“Peace starts with peace of mind”

Study on the intersection between post-conflict trauma & peacebuilding in northern Uganda

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List of Acronyms

CBT  Cognitive behavior therapy
CSS  Community support structures
CWWPP  Coalition for work with psychotrauma and peace
IDP  Internally displaced people
LRA  Lord’s Resistance Army
MHPSS  Mental health and psychosocial support
NET  Narrative exposure therapy
NGO  Non-government organization
PB  Peacebuilding
PTSD  Posttraumatic stress disorder
SGBV  Sexual gender-based violence
VSLA  Village savings and loan association
Executive Summary
This report presents the findings of a mixed-methods study that examined the precise relationship and intersection between post-conflict trauma, peacebuilding (PB) and economic development. These three areas are interrelated in the TPO Uganda interventions among post-conflict communities in Acholi and Lango regions in northern Uganda. The people of these regions were subjected to armed insurgency by the Lord’s Resistance Army from 1986-2007. Since the end of the conflict, communities have tried to return to some kind of “normalcy”, but individuals, families and communities are still suffering from the psychological and social consequences of the atrocities they endured. In the aftermath of this 20-year civil war, the area has experienced a worrisome rise in suicide, domestic violence, substance abuse and criminal violence. The poor economic situation has worsened the situation.

The implementation of a range of interrelated interventions by TPO Uganda is motivated by the assumption that unattended past traumas and psychological distress, stigma and discrimination, violence (such as land conflicts and gender-based violence), and economic hardship have all obstructed peaceful coexistence among communities in post-conflict northern Uganda. TPO Uganda’s objective is: “Post-conflict communities are living together in harmony and enjoying good mental health”.

The aim of this study is to deepen the understanding of the project’s achievements and limitations and link the findings with scientific research. In addition to a literature search, a quantitative survey (85 people) and qualitative individual interviews (23 people) and focus group discussions (16 groups) were performed among the people in Acholi and Lango regions who had participated in the TPO Uganda program. Three research questions were addressed:

1. To what extent do unhealed trauma and exposure to unprocessed traumatic events impede peaceful coexistence and healing?
2. Is it possible to conduct PB work among communities that have experienced post-conflict trauma without attending to these trauma needs?
3. What community approaches can be considered as promising practices for enhancing the link between post-conflict trauma and PB work?

Findings
For reconciliation and sustainable peace, material and economic aspects as well as psychosocial and mental health issues of people’s post-conflict experiences all need to be addressed. The literature indicates that healing, reconciliation and economic development are intricately interconnected and require an integrated and multi-sectoral approach due to the complex set of phenomena affecting post-conflict societies. Psychosocial interventions should be part of an integrated approach to achieve sustainable peace and economic development.

According to the studied participants, most of their war experiences did not end after they returned home. Their unaddressed traumatic experiences and related difficulties in interactions with other people caused them to turn inward and live in isolation and/or became aggressive. The result was that there were many cases of physical and psychological violence and people withdrew from positive social interaction; they were not able to live in peaceful coexistence with others in their communities.

Question 1: To what extent do unhealed trauma and exposure to unprocessed traumatic events impede peaceful coexistence and healing?

Almost everyone who was interviewed had symptoms related to posttraumatic stress disorder and/or depression, such as nightmares, uncontrolled emotions (mostly anger and anxiety), loss of appetite, hope and energy and suicidal thoughts or even attempts before they received counseling. Due to these
problems, people had difficulty interacting in a satisfactory way with other people. Their interpersonal relationships were also impeded by feelings of distrust, hate, lack of hope for a better future, fear of “the other”, loss of control and being disempowered. The people also had problematic coping behaviors, such as alcohol abuse, aggressive outbursts with physical and psychological violence, including domestic violence, and suffered from significant stigmatization. People did not know how to cope with their mental, social and economic problems and there was no unity in couples and families or communities, and therefore, no sufficient support system.

Not being able to meet their family’s daily basic needs created significant levels of stress. However, people’s ability to cope with their situation was poor. In the baseline survey (2018), 71.3% of the households interviewed showed low levels of coping. Children disobeyed because their parents could not fulfill their basic needs, but also because many children (and adults) did not know the normal social rules for Acholi and Lango people. Some youth started to misbehave, which made social reconnection even more difficult.

The findings of this study have made it clear that conflict transformation and social reconstruction are only possible if trauma symptoms are treated, coping skills are improved and psychosocial needs are addressed. Furthermore, recovering from trauma experiences only can occur in the context of relationships.

**Question 2: Is it possible to conduct PB work among communities that have experienced post-conflict trauma without attending to these trauma needs?**

The link between trauma and PB is essential because trauma undermines PB. This study demonstrates that it is only possible to achieve successful, peaceful coexistence if people’s mental health and social relationship problems and daily stressors are addressed. If people are not supported to learn how to cope with their experiences in the past and their daily stressors in the present, it is difficult to transform to living in a peaceful coexistence as it has been shown. Coming to terms with individual traumatic experiences is significantly linked to the process of reconciliation.

Traditional, religious and cultural PB approaches were weakened by the conflict in northern Uganda, and yet, traditional and religious ceremonies and rituals have had positive effects on the community reintegration of LRA returnees. Unfortunately, these approaches are unable to address trauma-related problems at an individual level. Another contribution of traditional and religious institutions is reconciliation with the spiritual world to help the spirits of the people who were killed refrain from hunting the living. Only then, are people able to feel safe to return to their families’ land.

The families’ poor economic situation was also due to not being able to work on their land, either because of mental problems or family and land conflicts, a lack of knowledge about how to farm and manage money. Furthermore, they did not trust other people due to their traumatic experiences. If these stressors are not addressed, PB will be extremely difficult, if not impossible. People did not have a good mental state and feeling of control to pick up their lives again and live amongst and reunite with other people. All of these are essential aspects for PB.

**Question 3: What community approaches can be considered promising practices for enhancing the link between post-conflict trauma and PB work?**

The respondents stated that they did not know of approaches other than the TPO program that might be helpful. For them, the three activities were interrelated—the psycho-educative treatment group, the economic empowerment group and conflict mediation by the community support structures (CSS) with PB activities.
Participating in all TPO Uganda interventions with the same group of people was essential to the success of the program. The participants have gotten to know each other well and developed empathy and a feeling of being connected, which has resulted in supporting one another. This has had a radiating effect on the family members.

The participants’ mental and interpersonal problems, and lack of healthy coping skills, have hindered peaceful coexistence and social and economic development. Therefore, the first intervention has to be the counseling group. The quantitative survey shows an overwhelmingly reduced number of mental health problems after the group counseling intervention (see page 33). Most respondents mentioned that they had no further complaints. Their coping significantly improved since initially 72.35% had had poor coping skills, but this percentage was reduced to 1% after participating in the counseling course. Feeling better and relating better to other people also meant that the counseling group members regained hope and energy to continue participating in the economic development group. The number of households that could only afford one meal a day also decreased from 37.8% to 9.4%.

Through the continued group meetings and problem sharing, (sexual) gender-based violence has reduced from 70.6% to 5.9%, as well as alcohol abuse and land conflicts. Thus, the most important drivers for conflict have diminished. Group members feel empowered. Supporting trauma healing in a group and maintaining these groups as united are essential components of beginning social healing.

CSS plays an important role in the TPO program to strengthen the role of traditional support by using consensus-based dispute resolution and improving the community’s capacity to handle conflict and harmful practices. The strong element of the CSS is that traditional leaders, local government councils and individuals are all part of the CSS. The CSS members are easy for community members to approach. Therefore, is likely that when the CSS is more well-known among community members, they will receive more cases, which could also become a burden for the CSS.

**Conclusion**

The findings show that exposure to unprocessed traumatic events impede peaceful coexistence and healing, in such a way that if these psychological problems are not addressed, it is not possible to live in peaceful coexistence. Furthermore, recovering from traumatic experiences is an essential foundation for PB. If this foundation is not established, PB activities will not generate sustainable transformation.

The TPO Uganda program aims to promote peaceful coexistence, resilience and tolerance in the affected post-conflict communities of northern Uganda, and can be considered as an example of best practices by linking MHPSS with PB and economic development while strengthening traditional support structures.
1. Introduction

The people of Acholi and Lango in northern Uganda were subjected to armed insurgency by the Lord’s Resistance Army (LRA) from 1986 through 2007. This conflict was characterized by extensive forced migration and atrocities including mass killings, deliberate and appalling physical injury to civilians, sexual violence, mass abduction, forced recruitment (including children) and plunder and destruction of property (UNHCR & OHCHR, 2011).

Since the end of the conflict, communities have tried to return to some kind of “normalcy”, but individuals, families and communities are still suffering from the psychological and social consequences of these atrocities. Examples include psychological and physical wounds, loss of family members, stigma arising from ineffective reintegration of LRA returnees, and economic hardship (Levine, 2016). Furthermore, a whole generation has suffered from little or no education. As a result, individuals and families remain quite vulnerable. In the aftermath of this 20-year civil war, the area has experienced a worrisome rise in suicide, domestic violence, substance abuse and criminal violence (Roberts et al., 2011; Liebling et al., 2012; Vinck et al., 2007). Exacerbating the situation are regular asset theft, family member illnesses and deaths, poor harvests, political corruption and land disputes.

War and conflict fragment societies and weaken the social fabric that regulates relationships and the capacity for recovery. A return to conflict happens easily in post-conflict countries where people have witnessed and experienced large-scale violence, destruction, displacement and personal loss. In the aftermath of conflict, the causes of interpersonal conflict might still exist and even become inflamed due to violence and stress. The natural ties, rules and bonds that strengthen coping and resilience between people, and within communities, are often destroyed as well. Individuals and societies have a limited ability to cope with such terribly painful experiences and resulting distrust and fear, which often trigger psychosocial trauma. Restoring the social fabric that binds and supports people is essential for those who have experienced seriously traumatic events; feeling connected to others is essential for achieving sustainable peace and development (Bubenzer & Tankink, 2017).

This report presents the findings of the study that examined the precise relationship and intersection between post-conflict trauma, peacebuilding (PB) and economic development. These three areas are interrelated in the interventions that are being implemented by TPO Uganda in Acholi and Lango regions in northern Uganda. This report is not an evaluation of the project, but rather a means to deepen the understanding of the project achievements and limitations and link the findings with scientific research and the results of other work on the same topic. The report is part of TPO Uganda’s activities for their program, “USAID’s Promoting Peaceful Coexistence and Resilience Activity in Northern Uganda”. The report begins with a literature review, followed by the study findings, discussion, conclusion and recommendations.
2. Linking mental health and psychosocial support with peacebuilding and socio-economic development—a literature review

According to Rokhideh (2017) humanitarian and PB interventions have made noteworthy contributions to the reconstruction of political and economic sectors, while less attention has been paid to the psychosocial aspects of recovery that still impact a population. Other research has uncovered a complex link between traumatic experiences and risk factors, such as substance abuse, aggression and domestic violence (De Jong, 2010; Roberts et al., 2011; Tankink & Slegh, 2017). Members of the Coalition for Work with Psychotrauma and Peace (CWWPP, 2010) tried to establish a link between peacebuilding and psychotrauma in Eastern Croatia. They concluded that to achieve sustainable peace, it is essential to address the psychosocial needs of individuals, families and communities. Conflict transformation and social reconstruction is only possible when residual psychotrauma is treated and psychosocial needs are addressed. Identity reconstruction is an essential part in this process, and the coalition members placed particular emphasis on the inclusion of youth. Listening closely to what beneficiaries are saying is essential, as is the long-term commitment of PB organizations, because these processes last for many years (e.g. Perkonigg et al., 2000). Other research findings emphasize the importance of integrating psychosocial interventions with PB and post-conflict recovery efforts (Hamber et al., 2014; Lopes Cardozo et al., 2010; Pham et al., 2004; Pham et al., 2010; Vinck et al., 2007). Some findings suggest that trauma exposure undermines readiness for reconciliation (Hester, 2016).

Trauma

Recent published research supported by the World Health Organization shows that 22.1% of people living in conflict-affected areas have depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder or schizophrenia (Charlson et al., 2019). Women are more likely to experience depression than men and this burden rises with age. Worldwide, in about 13% of the population, depression is mild, but in 9% it is moderate to severe (Charlson et al., 2019). This new finding, is even higher than previous estimates by the Global Burden of Disease Study (Charlson et al., 2016; Global Burden of Disease Study 2013 Collaborators, 2015).

Extensive research has been done on identifying traumatic reactions and PTSD in various contexts and cultures (e.g., de Jong, 2004; Kohrt et al., 2011; Marsella et al., 2008; Summerfield, 1998, 2002). The trauma idiom (Herman, 2001) helps to identify responses to traumatic experiences and develop clinical interventions (Wessells, 2007). The complexity of the notion of trauma remains problematic, because it is simultaneously a socio-political event, a psycho-physiological process, a physical and an emotional experience, and a narrative (Kirmayer, 1996). Trauma-oriented interventions can be quite useful for people who are severely affected, but the western clinical approach typically emphasizes individual emotional expression and has less intention toward social reconstruction, social integration and cultural rituals as key parts of the healing process. There is little attention to spiritual cleansing, which is important in northern Uganda. At present in post-conflict societies, the trauma idiom is dominant and guides interventions to psychologically support people to cope with their traumatic experiences (Wessells, 2007), but well intentioned practitioners who are unaware of their (western) cultural beliefs and practices run the risk of doing harm instead of helping.

Trauma as more than an intra-psychological condition is supported by research findings in which “wounded” individuals, families and communities who have not processed their responses to trauma are less likely to resist political, economic, cultural and social pressures, which, in turn, has led to further cycles of violence (see Tankink et al., 2017). “The well-established links between mental health, individual functioning, and country development underscore the imperative to prioritize mental health care in countries affected by conflict” (Charlson et al., 2019, p. 2).

To be effective, trauma and psychosocial interventions must fit the situation, but many trauma programs are stand-alone and poorly integrated with other programs that meet a population’s wider
needs (Wessells, 2007). Healing is often connected with the reactivation of normal activities and patterns of living, which gives people a sense of continuity. Economical rebuilding is also a key part of healing. Healing through talking alone will not be successful if families have no next meal or feel that they live in an insecure environment.

The central element of trauma is the loss of control. Living as internally displaced people in camps for many years, or being captured by the LRA, have resulted in significant levels of helplessness and disempowerment. Empowerment and a feeling of control are essential parts of the healing process. In collectivist societies, as in northern Uganda, empowerment is a collective process by which groups begin to take control of their circumstances and plan their future (Wessells, 2007). The transformation in peace awareness, mobilization and empowerment should not only be for a particular group, but include the entire population, even if local existing power structures are an obstacle.

Trauma healing is closely related to peace-building efforts; both are ultimately about developing or restoring healthy human relationships. Trauma healing implies the decrease of loneliness, mood improvement, a sense of inner peace, a decrease in isolation, anger and bitterness, and a decrease in feelings of fear and/or animosity and hatred toward others. This can only take place in the context of relationships. Healing cannot occur in isolation because it is necessary to heal the psychological faculties that were damaged by the trauma, and this healing can only occur in connection with other people (Gutlove & Thompson, 2004, p. 142).

Recovery is a social process. Recovery is what happens between people—“the familial, sociocultural, religious, and economic activities that make the world intelligible” (Summerfield, 2002, p. 1107). People’s mental state can block this social recovery. Mukashema and Mullet (2010) found that the ability to interact with “former opponents” on a daily basis was related to improved mental health. However, this does not mean that trauma-oriented specialized therapies are the only answer, because their cultural orientation to suffering limits the applicability of these therapies in other societies (Summerfield, 1998; Bracken, 1998). In order to prevent the medicalization of responses to trauma and stress, a psychosocial approach provides a means of thinking about distress from social, cultural and medical perspectives, and to express the ongoing circular interaction between an individual’s psychological state and his or her social environment. In other words, the psychosocial approach demands that we analyze how social conditions relate to mental health. Consequently, it demands consideration of the consequences of violence not only on individuals, but also on the social context, and how the social context influences individuals (Clancy & Hamber, 2008).

Neuroscience and trauma
Fitzduff (2016) addresses the question: What does neuroscience have to offer peacebuilders? Neuroscience provides insight into brain activities and related behavior and is becoming a promising and fast-growing interdisciplinary approach. In recent years, biopsychology, political physiology, behavioral genetics and cognitive neuroscience have shown the effects of violence on the brain. This provides increasing insight into brain processes and helps explain how these processes are related to experiences and behavior. It is likely that neuroscientific findings will also influence the fields of mental health, psychosocial support (MHPSS) and PB in the near future.

