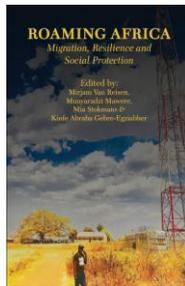


# Is Trauma Counselling the Missing Link? Enhancing Socio-Economic Resilience among Post-war IDPs in Northern Uganda

*Mirjam Van Reisen, Mia Stokmans, Primrose Nakazibwe,  
Zaminah Malole & Bertha Vallejo*

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## Chapter 16

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# Is Trauma Counselling the Missing Link? Enhancing Socio-Economic Resilience among Post-war IDPs in Northern Uganda

*Mirjam Van Reisen, Mia Stokmans, Primrose Nakazibwe,  
Zaminah Malole & Bertha Vallejo*

### Introduction

In 1986, the Lord's Resistance Army (LRA) started a war in Northern Uganda with extreme brutality, resulting in the nearly total destruction of the region and internal displacement of many people (Van Reisen, Nakazibwe, Stokmans, Vallejo & Kidane, 2018). As a consequence of the military operation of the Uganda People's Defense Forces (UPDF) in Southern Sudan, civilians found themselves crushed between the UPDF and the LRA (Apuuli, 2006), and the Ugandan Government ordered that they move to government camps or 'protected villages', fuelling the internally displaced people (IDP) crisis and increasing the vulnerability of these communities (Lomo & Hovil, 2004; Mukwana & Ridderbos, 2008). It was then that Northern Uganda experienced the worst humanitarian crisis with more than 2 million IDPs (Lomo

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*The civil war in Northern Uganda left communities traumatised and suffering from post-traumatic stress disorder (PTSD). Although many government programmes have been implemented for rehabilitation, those with PTSD are often unable to grasp the opportunities presented due to underlying trauma. This study found that psycho-social support and trauma counselling increases the ability of people with PTSD to cope with hazard and misfortune. Importantly, the study found that psycho-social support directly and significantly increases socio-economic resilience and enhances the effects of social protection programmes.*

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& Hovil, 2004). The Government of Uganda initiated the Peace, Recovery and Development Plan in 2007 and commenced full scale implementation in 2009. The overall goal of the plan was to stabilise Northern Uganda and promote rehabilitation through the socio-economic development of communities (Van Reisen *et al.*, 2018). Population surveys conducted after the civil war suggest that people still suffer from traumatic war experiences (Nakimuli-Mpungu *et al.*, 2013) and these findings are confirmed by qualitative research (see Chapter 15, *Life after the Lord's Resistance Army: Support for Formerly Abducted Girls in Northern Uganda*, by Primrose Nakazibwe & Mirjam Van Reisen) and quantitative analysis of trauma of the community measured through the Impact of Events Scale (Van Reisen *et al.*, 2018). Studies have also found that the government lacks health services to help traumatised community members (Van Reisen *et al.*, 2018). In this chapter, we focus on the interaction of trauma and socio-economic development that is facilitated by providing social protection to vulnerable communities in Northern Uganda.

Social protection or social security is regarded as a human right (Ulriksen & Plagerson, 2014). The International Labour Organization (ILO) defines social protection as “the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Thus, social protection policies are vital elements of national development strategies to reduce poverty and vulnerability across the life cycle” (ILO, 2017, p. 2). Social protection for vulnerable groups plays a vital role in inclusive and balanced growth in developing and least developed countries (Sahu, 2011). Due to several factors such as globalization, changes in development practices, as well as increased attention on citizenship, governance and human rights, social protection in developing countries has increased in recent years (Oldekop *et al.*, 2016; Serena & Shelley, 2014; Norton, Conway & Foster, 2001).

In the Ugandan context, social protection refers to public and private interventions to address the risks and vulnerabilities that expose individuals to income insecurity and social deprivation resulting in undignified lives (MGLSD, 2015). It is regarded as a national initiative

to reduce poverty levels among vulnerable Ugandans, contributing to the development of the nation, strengthening household productivity and capacity for income generation (National Planning Authority, 2013, 2015; Norton, Conway & Foster, 2001; MGLSD, 2015). In Uganda, social protection is geared towards reducing poverty, supporting excluded citizens to access services, providing a foundation on which to build productive livelihoods and enabling citizens to live a life that is secure and dignified.

In assessing the effectiveness of social protection programmes, a macro-economic perspective is often taken with a focus on average income in a region as a proxy for poverty, ignoring vulnerability (Fiszbein, Kanbur & Yemtsov, 2014). This is not surprising, as the literature on social protection, particularly in developing countries, shows that social protection programmes (such as the programmes supported by the World Bank) mostly have a narrow emphasis on targeting poverty and inequality through social transfers and benefits (Houtart, 2005), leaving resilience and vulnerability unattended.

