



**FRIENDS PEACE TEAMS**  
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**Recovering from Violent Conflict:**

**An Evaluation of Healing and Rebuilding Our Community**

**Workshops in Burundi**

**African Great Lakes Initiative of the Friends Peace Teams**

**Burundi 2005**

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## Introduction

The genocide in Rwanda and the Crisis (as the Burundians call it) in Burundi did not just happen in April 1994 and October 1993. Violent conflict began in 1959, three years before independence with the encouragement of the Belgian colonial power. Politicians used the ethnic divide as a method to consolidate power and to control the entire population. When a government began to lose power and support, a new round of violence occurred to keep the ruling ethnic group in power—in Burundi this was the Tutsi while in Rwanda it was the Hutu

In the ensuing years Burundi experienced waves of violence and a series of bloody political coups. Each year brought uncertainty as new political movements surged and grasped for power by violent means. The Crisis of October 1993 was another round in the seemingly endless cycle of violence. Political conflict fueled mass murders of school children in Kibimba and sparked revenge killings that perpetuated a mass movement of neighbor killing neighbor. Systematically, community and family were destroyed.

Given such widespread exposure to and participation in the violence that worked to destroy any semblance of family and community how are people brought back together? What can rebuild the trust? Healing and Rebuilding Our Community (HROC—pronounced “He-rock”) works through encounter workshops to rebuild the lives, families and communities that have been destroyed. Each three-day HROC workshop brings ten Hutu and ten Tutsi participants from Rwanda or Burundi together usually for the first time in years. The first day is structured to develop a secure environment where everyone can feel free to talk. There is an introduction to psycho-social trauma (a new concept to most of the participants), a presentation on the causes and symptoms of trauma, followed by small-group discussions on the effects of trauma on the participants, and a closing relaxation exercise. On the second day, participants focus on good listening skills and learn about grief and loss, how to recover from trauma, and destructive and constructive ways of dealing with anger. The third day brings introductions to the “tree of mistrust” and the “tree of trust,” which lead to a “trust walk” where each Hutu participant is blindfolded and led around by a Tutsi participant, and then vice versa. Each workshop ends with individual participant testimonials and evaluation.

### *Primary hypotheses*

The purpose of this evaluation effort was to assess both psychological symptoms and psychosocial attitudes before and after participation in the workshop series. It was predicted that traumatic stress and general stress systems would be significantly reduced after participation in the HROC program. It was also predicted that attitudes and behaviors would reflect significantly toward reconciliation and trust in the community after participation in the HROC program.

### Methods

### *Participants*

Participants were recruited through Healing and Reconciling Our Communities (HROC), a program sponsored by the African Great Lakes Initiative of the Friends Peace Teams (AGLI-FPT). AGLI facilitates periodic trauma healing workshops community members throughout Burundi. Between the June and November of 2005 HROC offered a trauma healing workshop series for members of the communities surrounding Burasira, north-central Burundi. These communities included the Internally Displaced Persons (IDP) camps of Cagura and Ruhororo. The workshop series had three stages. First, each person participated in a three-day workshop in a group of 20. A month or two later each workshop group regathered for a follow-up day. Finally, all six workshop groups were combined and the larger community was invited for a community celebration day to mark the conclusion of the program. This workshop series ranged over a period of six months.

Demographic data showed that among the 78 study participants, 28 (36%) were female and 50 (64%) were male. The mean age was 37.7 years ( $SD = 13.6$ ). Seventy-four percent were married and 19.2% endorsed being a widow. Mean number of birth children was 4.9 and number of “adopted” children was .5. Only 14% of the sample had completed more than six years of education. Among the portion of the sample that lived in the IDP camp (44.7%), the mean length of residence was 10.5 years ( $SD = 3.3$ ).

Prior information that community contacts had invited equal numbers of each ethnicity had to serve as a proxy for explicit solicitation of ethnicity as such questions are considered inappropriate and divisive. Thus, we can only infer that representation of each ethnicity (Hutu and Tutsi) was balanced within the sample. Many participants had been directly victimized by violence during or since 1993, though a few were returnees from Tanzania who fled the conflict and had recently repatriated.