In general MHPSS therapeutic approaches and interventions are largely based on rational thought, but people’s behavior is mainly steered by emotions (Fitzduff, 2016; Burrell & Barsalou, 2015). Unconscious processes drive fear, trauma, memory, empathy, exclusion and humiliation. In other words, humans are emotional beings who only behave rationally in situations when they feel secure and validated (Burrell & Barsalou, 2015). Emotions, especially fear, are largely regulated by the amygdala, the part of the brain that also manages memories. Pitman and colleagues (2001) have shown changes in the sides of the amygdala among people who have experienced violence; these people can have a smaller (bilateral) volume of the hippocampus (memory storage decrease) and the amygdala (emotions decrease) (Jelicic & Merckelbach, 2004).
Firzduff (2016) states that we are “groupish” people, meaning that in neuroscience, it appears that human beings have biologically evolved for cooperation. Experiments have revealed that bonding within groups is essential and is helped by the hormone oxytocin (also called the love hormone). A rise in the level of oxytocin appears to provide the “glue” between people, making them demonstrably more generous, trusting and compassionate towards their neighbors.

Trauma and severe stress cause high levels of the hormone cortisol, and cortisol is released at times of maximum stress. Thus, high levels of cortisol affect memory organization leading to disrupted retrieval processes. Furthermore, cortisol levels also reduce the level of oxytocin needed for a sense of belonging and connectedness to a group. It appears that when we encounter groups of people who we consider as “others”, our brain often “switches off the empathic neurons and actively resists any emotional contact with the perceived group” (Firzduff, 2016, webpage).

People are unaware that their brains have automatic systems that influence behavior such as prejudice, stereotyping and dehumanization (Burrell & Barsalou, 2015). How we perceive “the other” or “members of the other group” is influenced by unconscious emotional processes. Although humans “have the capacity to empathize with and ‘mentalize’ (think about) the feelings and beliefs of others,...we experience our own thoughts and emotions as the most real and salient/first and foremost” (Burrell & Barsalou, 2015, p.4).

In short, for sustainable change, the emotional and rational parts of people’s brains need to be involved. If interventions and peace agreements are intentionally drafted with political and social compromise, but people do not feel that their life will become better through the peace agreement, the agreement will fall apart according to Fitzduff (2016).

Psychosocial support

Feeling connected to other people is one of the most important, but often neglected, needs of a human being (Arendt, 1998; Jackson, 2006). A community needs social healing and people need social and historical connectedness as well as economic and material support. Only then can people who have been traumatized create a new space where memories of the past can be shared and a community spirit experienced.

Violence influences and transforms interaction. Kleinman and Das invented the term “social suffering” to explain reifying the “inner world of lived values as well as the outer world of contested meanings” (Das et al., 2000, p. 5). The concept of social suffering contains a range of important social elements; “health, welfare, legal, political, moral, cultural and religious issues” that should be considered as a whole (Kapteijns & Richters, 2010, p. 13). Thus, redefining health is not only about individuals feeling better, but also about reconstructing relationships to be humanizing and based on respect, dignity and spiritual depth (Wessells, conference presentation in Bubenzer & Tankink, 2015, p. 8).

Akello (2019) has shown that this relationship reconstruction following trauma is not easy to achieve. She studied LRA returnees in Uganda who reintegrated with Acholi survivors and noticed that many survivors were engaged in acts of resistance against the presence of the LRA returnees. The resistance took the form of calling names, attributing misfortune to the presence of these LRA returnees, stigmatization and stealing. The links between experiences, memories and risk factors show that psychosocial support should not only focus on traumatic experiences and memories of the past, but also on daily stressors—the routine challenges that people face in their daily lives (Miller & Rasmussen, 2014; Miller & Rasmussen, 2010). The complex interaction between war experiences, daily stressors and mental health needs to be addressed (Miller & Rasmussen 2014) and in this case, in northern Uganda.

The complex reality in northern Uganda is that people cannot be considered as either a “victim” or a “perpetrator” as mutually defined roles (Shnabel & Nadler, 2015). In this setting, many people captured by the LRA are victims and perpetrators at the same time. Although the LRA returnees may con-
sider themselves to be victims, others might perceive them as perpetrators (Akello, 2019). Local communities’ debate if people who were abducted as young children by the LRA and subsequently forced to commit atrocities, should be considered as perpetrators. An important aspect might be that the restoration of the perceived and given identity can be achieved through self-affirmation of the community’s moral values. This might help to increase trust as an essential component of reconciliation (Shnabel & Nadler, 2015). Self-affirmation of the community’s moral values might be difficult for people who were abducted as children and have not learned to live in a family and community with moral values, such as respect for the other and dignity.

Traditional and religious approaches
Combining psychological and spiritual interventions aimed at individual and community healing is an essential part of healing (Machinga & Friedman, 2013). This is called transpersonal resilience, in which religious traditions are connected with psychology to explain the human condition in the aftermath of political violence. Park (2010) stresses the importance of religious traditional rituals for the integration of ex-combatants in their communities. By using these rituals, the acceptance of returning ex-combatants into the community is higher, thus resulting in a better (health) situation for the ex-combatants during and after their return.

The Alliance for Peacebuilding (2012) acknowledges that building resilience to trauma must take place at a personal and social level that introduces spirituality as a tool for building peace and promoting mental health. Spirituality also teaches empathy and compassion, and promotes the synergy of connecting mind and heart.

In northern Uganda, there are tradition-based methods and ceremonies for reconciliation. The Langi have “Kayo Cuk” and in Acholi is the “mato oput”. Mato oput is a ritual executed to reconcile social groups after killings. It originally dealt with homicidal issues (Allen, 2006). This ceremony promotes the integration of the LRA returnee into society and encourages people to forgive. The Acholi consider mato oput as their system for reconciliation and justice. Forgiveness is the core element in the Acholi system, since punishment increases violence according traditional leaders (Allen, 2006). The mato oput system conflicts with view of the International Crime Court, which is based on western perceptions of justice with an emphasis on punishment.

Traditional approaches to trauma in Acholi and Lango facilitate social reintegration and try to lay the foundation for the emergence of a stable and economically vital community. Although traditional approaches to trauma might be culturally more appropriate than the PTSD paradigm in many situations, they too are not without problems. Since western approaches often emphasize the individual and ignore the interpersonal connection the group, many traditional approaches often neglect the individual needs by focusing on the community.

If people are really able to forgive, this may be connected with their psychological state. Akello (2019) quoted a woman who said that she had only forgotten the atrocities done by the LRA returnees in her head, but not in her heart. Although tradition-based approaches have their own shortcomings—such as being male-dominated—they create greater contact between victim and perpetrator, and make “accountability more personal than remote courts or transitional justice processes run out of reach of ordinary citizens” (Clancy & Hamber, 2008, p. 31-32).

Peacebuilding
PB is not an activity, but rather a range of interrelated actions on all levels of a society to work on justice and sustainable social, economic and political institutions and relationships and develop effective governance (Clancy & Hamber 2008). An essential condition for PB is that trust is re-established (Sliep, 2014). Peace is more than the absence of violence (which Galtung called “negative peace” [1969]). Definitions of PB are often context-bound and can vary among non-governmental organizations (NGOs), but the consensus is that PB needs a long-term commitment to adequately consider the
underlying causes of conflict through both structural and relational transformation (Clancy & Hamber, 2008).

Traditionally, the field of PB has not regarded mental health as vital to the work, but now there is realization that mental wellbeing is an essential part of achieving sustainable peace. Fundamental to long-term peace and reconciliation are restoring trust and rebuilding intercommunal relationships between all parties and people in a society. Bloomfield (2003, p. 20) states:

*[PB] requires that each party, both the victim and the offender, gains renewed confidence in himself or herself and in each other. It also entails believing that humanity is present in every man and woman: an acknowledgement of the humanity of others is the basis of mutual trust and opens the door for the gradual arrival of a sustainable culture of nonviolence...For trust and confidence to truly develop, a post-conflict society has to put in place a minimum of functioning institutions – a non-partisan judiciary, an effective civil service and an appropriate legislative structure. It is this condition that links a reconciliation policy to the many other tasks of a transition from violent conflict to durable peace.*

Each post-conflict context is unique, therefore, the interventions to help a population restore the social and political structures of their society must be context-specific and adapted to the needs of their society. The harmful effects of conflict on people’s mental health, and high levels of poor mental health affect the ability of individuals, communities and societies to function peacefully and well in conflict and post-conflict periods. Those involved in justice and reconciliation efforts must integrate MHPSS structures into their interventions and ways of thinking, and vice versa. MHPSS workers should consider possible obstructions to PB and reconciliation and be aware of the impact of their work on the peaceful and effective functioning of the community and society. Thus, they must link their work with PB, justice, reconciliation and development (Tankink et al, 2017).

Experiencing a breakdown of trust, ongoing exclusion and stigmatization, and living with the impact of atrocities and other horrific experiences reduce mental health and challenge PB efforts. As said, healing is not entirely a matter of individual counseling and therapy, but also a process of relational improvement and social transformation. Psychosocial support is assumed to be a key component to achieve and establish sustainable peace, together with security, good governance, justice and the rule of law, and economic development (Rokhideh, 2017). In Branch (2011), respondents explained that their current problems were a result of unresolved emotional, spiritual and psychological issues. An integrated, holistic and interdisciplinary approach is more likely to be sustainable, which Galtung (1969) called “positive peace”.

Fortunately, a significant number of people are able to cope with hardship situations and do not develop psychological problems. They show resilience, which is the ability of individuals and societies to cope, adapt and “bounce back” from adverse events. “Resilience is both the capacity of individuals to navigate their way to psychological, social, cultural, and physical resources that build and sustain their wellbeing, and their individual and collective capacity to negotiate for these resources to be provided and experienced in culturally meaningful ways” (Ungar, 2012, p. 17). Therefore, resilience is an important personal and community-wide resource that can be used to prevent negative effects of opposing events. The processes and development of resilience are commended and encouraged in the MHPSS field, because healing is vital to reconciliation.

According to Korac (2006), coming to terms with individual traumatic experiences is significantly linked to the process of group reconciliation; a mutual acceptance by two or more groups after a period of conflict and that they find ways to start living together again. This does not necessarily include forgiving or loving each other, but rather “to coexist with them, to develop the degree of cooperation necessary to share our society with them, so that we all have better lives together than we had separately” (IDEA, 2003, p. 12).
Economic development

In his doctoral thesis, Kinyanda (2006) stated that psychological pain could be a result of severe economic hardship with no end in sight and reported this as one reason why people in Uganda commit suicide, and have unresolved family conflicts. In general, economic development is considered as an essential part of PB. According to respondents in a study by Rokhideh, everyone in northern Uganda is worried about needs like land and livelihood (2017).

PB, trauma and economic development are intertwined (Clancy & Hamber, 2008). Therefore, addressing trauma can only be successful if PB and economic development are addressed as well and vice versa. However, mental health professionals seldom have sufficient knowledge and influence over wider economic development and PB processes. Addressing this challenge requires new partnerships and interdisciplinary approaches.

Conflict-affected countries demonstrate the negative effects of conflict on societies. High levels of social fragmentation, as discussed above, are related to negative economic productivity trends (Vinck et al., 2007). Due to the mental and physical effects of trauma, people have no energy and difficulty planning their lives and activities. Trauma also has a negative effect on imagination and without imagination people lose hope and energy (van der Kolk, 2014).

In their study on the effect of conflict on economic performance, Serneels and Verpoorten (2013) found a relationship between violence and the economic level of rural households in Rwanda, six years after the end of the genocide. The problems they discovered are almost the same as in northern Uganda, e.g., land boundaries are not always clear because owners were killed, and the conflict has had negative effects on farmers’ skills. In northern Uganda, this might be the case because of the long conflict period and due to displacement, people are not taught how to raise crops and cattle. The economic aid offered in Rwanda did not achieve economic recovery as expected, since most areas are still struggling economically. The authors conclude that a more tailor-made approach to economic recovery is needed.

According to Wessells (2008), development and psychosocial recovery are richly interwoven in post-conflict areas. Post-conflict situations create significant levels of stress because people do not have the ability to meet their basic needs and establish a livelihood, or a meaningful place and role in society. “Furthermore, development is inherently a collective process that offers an opportunity to mobilize disparate groups for the achievement of common goals such as access to basic necessities, clean air and water, and opportunities for the future” (Wessells, 2008, p. 23). Psychosocial well-being and economic development are intertwined. If people are able to work on development, they simultaneously improve their psychosocial well-being, which gives them a level of control and creates a positive effect on the social fabric. PB is an essential part of economic development. In an insecure environment with conflict and circles of violence, development and psychosocial wellbeing cannot exist. In a post-conflict society, “mutually reinforcing spirals of psychosocial well-being, peace, and development” should be central (Wessells, 2008, p. 24).

As mentioned, traumatic experiences create a sense of loss of control, and regaining control, even in small ways, is a key element in healing (Hobfoll et al., 2007). In collectivist societies, empowerment can be considered as a collective process by which groups begin to pick up their activities and create hope for a future. According to Christensen and Edward (2015), a key variable for regaining a healthy society is an integrated approach that includes food security, education, economic programs and community perceived ownership. Fortunately, this is increasingly being recognized: the adoption of WHO’s Comprehensive Mental Health Action Plan 2013–2020, and explicit inclusion of mental health in the Sustainable Development Goals (Patel et al., 2016), allows for more attention on mental health in global development discourse.
Children and youth

Children who experience violence run the risk of a disturbing effect on their brain development (Perry, 2003). Teicher (2002; 2000) discovered significant brain-wave abnormalities in 72 percent of people with a history of early trauma, which can also create sudden emotional behavior such as anger, fear or sadness (see also Van der Kolk, 2014).

Ardila-Rey and colleagues (2009) did research on how violence influences the way in which children in Colombia resolve conflict and disagreements. The pervasive violence in Colombia has negatively affected children’s moral development. Extremely stressful conditions influence how children evaluate moral transgressions and how they view provocation and retaliation. The other novel and more encouraging finding was that almost all children, displaced or non-displaced, considered reconciliation possible.

In a German research study on the radicalization of youth in various countries, it became clear that if youth have no job prospects and are excluded from participation in social and economic development processes, there is a risk of radicalization. Therefore, attention to youth should not be only on the psychosocial level, but also on an economic level (Paffenholz & Brede, 2004). McGill and colleagues found that involving children and youth in PB activities contributes to the reduction of multiple forms of violence (2015).

Another aspect of children and youth in regard to violence is the intergenerational transmission of violence and trauma. Richters (2015) and Creary and Byrne (2014) state that the transmission of trauma and its impact on the identity construction of the next generation are vital elements in the process of sustainable peace. Communities who have not recovered or reconciled or are marginalized and victimized tend to stick to (often negative) narratives transferred from one generation to the other. Hirsch (2001) discusses the relationships that children of survivors of collective trauma have with their parents’ traumatic experiences. These “post memory experiences”, as Hirsch calls them, are experiences that the younger generation “remembers” from the images and stories they heard and saw growing up, “but that are so powerful, so monumental, as to constitute memories in their own right” (Hirsch 2001, p. 16).

The trauma experienced by parents or grandparents gives a shared identity that hinders sustainable peace. Thus, in developing PB and MHPSS interventions, it is important to be aware of past traumatic events and narratives and be sensitive to how these affect the second and third generation when attempting to secure long-term well-being and peace in the community in which they exist.

Gender

Although much is written on gender in relation to MHPSS or PB, most literature on gender addresses women, their social position and violence against them. Only recently, has more attention been given to interactions between men and women in relation to equality, power and violence.

Conflict often changes women’s roles and positions (Pankhurst, 2003). In some situations, women have to take over a male role because the men are absent. By doing this, women have to ignore cultural restrictions and live their lives in another way. PB strategies normally do not directly address this tension between commonly accepted gender roles and the major differences and divisions caused by women assuming male responsibilities. Women who have taken on male responsibilities are often expected to return to their old traditional roles when the men return, which can influence the women’s wellbeing.

Denying women’s agency is also a potential outcome of the crude deployment of a “gender” concept in policy, where all women are presumed to act in the same way and are powerless to do otherwise. Highlighting the difficulties that women face as a group easily results into seeing them as all as innocent victims and does not allow for the great variety of role as actors that women actually embrace. Clearly there is a need for more analysis here to allow refinement of
concepts of femininities – of what it means to be a woman in different contexts – and consideration of how they might lead to different types of peacebuilding policies (Pankhurst 2003, p. 19).

Pankhurst states that working with men who are peace activists, community workers, parents and caretakers is seen as a useful PB tool, but is rarely acted upon.

In the attention given to gender-based violence, people tend to focus on female, but, Carpente (2006) argues, men also experience gender-based violence (including sexual violence, forced conscription, and sex-selective massacre) and this must be recognized as well. Research in the eastern DRC (Tankink & Slegh, 2017; Slegh et al., 2014; Slegh et al., 2015), showed that in a deeply patriarchal society with a high degree of gender inequality, exposure to conflict and conflict-related stress were key drivers of men’s use of domestic violence. By analyzing men’s responses to stress and trauma, the researchers found that psychological coping mechanisms are gendered.

