

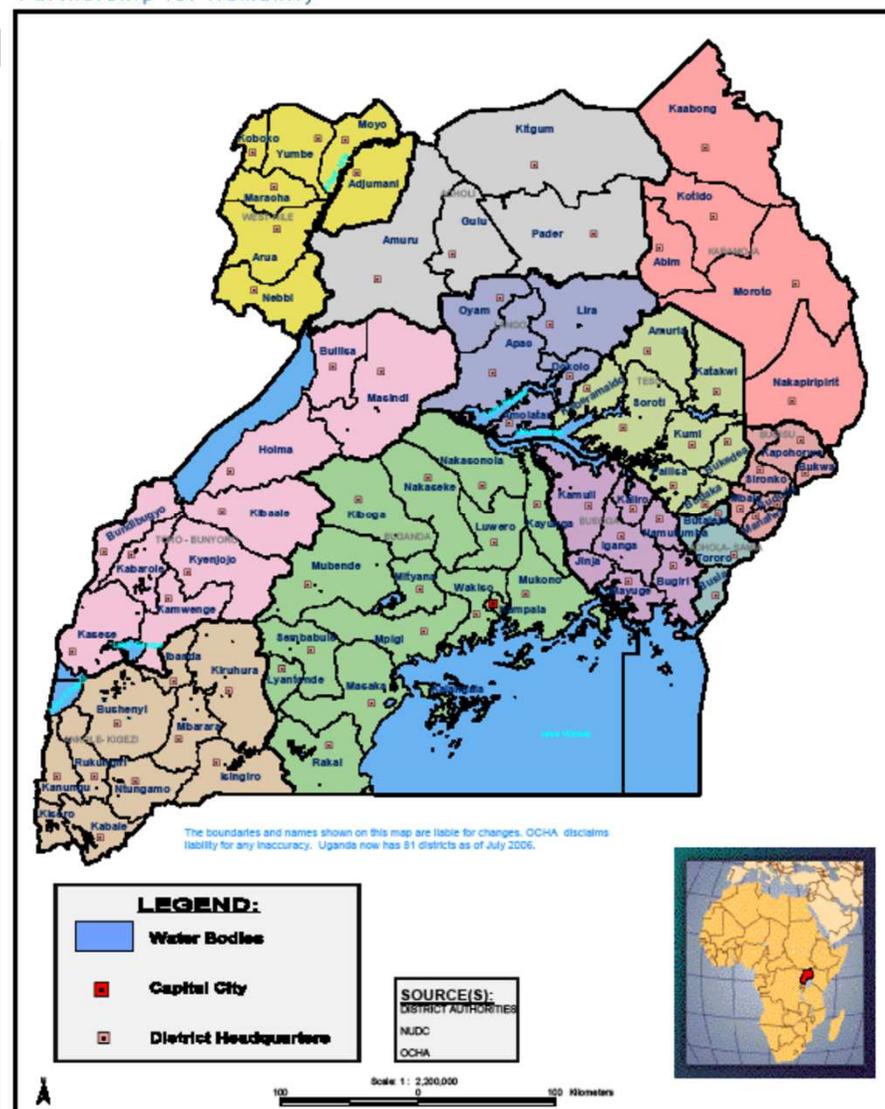
War trauma, attachment and risky behaviour in adolescents in Northern Uganda

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Context of northern Uganda

- 1986 Holy Spirit Movement by Alice Lakwena
- 1987-2006 Joseph Kony's Lord Resistance Army(LRA) rebellion in Uganda's north and north Eastern region
- LRA war with government was characterised by attacks on civilians, major massacres and the abduction of children
- Uganda army forced the whole population into Internally Displaced Persons Camp's where they experienced terrible living conditions
- Since 2007 there has been voluntary return to homes from IDP-camps



Explanation of terms

1. War trauma
 2. Family childhood adversity
 3. Mental health symptoms
 4. Risk behaviors
 5. attachment
1. Direct experiences of war(outside family)
 2. Indirect experiences within the family
 3. Inward directed complaints that we cannot see but are reported.
 4. Observable behaviors that put adolescents at risk of harm
 5. Measure of strength of the bond between parent-adolescent
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What do we know about the effects of war on adolescents?

- They are exposed directly to war experiences that are traumatic and stressful
- They are exposed indirectly through family childhood adverse and stressful experiences
- Exposure to both (direct) war experiences and (indirect) difficulties within their family have been linked to mental health symptoms: depression, Posttraumatic stress disorder and anxiety.
- Some adolescents show behavior problems
- Good social support and attachment between child and parent helps in dealing with and protecting against effects of war and family trauma

What we do not know

- What kind of exposure in war situations leads to mental health problems?
 - What level of family childhood adversity makes it more likely that war trauma will lead mental health problems?
 - What level of war trauma will affect the protection provided by attachment to parents and peers against mental health symptoms?
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What we do not know

- Do depression symptoms make it more likely that war trauma will lead to risk behaviors?
- How does the level of attachment to parents and peers affects the relationship between war trauma and risk behavior?
- What is the role of social relationships among war-affected adolescents?

Research questions

- *“What differential roles do childhood adversity, war-related trauma exposure, attachment and social support play in predicting internalizing symptoms and risk behaviors among war-affected adolescents in northern Uganda?”*
- What is the nature of mental health problems (anxiety, depression, PTSD) and risk behaviors (aggressive and rule-breaking behavior, suicidal behavior, risky sexual behavior and substance use) among former child soldiers and other war-affected adolescents?
- Which associations exist between war-related trauma, childhood adversities, PTSD, depression and anxiety symptoms and multiple risk behaviors among war-affected adolescents?
- What is the nature and perceived importance of relationships with significant others in adolescents' lives?