Eighty participants as prospective workshop participants were contacted and invited to be interviewed by HROC staff prior to beginning the workshop series. Seventy-nine arrived for their appointment. Sixty-two participated in the post-workshop evaluation. One participant’s responses were removed after an interviewer reported a suspicion of misinformation. The interviewer stated this participant’s report had been grossly inconsistent and that his behavior was obstinate and uncooperative. This participant’s data were removed prior to inspection by the principal investigator. Participants received reimbursement for transportation expenses.

### *Measures*

*Translation.* All instruments were translated into Kirundi. Burundian staff then backtranslated the instruments and discussed necessary refinements in a dynamic process. Prior to their use, the interview and measures were reviewed with three Burundians who spoke fluent English to make sure that it was comprehensible to the local people (Terheggen, Stroebe, and Kleber, 2001).

*Event history.* Each participant's history was collected using the Harvard Trauma Questionnaire (Part I) (HTQ-IV; Mollica, Caspi-Yavin, Bollini & Truong, 1992), a 19-item event checklist that specifies whether the event was directly experienced, witnessed, or heard about.

*Psychosocial questionnaire.* This study made use of a 23-item questionnaire developed by the research team that aimed to capture current opinions (10 items) and self-reported behaviors (13 items). All items were designed to reflect attitudes around trust across ethnic difference and security in the community. The measure used a metric from 1 to 5.

*Semi-structured interview on symptoms of distress.* Using methods derived from Kagee (2004) we utilized a semi-structured interview for the cross-cultural solicitation of symptoms associated with traumatic response. Open-ended questions were used to solicit how each participant had been affected by a self-identified traumatic event that occurred since 1993. The central question was "What are the main problems that affect you as the result of those events?" (Wilk & Bolton, 2002; Kagee, 2004). Secondary questions explored what the participant remembers thinking and feeling during the experience, how they remember the experience now and what they associate with it, and in what ways other people perceive them as different from prior to the experience. (See Appendix A for additional questions.)

*Quantitative symptom reports.* The Hopkins Symptom Checklist-25 (HSCL-25; Hesbacher, Rickels, & Morris, 1980) was designed as a self-report measure and uses a 4-point Likert scale (1 = not at all to 4 = extremely) across an anxiety subscale (10 items) and a depression subscale (15 items). By adding the somatic subscale of the HSCL-90 (Derogatis, 1994) a modified HSCL was used to assess symptoms of distress. The HSCL-25 total score can be used universally as a global measure of emotional distress (Mollica et al., 1987). When matched to diagnoses based on clinical interview, the HSCL-25 had a sensitivity of .88 and specificity .73 (Mollica et al., 1987), and internal reliability of .86-.95 across multiple languages (Kleijn, 2001).

The Harvard Trauma Questionnaire (Part IV) (HTQ-IV; Mollica, Caspi-Yavin, Bollini & Truong, 1992) was designed as a self-report measure and uses a 4-point Likert scale (1 = not at all to 4 = extremely) to

assess severity and nature of traumatic stress symptoms. The HTQ – Part IV is a symptom checklist of PTSD symptoms. The HTQ has been translated for a number of samples and consistently yields sufficient reliability (internal reliability of .74-.89) (Kleijn et al., 2001).

*Qualitative symptom reports.* In reference to their self-selected “most distressful” event, participants answered six open-ended questions about how they believed they were affected by this event. These interviews in Kirundi were audiotaped and then translated by the interviewer into English. The interviews were then read and examined for any response that described how the participant was impacted by the experience. These responses were coded over a course of three reviews. In the first review the discriminating question was “Could this be construed as a PTSD symptom?” If the answer was affirmative, then it was categorized as “PTSD liberal.” In the second review the discriminating question was “With minimal inference at most, might this be a PTSD symptom?” If the answer was affirmative, then it was categorized as “PTSD conservative.” These categories were not mutually exclusive, so all PTSD conservative symptoms were subsumed within the PTSD liberal category. In a third pass all remaining responses were sorted into other categories. Responses that had already been coded as PTSD were not recoded into these additional categories. This process effectively reduced the responses that could have been considered for other symptom categories. This was a dynamic process in which categories were developed in response to emerging themes in the data. All data were coded using the conservative discriminating question as described for PTSD conservative above.

#### *Procedures*

After a discussion of confidentiality and voluntariness, each participant responded to a semi-structured interview using the HTQ – Part I and predetermined open-ended questions directed at current symptoms. This was followed by the HTQ - Part IV, the three HSCL subscales, and a short sociodemographic form.