In this chapter, we question the macro-economic perspective on poverty by drawing attention to agency: how people perceive opportunities and threats in their current situation, as well as their routine ways of evaluating situations and responding accordingly. According to this perspective, perceived opportunities can be enhanced by social protection, but also by other policies and programmes that reduce vulnerability or promote socio-economic resilience. By focusing on agency to enhance socio-economic resilience, instead of providing financial help to reduce poverty, it becomes clear that a change in mindset, from reacting to problems, a hazard or danger, to pro-active behaviour that is future oriented, can improve (individual) livelihoods. Such a change in mindset may be helpful to understand the effectiveness of social protection provided to communities of displaced people. As indicated in the introduction, many communities in Northern Uganda took in large numbers of IDPs suffering from war-time experiences (Human Rights Watch, 2003). The civil war in Uganda disrupted the social fabric, especially in rural communities, leaving many people traumatised and living in

poverty (Dermatis & Kadushin, 1986; Van Reisen *et al.*, 2018). In such a post-war context, the agency of people may be impaired to the extent that members of the community see no opportunities and only threats, due to post-traumatic stress disorder (PTSD) (Van Reisen *et al.*, 2018).

The research question addressed in this chapter is twofold: *Does support to relieve trauma (PTSD) enhance (social and economic) resilience? And, does support to relieve trauma increase the effectiveness of social protection programmes on (social and economic) resilience in vulnerable and traumatised communities?*

Most of the discussion on social protection is focused on its (macro) economic impact (Fiszbein *et al.*, 2014) and not on the agency of people to shape their own future. However, we argue that the sustainable economic impact of social protection assumes that people are able to generate their own income and, as a consequence, have the agency to shape their own future. Therefore, this research adds to the existing literature on social protection, by providing lessons and insights for the inclusion of underlying vulnerabilities (such as PTSD) as important elements in the design and implementation of sustainable social protection programmes.

The chapter is articulated as follows: the next section introduces the key concepts underlying the analysis: social protection, resilience, and trauma. This is followed by a review of social protection programmes in Sub-Saharan Africa and Uganda in particular and the methodology used in this study. Then the results of the empirical research are presented, followed by a discussion of the main findings and conclusion, including policy recommendations.

### **The key concepts: Social protection, socio-economic resilience, and trauma**

The concept of social protection is not defined unequivocally in the literature, as its description often refers to frameworks that articulate specific aspects of the multi-dimensional nature of poverty and

describe the causal mechanisms that reduce poverty – compare, for example, the definitions of social protection by the World Bank (n.d.), International Monetary Fund (IMF, 2016, p. 4) and Asian Development Bank (2003, p. 1). However, at an abstract level, social protection can be regarded as a human right and, as set out above, can be described as “the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle” (ILO, 2017, p. 2). Vulnerability and resilience are related concepts,<sup>1</sup> where vulnerability refers to conditions that make people susceptible to harm and resilience denotes coping with and recovering from a hazard that has already occurred (Bergstrand, Mayer, Brumback & Zhang, 2015, p. 392).

Social protection programmes are believed to play a significant role in reducing poverty and vulnerability, and are viewed as powerful tools for governments, policymakers and donors (Waqas & Awan, 2017). A general aim of social protection is to “enhance the capacity of poor and vulnerable people to escape from poverty and enable them to better manage risks and shocks” (OECD, 2009). In this context, capacity is a characteristic of individuals and can be understood as the power to do something or related to what people are actually able to do and to be (Nussbaum, 2003, p. 36; Nussbaum, 2011, p. 18; Sen, 2009, p. 19). According to this line of reasoning, social protection programmes enhance the capacity of poor and vulnerable individuals. The idea is that, due to this enhanced capacity, one is able to escape poverty and become less vulnerable.

In this chapter we focus on the socio-economic resilience of individuals, as a proxy for the capacity vulnerable people have to escape poverty. Socio-economic resilience at the individual level is not well defined in the literature. For the operationalisation of social resilience, objective indicators at the community level are often used, and in operationalising economic resilience, research often focuses on

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<sup>1</sup> There is no universally agreed definition of these two terms. Cutter (1996), for example, identifies 18 different definitions of vulnerability across different disciplines. Similarly, when we talk about resilience in social sciences, definitions vary from equilibrium to evolutionary approaches (Simmie & Martin, 2010).

objective macroeconomic indicators (Cutter, Burton & Enrich, 2010; Röhn, Sánchez, Hermansen & Rasmussen, 2015). These indicators are related to the resilience of a community, area or country, but they have only an indirect relationship with the agency of an individual living in those places. This operationalisation was used as it gave the researchers an idea about the indicators of social and economic resilience at the individual level. In our study, ‘social resilience’ refers to individual abilities, and perceived social support, while ‘economic resilience’ focuses on perceived income security.