Constructions of male identity are associated with social expectations of manhood, and the impact of trauma directly affects male identity. Consequently, strategies for coping with loss and trauma are gendered, meaning that men tend to cope with stress by seeking to repair their sense of emasculation by hiding their vulnerability and victimization. When they do not meet expectations of strength and control, men feel ashamed before their male peers and family, and fear exclusion from their social support systems. Men often reported coping with their frustration, vulnerability, and powerlessness (including financial, or in response to a partner’s rape) through alcohol use, sexual promiscuity, physical violence, or the rejection of their partners who have been raped. From a psychological perspective, men (and women) employ coping strategies to survive stress and difficult circumstances and, clearly, these coping strategies are strongly influenced by culture, gender norms and gendered power relations (Tankink & Slegh, 2017; Slegh et al., 2014; Slegh et al., 2015).

As Pankhurst (2003, p. 21) states: “at its simplest, a gender-aware approach requires the question ‘Does this policy affect women and men differently?’” Gender analyses take into account perspectives and behaviors of women and men, boys and girls, and are corrective for gender-bias in either direction (Mckay, 2004).

Community-based approaches

According to Gutlove and Thompson (2007), the complexity of rebuilding a society after war requires an approach that incorporates political and structural rebuilding of institutions and political processes, as well as psychological healing, empowerment of the community members and social reconstruction. This approach should include counseling for trauma, psychosocial support and conflict management. According to Sveaass and Castillo (2000), cultural and local knowledge are considered to be key elements of community-based approaches, since they build on and reactivate existing traditions and support systems.

An important element of psychosocial and community-based approaches is the multidimensional and multi-layered approach to healing and social transformation. The emphasis is on the individual and the collective traumatic experiences of the population and the connection of trauma counseling with community healing. Due to the holistic, ecological characteristics of these approaches, it is difficult to categorize them as representing a specific model. But it is possible to distill relevant aspects of community-based frameworks. First, it is important to address social relations in the web of human relationships (Richters et al., 2010). Repairing these relationships through individual healing and reconciliation is essential for overcoming the negative effects of war. Second, justice is considered as a combination of the therapeutic, intrapersonal paradigm that focuses on a person’s emotional well-being within the public domain, and is based on the premise that emotional security changes personal relationships and cultural patterns, both of which are essential for social justice and reconciliation (Pupavac, 2004). Storytelling and truth-telling can be a psychological approach that gives individuals and communities the opportunity to talk about their experiences and to understand their responses to violence (Lykes
et al., 2003). Third, the community-based approaches emphasize the importance of including social, psychological and cultural understandings and processes in peace work (Staub et al., 2005). According to Pearlman (2013), there should be an awareness of the wide range of normal consequences of violence, such as psychological, behavioral, somatic and spiritual responses.

In a survey among MHPSS and PB organizations around the world, 75 respondents participated, representing 62 organizations (Bubenzer et al., 2017). A total of 92% of the organizations agreed that interventions aimed at building sustainable peace would benefit from an approach that connects PB and MHPSS, but in practice this has only been done in a piecemeal fashion. In the same mapping study, it became clear that the “practice, research and other interventions are still dominated by monodisciplinary rather than interdisciplinary approaches”. Another respondent wrote that programming is often guided by donor agendas: “Often work goes to where donors provide support. Few donors have acknowledged the relevance of combining the two fields” (Bubenzer et al., 2017, p. 5).

Concluding remarks
Healing, reconciliation and economic development are intricately interconnected and require an integrated and multi-sectoral approach due to the complex set of phenomena affecting post-conflict societies (see also Tankink et al., 2017; Bubenzer et al., 2017). For reconciliation and sustainable peace, both the material and economic aspects, as well as the psychosocial and mental health dimensions of people’s post-conflict experiences, need to be addressed. In other words, “psychosocial services should, therefore, be seen as an integral part of a holistic approach to peacebuilding that addresses individual psychological and community relational needs in addition to physical needs” (Lambourne & Gitau, 2013, p. 24). The ways in which MHPSS interventions are implemented can shape the post-conflict recovery process by affecting the capacity and willingness of individuals and communities to participate in reconciliation efforts and economic development efforts.
3. Multisectoral approach by TPO Uganda: Peacebuilding, trauma healing and psychosocial support and economic empowerment

In this chapter, a short description will be given of the project TPO Uganda has implemented and entitled: “USAID’s promoting peaceful coexistence and resilience activity in northern Uganda”. This overview is relevant for understanding the findings of this study.

In the period from November 2017 through 2019, TPO Uganda has implemented a range of interrelated interventions to promote conflict mitigation and create a reconciliation program for northern Uganda. The underlying premise is that unattended past traumas and psychological distress, stigma and discrimination, domestic as well as gender-based violence, all hinder peaceful coexistence among communities living in post-conflict northern Uganda. Another hindering factor targeted by this program is the lingering disharmony within communities, including inequitable access to land, which is resulting in land disputes and economic hardship.

To accomplish peaceful coexistence, TPO Uganda uses a community-oriented model, comprised of two layered components:

- Empower formal and informal (traditional) support structures. This approach enables support structures to play a stronger role in eliminating all forms of violence, especially gender-based violence, and helps to build a culture of peace and tolerance among communities. TPO staff support for leadership structures, allows TPO to assume a “watchdog” role and thus monitor and report potential trigger points while acquiring the capacity to amicably respond and attend to disputes.
- Support the trauma healing and psychosocial needs of families that have not healed before the families are enrolled in economic empowerment groups. The groups are epicenter of all activities. Depending on the level of vulnerability, beneficiaries in the groups are enrolled in psycho-educative treatment groups. The treatment includes elements of cognitive behavioral therapy and narrative therapy with a focus on PTSD, depression and general stress coping skills. Groups serve as platforms for community discussions on topical issues, while identifying potential trigger points and planning the most appropriate courses of action to undertake.

This approach is informed by TPO Uganda’s theory of change, which is built on the hypothesis that if households are supported to overcome past traumas and psychosocial distress through psycho-educative (groups) counseling, and traditional support structures are rejuvenated to mediate/resolve disputes peacefully and communities are sensitized to experience peaceful co-existence and tolerance for common sexual gender-based violence (SGBV) drivers, then communities will regain their agency, enjoy better social functioning and be able to peacefully coexist, exercise tolerance and live in harmony.

Project aims and objectives

The TPO Uganda project goal is: ‘Post-conflict communities are living together in harmony and enjoying good mental health’. The project has three main objectives:

1. To promote a culture of peaceful coexistence and tolerance through regular community-based communication platforms, reaching 5000 households annually in six sub-counties, to build positive relations among warring households and communities by the end of the project period.
2. To improve the social functioning of 7200 conflict-affected households in six sub-counties through the provision of psychological care, trauma support and socioeconomic empowerment by the end of the project period.

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1 The information in this section is partially copied from project-related documents, see under references.
3. To strengthen the role of traditional support structures in six sub-counties through the use of
consensus-based dispute resolution and improving the community’s capacity to manage driv-
ers of all forms of violence and harmful practices by the end of the project period.

The key project result areas:

1. Improved social functioning of conflict-affected families
   1.1 Improved household psychosocial wellbeing
   1.2 Improved livelihood for selected households
2. Strengthened mechanisms for dispute resolution
   2.1 Strengthened capacities of cultural/traditional institutions to apply consensus-based dis-
   pute resolution
3. Improved awareness of peaceful coexistence and tolerance
   3.1 Strengthened communication platforms/initiatives that promote positive relations
   3.2 Improved peace messages

Project beneficiaries are expected to simultaneously benefit from all three core interventions: 1) PB,
2) trauma recovering and psychosocial support, and 3) economic empowerment.

The activity has targeted 14,400 households and families (in both Lango and Acholi regions) and is
being implemented in six sub-counties with 2,400 households targeted in each sub-county. Each
household receives an integrated package of services including psychoeducation on PB and resilience
activities, trauma healing and household economic strengthening to ensure that each beneficiary ben-
efits from the program.

Possible participants for the group counseling were identified by the local counsellor and/or village
health team. In addition, screening tools included WHO self-reporting questionnaire-20 (SRQ20), the
Patient Healthcare Questionnaire for Depression (PHQ9) and the Posttraumatic Checklist for DSM-5
Instructions (PCL5) to identify trauma symptoms.

Preliminary project findings

The preliminary findings under this heading are extracted from the TPO Uganda annual report (October
2018). The project started with a baseline study in 2017 using mixed methods (quantitative and quali-
tative). The baseline study covered the three themes: PB, trauma healing and economic empower-
ment. The key findings were:

1. Land issues were a major problem. The existing formal and informal support structures lacked
   the financial support and skills to solve these problems, in addition to a general lack of confi-
   dence in the independency and objectivity of these structures.

2. There was a growing transition for pastoral livelihood to crop-based livelihoods and slightly
   more women than men (50%:42.7%) were the main income contributors.

3. Many respondents suffered from mental health problems, stress-related disorders, anxiety,
   PTSD or depression. Almost 68% of the women had symptoms of depression compared to 31%
   of the men. In the TPO situation analysis conducted in 2015, 77.2% of the women had had
   depression and anxiety disorders. The key elements of mental health problems were stigma
   and discrimination, poor community relations and economic hardship (e.g., limited access to
   essential services, basic infrastructure, jobs, produce markets and almost no penetration into
   the financial sector).

4. More than half of the households reported alcohol and/or drug use and almost 40% in a prob-
   lematic way.
5. Almost 30% of the respondents knew at least one person who had experienced gender-based violence in the household. This low percentage might be a result of underreporting since it is known from other research that people do not easily reveal domestic issues or violence.

6. There were links between PB, mental health, socio-economic hardship, stigma and discrimination, substance abuse, and domestic violence. Taken together, this situation leads to disharmony in the society.

7. Approaches to cope with conflict differed, but the majority sought support from clan leaders. Unfortunately, resources were limited (financial and personal), and there was a lack of cooperation among structures that could help. Also, traditional gender norms dominated the availability of support. In cases of mental health problems, people faced stigma, fear and accusations of being bewitched.

TPO Uganda’s program with a multi-level, holistic approach, is based on the findings in the baseline study (2017) and the TPO Situation Analysis, 2015.

In the baseline study, heads of households were interviewed, which provided a good general overview, but no clear picture of specific groups, such as youth, people reintegrated after being captured by the LRA, and LRA ex-combatants.

After the first intervention year, end of 2018, the TPO Uganda annual report described the following progress and findings. It is noteworthy that in this first year, the report makes it clear that the program needed start-up time and therefore, in general, the output was lower than expected. Still, after one year, the targeted households and individuals showed an improved interaction with their environment and an increased ability to fulfil social roles (in work, social activities and relationships). The following progress was reported:

- The opening new spaces have increased social interactions among conflict communities, resulting in improved relations, psychosocial support and trauma healing.
- Trauma and depression were addressed through psycho-educative group counseling, which also resulted in improved social relations and a higher level of social functioning and productive activities. This has improved household psychosocial wellbeing.
- Communities reported increased social relations among households and community members due to the harmony created through the mediation of land disputes. Traditional community support structures were rejuvenated, and communities engaged in declarations of the abandonment of conflict drivers.
- Platforms were established whereby communities, with the support of trained informal community support structures, identified conflict drivers in their community and developed reconciliation and concrete plans of actions to address them. This has resulted in a synergy of shared learning and collective coming together to discuss common problems in the community. This activity links to the Performance Management Plan since as community traditional structures are rejuvenated, they are better able to support the mitigation of conflicts that address developmental challenges.

A review of the program result areas, revealed the following progress in the annual report:

1. **Improved social functioning of conflict-affected families**
   People reported better social relationships and interaction with community members with more attention to community development
   1.1 **Improved household psychosocial wellbeing**
       1644 individuals went through structured group counseling, and the scores on their psychosocial wellbeing have improved, as well as their family relations and daily task performance.
   1.2 **Improved livelihoods for selected households**
80 groups of 15 individuals who underwent the structured group counseling, benefited from planned economic strengthening activities.

2 **Strengthened mechanisms for dispute resolution**

24 existing community structures were mapped, and key stakeholders trained at the grassroots level and have supported their community members to restore social harmony. As a result of the involvement of both formal and informal community support structures, there is a synergy of shared learning and collective coming together to discuss common problems in the community.

2.1 **Strengthened capacities of cultural/traditional institutions to apply consensus-based dispute resolutions**

Rejuvenated 24 community support structures (CSS). Mentored and empowered the CSS to play a frontline role in peace promotion and reconciliation. As a result, peace structures have been supported to mediate 516 disputes regarding land and gender-based violence.

3 **Improved awareness of peaceful coexistence and tolerance**

This result focuses on strengthening communities to work together to discuss dispute resolution strategies within their communities. As a result of improved awareness, 7,738 people have reported improved peaceful relationships with others.

3.1 **Strengthened communication platforms/initiatives that promote positive relations**

6,217 community members were reached with focused prevention of common conflict drivers of sexual gender-based violence (SGBV), land disputes, substance abuse, stigma and discrimination messages. Platforms such as awareness campaigns, community dialogues, declarations, dispute resolution sessions, clinical outreach, interactive learning sessions and quarterly review meetings brought various communities and leaders together. Review meetings updated stakeholders on key activity milestones reached, which helped to consolidate relationships and renew partnerships with sub-county and district officials. Stakeholders were also empowered with skills and knowledge on conflict-sensitivity approaches, stages of conflict sensitivity, conflict analysis and how to conduct a conflict analysis. These activities were aimed at mainstreaming conflict sensitivity into the stakeholders’ work.

3.2 **Improve peace messages**

Peace messages were directly developed by the community members during psychoeducation, community declarations and awareness sessions. Integration of trauma into social support activities, such as dialogues, is contributing to strengthening resilience and improving social support networks.

One key challenge is the inadequate treatment for individuals who require specialized mental health services due to a lack of drugs.

Local council leaders and stakeholders are involved in the project and some have participated in the program themselves.

The preliminary finding is that it appears that people who have received group counseling tend to cope better than those who have not and are able to build resilience. The salient point is that women tend to cope faster than me after the therapeutic intervention. The multiple problems communities face and ongoing land disputes are a challenge for the program.
4. Research Aims, Objectives and Methodology

The objective of the assessment is to document the precise relationship and intersection between post-conflict trauma and PB interventions implemented by TPO Uganda among post-conflict communities in northern Uganda.

This assessment has broadly investigated and inquired into linkages and the intersection between PB work and trauma healing. Secondary data sources have been used to critically review the primary data.

Assessment objective

As described above, the aim of this study was to gain insight into the precise relationship and intersection between post-conflict trauma and PB interventions implemented by TPO Uganda among post-conflict communities in northern Uganda.

The research questions

1. To what extent do unhealed trauma and exposure to unprocessed traumatic events impede peaceful coexistence and healing?
2. Is it possible to conduct PB work among communities that have experienced post-conflict trauma without attending to these trauma needs?
3. What community approaches can be considered promising practice for enhancing the link between post-conflict trauma and PB work?

Sub-questions

Ad research question 1.

To address research question 1., it is important to retrospectively examine the lives of the respondents with the respondents themselves. The conflict with the LRA ended in 2007. The current TPO Uganda program started in 2017. It is essential so see what happened in the 10 years in between and how the respondents coped with that situation.

Sub-questions

- How has the conflict affected your emotional state and your connection to family and community members?
- How did the person’s emotional state and connection to family and community members relate to the social and economic impact on a family level, changes in family roles and responsibilities, and relationships within the community and extended family networks?
- How did people cope with the difficulties they faced in their personal lives and in their communities?
- How did people talk about the past conflict, the causes of conflict and the roles of others who were involved in one way or another?
- What was the effect of the person’s behavior on others?

Ad research question 2.

In addition to a literature review, research question 2. was related to the interventions of various organizations that have addressed PB in the areas of research. Thus, the sub-questions focused on PB interventions and their effects.

- What type of peacebuilding activities were implemented in the last 10 years and what were the effects of the interventions and activities?
- How were the local people and the traditional, religious and cultural institutions involved, and what were the effects?
- Was there special attention given to all community members? What were the effects?
Were emotional and psychological effects on individuals and communities recognized? In what way, and how were these effects addressed?

Is it possible to reconcile when suffering from traumatic experiences?

Ad research question 3.

This final research question, 3., is related to the theory of change and TPO Uganda interventions. An important aspect of this question is to find answers about whether or not current activities have improved the social functioning, psychosocial wellbeing and livelihood of conflict-affected families. Furthermore, attention was given to the effect of the strengthening of the capacities of cultural/traditional institutions to apply consensus-based dispute resolutions and how this affected the individuals and communities’ capacity for dispute resolution and peaceful coexistence and tolerance.

Which elements in the TPO Uganda program helped and in what way?

Were there other programs that were effective, or could have been effective?

What was the effect of the rejuvenated traditional support structures to mediate/resolve disputes peacefully on individuals and communities?

What was the effect of activities on the level of tolerance, acceptance and reconnection in the community?

What other approaches/strategies could be supportive and change the society to live in harmony?