Interviews were conducted by two Burundian staff of the African Great Lakes Initiative (AGLI). Participants were told that the purpose of the interview was to collect data for research on outcomes associated with their future workshop participation. Most participants were not fully literate, so as necessary, items were administered verbally. The options reflected in the Likert were demonstrated visually by showing pictures of glasses with varying degrees of water in them (Terheggen et al., 2001).

## Results

### *Event history*

All participants were asked to endorse items from a list of nineteen possible traumatic events as listed in the HTQ- Part I (Mollica et al., 1992). The frequencies with which participants endorsed each item as an event they had experienced, witnessed, heard about, or had no exposure to are listed in Table 1. Across these nineteen items, the mean number of events experienced was 9.5 ( $SD = 1.9$ ) and the mean number of events experienced, witnessed, or heard about was 16 ( $SD = 3.0$ ). Each participant was then asked to identify the event that was most distressing to them. For the purposes of reporting, these selections have been clustered into more general categories and are reported in Table 2. For 58.5% of the participants, their self-identified most distressful event took place eleven or twelve years ago. All other participants chose events that occurred more recently.

Table 1

*Frequency of events endorsed (HTQ – Part I).*

	Not experienced	Witnessed	Heard about	Experienced
Lack of shelter	-	2.6%	-	97.4%
Lack of food and water	-	1.3%	2.6%	96.2%
Ill health and no medical care	-	1.3%	2.6%	96.2%
Loss of personal property	1.3%	6.4%	1.3%	91.0%
Combat situation	-	-	-	100%
Narrowly escaping death	-	5.1%	16.7%	78.2%
Rape	1.3%	66.7%	20.5%	11.5%
Sexual abuse/humiliation	17.9%	56.4%	17.9%	7.7%
Serious physical injury from combat	17.9%	5.1%	59.0%	17.9%
Forced to hide	-	-	-	100%
Forced to hide among the dead	30.8%	41.0%	15.4%	12.8%
Betrayed and placed at risk of death	28.2%	24.4%	14.1%	33.3%
Confined to indoors because of danger	9.0%	6.4%	2.6%	82.1%

Forced to harm or kill a family member or friend	47.4%	24.4%	16.7%	11.5%
Forced to harm or kill a stranger	41.0%	28.2%	14.1%	16.7%
Disappearance/kidnapping of spouse		24.3%	37.1%	25.7% 12.9%
Disappearance/kidnapping of son or daughter	28.8%	38.5%	23.1%	5.1%
Unnatural death of family member	5.1%	17.9%	5.1%	71.8%
Imprisonment		37.2%	10.3%	33.3% 19.2%

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Note. HTQ = Harvard Trauma Questionnaire.

Table 2

*Frequency of selected "most distressful" event*

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Event	Frequency of selection
Family member(s) killed	28.2%
Almost killed	23.1%
Flight and homelessness	12.8%
Loss of house and possessions	10.3%
Arrest/prison	3.8%
Poverty	3.8%
Raped	2.6%
No food or water	2.6%
Robbed	2.6%
Family member almost killed	2.6%
Other	5.6%

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*Baseline symptom report*

*Anxiety, depression, and somatization measure.* Mean scores on the HSCL subscales (anxiety, depression, and somatization) are reported in Table 1. For the purposes of comparison, established norms for different groups are also included (Derogatis, 1994). Level of anxiety and somatization were markedly higher than found in a (Western) psychiatric inpatient sample. Depressive symptoms were comparable to what would be found in a (Western) psychiatric inpatient sample. Mollica et al. (1987) established a critical cutoff of 1.75

on the HSCL-25 indicative of “substantial distress” in a non-Western southeastern Asian sample. In this sample 32.1% exceeded this cutoff in the depression subscale and 57.7% in the anxiety subscale. Though Mollica et al.’s cut-off does not specifically apply to the somatization scale from the HSCL-90, it is noteworthy that 56.4% of the sample exceeded the cut-off in the somatization subscale. Thus, these nonspecific symptoms of anxiety, depression, and somatization generally exceeded inpatient psychiatric norms and were endorsed at considerably higher rates than were the PTSD symptoms.