According to the literature, the capacity people have to operate and function in every day’s life is affected by trauma, as people who are exposed to traumatic events can experience stress responses such as avoidance, sleep disturbances, hyper-arousal and hyper-vigilance (Chrousos & Gold, 1992; Tsigos & Chrousos, 2002). Repeated or constant activation of such a stress response (by, for example, cues that trigger such memories) is referred to as post-traumatic stress disorder and creates a state of fear, hopelessness and even horror (Yehuda, 2002). Moreover, trauma survivors who develop PTSD frequently perceive themselves as less valued by the community and experience a reduced sense of belonging (Catherall, 1989, p. 295). We believe that this negative state of being affects their capacity or agency, as people regard feelings as informative about opportunities and threats (Schwarz, 2011; Van Reisen, *et al.*, 2018; Kidane & Stokmans, 2019). Consequently, those who suffer from PTSD are less socio-economically resilient. If trauma is not healed, people have trouble exerting their agency, remain vulnerable and lack resilience.

By focusing on capacity, the effectiveness of social protection programmes is framed from a social-psychological perspective that supplements the macro-economic emphasis commonly used. In the macro-economic view, it is assumed that the invisible hand of Adam Smith can regulate, for example, the food market by means of supply and demand, and based on individual interest. According to this idea, providing people with (slightly more) money increases their access to the food market, which increases demand (and prices will rise), which makes it more profitable for individuals to enter the supply chain of

the food market. Consequently, supply increases and prices drop, but more people are actively engaged in the economy. However, this line of reasoning assumes that individuals have the capacity or agency to grasp the opportunities provided by the social protection programme to produce food. This capacity may not exist in severely traumatised people. Therefore, the relationship between trauma and social protection needs to be further investigated. Hence, this research hypothesizes that trauma support is necessary to enhance the socio-economic resilience of severely traumatised vulnerable people and that this support interacts with social protection programmes to enhance socio-economic resilience, which in turn reduces poverty. Figure 16.1 summarises the conceptual framework discussed in this section.

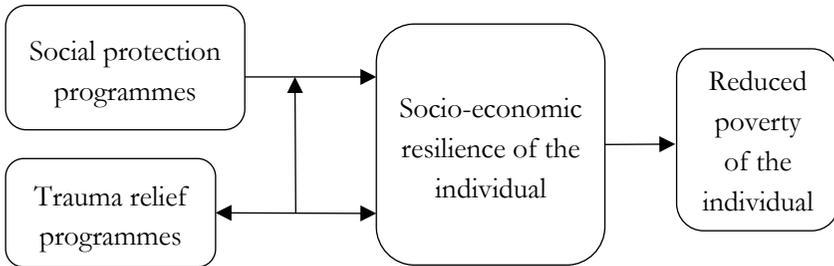


Figure 16.1. Conceptual framework to reduce poverty of traumatised vulnerable people

### Social protection in Sub-Saharan Africa and Uganda in particular

Social protection is important for the first goal of the UN Sustainable Development Goals (SDGs) – end poverty in all its forms everywhere (Kaltenborn, 2015; UNRISD, 2016) and can be targeted in nine areas: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old age benefits, disability benefits, and survivor benefits (ILO, 2017, p. 2). Social protection programmes – including cash transfers, in-kind transfers, food transfers, school feeding, subsidies, and humanitarian and disaster relief programmes (Fiszbein *et al.*, 2014) – are believed to alleviate short-term deprivations, regularise

consumption and reduce the adoption of negative coping strategies (Burchi, Scarlato & D'Agostino, 2018). However, as the conceptual framework in Figure 16.1 suggests, these effects assume that the individuals involved have the agency to act accordingly.

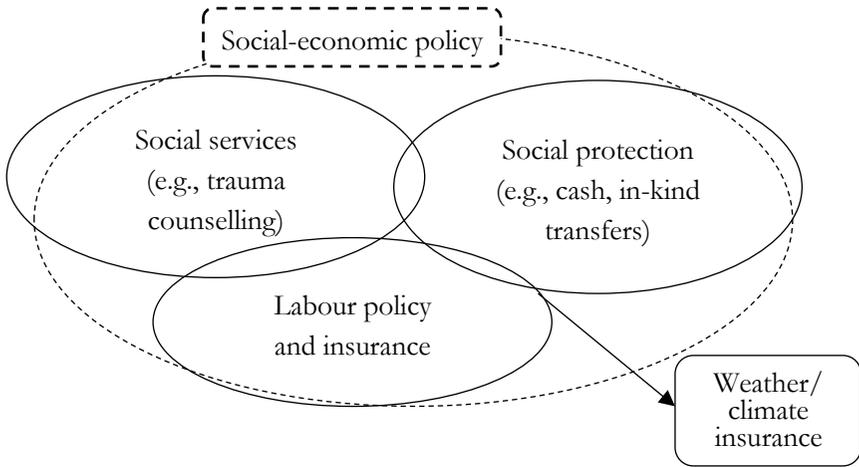


Figure 16.2. Domains of social policy

Source: Adapted by the authors from Gentilini and Omamo (2011, p. 331)