Methodology

Data collection instruments

To obtain, in addition to a literature review, the necessary information, a mixed method of qualitative and quantitative methods was used. For the quantitative part of the data collection, the baseline questionnaire was adapted. The qualitative part included individual in-depth interviews, focus group discussions (FGDs) and observation of the social workers. Researchers recorded the interviews (with permission) and made detailed descriptions of all collected information.

Sampling strategy

The study sample included: Gulu, Lira, Kitgum districts and the sub-counties of Awach, Lakwana, Agweng, Ogur, Mucwini and Namokora. Interviews were conducted with individuals and FGDs with people who had at least participated in the counseling group. During the program, groups were organized of 15 individuals, and underwent psycho-educational treatment in groups and economic empowerment groups or other activities. The research focused on this group of people, since they could best describe the differences in their lives before and after participating in the psycho-educative treatment group.

The quantitative questionnaire was completed by 85 people randomly selected among the those who had participated in the intervention, at least in the psycho-educative treatment group.

In total, 23 individual in-depth interviews were conducted and included people from in all six sub-counties; 10 males and 13 females. The 16 FGDs (each with 8 participants) were conducted with 8 female adult groups, 6 male groups and 2 mixed young adult groups. The FGDs were also conducted with people from all six sub-counties.

In total, 85 people participated in the quantitative survey and 152 people in the FGDs or individual interviews.
<table>
<thead>
<tr>
<th>County, sub-county</th>
<th>Individual interviews</th>
<th>FGDs</th>
</tr>
</thead>
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<tr>
<td>Gulu, Lakwana</td>
<td>3 males</td>
<td>1 male elderly 2 female adults</td>
</tr>
<tr>
<td>Gulu, Awach</td>
<td>5 females</td>
<td>1 male adults 1 female adults 1 mixed young adults</td>
</tr>
<tr>
<td>Kitgum, Mucwini</td>
<td>2 females 2 males</td>
<td>2 female adults 1 male adults</td>
</tr>
<tr>
<td>Kitgum, Namokora</td>
<td>1 female 1 male</td>
<td>1 male adults 1 female adults 1 mixed young adults</td>
</tr>
<tr>
<td>Lira, Ogur</td>
<td>2 males 3 females</td>
<td>1 female young adults 1 male young adults</td>
</tr>
<tr>
<td>Lira, Agweng</td>
<td>2 males 2 females</td>
<td>1 female adults 1 male young adults</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

**Research team**

The research team consisted of six social workers and one M&E officer, with support from the technical advisors and the consultant. Before the research began, a 2-day workshop was conducted and led by the consultant with participation by the TPO Uganda social workers, M&E officers and technical advisors. The aim of this meeting was to:

- Achieve a shared understanding regarding the aim, tools and assessment approach
- Discuss the specific indicators, research questions, sampling strategy and process
- Harmonize the questions and terminologies into local languages
- Finalize a realistic plan for data collection
- Discuss interviewing and communication skills
- Agree on ethical principles, confidentiality and informed consent
- Achieve consensus on the manner of note taking, interview transcription and communication with the consultant
- Conduct a trial interview as a pilot, discuss the findings and, if needed, adapt the plan to the findings

**Data analyzing and report writing**

Data analysis was performed by the consultant by using a qualitative data computer-analysis program, Atlas-ti. The TPO Uganda M&E officer, together with the consultant, analyzed the quantitative data using the SPSS computer program.

**Ethical Considerations**

Ethics was an integral part of the research. We ensured that:

- Informed consent was obtained from participants;
- The voluntary nature of participation was clearly understood by participants;
- The privacy and confidentiality of each respondent was protected.
5. Findings

The findings of the individual interviews, FGDs and quantitative survey are presented below in order by research question.

Research question 1: To what extent does unhealed trauma and exposure to unprocessed traumatic events impede peaceful coexistence and healing?

In order to address this research question, together with the respondents we retrospectively reviewed their lives. The conflict with the LRA stopped in 2007 and the current TPO Uganda program started in 2017. After the conflict had stopped, the internally displaced persons (IDP) and most of those captured by the LRA returned home, although some people are still missing today. Many children became orphans and several people became disabled (the LRA cut off their legs, hands, ears or lips), or had physical problems due to carrying heavy loads, hardship and stress.

For many people, resettling in their original homestead was extremely difficult because they had to return to a place where they had experienced horrific events and people continued to live in fear even though the LRA was no longer active. Certain places, including farmland where mass killings had taken place, were avoided for a long time because people were afraid of the roaming spirits of the dead. The conflict had created fear and hatred that people took with them when they returned and new problems arose. Some people were only welcomed by the sounds of birds upon their return; their houses had been destroyed, and their land turned into bush.

We had to start everything from the scratch, really life was hell. We faced new forms of conflicts over land boundaries, and due to anger outbursts, physical violence, and domestic violence that emerged, and which is common up to today. (Previously IDP male in Ogur)

All interviewees had been deeply affected by the LRA conflict, mentally, socially and economically, whether or not they had been abducted, stayed in IDP camps or in their home areas. There was little food, no income, alcohol abuse, many cases of sexual violence, increasing HIV infections, significant fear and loss of dear ones and property. In the camps, people were completely dependent on the (food) support of the (international) organizations and were not safe. The LRA conducted many massacres in northern Uganda by attacking the camps and burning people alive in their huts. This gave people a deep feeling of having lost the control over their lives.

The psychological impact of the LRA conflict on the individual, family and community

The psychological impact of the LRA conflict on the people was high. Everyone was affected because they were victimized; family members had been killed or captured by the LRA, they had to stay in IDP camps for years, their children had to sleep in cities to avoid capture which further destroyed family life and made parenting difficult, or people were captured by the LRA and were (sexually) abused and forced to do and/or witness devastating actions.

After I returned home, I was too emotional, disconnected from people, not fully concentrating when I was with other people. I couldn’t even follow what people were discussing and people kept mistaking me to be a bad person. I used to cry a lot even when my own children did wrong things, I would cry for anything annoying, I would cry most of the times, I even failed to eat food. I was so vulgar and abusive in my words, my relationship with other family members was not good. I was very rude insulting them and crying as a result they feared me, rarely did they come to discuss with me, and even work in the family was not going on well. At the community level, I used to stay alone, was isolated. I was not freely associating with people and people used to fear me and branded me as a bad person…. I witnessed inhuman beatings, brutal killings of fellow human beings, looting and destruction of properties mercilessly. This affected me so much emotionally, even at home when I returned, I could beat my children extremely…. I lost the good hearted feelings for human beings; I started looking at people as an object which must be killed
All people interviewed stated that they suffered from mental problems, such as nightmares, feelings of being depressed, thoughts about committing suicide, no appetite, aggressive outbursts and violent behavior, alcohol abuse, or no energy. On top of this, they had lost hope and felt disconnected from relatives, friends and other people in the community.

*The LRA war created very high level of fear, anger, loss of hope and worthlessness in me. I lost social connection to my relatives, friends and even the community members.... In the family there was very high level of violence characterized by angry outburst, insults, quarrels and at times physical fights between me and my wife. There was accusation and counter accusation on who should provide for the family.* (Previously IDP male in Mucwini)

People were disunited, full of hatred, anxiety and mistrust and isolated themselves. People felt very stressed and short-tempered. This mix of psychological and interpersonal problems created many conflicts in intimate relationships, among relatives and in communities. LRA returnees isolated themselves because they were stigmatized or did not know how to come to terms with their trauma and identity problems and their position in the community.

*In the bush, you [a person] can be surprised to see people who looked to be very good friends turning against the other and killing him. That made me to fear anybody including my very close relatives when I returned from the captivity. I did not want people to come and see me as I also didn’t go to visit relatives. I had lost trust in people completely.* (Female LRA returnee in Mucwini)

The level of domestic violence and sexual gender-based violence (SGBV) increased dramatically, due to mental problems, stress and the hard-living conditions. There was no unity among the people, and some people mentioned that criminal offences like rape and defilement became rampant and being drunk became a way of life. Land wrangles and aggression between parents and children started began to appear. This was a huge obstacle for social reconnection within families and within communities.

*My challenging behavior has affected health and wellbeing of my family members because I experienced aggressive outburst for long and didn’t know how to cope with it .... My problems made me beat my children and sometimes injure them. I withdrew socially from the family and friends which gave me feelings of isolation and depression including suicidal thoughts that disturbed me a lot.* (Previously IDP male in Ogur)

The conflict also affected marriages in another way. For most women who returned from LRA captivity, it was difficult to get married since they were considered to be murderers. And if they managed to find a partner, it was very difficult for those women to have a stable relationship. On the one hand, their traumas and aggressive behavior made their male partners fearful, but also because the women were stigmatized.

Many people have developed mental disorders as a result of the conflict. These mental problems exacerbated social problems, because it was said that the people with mental disorders were attacked by the spirits of the people who were killed during the war. This explanation affected mostly the women and young girls, who were then stigmatized.

**Children and youth**

*To me the conflict affected children and youth more than any other category of community members. The effects of the conflict can still be evidently seen on the youth up to today. For example...many of them were abducted and conscripted into rebel ranks, about 90% of the LRA rebels were children; many children and the youth were killed, and there was very high spread of HIV/AIDS among the youth while living in the camp. Their education was interrupted, and they*
never got an opportunity to learn and adopt the cultural values that used to hold Acholi as a people. No wonder that most of them are drug abusers, and above all perpetual beggars. The youth developed a culture of violence, which is being manifested today in terms of rampant violence and land wrangles. (Previously IDP Male in Mucwini)

Many children whose parents died while in the camps, didn’t receive sufficient support. Several young people have lost hope for education and have difficulty socializing with other members of the community. Also, many of them have started drinking heavily or showing aggressive behavior as a way of managing their frustration caused by the conflict.

A fair number of children have mental problems and their parents have not been able to support them. The LRA returnees were not socially brought up in their parents’ families and many were unfamiliar with the social and uniting traditional culture, rules, games and dances. Several people have complained about the behavior of most of the youth; “they have become disrespectful and perpetually dependent on the families.”

Parents have had difficulty performing their parenting roles, on the one hand, because of their personal mental problems, lack of money, food and support from relatives for parenting. On the other hand, parents have struggled with their children because they behave in a disrespectful manner, are lazy in the eyes of their parents and have not had a proper education or learned to work in the fields. Several children no longer obey their parents. Some of the LRA returnees expressed a lack of parental love for the children they had given birth to while in captivity.

*We at times have angry outburst on these children and even call them by funny names which are very stigmatizing... we even threatening to kill our children because their fathers [rebel leaders] were responsible for our current suffering.* (Female LRA returnee, FGD in Mucwini)

The economic impact of the conflict

People had enormous difficulty picking up their economic activities after they returned home.

*Most of the household properties were destroyed, families became very poor even parents became beggars, respect was no longer given to parents, but respect was given to whoever was providing food and support to the family. Also, the respect for the family heads and clan leaders started diminishing because they were very powerless economically, even their decisions and advice for the community were considered useless. The community, especially at the family level, was no long united the way they used to [be], even farming as the main income-generating activity in the family came down, because each of the individual family members started concentrating individually, not collectively the way it was.* (Previously IDP female and CSS member in Namokora)

The LRA war has led to almost uncontrolled land conflicts, because many people who had been born in camps or in captivity and had lost their parents could no longer demarcate the correct boundaries of their land when they went home. Other people had sold land illegally, which has caused conflict among families.

For women, these land struggles have had an extra dimension especially if they became divorced, which often happens due to the psychological and social situation they are in.

*When your marriage fails and you come back home, brothers are not willing to give you land. Girls are being chased away from their late parents’ land, because according to the Acholi tradition, women are not entitled to property ownership.* (Female LRA returnee, FGD in Lakwana)
Furthermore, the psychologically effects of the traumatic experiences have affected people’s concentr-
tation, energy and productivity deeply. In addition to the inability to work together with other people,
this has all contributed to an inability to engage in farming or other income-generating activities. Some
people have been supported by organizations to enhance their livelihood and income. However,

due to limited attention paid to the psychological needs of the beneficiaries, the livelihood sup-
port projects were abused by the beneficiaries themselves. Some of them slaughtered the animal
given [to them] while others sold them off. (Male in FGD in Mucwini)

As a result of the long stay in the IDP camps or with the LRA, people (especially the youth), did not
know how to start their lives again.

Economically, the traumatic experiences led to hopelessness which affected the youth’s interest
in constructively engaging in economic activities. The majority of the youth are engaged in heavy
drinking of alcohol with no idea of saving for the future. Even these days, some of the youth who
have not benefited from psychosocial healing support services are still living in hopelessness and
are never economically productive. (Female FGD in Mucwini)

Coping behavior before having received counseling
None of the people interviewed knew how to cope with their posttraumatic reactions and their daily
stress and problems. Many people coped by becoming aggressive and/or drinking alcohol. Churches
tried to take their central role in supporting people to pick up their lives again, but although religion
was essential for many people to survive, it was not enough to become mentally in a better shape and
feeling connected again. The level of fear was very high, and the survivors were afraid of the LRA re-
turnees and the LRA returnees were afraid of the LRA that still existed, and for the community mem-
bers who saw them as criminals or perpetrators.

Traditional rituals were also being performed to re-unite families and individuals. These peace-
building activities, especially traditional rituals helped a few individuals to cope up with trau-
matic experiences. (Female FGD in Lakwana)

In addition to religion and finding spiritual healing, people used traditional coping mechanisms like
traditional dances and sharing their stories with family members. At the clan, community and family
levels, people tried to respond to their difficulties with dispute mediation by local leaders. However,
the way the leaders approached the conflict often resulted in escalation and greater conflict, due to
the lack of the basics in mediation and dialogue skills.

The need for reconciliation was also recognized by the churches. Through testimonies and sacrifices,
the aggrieved persons were supported to recover from traumatic events. There were community pray-
ers on reconciliation and cleansing ceremonies were conducted to bring peace and harmony amongst
the community, but it turned out that the psychological reactions to the traumatic experiences were
too severe and the traditional ways of coping did not bring peace in the minds of most people.

Peace building activities such as traditional songs and dance, and football competitions were
conducted by NGOs that worked in northern Uganda. But the activities of all the NGOs never
impacted much in the communities because they never integrated activities especially that as-
pect of trauma healing. (Previously IDP female in Ogur)

Some people tried to cope by remaining isolated since they had experienced so much violence that the
only way, they thought they could help themselves was to avoid contact with others in the community.
Others ran away because they could not bear that they were not able to fulfill their responsibilities of
feeding and managing their families, paying school fees, or meeting medical duties. Another way to
cope with their mental and interpersonal problems was drinking intensively, in an attempt to forget and find relaxation. Unfortunately, this alcohol abuse increased the violence in the families and communities. Suicides occurred regularly, because people couldn’t bare their mental, social and/or economic problems anymore.

Research question 2: Is it possible to conduct peacebuilding work among communities that have experienced post-conflict trauma without attending to these trauma needs? It turned out that the distinction between traumatic experiences during the war and post-conflict traumatic experiences for people in northern Uganda is not easy to make. The problems, daily stressors, violent behavior and traumatic experiences after the LRA war are directly related to traumatic war experiences.

_if you do mediation you do not address the mind of the people, that means there is a high chance that the people still go in conflict and in their livelihood they will not manage well. But by first addressing the mind of the people you are building peace and a good relationship between people and at the end of the day, the conflicts will go down. That is the best way to address peace._

(Male CSS in Agweng)

Post-conflict experiences and reconciliation
Without exception, all respondents stated that reconciliation and PB is impossible if only their trauma symptoms are addressed, such as nightmares, depression, lack of trust and fear. They note that their mental health problems related to their daily stressors must also be managed.

People explained that it is almost impossible to reconcile with someone they have hostile relationships with; these relationships continue to be disturbed if the negative assumptions and ideas about “the other” are not addressed. The negative talk and gossip about the other made the already existing disconnection in the community even worse. Furthermore, the many conflicts, which could even lead to killings, and the destructive coping mechanisms, such as alcohol abuse or the impossibility of reconnecting and thus isolating oneself, were impregnable obstacles for any form of dialogue.

_The conflict also changed people’s approach toward new conflict situations. Most people seem to believe in violent as oppose to peaceful means. These can be seen during issues of land conflicts in communities._ (Male in FGD in Mucwini)

Furthermore, each possible encounter has re-activated traumatic memories, something people wanted to stay away from. According to the respondents, only after people have had counseling for their mental problems and regained trust in their group members and developed ways to handle their daily problems and stressors, are they able to take the next step and reconcile with other people as well.

Traditional, religious and cultural PB approaches after the LRA conflict
The conflict has also weakened traditional conflict-resolution structures that were effective) before the conflict according to several respondents. The clan and the cultural leaders were central in these structures. Although people are trying to rejuvenate these structures, not all community members respect them as they used to in the past.

Traditional approaches after the war, such as asking elderly persons how the land had been divided before the conflict, were not effective, because most respected elders (who knew the land boundaries and could locate free land for development projects like schools, health centers or even churches) had died during the war. Respondents explained that most young people had not grown up with the special
role accorded to elders and therefore, several of them had started grabbing and reclaiming land according to what they thought was right. In an attempt to solve the conflicts, people started going to court and police officers and even the army were consulted to solve land conflicts.