Methods

- Mixed methods cross-sectional studies: 724 adolescents
 - Quantitative study: 704 (2007yr: 151, 2010yr: 551)
 - Setting: Gulu district northern Uganda, 4 years post conflict in 2006, 551 (284 boys, 267 girls) school-based adolescents 13-21 years self reports
 - Qualitative study: (2012yr: 20)
- Measures:
 - Psychiatric d/os: SDQ, MINI-KID, Clinical diagnosis.
 - Mental health symptoms: Posttraumatic stress, depression and anxiety (IES-R, HSCL-37A)
 - Multiple Risk behaviors: suicide, aggression, rulebreaking, sexual risk, substance use (YSR, Sexual risk behavior survey)
 - Attachment: IPPA
 - Social relationships and sources of support

Study 1: psychiatric disorders among
abducted and non-abducted
adolescents in northern Uganda: a
comparative study

Results study 1

- More mental health problems among abducted than non-abducted adolescents PTSD (26.8% vs. 12.7%) major depression (19.5% vs. 4.2%) and generalised anxiety disorder (13.4 vs. 4.2%)
 - By contrast, non-abducted adolescents reported more past suicidality ($p=0.004$, $\chi^2=8.2$) than adolescents who were abducted.
 - However, despite high rates of psychiatric disorder, these adolescents had good psychosocial adjustment.
 - Deprivation of food and water (odds ratio=3.2, 95%CI=1.2-8.8; $\chi^2=7.5$, $p=0.038$) and being forced to perform rituals (odds ratio=4.6, 95%CI=1.7-12.1; $p=0.006$) were the only events among the abducted group that were significantly associated with a specific diagnosis, i.e. PTSD.
 - No trauma events showed any significant association with any diagnosis among the abducted group.

Study 2: War-related trauma exposure and internalising symptoms in post-war adolescents in northern Uganda: The moderating role of childhood adversity

Results

- Girls more likely to report childhood adversities, war-trauma and depression, PTSD and anxiety symptoms.
 - war trauma was associated with PTSD, depression and anxiety symptoms, whereas
 - childhood adversity was only associated with depression symptoms.
 - childhood adversity only moderated the strength and direction of war-related trauma's relationship with avoidance symptoms.
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STUDY 3: WAR-RELATED TRAUMA EXPOSURE AND MULTIPLE RISK BEHAVIORS AMONG SCHOOL-GOING ADOLESCENTS IN NORTHERN UGANDA: THE MEDIATING ROLE OF DEPRESSION SYMPTOMS

Results: study 3

- 139 (25%) reported multiple (three or more) risk behaviors in the past year.
 - depression symptoms mediated the associations between stressful war events and multiple risk behaviors
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Study 4: ATTACHMENT, POSTTRAUMATIC STRESS,
DEPRESSION, AND ANXIETY SYMPTOMS AMONG SCHOOL-
GOING ADOLESCENTS IN NORTHERN UGANDA: THE
MODERATING ROLE OF WAR-RELATED TRAUMA

Results: study 4

- Males report stronger attachment parents than females.
 - Parental attachment was protective against depression and anxiety symptoms but not PTSD symptoms
 - Peer attachment was not associated with any symptoms.
 - However, in situations of severe trauma, peer attachment was significantly protective against post-traumatic stress symptoms.
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Study 5: THE ROLE OF ATTACHMENT IN MODERATING
ASSOCIATIONS BETWEEN DEPRESSION SYMPTOMS AND
MULTIPLE RISK BEHAVIORS IN WAR-AFFECTED
ADOLESCENTS

Results: study 5

- only maternal attachment moderated the link between depression symptoms and multiple risk behaviors.
Additionally:
 - The strength of the relationships between depression symptoms and multiple risk behaviors were greater for high maternal attachment than for low maternal attachment
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Study 6: A QUALITATIVE EXPLORATION OF
SOCIAL RELATIONSHIPS FROM THE PERSPECTIVE
OF WAR-AFFECTED ADOLESCENTS IN UGANDA

Results study 6

- Mother most important social relationship which growing up and family provided most social support needs in four domains: instrumental, emotional, social and social support networks
 - The most important kind of support during the adolescents' upbringing was spiritual support, while most important current need was instrumental support
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Discussion

- Cumulative trauma leads to symptoms that exceed those in PTSD and clustering of mental health symptoms maybe better known as developmental trauma disorder.
- The stable exposure – symptom/risk behavior outcome in girls may be due to: the representative number of girls, girls engaging in more relational violence or indirect aggression than boys, the narrowing of risk behavior differences between boys and girls ,and that girls were exposed to higher trauma than boys. Our findings indicate the need for gender specific interventions for suicide and anti-social behaviors.
- Not all adolescents who experience trauma developed serious symptoms: some individuals who experienced severe trauma developed few symptoms, while others experienced mild trauma or adversity and went on to develop severe symptoms. These variations suggest cause-effects studies of mental health problems relationships are needed.



Discussion



Shortcomings in the literature

- Focus on internalising problems(PTSD)but no linear causal relationship with trauma (Bayer et al., 2007; Derluyn et al., 2004; Klasen et al., 2010; Kohrt et al., 2008; Mels, Derluyn, Broekaert, & Rosseel (2009); Okello et al., 2007)
 - Little attention to (comorbid?) RB & Evidence ↑ risk of RB scarce
 - War trauma not specifically linked to specific risky behaviours
 - Influence of psychiatric disorders on risk behaviour inconclusive
 - Combined and differential effects of adverse childhood and war related-stressors?
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