Table 1

*HSCL sample mean scores and norms*

	Sample mean	Nonclinical mean	Psychiatric outpatient mean	Psychiatric inpatient mean
HSCL-25 total	1.83 (.54)	.33 (.37)	1.63 (.91)	1.61 (1.07)
Depression subscale	1.68 (.52)	.36 (.37)	1.79 (.94)	1.74 (1.08)
Anxiety subscale	2.07 (.69)	.30 (.37)	1.47 (.88)	1.48 (1.05)
Somatization subscale	1.96 (.58)	.36 (.42)	.87 (.75)	.99 (.84)
3 subscales combined	1.87 (.52)	-	-	-

Note. Standard deviations in parentheses. HSCL = Hopkins Symptom Checklist.

*Posttraumatic stress measure.* Mollica et al. (1992) determined a critical cut-off of 2.5 for the HTQ – Part IV in an indigenous southeastern Asian sample and stated that scores above this threshold can be considered indicative of being symptomatic for PTSD. Our sample’s mean score on the HTQ – Part IV was 1.83 ( $SD = .47$ ). Only 11.5% of the sample exceeded the cut-off. Therefore despite the extensive trauma history endorsed by the sample, only a small percentage endorsed symptoms at a level indicative of being symptomatic for PTSD.

The HTQ - Part IV also offers a traumatic stress construct that includes an additional fourteen items intended to capture a more culturally variable traumatic stress reaction. In a validity study for the HTQ, Mollica et al. (1992) showed that the addition of these 14 items significantly improved the accuracy of the scale for the Southeastern Asian sample used for this study (Mollica et al., 1992). The same cut-off of 2.5 indicates symptomatology for PTSD. Our sample’s mean score for this more comprehensive construct was 1.75 ( $SD = .49$ ). Only 9.0% exceeded the cut-off. Again, despite the extensive trauma history, traumatic stress symptoms were relatively low.

### *Changes in symptoms*

Symptoms were assessed before and after the HROC workshop series using the HTQ – Part IV and the three subscales of the HSCL (anxiety, depression, and somatization). Paired samples T-tests were used to analyze changes in each variable at the two different time points. All psychological symptom measures showed significant reduction over time. Traumatic stress symptoms (according to a strict DSM model) were significantly reduced over time ( $t(60) = 2.91, p = .005, d = .98, CI95\%: .06 < \mu < .31$ ). Traumatic stress symptoms (according to Mollica’s broader conceptualization of traumatic stress across cultures) were also significantly reduced ( $t(60) = 3.79, p < .001, d = 1.02, CI95\%: .12 < \mu < .33$ ).

Anxiety symptoms were significantly reduced over time ( $t(60) = 5.39, p < .001, d = 1.09, CI95\%: .31 < \mu < .67$ ). Depressive symptoms were also significantly reduced over time ( $t(60) = 4.21, p < .001, d = 1.09, CI95\%: .16 < \mu < .44$ ). Symptoms of somatization were also significantly reduced over time ( $t(60) = 6.09, p < .001, d = 1.15, CI95\%: .27 < \mu < .54$ ). Mean changes are reflected in Table 2.

Table 2

#### *Mean change across symptom measures*

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Measure	Mean change (SD)
HTQ (dsm)	.18 (.49)
HTQ (cultural)	.22 (.45)
HSCL (anxiety)	.49 (.71)
HSCL (depression)	.30 (.56)
HSCL (somatic)	.41 (.52)

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It is worth noting that while all symptom categories showed significant reduction, the general stress symptoms were reduced much more than the traumatic stress symptoms.

### *Changes in psychosocial attitudes*

Psychosocial variables (opinion and self-report of behavior) were assessed before and after the HROC workshop series using a psychosocial questionnaire developed by the research team. Paired samples T-tests were used to analyze changes in each variable at the two different time points.

Changes in opinions (sense of security, sense of trust and friendship across ethnic differences) and in self-reported behavior (e.g. intermarriage, sharing water, sharing fire) did not change significantly. However, it should be noted that mean scores on the psychosocial questionnaire were already quite high (opinion mean 4.0 (.54); behavior mean 4.2 (.44). Given a metric of 1 to 5, there was little room for additional improvement.