The new ways adopted are ensuring that any case of conflict goes to court and for any conflict to be resolved in the community, police officers must be involved or even the army, which was not the case before the war...It is not voluntary police work, because you must facilitate or pay the police officer’s transport and food when they come to settle your case or conflict, which makes it difficult for the poor to access such services. The police are overwhelmed with cases and Lira is leading in crime rates followed by Gulu of all war-affected districts in the whole country, which tells you how the war-distorted alternative dispute-resolution mechanisms in northern Uganda. (Previously IDP male in Ogur)

After the LRA conflict, the situation in northern Uganda has become quite violent. Traditional and religious leaders have gone on “missions for peace” to neighboring clans to support each other in responding to community problems. These leaders have also played important roles in spiritual PB during the resettlement period. Many people have not dared to go back and resettle in their villages, because they fear an evil spirit. However, with the traditional cleansing rituals and prayers conducted by the cultural and religious leaders, respectively, people have gained the courage to resettle. The religious leaders have also conducted prayers in places where massacres had taken place. People feared these places because they were afraid that the spirits of the people who had been killed would haunt them when they crossed into these areas.

Many LRA returnees went through cleansing rituals when they returned home, sometimes to address their problematic behavior and thoughts, but mostly for creating a space of acceptance and forgiveness in the community. Several rituals are conducted, depending of the area in northern Uganda. Examples include kayo cuk in the Lango culture, which is to have the parties reconcile and live together in peace and harmony, or the aforementioned mato oput, used by the Acholi to reconcile with each other. However, these traditional methods of reconciliation also face challenges. Not everyone who has participated in the rituals has accepted responsibility for the crimes they committed during the war. For example, according to some respondents, in mato oput, truth telling should come first and reconciliation follow. Second, mato oput requires that prior compensation has been made to the family of the deceased, but in northern Uganda, most families of the offender cannot afford to meet the cost.

Some respondents regretted that traditional activities that could support PB have disappeared, such as wang oo or family fireplace sittings. In the pre-war period, Acholi people in a compound or family used to sit around the fireplace in the evening. During wang oo the young people were guided on how to live responsible by the stories that were told, and the adults were more responsible in terms of economic productivity and social networking. According to one respondent, it is very unfortunate that after the people’s resettlement from the camps, this practice had been abandoned because it would have reduced the incidence of SGBV.

Other post-conflict activities and effects
After the conflict, several NGOs and the government started programs to support people in northern Uganda to rebuild their lives.

Special attention was given to youth, women, children, persons with disabilities and elderly, because they are more vulnerable to risks or exposed to risks since the majority are weak and all forms of abuses have targeted them. The idea was that if you target women you would handle many problems at once since they were the bread winners at home. Men left their responsibilities of parenting and feeding the family to women and stayed at the trading centers drinking alcohol. (Previously IDP male in Ogur)
The problems with the NGOs’ approaches was that most NGOs worked with categories and not individuals, according to some respondents. Due to the limited attention to the beneficiaries’ psychological needs, the livelihood support projects failed due to the beneficiaries’ behavior as mentioned earlier or crops died from a lack of water, insects or disease.

Organizations were giving tangible materials, but people did not need that, some sold them off or misused the support, because they had that inner guilt and stressful thoughts. Only if our minds are stable, do we have the resources to make us reach making money. Daily stressors and bad dreams truly affected me socially and economically, because I always lacked concentration and motivation to do any work. (Female LRA returnee in Awach)

NGOs sensitized communities on peace and living with and forgiving each other and how to report conflict cases. Awareness-raising activities on SGBV were conducted in many areas. But there were only community approaches with no attention to individual psychological needs. However, a few respondents have had other experiences, and have benefited from the tools and animals they have received and have had attention to their mental health as well.

Some NGOs have established shelters for receiving returnees from the bush where they receive counseling and vocational training and are helped to trace their families and finally reunite with them. But, according to the respondents, there has been no attention to the psychological hinderances to reunifying with community members. Several LRA returnees have received amnesty cards to assure their safety in the hope this would support reconciliation, but few respondents know people with this amnesty card, since it appears the LRA returnees do not show the card for some reason.

Research question 3: What community approaches can be considered promising practices for enhancing the link between post-conflict trauma and peacebuilding work?

Asking this question to the respondents resulted in explanations of why they think that the TPO Uganda multisectoral approach’s focus on MHPSS, PB and economic empowerment is the best approach. No one was able to describe alternative approaches. All respondents, without exception, were very positive about the TPO program addressing the three pillars. The psycho-educative counseling sessions enabled them to share their experiences, cope with psychological and psychosocial issues, and learn (better) coping mechanisms to manage their psychological symptoms of trauma and feelings of stress. The economic empowerment groups helped them to improve their economic situation in a way that most can now meet their basic requirements, e.g., food, school fees and medical bills. The CSS have reactivated traditional approaches, but in a new way. Conflict mediation and PB activities now help communities settle conflicts in a non-violent way to reduce violence and activate a sense of justice.

Below, each pillar is addressed, while showing that they are interconnected.

The psycho-educative treatment group

TPO Uganda’s current work has really supported my feelings through CBT training because I can cope with stress, depression, I have good sleep, I can now concentrate with my garden work which was almost impossible for me before. Love for others has come back and even [my] appetite for eating has been restored and above all energy in doing work developed suddenly. (Previously IDP male in Ogur)

2 People generally call the psycho-educative treatment group or counseling group CBT-training (cognitive behavior therapy training). However, CBT is only one of the approaches and therapy forms used in the counseling group and does not cover the carefully designed content of this intervention.
The counseling sessions of the psycho-educative treatment groups have helped people to cope with their traumatic experiences, their daily stressors and social relationships. Their concentration has increased, and they have regained energy for their daily activities and work. Hearing people talk about their problems has given the respondents courage; they realized that other people also suffer, and they are not the only ones struggling. This has empowered the participants and has given them confidence. The group members started feeling united with other group members, and many of them have even become friends and support each other when needed.

"I had ideas of suicide, lacked sleep had no appetite and had no hope for the future, but now, after the counseling and medication, I see bright future for my family." (Female LRA returnee in Awach)

The combination of various educative and therapeutic approaches in the counseling group is considered very important. Specific elements of the counseling that were often mentioned were the relaxation and breathing exercises and safe-place exercises. This approach has helped participants greatly in the management of their stress and anger and meditations skills has given them peace in their minds. Talking about their personal history by using Narrative Exposure Therapy (NET) in a group has allowed the participants to learn to overcome their fear and anger by listening to the stories of the other participants and develop empathy. This has helped all participants reconnect with other people in their community. These groups stay united after the counseling sessions. Some groups have continued in the economic empowerment groups. They felt energized for doing productive agricultural work and enhancing their household incomes.

Currently the fears, anger, and memory loss are being managed through deep breathing exercises, guided imagery or safe-place exercises and story sharing of the traumatic events is helping especially after TPO Uganda taught us how to manage our difficulties. (Previously IDP male in Ogur)

After the counseling sessions, many participants were able to reduce their alcohol consumption and were trained in other ways of coping with feelings of stress or anger. People started looking at their lives in a positive way and believing there was a better life after suffering or conflict. The participants started to understand that they themselves could contribute to a peaceful society.

In some cases, the counseling and consequent positive changes in the participants behavior and feelings had a radiant effect. One participant told us that her husband did not like her going to the counseling sessions, but when she began coaching him on stress coping skills, he changed, and even reduced his alcohol intake. Other respondents also mentioned that they were counseling their relatives.

The groups are mixed male and female, and not everyone is positive about that. Some people think that not everyone is open to discussing issues affecting their lives when people of another gender are present in the group. Also mentioned was some women’s mistrust of men because they tend to dominate in the meetings. Others (also female) said that the mixed gender of the groups works well, and that people feel open to talk.

"Both male and female contribute a lot in the bringing peace in the group because males learn their mistakes from the females and vice versa as they talk and share them in the group and the information is extended to family levels." (Male FGD in Awach)

Several people stated that “if your brain is not stable, you cannot do anything”, and they all expressed great improvement after the counseling sessions. These qualitative findings are supported by the findings of the quantitative survey among 85 people, 36 males and 49 females participating in the TPO

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3 In the safe-place exercises, people imagine a place where they feel safe. The exercise helps them to come to grips with their fear.
program. The figure below addresses the self-reported effect of the program on the mental health status of the 85 people in the survey, who had received the counseling intervention.

The findings are overwhelmingly positive; most people no longer had complaints. This underscores what people said—there was a huge need for counseling. It is not clear if specific parts of the sessions or the combined treatment activities and educational parts were the most effective. It is important to mention that 30 males and 45 females (75 of the 85 people who completed the questionnaire) received medical care during the TPO activities. It is not clear what the type of medical care this was or if they were receiving medication for mental disorders.

The coping mechanisms show the same improvement. Below on the left side, are the findings of the TPO Uganda baseline study on coping in 2018 and the right side, the current level of coping among people who participated in the counseling sessions.
The level of low coping mechanisms decreased from 71.3% to 1%, while the high level of coping mechanisms has increased from 18.7% to 92%. Only eight males reported that they continue to drink alcohol and experience problems with alcohol or drugs use after finishing the counseling group. Only one woman mentioned that she continues to drink. Although these findings are not fully comparable with the findings of the baseline study, in the baseline study, 55% of the households had members who drank alcohol or used drugs, while in the current survey, 9.4% of the participants drank alcohol or used drugs, and 8.2% experienced problems due to drinking. It appears that alcohol and drugs abuse has declined.

**The economic empowerment groups**

Many counseling groups continue in economic empowerment groups (also called livelihood groups or village savings and loan associations [VSLA] by the respondents). The participants are trained on how to recover their livelihood and handle their crops and/or animals. Furthermore, they learn how to carefully manage their income, deal with their day-to-day needs and save money for unexpected emergencies and economic development. Each group has a clear structure with rules and regulations, maintains records and has weekly or bi-weekly meetings to manage savings, loaning and repayments. The group meetings give the members strength and they become very close. Because of their close relationships, they are able to solve disputes or problems amongst themselves peacefully and enhance their tolerance, acceptance and efforts of reconciliation.

*The positive changes are that my household income has increased because TPO Uganda provided socio-economic support that is they conducted trainings on business skills, life skills, financial literacy and later provided startup capital as a group. We have invested in goats. (Previously IDP male in Ogur)*

*As a result of the two-year TPO Uganda intervention, peaceful coexistence and socio-economic status have improved and as result among others we [the community] are even operating a VSLA. Most of the groups in this village were supported by TPO, who first took them through CBT session for therapeutic mental treatment and this empowered us economically and has encouraged us to work hard so that one is able to get some money for savings on a weekly basis; it has instilled the spirit of productivity and hard working. (Male FGD in Namokora)*

Several people stated that their poverty at home diminished through group support. An indication is the number of meals a day a household can now afford. In the baseline study, only 1.1% had three meals a day and 61.1% two meals a day. In the current survey, 22.4% of the participants have three meals a day and 57.1% two meals a day. The number of poor families with only one meal a day decreased from 37.8% to 9.4%. This is an indication that the support given by TPO Uganda has had economically positive effects.

<table>
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<tr>
<th>Numbers of meals a household has per day in the baseline study</th>
<th>Number of meals a household has per day in the current survey 2019</th>
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<tr>
<td>3 times a day</td>
<td>2 times a day</td>
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<tr>
<td>2018</td>
<td>1.1%</td>
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The increase in economic stability is supported by the respondents who were interviewed:

*We are able to meet our immediate needs. We also help one another in terms of advice, peer counseling, economic support, etc. The VSLA group has also helped us to expand on our agricultural activities and become more productive. We can concentrate on doing our own activities with the hope of benefitting from it after some time.* (Male FGD in Mucwini)

**Community-support structures**

CSS are groups of traditional, clan, religious, and local government leaders, and other civilians. The groups are trained in conflict mediation according a “people to people” approach. Not all members in the CSS groups participated in the counseling groups or livelihood groups. Traditional leaders are incorporated in CSS, and they also aim to revitalize traditional systems, but with new mediation techniques. The CSS groups are coached by the TPO technical expert and social workers and the CSS group can consult them as needed for difficult cases. Both males and females participate in CSS groups. According the CSS members, this is not a problem and is even positive in cases of domestic or interpersonal violence. In most CSS groups however, there is no gender balance; they are male dominated.

Most CSS groups meet on a weekly basis in the sub-counties. Each member comes from a specific village. In the village, people with a problem can go to the specified CSS representative who will try to resolve the issue. If the CSS person cannot resolve the problem, it is discussed in their CSS meetings and a plan will be developed to solve it. Most cases are about land conflicts or domestic or SGBV. A member of the CSS first talks with the involved parties separately and tries to understand the cause of the conflict; then the CSS group develops a strategy to solve the conflict. The CCS group brings the two parties together and makes no judgement, but instead, conducts mediation to arrive at a solution respected by both parties.

*An example is a conflict between two parties; a woman had carried all her belongings away [and left her husband]. We first asked her why she had left her husband. It was because the husband was involved in alcohol and could not support their children. She and her husband agreed to a family meeting and discussed the problem and the husband agreed to abandon all alcohol and the woman decided to come back. The man still does not drink alcohol and takes care of the children.* (CSS Male in Ogur)

There are cultural norms that make handling conflicts difficult. For example:

*We have the cultural norm that men have the right to sex with their wives. But, there are cases that the man is drunk and therefore the woman does not want to have sex and at the end of the day there is violence, because of this cultural problem. We try to mediate, but that is often difficult because of that cultural aspect. The approach is a bit complex. If men are deprived of sex, they often go to the cultural leaders. And since men have the money the cultural leaders take side of the men, because they look at the cultural aspects, but the women do not get the justice needed. CSS tries to show the men the health issues of alcohol and discuss how to couple with their partners. But within the CSS there are also cultural leaders, and in this case a cultural leader of the CSS group has gone to the cultural leader that was involved in the conflict and talked about the perspectives of life and the position of the females and tried to mediate and come to an agreement that if the man is drunk, his woman is allowed to refuse sex.* (CSS female in Ogur)

The success factors of CSS in the community are that they involve various stakeholders, religious and traditional leaders, local government councils, and other people and their services are free. According to the respondents there are fewer cases of violence in families in which members have participated in the counseling group compared to those who were not supported.
Looking at SGBV in the survey, in the baseline study, 27.3% (20 males and 60 females) admitted that one of their household members had been abused or assaulted. In the current survey, only three females and one male mentioned that they had experienced SGBV after the TPO counseling (3.5%). Here too, the research findings are not comparable since the baseline question was about the whole household and not the individual. However, the 2018 baseline findings do underscore the qualitative study’s follow-up findings in 2019 in which people stated that the SGBV had stopped or diminished due to the counseling.

Most respondents believed that the CSS’s role in mediation could also contribute to long-lasting peace within the community since more cases would be addressed at the community level. But their sorrow was that most community members were not yet aware of the CSS mandate and therefore their engagement in PB was really minimal. See below to whom community members report.

In the 2019 survey, eight conflicts had been reported to the CSS. This was not many, but knowing the program is nascent and that villagers first need to see how the CSS work and the effect, the initial conflict-reporting numbers are promising. The government leaders (local council) and clan leaders seem to be trusted by the people. Some community members still prefer to use government court procedures, but courts are now referring more and more cases to the CSS.

**Communication platforms**

The members of the CSS groups are also involved in communication platforms educating community members on the key conflict drivers to enable them to adopt peaceful approaches to conflict resolution such as mediation. There are awareness-raising activities, dialogue sessions and declarations of abandonment that have enabled communities to commit to ending bad practices that destabilize peace. The CSS members also identify and refer people with severe mental health problems to health centers, although it appears that it is not easy for the patients to receive the right treatment. According to the respondents, the CSS has really brought an end to the bad practices destabilizing peace like child marriage, mob justice, rape and defilement.

*Community dialogues, awareness raising and mediation skills are very important in post conflict trauma and peace-building work, because they make people closer [to] one another than they were before; they facilitate and enhance locally based peace makers and mediators, who are always available and respected for ensuring peaceful co-existence.* (Female CSS member in Namokora)

Below the number of reported conflict cases people have seen in their community. The first graph is from the baseline study in June 2018, the second graph shows the results of the 85 people who surveyed in this current study in 2019. The results show a significant reduction in conflict cases. In the...
baseline study, 80.4% of those surveyed had experienced land conflict and 70.6% SGBV. The respondents also mentioned a third conflict area of tribal conflict in 14.1% of the cases. In the current study in 2019, a total of 58.8% (50) households surveyed reported that they experience land conflict and 5.9% (5) experience SGBV. Additionally, 2.4% (2) of the household admitted experiencing tribal conflicts. The survey also revealed that 2.3% (2) of the assessed households had experienced other forms of conflict like assault and substance abuse (alcoholism).

