	-.128*	-.053	-.023	-.126*	.015
Do you believe that God has a plan for you?	-.079	.015	-.065	-.122*	.071
IDP Camp		.266**	.144**	-.083	
How long have you lived in the camp?		.059	-.002	-.048	
Is your father alive?	-.128*	-.175**	-.012	.04	-.077
Is your mother alive?	-.152**	-.150**	.020	.078	-.110*
Do you have children?	.084	.153**	-.013	-.047	.122*
Are you married?	.059	.097	.000	-.032	.093

*p < .05. ** p < .01

Table 27
Symptoms sub-scales item correlations

	Rasch IES-R Score	Rasch WE Score
Psychological/Somatic Problems		
Do you have a lot of anxiety?	.487**	.284**
Do you feel depressed?	.508**	.366**
Do you get chest pains when you are overthinking?	.492**	.386**
Do you feel sad or unhappy?	.415**	.245**
Do you find life difficult?	.393**	.311**
Do you get headaches from overthinking?	.434**	.317**
Are you afraid of too many things?	.460**	.318**
Do you feel too tired most of the time?	.370**	.243**
Do you worry that you will not live to become an adult?	.422**	.261**
Do you cry when you remember bad things from the past?	.430**	.280**
Do you have too many worries and fears?	.435**	.312**
Does your body shake uncontrollably from overthinking?	.462**	.316**
Are you in constant fear of losing your family?	.362**	.317**
Do you feel stressed and overwhelmed?	.288**	.188*
Do you feel like you just don't want to get up in the morning and face the day?	.265**	.156**
Do you keep to yourself when you are worried?	.258**	.124*
Negative/Aggressive Behaviors		
Do you threaten to hurt others?	.068	.209**
Do you lie or behave in a dishonest way?	.091	.157**
Do you get into physical fights?	.086	.171**

Do you curse or use abusive language?	.105*	.115*
Do you steal things from others?	.030	.123*
Do you feel very aggressive?	.250**	.181**
Do you destroy things that belong to others?	.133**	.244**
Do you argue a lot with other people?	.127**	.173**
Do you view others with suspicion?	.167**	.172**
Do you purposely isolate yourself from those around you?	.263**	.252**
Do you have difficulty following rules?	.243**	.201**
Do you have restless nights?	.258**	.261**
Positive Social Behaviors		
Do you enjoy spending time with friends?	.024	-.104*
Do other youth like associating with you?	.083	-.021
Do you share your feelings or ideas with your friends?	.037	-.060
Are you helpful to elders?	-.128*	-.151**
Do you have love for your peers?	.019	.001
Do you enjoy participating in community activities?	-.066	-.063
Do you share with others?	.054	-.005
Do you help younger ones?	-.052	-.042
Do you have confidence about your future?	-.030	.037
Do you feel bad for others when they have problems?	-.126*	-.121*
Do you enjoy spending time with your family?	.073	.016
Other Questions		
Do you prefer being alone rather than being with family and friends?	.209**	.105*
Do you feel lonely?	.289**	.146**
Do you feel unloved?	.127*	.145**
Do you feel like there is nobody who can help you?	.157**	.223**
Do you disobey your parents/guardians, teachers, or elders?	.094	.119*
Do you think that everything you do is wrong?	.051	.200**
Do you play games, sports, or go dancing?	.108*	-.022

*p < .05. ** p < .01

Table 28
War Experiences item correlations

	Rasch IES-R Score	Rasch Symptoms Factors		
		Factor 1	Factor 2	Factor 3
Forced to kill a family member or friend	.233**	.163**	.234**	-.029
Forced to kill an opposing soldier in battle	.197**	.145**	.191**	.038
Forced to beat or cut someone who was a family member or friend	.239**	.156**	.212**	-.077
Has been raped or sexually abused	.234**	.181**	.251**	-.052
Forced to kill a civilian who was not a family member or friend	.276**	.197**	.163**	.000
Forced to have sex with a man or a woman	.272**	.234**	.226**	-.045
Forced to step on or otherwise abuse the bodies of dead persons	.271**	.256**	.216**	-.041
Forced to beat or cut a civilian who was not a family member or friend	.243**	.207**	.246**	-.034