*Frequency of responses to open-ended questions.* Frequency of endorsement of different responses to the open-ended questions were counted. Only one participant endorsed sufficient symptoms to meet criteria for a PTSD diagnosis and no one met criteria for other disorders. Complaints of a material nature far outweighed psychological complaints. Coded conservatively, PTSD symptoms were less frequent than depressive symptoms and as frequent as anxiety symptoms. Coded liberally PTSD was more frequent than other complaints (except for material). Frequencies are reported in Table 6.

Table 6

*Frequency of responses from open-ended questions as to how participant was affected by event*

Number of responses within each category

Category	1	2	>2	Met diagnostic criteria for PTSD/MDE
PTSD liberal	50.0%	28.2%	14.1%	One
PTSD conservative	30.8%	6.4%	2.6%	None
MDE	20.8%	1.3%	0%	None
Nonspecific depression	38.5%	2.6%	0%	
Nonspecific anxiety	30.8%	3.8%	0%	
Material	70.5%	15.4%	3.8%	
Somatic/medical	23.1%	2.6%	0%	
Anger	11.5%	0%	0%	
Bad/evil thoughts	21.8%	1.3%	0%	
Thoughts of revenge	12.8%	0%	0%	

Note. PTSD = Posttraumatic Stress Disorder. MDE = Major Depressive Episode.

Discussion

*Event history and symptom levels*

Despite significant histories of multiple traumas, the participants reported relatively low levels of PTSD symptoms. According to Mollica et al.'s (1992) cutoff for the HTQ, only 11.5% could be considered symptomatic for PTSD. One possible explanation is that there has been a process of natural recovery during the interim period. Most participants suffered the bulk of their traumatic events between 1993 and 1996. Given the continued but intermittent civil war and general lack of security within the community, there is reason to suspect that many participants experienced traumatic events in the more recent years leading up to our study. We did not assess to what degree participants continued to experience trauma over the last ten years. Therefore one explanation for the low level of PTSD symptomatology relative to the substantial trauma history is a gradual abatement of symptoms over the years. However, this explanation stands in contrast to conventional claims that PTSD is unremitting without treatment (i.e. traumatized Vietnam veterans who experienced trauma over 30 years ago; see Rosenheck & Fontana, 1994).

A second possibility is that participants are underreporting. The Burundian interviewers, whose presence should have facilitated disclosure, stated that they did not think that participants were generally underreporting. In fact, staff observed that participants were often very eager to disclose the ways in which they had been affected by their experiences. It is difficult to support an argument for the possibility of the specific underreporting of PTSD symptoms, when material complaints and certain symptoms were endorsed at substantial levels. Underreporting is also unlikely given that the mean scores on the HSCL anxiety and somatic subscales far exceeded inpatient clinical means. (The mean depression subscale score was comparable to the inpatient clinical mean.)

A third explanation for the low levels of PTSD in this sample is that PTSD symptoms do not accurately capture the type of post-traumatic stress reactions of these individuals. In the quantitative data, many more participants exceeded Mollica et al.'s (1987) cutoff for substantial distress on the HSCL than they did on the HTQ. In the qualitative data, response rates between conservative estimates of PTSD symptoms and nonspecific anxiety and depression symptoms were comparable. Clearly, a trauma history in this sample is associated with diverse elevated symptoms (and material complaints) as opposed to being limited to predominately specific PTSD symptoms.

#### *Qualitative symptom report*

The qualitative data reveal that PTSD symptoms are just one of a number of symptomatic profiles resulting from a traumatic history. Coded liberally (in contrast to conservative coding of the other symptom types), PTSD symptoms were more frequent than other symptom types. However coded more conservatively, PTSD showed comparable frequencies to symptoms of depression and anxiety. It is noteworthy that participants reported that the frequency of material needs exceeded all other identified categories. These findings are consistent with Baron (2002) who used open-ended questions as opposed to symptom checklists to determine the nature of the distress people were experiencing. Material needs consistently outweighed psychological ones and mixed anxiety and depression fit the profile better than specific PTSD symptoms. The questions used were adopted from Kagee (2004) who, while finding some presence of PTSD symptoms among South African torture survivors, reported that these symptoms are significantly outweighed by somatic and economic concerns.