In Sub-Saharan Africa, social protection programmes started to spread in a significant fashion in the late 1990s, mostly promoted by the World Bank (2001), with other international organisations introducing interventions within a relatively short timeframe (Niño-Zarazúa, Barrientos, Hulme & Hickey, 2012). In the case of Uganda, the government acknowledged that social protection is a state obligation and integrated it in its national policies as early as 2004 (MGLSD, 2011, cited in Van Reisen *et al.*, 2018). Over the years, Uganda’s social protection programmes have included the Direct Income Support programmes, the National Social Security Fund, National Pensions Scheme, the Northern Uganda Social Action Fund, the Orphans and Vulnerable Children programme, Universal Health Services, Cash for Work Schemes, the Parliamentary Pension Scheme, Universal Primary Education, and Universal Secondary Education (Van Reisen *et al.*, 2018). Social protection policy in Uganda mainly targets vulnerable groups including unemployed

persons, older persons, persons with disabilities, ethnic minorities, orphans and vulnerable children, and vulnerable women. The social protection policy is based on eight principles: individual and family involvement; timeliness, reliability and sustainability; transparency and accountability; universalism and inclusiveness; a human rights based approach to service delivery; gender responsiveness; dignity; and equity (MGLSD, 2015).

There are both informal and formal social protection mechanisms in Uganda. Informal or traditional mechanisms include family and clan support systems, mutual assistance schemes and neighbourhood support groups, while formal mechanisms can be categorised as either social security or social care and support services. Social security is a preventive intervention to mitigate income shocks and social care and support services aim at providing a wide range of services to the poor and vulnerable (MGLSD, 2015).

Food insecurity, understood as lack of access to food, is a chronic challenge, more intensively in rural areas of Sub-Saharan Africa.<sup>2</sup> In these areas, social protection is frequently implemented through cash-transfers programmes. Empirical evidence shows that large cash transfers, together with regular and reliable payments, are significant and determining factors in reducing food security (Berhane, Gilligan, Hoddinott, Kumar & Taffesse, 2014; Tiwari *et al.*, 2016). This effect is achieved in two ways (Burchi *et al.*, 2018; Hidrobo, Hoddinott, Kumar & Olivier, 2018; Tiwari *et al.*, 2016): by improving direct access to food (e.g., by increasing household purchasing power) and increasing household accumulation of productive assets through which food security can be achieved (e.g., increasing agricultural production and crop diversification). However, as the conceptual framework suggests, this second way can only be achieved if the people involved mentally perceive that they are capable of investing in productive assets such as seeds.

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<sup>2</sup> Rural areas in Sub-Saharan Africa are characterised by a high concentration of subsistence agriculture, poor infrastructure, low local administrative capacity and low access to services (Burchi *et al.*, 2018).

In Uganda, food insecurity is targeted by the Direct Income Support programmes, which are the core of the Uganda social security. Direct Income Support (also known as social transfers or cash transfers) provides regular and reliable, small transfers (cash, cash-vouchers and in-kind) to vulnerable people and households to provide them with a minimum income that can be spent as they wish. These programmes include the Social Assistance Grant for Empowerment, which encompasses the Senior Citizen Grants and Vulnerable Family Grants, Community Driven Development Programme, Agricultural Livelihood Recovery Programme, Karamoja Livelihood Improvement Programme, Northern Uganda Social Action Fund, and Operation Wealth Creation, formerly the National Agricultural Advisory Services (MGLSD, 2016, cited in Van Reisen *et al.*, 2018).

As indicated above, social security programmes in Uganda are designed to provide people with tangible assets (such as money, cash-vouchers and in-kind) and it is assumed that people use these assets wisely. By focusing on the assets provided and not on the people who receive them, little (if any) attention is paid to the agency of people to perceive themselves as resilient enough to overcome the next problem or hazard. This focus is problematic in communities of displaced people such as in Northern Uganda, as these communities suffer from (severe) trauma. For those traumatised people, food security programmes are not always regarded as a new start (or positive opportunity), but merely as temporary relief of a bad situation. In this study, we will explore to what extent receiving trauma counselling in conjunction with food security programmes can improve the socio-economic resilience of the individuals involved and interacts with the impact of social protection programmes.