Has been tied or locked up as a prisoner	.049	-.042	.230**	.032
Forced to betray a family member or friend, placing them at risk of death or injury	.290**	.266**	.326**	-.077
Forced to betray someone who was not a family member or friend, placing them at risk of death or injury	.271**	.260**	.319**	-.132**
Has been attacked with a panga, machete, or other weapon	.255**	.192**	.193**	-.127*
Has participated in a battle	.203**	.151**	.204**	-.062
Forced to steal or destroy someone else's property or possessions	.270**	.217**	.165**	-.073
Has been abducted	.265**	.210**	.113*	-.028
Has received a serious physical injury in battle or during a rebel attack	.370**	.391**	.254**	-.094
Has witnessed the rape or sexual abuse of a woman	.368**	.296**	.155**	-.126*
Has been betrayed by someone they know and put at risk of death or injury	.213**	.198**	.270**	-.120*
Has received a severe beating to their body by someone	.319**	.242**	.235**	-.145**
Has witnessed a massacre	.267**	.239**	.166**	-.074
Forced to carry heavy loads or do other forced labor	.366**	.312**	.175**	-.148**
Has witnessed a house being set on fire with people inside	.279**	.263**	.077	-.153**
Has witnessed a killing	.269**	.216**	.058	-.100*
Has had someone shoot bullets at them or their home	.372**	.312**	.164**	-.139**
Has thought that they would be killed	.294**	.356**	.051	-.071
Has been threatened with death	.305**	.297**	.158**	-.113*
Has witnessed an attack by the LRA or a battle with the UPDF	.326**	.269**	.068	-.130*
Has had a family member receive a serious physical injury from combat or a landmine	.247**	.207**	.022	-.073
Has witnessed other people being beaten or tortured	.246**	.212**	.038	-.112*
Has seen dead bodies or body parts	.243**	.202**	.079	-.076
Has heard gun fire on a regular basis	.095	.118*	-.036	-.179**
Has had a family member or friend disappear or get abducted	.282**	.241**	-.065	-.024

*p < .05. ** p < .01

Table 29
Life outlook item correlations

	Rasch IES-R Score	Rasch Symptoms Factors Factor 1	Factor 2	Factor 3	Rasch WE Score
Do you think it would be better if you were not born?	.148**	.144**	.269**	.081	.205**
Do you believe that things will get better for you in the future?	-.037	.019	.105*	.196**	-.011
Do you feel like it is a waste of time to plan for the future?	.155**	.134**	.231**	.057	.200**
Do you wonder why bad things keep happening to you?	.192**	.246**	.097	.062	.131**
Are you happy to be alive?	-.032	-.001	.201**	.078	.051
Do you feel like life is worth living?	-.016	-.014	.240**	.008	-.008
Do you feel like your situation will never improve?	.159**	.205**	.149**	-.020	.212**
Do you blame yourself for the things that have happened to you?	.241**	.165**	.335**	.131**	.122*
Do you think that bad things happen to you because you are not brave enough to stop them?	.201**	.204**	.005	.055	.081
Do you think that bad things happen to you because you are cursed?	.271**	.252**	.117*	.103*	.161**
Do you think bad things happen to you because it is part of God's plan?	.155**	.142**	-.213**	.049	-.054
Do you feel like you are haunted by spirits?	.341**	.238**	.149**	.111*	.154**
Do you think your parents or guardians are to blame for the bad things that have happened to you?	.229**	.053	.132**	.080	.111**
Do you feel like you have caused trouble for your family?	.149**	.167**	.275**	.078	.199**
Do you feel like you have caused trouble for your community?	.244**	.188**	.370**	.000	.305**
Do the people in your family see you as a bad person for anything you did?	.179**	.203**	.348**	.011	.226**
Do the people in your community see you as a bad person for anything you did?	.230**	.170**	.232**	-.066	.260**
Do you feel like the people in your family like you a lot?	.017	-.090	.121*	.132**	.106*
Do you feel like the people in your community like you a lot?	-.001	.082	.150**	-.010	.012
Do you think it would be better if you were not living?	.186**	.210**	.269**	.061	.197**

*p < .05. ** p < .01

Table 30
Scale correlations

	Rasch IES-R Score	Rasch Symptoms Factors			Rasch WE Score
		Factor 1	Factor 2	Factor 3	
Rasch IES-R score	1	.616**	.276**	-.027	.528**
Rasch Factor 1 Score	.616**	1	.342**	-.071	.438**
Rasch Factor 2 Score	.276**	.342**	1	.179**	.303**
Rasch Factor 3 Score	-.027	-.071	.179**	1	-.139**
Rasch War Experiences Score	.528**	.438**	.303**	-.139**	1
Rasch Social Support Score	.078	.008	.034	-.362**	.157**

*p < .05. ** p < .01