#### *Outcomes after workshop participation*

Participants registered significant and dramatic reduction across all symptom measures. While there was no comparison group by which to eliminate the effect of time and other nonspecific variables, there is good reason to suspect that the HROC workshop series is responsible for these reductions in symptoms. While both PTSD and more general symptoms of stress (anxiety, depression, and somatization) were significantly reduced, it was the latter that was higher at baseline and saw greater reduction. The distress exhibited by this group is better characterized in terms of more diverse stress reactions than specifically PTSD.

Significant changes were not evident in the psychosocial measure that had been designed to capture changes in opinions and behavior around issues of reconciliation. This was at least partly due to the fact that most participants endorsed high levels of trust and reconciliation *prior* to the workshop series. The exact reason for this is unknown as many observe that there are still strained relationships within the communities. One possible explanation is that they rated the state of reconciliation compared to how it was in 1993. From this perspective, most community members would report that relations were strong and dramatically improved.

#### *Study limitations*

Certain limitations of the study warrant discussion. The data collected qualitatively may have been compromised by inconsistent efforts on the part of the interviewers. That one interviewer documented significantly higher HTQ symptoms and significantly lower qualitative PTSD (conservative) symptoms than

the other interviewer suggests possible inconsistencies in interviewer techniques. Additional training and preparation of the interviewers in future studies might strengthen the validity of the qualitative data. Our assessments were largely symptom focused, and as in most similar studies, failed to assess sufficiently the degree to which these symptoms were truly impacting functioning. Throughout this study is the limitation that we are working with Western models of psychological distress and Western models of research. The degree to which these models capture the experiences and the psychological/psychosocial changes in a non-Western sample should always be assumed cautiously and with respect for the pronounced cultural differences that exist.

### *Conclusion*

This study gives support in the form of empirical evidence to the many testimonials provided by HROC participants about how they have been helped by the trauma healing workshops. Modification to the methods by adding a comparison group and refining the assessment of baseline psychosocial attitudes are important next steps that will strengthen the validity of claims to the effectiveness of this program. Nonetheless, the participants demonstrated a substantial decrease in psychological symptoms that is especially impressive given that the total time in which staff were in direct contact with participants was less than one week over six months. Such results implicate either a tremendous responsiveness to the workshop itself or a gradual healing over months that is put in motion by the initial workshop and then reinforced periodically by staff and other participants.

## Appendices

### Appendix A

#### Core Questions for Traumatic Event Interview

1. What do you remember thinking and feeling during and after the experience?
2. Do you think that that experience has changed you? In what ways?
3. When you think about your experience now what comes to your mind?
4. Do you experience any after-effects or problems from your experience?
5. Do people notice anything different about you in the days and weeks as a result of the experience?
6. What are the main problems that affect you as the result of those experiences?

Appendix B

Psychosocial Questionnaire

Please rate how likely are you to do the following:

**1 = Never 2 = Rarely 3= sometimes 4 = often 5 = always**

1.	Invite the other ethnic group into your home	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Go to other ethnic group's house to avoid the rain.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Talk ironically about the suffering of the other ethnic group.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Talk compassionately about the suffering of the other ethnic group.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Let your children marry across ethnic difference.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Protect someone from the other ethnic group who was being mistreated.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Share a meal with someone from the other ethnic group.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Freely sharing my stories of how I have suffered.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Go to the home of the other ethnic group and ask for burning fire.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Standing for someone of different ethnic group unjustly accused.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Informing someone of different ethnic group about a coming danger that you are aware of.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Go to other ethnic group's house to get a drink of water	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I quarrel with my husband/wife or children	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID # \_\_\_\_\_

Please rate how often these statements are true about you:

**1 = Never true 2 = Rarely true 3=Sometimes true; 4 = mostly true**

**5=Always true (5)**

1.	I am hopeful for the future of my community.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I will share with anyone who is in need.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	I trust people even when I do not know them well.	1	2	3	4	5
		<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/>
4.	I feel safe in my community.	1	2	3	4	5
		<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/>
5.	I have friends of other ethnicities.	1	2	3	4	5
		<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/>
6.	I feel comfortable interacting with people of other ethnicities.	1	2	3	4	5
		<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/>
7.	There will always be problems between ethnicities in Burundi.	1	2	3	4	5
		<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/>
8.	The other ethnicity has suffered as much as our own.	1	2	3	4	5
		<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/>
9.	I can understand why the other ethnicity feels fear and grief as we do.	1	2	3	4	5
		<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/>
10.	My family members are at peace with each other.	1	2	3	4	5
		<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/> -----	<input type="checkbox"/>

## Appendix C

### HTQ (Part I)

Instructions: We would like to know something about your experiences in the past. Knowing what your past experiences are will help us to create better programs. You may find answering some of the questions upsetting and if this is so, please feel free not to do so.