## **Setting and methodology**

To study the impact of trauma counselling on socio-economic resilience, we conducted a study targeted at women in Northern Uganda, an area with many internally displaced persons who are still suffering from post-war hazard, caused by abductions, killings, and other brutalities (Human Rights Watch, 2003). During the study

(March-April 2016), several social protection programmes were found to be operational, such as the National Agricultural Advisory Services, Northern Uganda Social Action Fund, Uganda Social Assistance Grants for Empowerment, Restocking Programme, Community Driven Development programme, and Youth Livelihood Programme (for a description of these programmes, see Van Reisen *et al.*, 2018). Despite these government initiatives, which mainly focus on social protection (cash, cash-vouchers, and in-kind), Isis-Women's International Cross Cultural Exchange (Isis-WICCE) noticed that the aspect of trauma management and healing for survivors was lacking and started programmes targeted at women to fill this gap.

As a first step in the research, the team visited potential study sites and established contact with local women's groups and local leaders (see Chapter 15, *Life after the Lord's Resistance Army: Support for Formerly Abducted Girls in Northern Uganda*, by Primrose Nakazibwe & Mirjam Van Reisen). During this phase, the team identified potential study sites together with local resource persons with expertise on the local communities. The participants were sampled from women living in vulnerable rural and remote situations. This procedure ensured that the team was studying a reasonably similar population in terms of gender-specific aspects of trauma; access to social protection and trauma support programmes; and socio-economic gender-based characteristics.

In order to investigate the effect of cash and trauma counselling, four groups of respondents were distinguished, based on whether they were receiving: 1) social protection (cash-transfers, cash-vouchers, or in-kind, received from the Government of Uganda); 2) trauma counselling (provided by NGOs or district bodies); 3) both cash transfers and trauma counselling (defined parallel to the previous two groups); and 4) no social protection or trauma counselling (control group). The respondents were purposively assigned to one of these four groups, as a real-life situation was being investigated.

During the study, the team interviewed 471 women (n=471) with an average age of 42 years (standard deviation 15.55), who had traumatic experiences related to the violence in the area, as well as physical and gender-based violence. These respondents lived in different districts, located in north-eastern Uganda (Lira: 25.7%, Katakwi: 27.8%, Amuria: 10.4%, and Kitgum: 36.1%). Most respondents were farmers (almost 84%). Furthermore, our research indicated that about 84% experienced high levels of PTSD. Analyses revealed that the four groups did not differ in the level of PTSD experienced (Van Reisen *et al.*, 2018, p. 211).

The interviews consisted of three parts. In the first part, the respondents were asked questions about their socio-demographic characteristics. The second part consisted of the Impact of Events Scale-Revised (IES-R; see Horowitz, Wilner & Alvarez, 1979) to measure PTSD. The last part tapped into socio-economic resilience (SER).

SER consisted of six subscales that relate to the different aspects of socio-economic resilience identified in the foregoing. Social resilience includes: *individual abilities*, which was operationalised with three subscales: ‘capability’ (6 items: ability to pay bills, get information, acquire skills, communication skills), ‘empowerment’ (12 items: ability to act independently and out of free will, improved self-esteem), and ‘worry’ (8 items: worrying about all kind of things); *perceived social support*, operationalised with two subscale: ‘social embeddedness’ (5 items: the social bonds an individual has in her family, community and the leadership of the community) and ‘trust in the system’ (2 items: trust in the government, which taps into rights and access to services). The second part of socio-economic resilience – *economic resilience* – was operationalised with one subscale: ‘perceived income security’ (13 items: the ability to make money, save money and manage money). Each item was answered on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Analysis revealed that the reliability of all subscales is above 0.7, which is considered appropriate (Hair, Anderson, Tatham & Black, 1998). Item-analyses indicated that the subscales are somewhat intertwined

with correlations ranging from 0.06 to 0.606 (for a full description of the subscales and their analyses, see Van Reisen *et al.*, 2018).

## Results

In this section, we explore three hypotheses that are put forward by the conceptual framework in Figure 16.1.

- Trauma counselling has a positive effect on the socio-economic resilience of individual in vulnerable and traumatised communities.
- Social protection (cash, cash-vouchers, in-kind) have a positive effect on the socio-economic resilience of individuals in vulnerable and traumatised communities.
- Trauma counselling enhances the effect of social protection on the social-economic resilience of individual in vulnerable and traumatised communities.

In order to investigate these hypotheses, we conducted an analysis of variance (ANOVA) for two factors (social protection: yes/no; trauma counselling: yes/no) for each of the subscales of the SER-tool separately and controlled for age (covariate), education level (4 levels: never been to school, attended primary education, attended secondary education, attended tertiary institution) and employment (5 options: farming, business, professional job, none). The averages for each group per subscale of the SER are displayed in Figure 16.3.