According to the respondents, the three pillars of the TPO Uganda programs are quite relevant for the community, because in cooperation they create change within the community that in turn, creates durable peace.

As a result of TPO activities here in our village, especially on peace building (mediation of disputes or conflicts), there is great improvement in peaceful coexistence. People were able to settle disputes at the community level like the violent land disputes, which happened here in 2018.... Now people are living in peace due to [an] enhanced ability in peaceful resolution of conflict as a result of the dialogues and mediations done by Community Support Structures. Peace starts with peace of mind. (Male FGD in Namokora)

The majority of us have adopted peaceful approaches in addressing conflict situations through continuous unity in the groups and sharing, which has contributed to reduced domestic violence, alcoholism and land conflicts as the common drivers to conflicts. (Male in FGD in Agweng)
The combination of MHPSS, peacebuilding and economic recovery

As demonstrated above, almost all respondents stated that TPO Uganda counseling is essential, because if someone is provided with economic support and/or mediation, but their psychological and interpersonal problems are not addressed, then there is a high chance that they will continue to have conflicts and not manage their livelihood well.

*TPO Uganda has really helped me and some of my friends, especially the psychosocial support, counseling and emotional support. Now I am able to see my community in a much better way, positively, and I pledge to contribute to the development of my community, do more income-generating activities, farm work and earn for myself to support my family. So far, right now I am focusing on group work and my personal development and I believe in group work, staying together with friends, family and relatives for this shall help me recover fully and a sign to other returnees to live a more positive life [so] that the community shall appreciate. (Male LRA returnee in Lakwana)*

*I am witnessing great change in my life since I joined TPO Uganda because CBT training has made me view the world differently; in a positive way. If I am feeling angry, I do breathing exercises. I can handle domestic problems [and] even clan disagreements. I am mediating land conflicts, reconciliation processes or kayo cuk/mato oput, and handling GBV at community level. (Previously IDP male and CSS member in Ogur)*

The respondents see direct links between the people who have participated in the counseling and livelihood groups and the reduction of violent and unwanted behavior such as GBV, alcohol abuse and conflict in the community. The economic support is an essential part of the program, since when people are in a better economic position, their daily stress is lowered and that is an essential part of living in harmony.

The group members help one another in terms of advice, peer counseling, economic support, etc. Their lives have changed, they have a new view of life and no one feels hopeless anymore. If people are asked which of the three themes should be addressed first, they all mention psychological counseling, while they are divided on whether PB or economic development should be second. It is important as well that the respondents mentioned that they are better able to cope with ongoing psychosocial stressors. The vast majority have adopted peaceful approaches when addressing conflict situations.

*After participating in the various TPO groups there are great changes; people aren’t very violent as it used to be both in families and communities. Children are now relating well with their parents, most of the recovered counseling group members are peacefully coexisting and working together like in VSLA groups. Signs of trauma like using bad words, intimidation, over drinking have also reduced and people are involved in productive activities and are able to co-exist harmoniously. (Female FGD in Namokora)*

Suggestions from the interviewees

- Many respondents stated that the TPO Uganda program should be accessible to more people. The number of groups in villages is too small to make a significant difference in the community. Furthermore, in some cases the group creates tension, because other people also want to have the opportunity to participate in the counseling and livelihood programs.

- Another element of concern is the timespan of the implementation. Several participants mentioned that reaching a level of harmony in the whole community will take many years of support. They are afraid that if this program ends too soon, it will run the risk of not reaching the whole community and people will continue to be stigmatized and remain in a bad mental and economic condition. Thus, the effect of this program will be diminished. These respondents
also mentioned that more attention in the community is needed for the CSS in relation to other community conflict-resolution structures and it is important to ensure CSS members are conversant with current government laws.

- Youth is the other significant concern. Many young people have not had a good education and have no hope for a better future. Supporting youth education and mental well-being is considered as important and especially for orphans.

- The final suggestion concerns the selection of community members to attend the counseling groups. Currently, the social and health workers, select the participants together with the community leaders. If people have completed the TPO Uganda questionnaire regarding their mental state, those in the worst condition are selected. One respondent suggested involving the community more. All community members should be invited to participate. After the awareness raising, TPO Uganda staff should ask the community members to identify people in their neighborhood who are living in a critical condition and could benefit from the counseling, livelihood and support project. Participant selection should not be the responsibility of TPO Uganda and the community leaders, but rather the people themselves. Allowing the community members to lead the selection of participants is already PB among themselves, since people have to communicate about taking care of each other.
6. Discussion of the findings

According to all people interviewed, most of their war experiences did not end when they returned home. The LRA conflict left deep marks on everyone involved, since most people had taken refuge in an IDP camp or been captured by the LRA. People continued living their traumatic experiences and struggles with battles in their minds and other people in their community. Their traumatic and unaddressed experiences turned people inward and they lived in isolation. Their mental and interpersonal problems have prevented them from participating in activities that could contribute to improving their wellbeing, relationships and integration into the social fabric. The result has been that people withdraw from positive social interaction, which is necessary for any form of peaceful coexistence. The returnees found it too difficult to unite as a family or community with the direct result that their economic improvement was also impossible. During this post-war period, individuals, relationships and communities were characterized by disharmony on all levels, which has obstructed healing and peaceful coexistence.

Although there is much written on the importance of linking MHPSS with PB and (somewhat less) on the intersection of MHPPS and economic development (see the literature review in this report), to my knowledge, very little empirical research exists on the effects of an integrated approach to trauma-related MHPSS, PB and economic development (e.g. CWWPP, 2010). In that sense, this study provides important evidence for best practices in this field. In this discussion section, the three main research questions are addressed.

To what extent do unhealed trauma and exposure to unprocessed traumatic events impede peaceful coexistence and healing?

Almost all people interviewed had symptoms related to PTSD and/or depression, such as nightmares, uncontrolled emotions (mostly anger and anxiety), loss of appetite, hope and energy, suicidal thoughts or even attempts before they participated in the TPO program, "Promoting peaceful coexistence and resilience activity in northern Uganda". Due to these problems, people had difficulty interacting in a satisfactory way with other people. Their interpersonal relationships were impeded by feelings of distrust, hate, no hope for a better future, fear of "the other", loss of control and being disempowered. They engaged in problematic coping behavior, such as alcohol abuse, aggressive outbursts with physical and psychological violence (such as SGBV). These people were also significantly stigmatized by the community. The ongoing violence was both a result and a cause of people not knowing how to cope with their mental, social and economic problems and the lack of unity in couples and families and their communities; therefore, the people lacked a support system.

Trauma-oriented interventions often pay too little attention to areas beyond the traumatic event (Wessels, 2007). This research confirms that recovering from traumatic war experiences is only possible if recovery is connected with the reactivation of normal activities, such as interacting with other people and working with other members of the family and community. Daily stressors must be addressed as well, otherwise there is a serious risk that people’s mental problems will remain or return. The inability to meet daily basic needs for one’s family has created significant levels of stress in northern Uganda. Before the TPO Uganda interventions, the people’s coping skills have been poor as evidenced by the baseline survey (2018), wherein 71.3% of the households interviewed showed low levels of coping. In the MHPSS field, daily stressors can be reduced by improving coping mechanisms, which has happened for the people who have participated in the TPO Uganda counseling course. It is remarkable that the participants repeatedly mentioned the counseling’s relaxation exercises and safe place exercises. Unfortunately, if nothing is done to address the people’s extremely poor economic situation and repair their social fabric, their coping mechanisms will not suffice work—these issues are interrelated.
Problems with household relationships were not only seen within couples or between relatives. Parents continue to have difficulty parenting their children. According to the respondents, children disobey because their parents cannot fulfill their basic needs. However, disobedience is also because many children (and adults) do not know the normal social rules of northern Ugandan communities. Furthermore, due to the conflict, children and many parents have very limited (or no) education, which negatively affects their hopes and perspectives of a better future. Some youth have started to misbehave, which has made social reconnection even more difficult. Involving the youth in integrated projects is essential, not only for helping to create a peaceful future, but also to reduce the level of violence (McGill, 2015) and prevent transgenerational transmission of trauma and violence.

The findings of this report are in line with the findings of the CWWPP (2010), who have been worked for more than 15 years in Croatia. This group states that conflict transformation and social construction are only possible if trauma symptoms are treated and psychosocial needs are addressed. This is exactly what this research has found as well in northern Uganda. In line with the respondents’ statements in this research, are also the findings of Chalson and colleagues (2019). The authors noted that in post-conflict areas, mental health treatment should be prioritized during the development of these post-conflict areas. Furthermore, as described by additional investigators as well, this research in northern Uganda shows that recovering from experienced trauma only can occur in the context of relationships (Firzduff, 2016; Gutlove & Thompson, 2004; Mukashema & Mullet, 2010; Summerfield, 2002).

Is it possible to conduct PB work among communities that have experienced post-conflict trauma without attending to these trauma needs?

The linkage between trauma and PB is essential because trauma undermines PB (Hester, 2016). This research in northern Uganda shows that it does not seem possible to come to a peaceful coexistence if people’s mental health and social relationships problems are not addressed. The MHPSS and PB fields are deeply interconnected and if people are not supported to learn to cope with their past experiences and daily stressors it proves to be difficult to transform to a peaceful society.

PB work is only possible with people who are open to dialogue and able to change, and have a level of trust (Sliep, 2014). Trust and empathy are the glue for interpersonal connection and repairing the social fabric. The findings of this study are in line with the statement by Burrel and Barsalou (2015) that people need the capacity to empathize and think about the feelings and beliefs of others for PB, but this is only possible if one’s own emotions and thoughts have been attended to as well—otherwise PB efforts will fail (Fitzduff, 2016). To gain the capacity to empathize with the other and really hear the other’s story is part of TPO Uganda’s group counseling. This type of group work has two aims: 1) address the individual’s mental health and individual stories of (social) suffering and 2) listen to the stories of the group members, understand them without judgement, and regain a certain level of empathy and dignity for the other, which is needed for reconstructing relationships. As Korac (2006) stated: coming to terms with individual traumatic experiences is significantly linked to the process of group reconciliation.

The fact that several NGO’s have tried to support the communities in northern Uganda to little or no effect according the respondents, shows that it is not enough to have only community PB and economic development approaches. Individual mental health needs should be addressed as well. The same applies to addressing only people in specific categories (e.g. women or disabled people). Although reconciliation between groups is a prominent focus for PB organizations, this research in northern Uganda has had the same findings as Nadler (in Hester, 2016), namely, trauma exposure undermines the readiness for reconciliation.

Traditional, religious and cultural PB approaches in northern Uganda have been weakened by the LRA conflict, and yet, traditional and religious approaches have had positive effects. Mato oput and kayo cuk are important on a social level for LRA returnees’ reintegration into their communities (e.g.
Allen, 2006; Park, 2010). Unfortunately, these approaches lack the ability to address the trauma-related problems on an individual level. Due to the long conflict, the death of so many elders, and the fact that many people have grown up without traditional and religious rituals, some traditional approaches to addressing healing from trauma may be unknown. However, several traditional approaches have fallen short in the aftermath of this terrible conflict, since they are not “designed” for such a massive conflict. At the same time, all respondents considered traditional approaches as helpful and embraced their reactivation.

Another important, often neglected, contribution is reconciliation with the spiritual world. In northern Uganda, the religious and traditional leaders have been able to help the spirits of those who have been killed, (and were often not properly buried), to “lie down” and not hunt the living. Only then, are people able to feel safe to return to their family’s land. Although these religious approaches took place before the TPO program started, they are an essential part of PB in northern Uganda and should be recognized as part of a holistic approach to recovery from trauma.

In the post-LRA conflict area, economic development is a central part of PB. The families’ poor economic status was also caused by the fact that many people were not able to work on their land, either due to land conflicts, loss of energy, lack of knowledge about farming and managing money or because they were not able to work with other people due to their trauma-related mental or relational problems. During TPO Uganda’s baseline study, 37.8 % of households interviewed had only one meal a day, while 1.1% had three meals a day. If these economic stressors are not addressed, PB will be extremely difficult, if not impossible.

Cultural rules prevent women from sharing in their parents’ land, therefore women who become divorced women—which happens frequently due to the many psychological and interpersonal problems—have had even more difficulty surviving. Many female LRA returnees returned with children. They face serious problems of survival including stigmatization and difficulty finding husbands. The conflict has changed gender roles and positions (Pankhurst, 2003). Women are not always able to go back to the pre-conflict gender positions. If that is not recognized, it will create conflicts in families and influence the mental and social wellbeing of the women concerned and their children.

Many initiatives of the Ugandan government and (international) NGOs to boost the economy in northern Uganda have failed. It is not clear if bad policy was involved, but it is very likely that the residue of trauma, as mentioned above, may have been the cause. People have not had the mental state and feeling of control required to pick up their lives again and live amongst and reconnect with others. Empowerment is a collective process by which groups regain control of their life and start planning for the future (Wessels, 2007).

What community approaches can be considered promising practice for enhancing the link between post-conflict trauma and PB work?

All the people interviewed mentioned that the TPO program was by far the best program that they had seen. The respondents did not know other approaches that might also be helpful. For them, the three activities—counseling group, economic empowerment group and conflict mediation (CSS) with PB activities—were interrelated. Participating in the various interventions with the same group of people was essential. They have gotten to know each other very well, developed empathy and feelings of being connected, and this has resulted in them supporting on another. This outcome has had a radiating effect on the groups’ family members. The first intervention has to be the counseling group, because the mental and interpersonal relationship problems, as well as a lack of healthy coping skills, all hinder peaceful coexistence and social and economic development. The combination of therapeutic and educative approaches in the counseling is very helpful, since the participants have learned other coping mechanisms and are able to carefully address their personal history in the group following the NET procedures. It is remarkable that other group members can hear the participants’ stories, even other community members, because the group meetings were mostly outdoors.
The setting has not been experienced as a hinderance. On the contrary, other people hearing their stories was helpful because it brought people closer together and reconnected them.

The effect of the TPO counseling group is also presented in the quantitative survey. The reduction of mental health problems for the participants was overwhelmingly positive for both the men and women (see the figures on page 33). Most respondents mentioned that they no longer had complaints. It must be noted that 88% of the people who completed the questionnaire had also received medicine since the start of the counseling group. Since it is not clear what type of medicine they took or whether they still use it, it is not possible to address this finding, but one should be alert to the possibility of the medicalization of problems.

In addition to the participants’ mental problems that were very successfully addressed, there was significant improvement in their coping mechanisms as well. The high number of people with poor coping mechanisms (72.35%) dropped to 1% after participating in the counseling course. The same occurred for alcohol use and conflict. For example, the level of SGBV reduced from 70.6% to 5.9%. These findings show that alcohol use and SGBV are significantly related to mental health and coping mechanisms in post-conflict societies (see Tankink & Slegh, 2017).

Feeling better and having improved relationships with other people have allowed the counseling group participants to regain hope and energy. They continue to meet in the economic empowerment group, in which they learn livelihood skills and money management, how to save money, be responsible as an association and receive loans for investment. The economic position of most families has improved, and most respondents said that now their direct needs can be addressed. The number of households that could only afford one meal a day dropped from 37.8% to 9.4%. The majority still have only two meals a day, but the households that can afford three meals a day has increased from 1.1% to 22.4%. This also shows that the participants’ feelings of security and confidence has improved.

Through the continuation of the group meetings and sharing of their problems, domestic violence has reduced as did alcoholism and land conflicts, all three of which are the most important drivers for conflict in the setting. Group members now feel empowered. In the literature, the complexity of rebuilding a society after conflict is such that interventions should incorporate psychological healing, empowerment, social reconstruction, rebuilding institutions and political processes and conflict management (Gutlove and Thompson, 2007). Trauma counseling is connected to community healing (Richters et al., 2010), so having trauma healing in a group and keeping these groups united is an essential beginning to social healing.

CSS is part of the third pillar and plays an important role in the TPO program to strengthen the role of traditional support by using consensus-based dispute resolution and improving a community’s capacity to handle conflict and harmful practices. The strong element of the CSS is that traditional leaders, local government councils and individuals from each village are all part of the CSS. It is important to remember that this is a distinct group of people who are not all members of the counseling groups. This research shows that conflict management is important for at least two reasons. First, due to the long war in northern Uganda, people have not learned how to solve conflicts in a non-violent and peaceful way. Second, the conflict management of the traditional leaders is generally based on old standards, such as more emphasis on males’ rights and making decisions instead of mediating and coming to consensus. All participants considered CSS as important and although the number of people who consulted the CSS was not clear (the finding in the annual report of TPO Uganda differs from our finding) it is growing and increasingly considered as a trustworthy and respectful organization capable of delivering justice. The CSS way of working also increases people’s security, both inside and outside the family. Since every village has a member in the CSS and that CSS work is voluntary (thus free), means the CSS is easy for community members to approach. It is likely that when the CSS is more well-known to community members, they will receive more cases. However, this is also a weak
point, since some CSS are already very busy and meet once a week in addition to the conflict cases they manage. The CSS are also conducting awareness-raising activities on mental health, several (harmful) practices, peace messages and dispute resolution in their communities. The risk of becoming overburdened is real and should be monitored very closely.