We will read a list of different experiences. Please indicate whether you have experienced, witnessed, or heard about this event since 1993.

E=Experienced W=Witnessed H=Heard About N= No

Lack of shelter E W H N

Lack of food or water

Ill health without access to medical care

Confiscation or destruction of personal property

Combat situation

Narrowly escaping death

Rape

Sexual abuse or sexual humiliation

Serious physical injury from combat

Forced to hide

Forced to hide among the dead

Someone was forced to betray you and place you at risk of death or injury

Confined to indoors because of danger outside

Forced to physically harm or kill a family member or friend

Forced to physically harm or kill someone who is not a family member or friend

Disappearance or kidnapping of spouse

Disappearance or kidnapping of son or daughter

Death of a family member

Appendix D

HTQ (Part IV)

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please read each one carefully and decide how much the symptoms bothered you **in the past week**.

Scale: 1 – not at all 2 – a little 3 – quite a bit 4 - extremely

1	Recurrent thoughts or memories of the hurtful or terrifying event	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Feeling as though the event is happening again.	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Recurrent nightmares	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Feeling detached or withdrawn from people	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Unable to feel emotions	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Feeling jumpy, easily startled	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Difficulty concentrating	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Trouble sleeping	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Feeling on guard	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Feeling irritable or having angry outbursts	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Avoiding activities that remind you of the traumatic or hurtful event.	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Inability to remember parts of the most traumatic or hurtful event.	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Less interest in daily activities	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Feeling as if you don't have a future	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Avoiding thoughts or feelings associated with the traumatic or hurtful experience	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic event	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Feeling that people do not understand what happened to you.	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Difficulty performing work or daily tasks	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Blaming yourself for things that have happened	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Feeling guilty for having survived	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Hopelessness	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Feeling ashamed of the hurtful or traumatic events that	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	have happened to you	<input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/>
2	Spending time thinking about why these events happened to you	1      2      3      4 <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/>
2	Feeling as if you are going crazy	1      2      3      4 <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/>
2	Feeling that you are the only one who suffered these events.	1      2      3      4 <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/>
2	Feeling others are hostile toward you	1      2      3      4 <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/>
2	Feeling that you have no one to rely on	1      2      3      4 <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/>
2	Finding out or being told by other people that you have done something that you cannot remember	1      2      3      4 <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/>
2	Feeling as if you are split into two people and one of you is watching what the other is doing	1      2      3      4 <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/>
3	Feeling someone you trusted betrayed you.	1      2      3      4 <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/>

Appendix E

HSCL

Listed below are some symptoms or problems that people sometimes have. Please read each one carefully and decide how much the symptoms bothered or distressed you in the last week, including today. Place a check in the appropriate column.

Scale: 1 – not at all 2 – a little 3 – quite a bit 4 - extremely

1	Suddenly scared for no reason	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Feeling fearful	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Faintness, dizziness, or weakness	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Nervousness or shakiness inside.	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Heart pounding or racing.	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Body trembling	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Feeling tense or keyed up	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Headaches	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Spells of terror or panic	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Feeling restless, can't sit still	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1	Feeling low in energy, slowed down	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Blaming yourself for things	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Crying easily	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Loss of sexual interest or pleasure	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Poor appetite	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Difficulty falling asleep and difficulty sleeping	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Feeling hopeless about the future	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Feeling blue	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Feeling lonely	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Thoughts of ending your life	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Feeling of being trapped or caught	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2	Worrying too much about things	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Feeling no interest in things	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Feeling everything is an effort	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Feelings of worthlessness	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2	Stomach pain	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Pains in the heart or chest	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Heavy feelings in your arms or legs	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Pains in the lower back	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Soreness of your muscles	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Trouble getting your breath	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Hot or cold spells	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A lump in your throat	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Weakness in parts of your body	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Numbness or tingling in parts of your body	1	2	3	4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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