We will first discuss the results of the first component of socio-economic resilience: individual abilities, consisting of the subscales ‘capability’, ‘empowerment’ and ‘worry’. As Figure 16.3 suggests, there are differences between the groups in terms of ‘capability’: those who received both social protection and trauma counselling scored slightly higher than the other groups. But the ANOVA revealed<sup>3</sup> no

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<sup>3</sup> An ANOVA makes use of an F distribution to test the significance of the difference between the groups involved. The extent the groups differ is indicated by an F-value (F) and its significance depends on the degrees of freedom that goes along with this test. The degrees of freedom are indicated between brackets just

significant effect of social protection ( $F(1, 450) = 1.16; p > 0.10$ ) or trauma counselling ( $F(1, 450) < 1$ ), and no significant interaction effect between social protection and trauma counselling ( $F(1, 450) < 1$ ). There were no differences on the ‘capability’ subscale according to age ( $F(1, 450) < 1$ ). However, significant differences were detected according to education level ( $F(3, 450) = 5.41; p < 0.050$ ); the lower the education level, the lower the score on ‘capability’. And also according to employment ( $F(4, 450) = 3.92; p < 0.05$ ); women with a business or a professional job (but not farming) had a higher score than those without a job.

The next subscale is ‘empowerment’. Figure 16.3 shows that the groups who received both social protection and trauma counselling scored highest. The ANOVA indicates that both social protection ( $F(1, 450) = 3.59; p < 0.05$ ) and trauma counselling ( $F(1, 450) = 3.11; p = 0.08$ ) have a significant effect; those who received either social protection or counselling (or both) indicated a higher ‘empowerment’ than those who did not. However, the interaction effect between social protection and trauma counselling was not significant ( $F(1, 450) < 1$ ). Moreover, there were significant differences on the ‘empowerment’ subscale according to age ( $F(1, 450) = 3.37; p = 0.07$ ); the higher the age, the more ‘empowerment’ the respondents reported. No significant effect was detected for education level ( $F(3, 450) < 1$ ) or employment ( $F(4, 450) = 1.18; p > 0.10$ ).

The subscale, ‘worry’, should be interpreted negatively (the higher the score on ‘worry’ the more a person worries). With this in mind, Figure 16.3 suggests that those who received only trauma counselling had the least ‘worry’. The ANOVA revealed that those who received social protection worried significantly more than those who did not receive social protection ( $F(1, 450) = 4.94; p < 0.05$ ). No significant effect was detected for trauma counselling ( $F(1, 450) < 1$ ). The interaction effect between receiving social protection and trauma counselling was significant ( $F(1, 450) = 8.261; p < 0.05$ ), indicating

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after the  $F(df1, df2)$ .  $df1$  is related to the number of groups involved in the comparison and  $df2$  is related to the number of respondents included in the comparison (Hair *et al.*, 1998).

than when receiving both cash and counselling, ‘worry’ increases. ‘Worry’ is not significantly affected by age ( $F(1, 450) < 1$ ), education level ( $F(3, 450) = 1.086$ ;  $p > 0.10$ ) or employment ( $F(4, 450) < 1$ ).