Limitations
This study has a qualitative part, thus, the observation components may rely on observer interpretation, rather than on fixed indicators. It is generally understood that the complexity of MHPSS, PB and economic development issues result from the interaction of many factors whose significant correlation is impossible to be statistically determined. Therefore, qualitative analysis tends to better represent the situation.

The tools do not aim at academic consistency, but instead are tailored to suit the operational aim, limited timeframe, and the quantitative and qualitative capacity of TPO Uganda assessment teams. However, this approach has been validated in interagency initiatives, as well as university projects.

Another limitation is that the interviews were performed by the TPO Uganda team. There is a risk of bias, since the respondents may have given socially desirable answers and/or hesitated to make critical comments. This problem was minimalized by ensuring that the workers did not perform interviews in the regions where they are the implementing workers. Thus, there were no personal existing relationships between the interviewers and the respondents.

The third limitation was the selected beneficiaries for the program. The participants selected for this program were those in the communities who were in a very bad condition. The local counselor and/or village health team workers identified the participants based on the mental health screening described earlier. Therefore, the participants were not “average” community members.

Finally, I had also intended to interview youths (i.e., adolescents). However, in the local context, a youth is considered to be anyone between 18 and 35 years of age. Those above 35, are seen as adults. Since I was not aware of this convention, and did not clarify the ages of the members of the youth group, we have no information about youth younger than 18.
7. Conclusion and Recommendations

The LRA-conflict caused many terrible traumatic experiences for people in northern Uganda. People continued living their traumatic experiences, which caused them to turn inward and live in isolation. Their mental and interpersonal problems hold the people back from activities that contribute to improving their well-being, relationships and social fabric. This disharmony on all levels has obstructed healing and peaceful coexistence in the community. TPO Uganda’s theory of change is built on the hypothesis “that if households are supported to overcome past traumas and psychosocial distress through psycho-educative (groups) counseling, and traditional support structures are rejuvenated to mediate/resolve disputes peacefully and communities are sensitized to experience peaceful co-existence and tolerance for common sexual gender-based violence (SGBV) drivers, then communities will regain their agency, enjoy better social functioning and be able to peacefully coexist, exercise tolerance and live in harmony”.

In this mixed method study, we tried identifying evidence of if and how counseling for the traumatic experiences and post-conflict difficulties are related to PB and economic development. The findings demonstrate that the people in northern Uganda, who have participated in the interrelated TPO Uganda interventions have considerably fewer mental complaints, better coping mechanisms to manage stress, the ability to relate in a satisfactory way with their intimate partners and family members and have good supportive relationships with their TPO Uganda group members and other community members.

The participants are socially and economically empowered and their income has increased, so in most cases, their families can meet their needs. The counseling groups have stayed together and function as a support system for the members, while playing a very important role in the individuals’ coping with problems and conflicts. The CSS, in which traditional leaders, local government councils and individuals from each community participate, have proven to function well in cases of conflict resolution, stopping harmful practices and showing the communities that by providing justice for each community member, the CSS regenerates a level of justice in the community.

The findings reveal that unhealed trauma and exposure to unprocessed traumatic events impede peaceful coexistence and healing, in such a way that if these psychological problems are not addressed, peaceful coexistence is not possible. Furthermore, recovering from traumatic experiences is an essential foundation for PB. If this foundation is not there, PB activities will not generate sustainable transformation.

The TPO Uganda program aims to promote peaceful coexistence, resilience and tolerance in affected post-conflict communities of northern Uganda. The program exemplifies best practices by linking MHPSS with PB and economic development while strengthening traditional support structures.

Recommendations

• To accomplish peaceful coexistence in a post-conflict setting requires many years. The situation is complex and recovering from traumatic experiences and changing behavior both need time to prevent a return to previous mental or social stages when experiencing adversity. People should have the ability to consult social workers for support, if needed. This is even more important for CSS members. The kinds of conflict CSS teams have to address are sometimes difficult and the teams might need support from the technical advisor or social workers so they can continue to work on consensus-based dispute resolution. It would be helpful to facilitate this support.
To successfully create change in the community, so they can achieve a peaceful coexistence and live in harmony, requires a sufficient number of people in each community who have participated in the TPO Uganda multilayered program. Otherwise, change in the community will become very difficult to achieve. At the moment, it is not clear if the groups that participated in the program are large enough to make a significant difference in their communities. I suggest examining this situation carefully.

Considering the many remarks about the youth between 12 and mid-20s, who exhibit bad behavior and lack hope for a better future, it would be beneficial to assess their needs and skills and develop extra counseling groups tailored just for them. It would also be helpful to combine the groups with educational opportunities for the ones who have missed important years of schooling and to pay attention to the possibility of transgenerational transmission of trauma.

Ongoing assessments and contextual analyses would ensure appropriate strategies to respond to the changes and needs that arise within a post-conflict context like northern Uganda and these are essential activities for building an evidence base and cases of good practice.

It would be helpful to discuss how the community can be more involved in the selection of new counseling groups. Having community members involved in this selection process is already PB for the community. That said, it is possible that traumatized people might not be able to do the selection at the start.

The counseling group is now called “CBT group” by the beneficiaries and the TPO employees. However, CBT is only a small part of the counseling sessions and the term might raise false ideas and expectations. I suggest using a more neutral term, for example, “counseling group” or “PET group” (psycho-educative treatment group).
8. References

Project related documents


References


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ANNEX I   Topic list/interview guide for the individual interviews

Instructions

In order to get in-depth insight into interpersonal dynamics and effects of traumatic experiences of the interviewees, semi-structured interviews will be used. In this perspective the questions below are not meant to phrase them exactly that way, but in the interview, you should get information on these issues. The questions, as formulated below, can help you, but might be phrased differently in your culture. The interviewer will probe further depending on the initial response from the person interviewed, in order to get a clear picture of why something is said, what exactly is meant with it and how it is linked to our central question. To be concrete; don’t be satisfied with an answer or with what people tell you, ask for examples and be always curious about ‘why a person tells you something?’, ‘when did something happen?’, ‘who else was involved?’, ‘how did it affect the relationships?’, ‘if it created problems who did what to solve it and what was the result?’, ‘what are the supportive elements/persons in a family and which elements/persons are destructive and why?’, and so on.

The interview does not need to follow the structure of the questionnaire, it is only important that all these issues will be raised in the interviews.

Explore and probe but do no harm!

Introduction by the researcher

Good morning/afternoon. My name is ___ and this is my colleague ______.
Thank you for accepting to be being interviewed.

Present the purpose

I am here today to talk about of the period after the LRA conflict and the effect of the conflict on you, your family and the community. You have participated in a program of TPO Uganda to improve your psychological and economic wellbeing and the reconciliation in families and communities. This assessment is part of that program. With your answers to our questions we hope to get better insight in what works, what need to be improved, added or changed so people in the families and communities can reconcile and cope with the memories and other symptoms of the traumatic experiences, as well as being able to improve their economic situation and a peaceful community. The purpose of this interview is to get your experiences, ideas and perceptions.

I am not here to give you my opinions. We want to hear your voice. There are no right or wrong or desirable or undesirable answers.

Do you have any questions?

If the interviewee agrees then please fill in the Informed consent form.

Discuss research procedure

To be sure that I will not forget important information you said, I will record this interview during the discussion so that I do not miss anything you have to say. I will only use it for myself and will not share it with people outside the research. Everything is confidential in terms of the views of a particular individual being reported (unless you state that this is OK). We will also not write down or tape your full names in the text and we will not tell your family members or others what you have told to me. Again, everything you tell me is confidential and is only used for getting a better understanding and writing a report in which we will not refer to you directly. You, neither your relatives will have direct benefits from this research.

The discussion will last approximately one-and-half hour. There is a lot I want to discuss, so at times I may move on along a bit.

(If you start recording you ask again permission for recording, so it is on the tape)
### Basic Information

**Interviewee nr. |__|**  
(fill in number and keep in separate file the name behind the number)

#### Demographic Characteristics

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<td></td>
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<td>5 = Widow or widower</td>
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<td></td>
<td>2 = Partner, not married</td>
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<td></td>
<td>3 = Divorced</td>
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<th>Education level of household head:</th>
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<tr>
<td></td>
<td>2 = Primary</td>
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<td></td>
<td>3 = Lower secondary</td>
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<td></td>
<td>4 = Upper secondary</td>
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<td></td>
<td>5 = Tertiary</td>
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<td></td>
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<tbody>
<tr>
<td></td>
<td>1 = Male</td>
</tr>
<tr>
<td></td>
<td>2 = Female</td>
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<table>
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<th>Survivor stayed in the area</th>
<th>Survivor internally displaced</th>
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<tr>
<td></td>
<td></td>
<td>1 = LRA returnee</td>
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## Interview topics/questions for individual interview

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<th>KEY ISSUES</th>
<th>FURTHER DETAILS (SUB-QUESTIONS/ PROBES, if needed)</th>
</tr>
</thead>
</table>
| **1.** To what extent does unhealed trauma and exposure to unprocessed traumatic events impede peaceful coexistence and healing? | 1. Did you suffer from physical or mental problems? (if the interviewee does not come up with something you can ask for specific symptoms of depression, anxiety, PTSD, sleep problems, trust etc., but first ask in general)  
2. How did your problems affect your relationship with others (family members and community members and LRA returnees, for instance due to anger or mistrust) as mentioned above?  
3. Was there more violence in the family or with others before you joined the TPO activities? Please explain type of violence and why  
4. What was the effect of the LRA conflict on friendships, community activities, religious activities? Were you and your family members able to participate? Please give examples. |
| a. How has the LRA conflict affected your emotional state and your connection to family and community members? | 1. How has the LRA conflict affected your emotional state and your connection to family and community members?  
2. How did the LRA conflict relate to the social and economic impact on family level; changes in family roles and responsibilities, and relationships within the community and extended family networks?  
3. How did you cope with the difficulties as result of the LRA conflict you faced in your personal life and in the community?  
4. How did people talk about the past LRA conflict, causes and roles of others and people who were involved in one way or another?  
5. What was the effect of your behavior on others? |
| b. How did the LRA conflict relate to the social and economic impact on family level; changes in family roles and responsibilities, and relationships within the community and extended family networks? | 1. How did your economic position develop after the LRA conflict and what were the supportive and hindering factors?  
2. What did you or your family do to overcome social problems and economic hardships?  
3. Was it possible for you and your family members to support other community members, such as survivors who lived as refugees and LRA returnees, to settle back into the family and community and to become socially and economic (re)integrated? If so, explain what kind of strategies and how it worked out. |
| c. How did you cope with the difficulties as result of the LRA conflict you faced in your personal life and in the community? | 1. How did you cope with the psychological effects of the LRA conflict (if the interviewee doesn’t come up with personal examples then ask for issues as fear, trust, anger etc.  
2. In what way did traditional approaches and/or religion play a role?  
3. How did the conflict affect your children and other children/youth? (if any) How did you support them with their problems?  
4. Did you manage to come to terms with what happened to what happened to you and your relatives and friends? How? |
| d. How did people talk about the past LRA conflict, causes and roles of others and people who were involved in one way or another? | 1. Did people talk about what happened to them due to the LRA or what they did? In what way? Examples. If not, why not?  
2. How was the conflict communicated to the children and youth and what was the effect? Example of how to tell their children about our experiences in the LRA conflict or the period afterwards  
3. Do you see changes now you have participated in the TPO activities? Please explain |
| e. What was the effect of your behavior on others? | 1. Did they had behavior that other people considered as difficult? Explain.  
2. Did your personal mental wellbeing influence your behavior?  
3. Were you worried about your community/family response? Please explain from who and what kinds of responses were worrisome for you? How did you cope with it? |
f. Does the current TPO activities support you in feeling mentally better and to work on a peaceful coexistence and resilience activity. If yes, how does it contribute?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Please give examples.</td>
</tr>
<tr>
<td>2.</td>
<td>What goes better regarding your mental state and how is that related to resilience and living peaceful together?</td>
</tr>
<tr>
<td>3.</td>
<td>What would you still wish to improve regarding your mental state and what is needed to reach that?</td>
</tr>
</tbody>
</table>

2. **Is it possible to conduct peacebuilding work among communities that have experienced post conflict trauma without attending to these trauma needs?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>What type of peacebuilding (such as <em>mato oput</em>, memory statues etc.) and livelihood activities were implemented before the TPO activities started by the community or other NGOs, institutes or government and what was the effect of these activities?</td>
</tr>
<tr>
<td>1.</td>
<td>Explain all activities done, by which organizations/ institutes/ government and the effect of the specific activities.</td>
</tr>
<tr>
<td>2.</td>
<td>What were the positive and what were the negative elements you noticed in these peacebuilding activities?</td>
</tr>
<tr>
<td>3.</td>
<td>What kind of activities are needed to make peacebuilding happen in your family and community?</td>
</tr>
<tr>
<td>b.</td>
<td>Were the local people and the traditional and/or religious institutions involved in those peacebuilding activities and what was the effect?</td>
</tr>
<tr>
<td>1.</td>
<td>How did traditional approaches and/or religion contribute to peacebuilding? Please explain and give examples.</td>
</tr>
<tr>
<td>2.</td>
<td>How was violence and dispute mediated before the LRA conflict started? If not used anymore: why were those practices not used anymore?</td>
</tr>
<tr>
<td>3.</td>
<td>Are new ways developed for reconciling with each other? If yes, how does it work out?</td>
</tr>
<tr>
<td>4.</td>
<td>What are the gaps in the new ways that was adopted?</td>
</tr>
<tr>
<td>c.</td>
<td>Before the TPO activities, was there special attention given to certain categories of people in the community or to all community members? What was the effect?</td>
</tr>
<tr>
<td>1.</td>
<td>Was there attention given to special or vulnerable groups? If so which types of groups, why those groups, and what was the focus and the effect/results?</td>
</tr>
<tr>
<td>2.</td>
<td>What is your opinion of attention for specific groups?</td>
</tr>
<tr>
<td>d.</td>
<td>Were the traumatic experiences recognized in the peacebuilding activities? In what way and how was it addressed?</td>
</tr>
<tr>
<td>1.</td>
<td>How did people talk about their trauma and suffering (psychological, social and economic) in the peacebuilding activities? And how did people react on those narratives?</td>
</tr>
<tr>
<td>2.</td>
<td>Was there any attention in the peacebuilding activities for people who suffered from traumatic experiences? If so how?</td>
</tr>
<tr>
<td>e.</td>
<td>Is it possible to reconcile when suffering from the traumatic experiences?</td>
</tr>
<tr>
<td>1.</td>
<td>Please explain why yes or no and what needs to be done to make reconciliation happen (Give examples)</td>
</tr>
<tr>
<td>f.</td>
<td>Looking back, and knowing what you know now, did your traumatic experiences hinder you in reconciling with others and your economic development?</td>
</tr>
<tr>
<td>1.</td>
<td>If yes, please explain how and give examples.</td>
</tr>
<tr>
<td>2.</td>
<td>How do the current TPO activities differ from the other activities</td>
</tr>
</tbody>
</table>

3. **What community approaches can be considered promising practice for enhancing the link between post conflict trauma and peacebuilding work?**
| a. Which activities in the TPO program are supportive and how? | 1. Explain why and how  
2. How do the group you are part of work in cases of conflict? |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b. What other activities could be essential in enhancing peaceful coexistence among your community?</td>
<td>1. Explain the activity/ies and why the activity/ies might be helpful.</td>
</tr>
</tbody>
</table>
| c. How does the TPO activities contribute to tolerance, acceptance and reconnection in the community? | 1. Did the attitudes towards LRA returnees change due to the activities? Explain  
2. What challenges are the survivors facing?  
3. What are some of the challenges to social reintegration LRA returnees face?  
4. What is the effect of TPO activities on peaceful coexistence between these two groups?  
5. Do know about the amnesty card ‘waraga me timo kica’? What is your perception about it? |
| d. How has CSS contributed in promoting peaceful coexistence and resilience activity? | 1. Explain  
2. What are the success factors of CSS in your community?  
3. How does CSS deal with traditional practices that has become problematic? |
| e. How do you consider the effect of the reactivating traditional support structures to mediate/resolve disputes peacefully? | 1. Explain why and how  
2. Are there specific structures that are helpful?  
3. Are there harming practices that are addressed by CSS (think of early marriages, child pregnancies, or high dowries)? Explain |
| f. Where there other activities (other than the TPO activities) that were effective, or could be effective? | 1. Explain why and how (think of drama and sport)  
2. How can these activities be improved? |
| g. Do you think that the combination of the three thematic areas (CBT, livelihood support and peacebuilding activities) is necessary in addressing the psychological/social and economic wellbeing? | 3. Explain and if possible, give examples |
| h. What other activities/strategies from TPO or other organizations or the communities can you think of that could be supportive and change the society to live in harmony? | 1. Explain why these activities/strategies might be helpful.  
2. What is missing or need to be changed?  
3. Are there unintended harmful or unwanted practices? Explain  
4. Are there government programs that work on wellbeing and peaceful coexistence and resilience? |
ANNEX II  
Topic list/interview guide for the focus group discussions