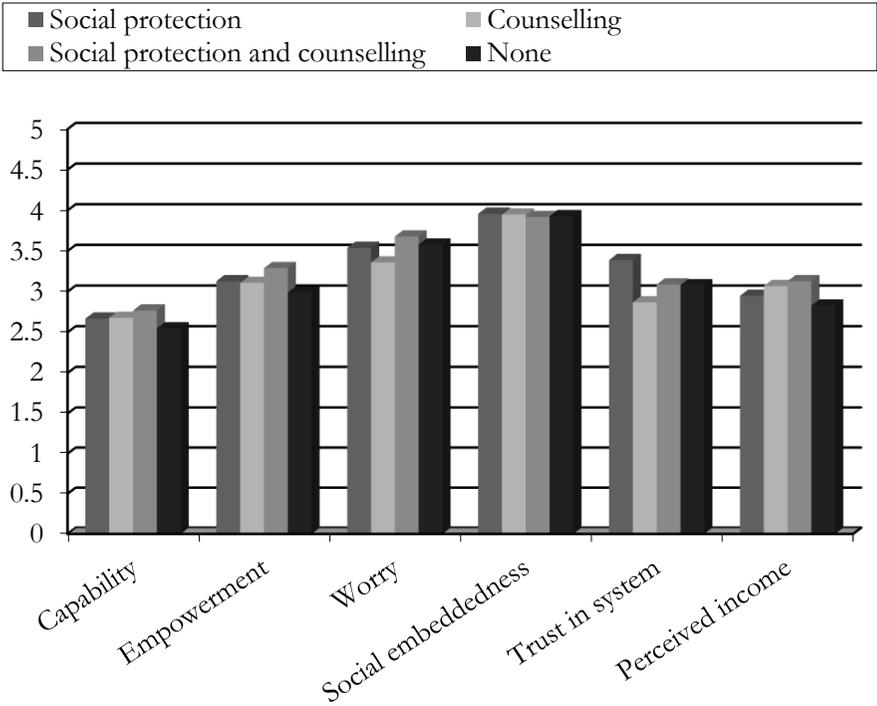


Figure 16.3. Average score for each group per SER subscale

The second component of socio-economic resilience is perceived social support, with two indicators: ‘social embeddedness’ and ‘trust in the system’. Figure 16.3 suggests that the groups score almost equal on the subscale ‘social embeddedness’. The ANOVA indicated no significant effect of social protection ( $F(1, 450) < 1$ ) or counselling ( $F(1, 450) < 1$ ), and no significant interaction effect ( $F(1, 450) < 1$ ). Furthermore, there were no differences in ‘social embeddedness’ according to age ( $F(1, 450) < 1$ ) or education level ( $F(3, 450) < 1$ ). However, a significant effect according to employment was detected ( $F(4, 450) = 3.39$ ;  $p < 0.05$ ); those without a job scored lower for ‘social embeddedness’ than the other employment groups. Regarding ‘trust in the system’, Figure 16.3 shows that those who received only

social protection scored highest on 'trust in the system'. The ANOVA does not come to the same conclusion. It appears that social protection has no significant effect ( $F(1, 450) = 2.272$ ;  $p > 0.10$ ), while trauma counselling does have a significant effect ( $F(1, 450) = 5.725$ ;  $p < 0.05$ ). But, surprisingly, this effect is in the opposite direction: those who received counselling had less faith in the government than those who did not. Again, the interaction effect between social protection and trauma counselling was not significant ( $F(1, 450) < 1$ ). Moreover, there was a significant effect according to age ( $F(1, 450) = 10.35$ ;  $p < 0.05$ ); the higher the age, the more faith respondents had in the government. No significant effect was detected according to education level ( $F(3, 450) = 1.081$ ;  $p > 0.10$ ) or employment ( $F(4, 450) = 1.439$ ;  $p > 0.10$ ).

The last component of socio-economic resilience pertains to economic resilience and is covered by perceived income. Figure 16.3 shows that those who received neither social protection nor trauma counselling had the lowest perception of their income security and those who received both social protection and trauma counselling had the highest perception of their income security. But, the ANOVA suggests that there is no significant effect of social protection ( $F(1, 450) = 1.38$ ;  $p > 0.10$ ), and no significant interaction effect between social protection and trauma counselling ( $F(1, 450) < 1$ ). However, it shows that trauma counselling has a significant effect ( $F(1, 450) = 3.53$ ;  $p = 0.06$ ); those who received trauma counselling scored higher on 'perceived income security'. As expected, marginal, but significant, differences were detected according to education level ( $F(3, 450) = 2.19$ ;  $p = 0.08$ ); the higher the education level, the higher the 'perceived income security'. There was also a significant difference according to employment ( $F(4, 450) = 7.03$ ;  $p < 0.05$ ); women without a job scored lower on the 'perceived income security' than the other employment groups. Again, age had no significant effect ( $F(1, 450) < 1$ ).

## **Limitations**

The study was based on the purposeful sampling of women living in vulnerable remote rural areas in Northern Uganda and investigated the effect of existing programmes on socio-economic resilience in a natural setting. Such research has several weaknesses. Firstly, background variables may be correlated with receiving social protection (in this case: cash, cash vouchers, or in-kind) and trauma counselling. In this study, we tried to counteract this weakness by controlling for gender (the study only pertained to women), age (as a covariate in the analysis), education level and employment (both factors in the analysis). The second weakness is that there were several social protection programmes and trauma counselling interventions available at the time of the research and that individuals received such support during the last year. So, there is quite a variation in the important key variables (social protection and trauma counselling) which are not controlled in this study. Due to these variations, one can only make claims about general tendencies.

## **Discussion and conclusion**

In this chapter, we problematized the mainly macro-economic perspective of social protection programmes, such as those implemented in Northern Uganda. This perspective assumes that the market can regulate supply and demand. This line of reasoning assumes that individuals have the agency to grasp the economic opportunities available to them. However – and importantly – this logic neglects the fact that individuals live in poverty for a reason. If that reason is rooted in war, violence, and displacement and is combined with trauma, people may not have enough agency to take advantage of the economic opportunities that are on offer.

The second weakness of the macro-economic approach is that it focuses on general indicators of poverty and neglects specific factors that affect the resilience of individuals. If social protection is to contribute to sustainable development, individuals should become more resilient so that they can cope with and recover from a hazard

that has already occurred. In this chapter, we introduce the concept of socio-economic resilience to measure the effectiveness of social protection programmes to contribute to sustainable development at the individual level. Socio-economic resilience is regarded as a proxy for an individual's capacity to overcome poverty and it concerns individual abilities (three subscales), perceived social support (two subscales), and perceived income security (one subscale).