Interview topics/questions Focus Group Discussions

<table>
<thead>
<tr>
<th>KEY ISSUES</th>
<th>FURTHER DETAILS (SUB-QUESTIONS/ PROBES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent does unhealed trauma and exposure to unprocessed traumatic events impede peaceful coexistence and healing?</td>
<td>This first topic is retrospective, meaning that the period between 2007 and the current project is questioned. For the FGDs it is important only to ask the general questions so the groups discussion can be as open as possible.</td>
</tr>
<tr>
<td>1. How has the LRA conflict affected the emotional, social and economic state of you and your family members and community members?</td>
<td></td>
</tr>
<tr>
<td>2. How did you cope with the difficulties as result of the LRA conflict you faced in your personal life and in the community?</td>
<td></td>
</tr>
<tr>
<td>3. Does the current TPO activities support you in feeling mentally better and to work on a peaceful coexistence and resilience activity. If yes, how does it contribute?</td>
<td></td>
</tr>
</tbody>
</table>

Is it possible to conduct peacebuilding work among communities that have experienced post conflict trauma without attending to these trauma needs?

| 1. What type of peacebuilding (such as... memory statues etc.) and livelihood activities were implemented before the TPO activities started by the community or other NGOs, institutes or government and what was the effect of these activities? |                                                                                                          |
| 2. Were the traumatic experiences recognized in the peacebuilding activities? In what way and how was it addressed? |                                                                                                          |
| 3. Looking back, and knowing what you know now, did your traumatic experiences hinder you in reconciling with others and your economic development? |                                                                                                          |

What community approaches can be considered promising practice for enhancing the link between post conflict trauma and peacebuilding work?

| 1. What other activities that you think could be essential in enhancing peaceful coexistence among your community? |                                                                                                          |
| 2. How does the CBT/livelihood groups help you and contribute in tolerance, acceptance and reconciliation in the community? What could be improved? |                                                                                                          |
| 3. How contribute CSS in promoting peaceful coexistence and resilience activity? |                                                                                                          |
| 4. Do you think that the combination of the three thematic areas (CBT, livelihood support and peacebuilding activities) is necessary in addressing the psychological/social and economic wellbeing? Why? |                                                                                                          |
| 5. What other activities/strategies from TPO or other organizations or the communities can you think of that could be supportive and change the society to live in harmony? |                                                                                                          |

EXTRA QUESTIONS FOR SPECIFIC FOCUS GROUPS

CBT or livelihood groups in the program

<table>
<thead>
<tr>
<th>How do these groups and community-based platforms work? examples.</th>
<th>How does it help you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does it contribute to a peaceful society?</td>
<td>How can this be improved?</td>
</tr>
<tr>
<td>How does the mixed male/female participation work?</td>
<td></td>
</tr>
</tbody>
</table>

Youth group

<table>
<thead>
<tr>
<th>Do you feel that your life and future is affected by the armed conflict with the LRA? Please explain</th>
<th>What kind of stories are told at home?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does it influence in with whom you are friends or not?</td>
<td></td>
</tr>
</tbody>
</table>
### ANNEX III  Quantitative survey questions

#### QUANTITATIVE SURVEY

TPO Uganda with support from American People (USAID) would like to collect specific information regarding peace building, trauma healing and economic empowerment initiatives. This information will be used by TPO Uganda to ascertain information on how to best support this community. I consent to provide the Activity with the necessary personal information they are seeking from me. I understand that the personal information I provide is confidential. I understand that the TPO Uganda might release this information to another agency for programming. I understand that the researcher will keep my information confidential for the organizational objectives.

If the TPO Uganda has reason to believe that I am likely to cause serious physical harm to myself or another, they are obligated to inform the appropriate authorities. My signature below shows that I have accepted to provide them with all the necessary information they are seeking from my household.

Respondents Name: ___________________ Signature: __________ Date__________

Interviewer: __________________________ Signature: __________ Date__________

Global Information System (GPS): ………………………………………………………………

### Section A: Demographic Characteristics

| A.1: District | A.2: Sub-county: |
| A.2: Parish | A.3: Village |
| A.4: Name of respondent (Household head): |
| A.5: Status in Household (Father, Mother, Child, Relative, Care giver?): |
| A.6: Nationality of head of household: |
| A.7: Sex of respondent: | Male | Female |
| A.8: Marital Status of household head |
| 1 = Married | 4 = Living apart, not divorced |
| 2 = Partner, not married | 5 = Widow or widower |
| 3 = Divorced | 6 = Never married |
| A.9: Education level of household head: |
| 1 = Never been to school | 2 = Primary |
| 3 = Lower secondary | 4 = Upper secondary |
| 5 = Tertiary | 6 = University |
| A.10: Total Number of People Living in the Household |
| A.11: Number of household members by sex. (Insert numbers per sex) | Male | Female |

Participated in the following activities of TPO Uganda:
Section B mental health and psychosocial support (MHPSS)

Ask the interviewee if he/she has signs of the complaints described below before he/she started to participate in the program. And subsequently how the situation is at the moment

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Situation before the program</th>
<th>Current situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1: Change in sleep circle): sleeping more, sleeping less, difficulty falling asleep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B2: Decreased concentration or excessive concentration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3: Change in appetite: Increased appetite OR Decreased appetite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B4: Often complains of headaches, stomach-aches or sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B5: Many worries or often seems worried</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B6: Often unhappy, depressed or tearful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B7: Generally, well behaved, usually does what adults request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B8: Often fights with other children or bullies them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B9: Hear things other people cannot hear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B10: Attempted to commit suicide</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B11:** Other (Please describe other concerns and possible changes):

**B12:** Why do you think this has been happening?
B13: no question anymore

B14: How do you rate your current level of coping on a scale of 1 – 10 (with 1 being unable to cope)?

UNABLE TO COPE 1 2 3 4 5 6 7 8 9 10 ABLE TO COPE

B15: Have you received any medical or counselling services in accordance to these challenges?

Before the TPO activities: [ ] yes [ ] no

During the TPO activities: [ ] yes [ ] no

B16: From whom/where did you receive these services?

________________________________________________________________________

B17: Has your household experienced any recent losses?

Family, Job, None

Who? ___________________ When? __________ Other Losses: ___________________

B18: How would you consider the status of your housing?

[ ] Own [ ] Rent [ ] Live with relatives/friends (temporary) [ ] live with relatives/friends (permanent)

Housing

B19: How long have you lived in your current living situation? _________________________

B20: no question anymore

B21: What else do you think is important for us to understand about your current housing/living situation?

________________________________________________________________________

B22: How would you describe the overall health of your household?

_________________________________________________________________________

B23: Do you have any health issues? [ ] yes [ ] no

B24: If yes, please list below. __________________________________________________

B25: Has your health changed since you have participated in the programs of TPO Uganda?

Explain:________________________________________________________________________

Section C: ALCOHOL/DRUG ASSESSMENT:

C1: Is there a household member with a current alcohol/drug use?

[ ] Yes [ ] No

If yes, ask the questions below, if no history, move to next section.

| C2: Do you drink or use more than you intend to after finalising CBT? |
|---|---|---|---|---|
| [ ] Yes [ ] No |
| If yes, how often [ ] Almost every time [ ] Occasionally |
| [ ] Seldom [ ] More often lately [ ] When under stress |
| [ ] Other |

| C3: Have you had to increase the amount of alcohol/drug you consume to get the same effect, after finalising CBT? |
|---|---|
| [ ] Yes [ ] No |
| If yes, when did you first notice this change? |
| __________________________ |
**C4:** Do you have experienced overdosing on alcohol/drugs, after finalising CBT?
<table>
<thead>
<tr>
<th>__</th>
<th>Yes</th>
<th>__</th>
<th>No</th>
</tr>
</thead>
</table>
If yes, when was you last Overdose?
_____________________________________

**C5:** Have you experienced a blackout, after finalising CBT?
| __ | Yes | __ | No |
If yes, how often | __ | Almost every time | __ | Occasionally |
| __ | Seldom | __ | More often lately | __ | When under stress |
| __ | Other | __ | |

**C6:** Do you have seizures while under the influence after finalising CBT
| __ | Yes | __ | No |

**C7:** With whom do you typically consume alcohol?
| __ | Friends | __ | Family | __ | N/A-Alone | __ | Strangers | __ | Other |

**C8:** Have you experienced problems related to your alcohol use, after finalising CBT?
| __ | Yes | __ | No |
If yes, what was it? | __ | legal | __ | social/peers | __ | work |
| __ | family | __ | friends | __ | financial |

**C9:** Have you continued to drink/use drugs after finalising CBT?
| __ | Yes | __ | No |
If yes what has made that you changed: __________________

**Section D: HISTORY OF ABUSE/NEGLECT:**

**D0:** Has any household member been accused of abusing or assaulting someone after receiving TPO services?
| __ | Yes | __ | No |

If yes, please complete chart below

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>To Whom?</th>
<th>At What Age?</th>
<th>Was it Reported?</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1: Sexual</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
<tr>
<td>D2: Physical</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
<tr>
<td>D3: Emotional</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
<tr>
<td>D4: Verbal</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
<tr>
<td>D5: Abandoned/Neglected</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
</tbody>
</table>

**D6:** Has any household member ever been accused of abusing or assaulting someone, after receiving TPO services?
| __ | Yes | __ | No |

If Yes, please complete the chart below

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>By Whom?</th>
<th>At What Age?</th>
<th>Was it Reported?</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7: Sexual</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
<tr>
<td>D8: Physical</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
<tr>
<td>D9: Emotional</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
<tr>
<td>D10: Verbal</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
<tr>
<td>D11: Abandoned/Neglected</td>
<td>___</td>
<td>Yes</td>
<td>___</td>
</tr>
</tbody>
</table>

**D12:** Do you feel like the person that was abused is safe now? | __ | Yes | __ | No |

**D13:** What else do you feel is important for us to know about your health?
Section E: STRENGTHS/RESOURCES/SUPPORTS:

E1: What resources do you have to help with your current psychosocial/health problem?
_________________________________________________________________________

E2: What experiences (past & present) will help you in improving the current situation?
_________________________________________________________________________

E3: What are you (and your family) already doing to improve the current situation?
_________________________________________________________________________

E4: Who can you count on for support?

|__| Parents |__| Boyfriend/Girlfriend |__| Siblings |__| Pastor |__| Extended Family |__| Friends
|__| Neighbours |__| School |__| Church |__| Therapist |__| Group
|__| Community Services |__| Doctor |__| graduated CBT group
|__| Other_____________________________

What limitations do you have (if any)?
_________________________________________________________________________

E5: Are there changes since you have participated in the TPO Uganda program? Please list:
_________________________________________________________________________

Section F: Gender Based Violence (GBV) experience

<table>
<thead>
<tr>
<th>D. GBV experience assessment</th>
<th>F1: Has your partner denied you from working from outside home, refused you from associating with other family members and friends or threatened to harm you, after finalising the CBT?</th>
<th>Yes</th>
<th>No</th>
<th>F2: Does your partner control how you spend your money?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>F3: Does your partner criticize, uses threats, insults and use abusive language to cause fear in you to gain control, after finalising the CBT?</td>
<td>Yes</td>
<td>No</td>
<td>F4: Do you ever change your behavior (e.g. change plans, don’t visit family and friends, make sure the house is perfectly clean) because you are afraid something may happen to you?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>F5: Has your partner deserted, over worked, used child labour, and intimidated any of the family members, after finalising the CBT?</td>
<td>Yes</td>
<td>No</td>
<td>F6: Does your partner force you into having sex with him/her when you don’t want?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>F7: Has the family relationship been good in the past 6 months?</td>
<td>Yes</td>
<td>No</td>
<td>F8: Where do you go to seek for help when you have incidences violence?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F9: Would you need support for your situation?</td>
<td>Yes</td>
<td>No</td>
<td>F10: If yes, what support would be helpful to you now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F11: Are there changes due to participation of the TPO Uganda program?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If yes, please list them here:
### Section G: Livelihoods assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Response codes</th>
<th>score</th>
</tr>
</thead>
</table>
| **G1**: Has your household got sufficient food at all times, after receiving livelihood support from TPO. | 1. HH does not have sufficient food at all times  
2. HH frequently has less food to eat than needed, complains of hunger.  
3. HH has enough to eat some of the time, depending on season or food supply  
4. HH is well fed, eats regularly. |       |
| **G2**: How many meals does your household have in a day?                | 1. 3 times a day  
2. Twice a day  
3. Once a day  
4. Not every day |       |
| **G3**: What is the main source of food for your household?              | 1. Own crop production  
2. Markets purchase  
3. From relatives (Begging or gift in kind)  
4. Barter (Exchange in kind)  
5. Wild foods  
6. Food Aid |       |
| **G4**: What is your household’s current main source of income?          | a. Farming  
b. Unemployed surviving on humanitarian aid  
c. Casual Labour (porter, builder)  
d. Informal employment (boda-boda, rental units, askari /guards, subsistence farming, petty trading)  
e. Food Aid |       |
| **G5**: How many people live in your household?                         | What is the current total monthly household income?  
Number ___________Total Income___________  
(Divide total income by total number of people in HH) |       |
|                                                                           | -If < 30 US dollars (UGX 90,000) per person/per month  
-If it’s > 30US dollars (UGX 90,000) |       |
| **G6**: Who is the main contributor to household income?                | 1. Children  
2. Mother  
3. Father  
4. Grand Parents  
5. Relative(s)  
6. Others Specify ......................... |       |
| **G7**: Is any member of the household receiving Income Generating Activities (IGA), special microfinance credit, market linkages and productive inputs like; piglets, goats, seeds, farm implements etc. | 1. Yes  
2. No  
If yes:  
|   ___|TPO  
|   ___|other organization: ____________________________ |       |
| **G8**: Where do you get money for agriculture?                         | 1=Commercial Bank, 2=Microfinance Institution, 3= Sacco  
4=VSLA (group saving) Informal 5=Family member, 6=Neighbour/Friend, 7=Grocery local trader, 8=Money Lender, 9=Employer, 10=Religious institution, 11=other NGO, 12=Others (Specify) |       |
**G9**: Did you save any cash (since you are participating in the TPO activities? In other words, did you put any cash aside to use later?

| 1=Yes | 2=No |

**G10**: If yes, where did you save?

Formal Institutions 1=Commercial Bank, 2=Microfinance Institution, 3=SACCO 4=VSLA
Informal 5=Family member, 6=Neighbour/Friend, 7=Grocery local trader, 8=Money Lender, 9=Employer, 10=Religious institution, 12=Others (Specify)

**G11**: Are there any changes since you participate in the activities of TPO Uganda? If so list them below:

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**Section H: Peace building**

| **H1**: Do you still see conflict and dispute in your community? | 1 = Yes | 2=No |
| **H2**: If yes, what kind of conflict do you experience? | 1 = Land Conflict, 2 = Tribal Conflicts, 3 = SGBV, 4 = Others Specify |  |
| **H3**: What do you do in case of a conflict? |  |
| **H4**: Who helps you in case you need help? | 0 = CSS, 1=Police, 2= LC, 3=SACCO 4=VSLA 5=Family member, 6=Neighbour/Friend, 7=Religious institution, 8=NGO, 9=Others (Specify) |
| **H5**: What keeps you united as a family? | 1 = Our legacy of resistance gives us fortitude, 2 = Our culture infuses good conscience, 3 = Religion teaches us to love each other, 4 = Others Specify |
| **H6**: How is violence prevented in your community? | 0 = CSS, 1 = Mob justice, 2 = We organize neighbourhood watch as a community, 3 = Pray about it, 4 = Keep fighting, 5 = Others |
| **H7**: Are there changes in how you cope with conflict and violence since you have participated in the TPO Uganda activities. | 1= yes, 2= no |
| **H8**: Do you think that the combination of the three thematic areas (CBT, livelihood support and peacebuilding activities) is necessary in addressing the psychological/ social and economic wellbeing? | 1= yes, 2= no |
Informed Consent form

Research question: The impact of conflict on peace building, trauma healing and economic empowerment initiatives

TPO Uganda with support from American People (USAID) would like to collect specific information regarding. This information will be used by TPO Uganda to ascertain information on how to best support this community. I consent to provide the Activity with the necessary personal information they are seeking from me. I understand that the personal information I provide is confidential. I understand that the TPO Uganda might release this information to another agency for programming. I understand that the researcher will keep my information confidential for the organizational objectives.

If the TPO Uganda has reason to believe that I am likely to cause serious physical harm to myself or another, they are obligated to inform the appropriate authorities. My signature below shows that I have accepted to provide them with all the necessary information they are seeking from my household.

Respondents Name: ___________________ Signature: __________ Date__________

Interviewer: __________________________ Signature: __________ Date__________