Focusing on socio-economic resilience opens up new opportunities to design social protection programmes. In this study we looked at trauma counselling as an alternative programme to enhance socio-economic resilience in vulnerable communities of IDP's in Northern Uganda, who suffer from post-war hazard, which impairs their capacities, due to PTSD. The research questions addressed in this chapter are: *Does support to relieve trauma (PTSD) enhance (social and economic) resilience? And, does support to relieve trauma increase the effectiveness of social protection programmes on (social and economic) resilience in vulnerable and traumatised communities affected by war, conflict and violence?*

This study investigated six indicators of social-economic resilience, which can be arranged in three main components. The first one is individual abilities: 'capability' (ability to pay bills, get information, acquire skills, communication skills), 'empowerment' (ability to act independently and out of free will, improved self-esteem) and 'worry' (worrying about all kind of things). The results can be summarised as follows: 'Capability' was not affected by social protection nor trauma counselling. 'Empowerment' was positively influenced by both social protection and trauma counselling. The last indicator, 'worry', produced some unexpected effects. Receiving social protection increased worry. This result can be explained by prospect theory (Kahneman & Tversky, 1979), which states that losses weigh heavier than gains. This means that individuals are loss averse. As receivers of social protection are dependent on the government, this dependency may strengthen the thought of losing the support in the future, which causes worry. This perceived dependency on social protection became stronger when participants also received trauma counselling. Due to the counselling, the individuals involved were less

troubled by PTSD, were healthier and, as their trauma was less severe, were more able to reflect on and worry about the potential loss of government support. Overall, the results regarding the perceived changes in individual abilities suggest that trauma counselling programmes are as effective in increasing a traumatised persons' ability to cope with hazard and misfortune as social protection programmes are.

The second component is perceived social support, which consists of 'social embeddedness' and 'trust in the system'. The results revealed that both social protection and trauma counselling had no effect on 'social embeddedness'. Unexpected results were found for the construct 'trust in the system'. Social protection had no effect, on this subscale, but trauma counselling had a negative effect. So, by receiving trauma counselling individuals had less faith in the government. These results suggest that individuals who received trauma counselling became more sceptical about the social services component of social protection and that social protection has a minimal effect on the perception of the social context individuals are operating in.

The last indicator of socio-economic resilience pertains to the economic aspect. In our research, it was operationalised as 'perceived income security'. The results indicate that social protection did not affect 'perceived income security', but trauma counselling did (even after controlling for age, education level and employment). These results are contrary to those reported by, for example, Fiszbein *et al.* (2014), who suggest a positive effect of social protection on poverty reduction. The lack of such a positive effect in this study may be explained by the volume of social protection that individuals received. In the situation we studied, the amount was rather small and, as research indicates (Berhane *et al.*, 2014; Tiwari *et al.*, 2016), large cash-transfers together with regular payments ensures impact. Importantly, the positive effect of trauma counselling is inexplicable from an economic perspective, as those individuals did not receive any cash. Here trauma counselling impacted positively on agency by enhancing the perception that one can manage one's own future. By receiving

trauma counselling an individual is enabled to handle the PTSD more effectively and perceives more opportunities (which were already there in the situation, but not recognised as such) to participate economically. The results regarding economic resilience suggest that trauma counselling is slightly more effective than social protection in enhancing 'perceived income security' and that trauma counselling alone can enhance socio-economic resilience. The findings are confirmed by the study of Kidane and Stokmans (2019), in which trauma counselling was provided by means of the Self Help Low Cost Post Traumatic Stress (SHLCPTS) programme made available by an App on a mobile phone, which was also found to be effective on its own in increasing socio-economic resilience.

Overall, the results of the study suggest that trauma counselling is a valuable tool to enhance the socio-economic resilience of traumatised individuals and deserves a more prominent place in combination with social protection programmes provided to vulnerable people. The results also suggest that trauma counselling is at least as effective in enhancing socio-economic resilience as (small amounts of) social protection programmes are. Trauma counselling is not necessarily costly or hard to arrange. In this study, the trauma counselling was organised by Isis-WICCE and provided by women from the community, without formal training in psycho-social or psychiatric treatment. The programme took an informal, community based, non-medical approach to dealing with trauma. It was based on self-help groups to relieve trauma and to achieve collective healing (Van Reisen *et al.*, 2018). This study found that trauma counselling increases the ability of people with PTSD to cope with hazard and misfortune and that psycho-social support directly and significantly increases socio-economic resilience and, furthermore, it enhances the effects of social protection programmes.

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