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TRAUMA AND REPATRIATION OF REFUGEES: *A CASE STUDY OF THE
SUDANESE REFUGEES IN KAKUMA REFUGEE CAMP IN KENYA* //

BY

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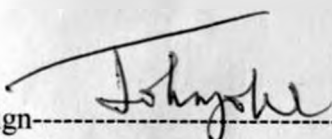
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DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

UNIVERSITY OF NAIROBI

DEDICATION

I dedicate this piece of work to my late father Dr. Thomas Adema Mukavale, my mother Rosa Musimbi Mukavale and my wife Rachel Omongo Idah and our children Abel Idah and Makeba Musimbi. Dad, your virtuous and wise words pointed towards looking at education as the key –which with God's guidance can unlock one's potential in life. One day I will fulfill your dream.

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I thank Jesus Christ, my Lord and Savior for his boundless grace, mercy and favor within a challenging setting to get this far. I believe this is just the beginning of His great favor.

I concede the fact that this work would not have been possible without the advice of my supervisors; Mr. Njoka and Dr. Mulindi. Mr. Njoka is a Lecturer as well as a research fellow at the Institute of Development Studies (IDS) at Nairobi University while Dr. Mulindi is Senior Consultant at the Patient Support Centre at Kenyatta National Hospital as well as a Lecturer at the Nairobi University Psychiatry Department. Mr. Njoka's mastery of the principles of Social Science Research coupled with his astounding memory and ability to analyze how works of other scholars relate to given topics in social science research worked very well with Dr. Mulindi. Dr. Mulindi is well known for his ability to respond to international assignments and his courage to confront situations that otherwise can be described as scaring to rapid responders. His authority in psychiatry helped shape the mental health aspects that this study delved into.

I thank all the team leaders of the implementing agencies in Kakuma for assisting me gather the data that was necessary for this research. In the same tone, I wish to acknowledge the Sudanese teachers who work under the LWF and the respondents for the cooperation they provided to me.

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As I wind up, I devote special appreciation to my wife Rachel Omongo Idah and our children Abel Idah and Makeba Musimbi for being there for me at a time when I needed them most. They saw holidays and pass times without my company as I went out to read and do research – your love and support has been indubitably central in my efforts to resist discouraging effects of pigeonhole.

ABSTRACT

The contemporary global community is facing challenges such as the fight against terrorism, diminishing and scarce resources, degradation of the environment, the struggle to embrace a conventional unitary form of democratic governance and the failure by the global powers to manage the effects brought about by the end of the cold war. The undermentioned challenges coupled with globalizing agents within a cross-cultural community in pursuit of scientific solutions have all created a dynamism that threatens to be worse than the two world wars and the ensuing cold war tensions.

The ensuing conflicts have invariably seen Internally Displaced Persons and Refugees in areas that have been described as conflict spots. These are, the Middle East, Parts of Eastern Europe, Cambodia, Central Africa Republics, South East Asia, Vietnam, West Africa and Horn of Africa region. The international community through the UNHCR engages in efforts aimed at maintaining observance of human rights and the protection of the displaced persons through statutes of 1951 (UN Convention 1951, Article 33:176) and the 1967 African Banjul Charter of 1967. These instruments give the refugees the right to choose whether to return or not, irrespective of the Social-Economic, Political or Security concerns of their countries of origin.

The Kenyan Government has acceded to international statutes and charters that emphasize the protection of refugees and therefore the recently promulgated refugee bill will see the status of the refugee community improved. Much as this may be seen as a milestone in refugee protection, failure to address their mental health situation owing to the traumatic experiences they encountered is observed by this study as an issue that is wanting. The refugees are a traumatized community and therefore any efforts to countermand the growing populations of refugees in camps can enhance rehabilitation programs of displaced persons who in turn can participate in development. Trauma transference has been speculated by this study as one such unexplored program that can restore hope among the refugee community for this can ease fears in them thereby enabling them to consider returning to their countries of origin.

The Aim of this study therefore was to examine the magnitude of trauma among the Sudanese Refugees in Kakuma camp in Kenya. Pegged to this was the need to establish whether there exist significant differences in Sudanese Refugees' gender attitude towards voluntary repatriation.

This study was anchored on two theories; Motivated Reasoning theory by Lodge and Tober 2000 and the Affective Intelligence Theory by Marcus, Mac Kuen and Neumann, 2000. According to Motivated Reasoning Theory, long-term memory is the permanent storage mechanism of the mind while working memory is that portion of memory that is currently being attended to by being activated in the mind. In other words, the old information is reconfigured and structured to emerge as new information that re-enacts traumatic events in a version that is new and fresh on the refugees' minds. According to DSM-IV 2000, this is Trauma Re-enactment, which represents the second criterion of trauma.

According to the Affective Intelligence Theory by Marcus, Mac Kuen and Neumann, 2000, the presence of anxiety increases the attention paid to a stimulus thereby increasing the amount of time required to process the stimulus. According to this theory, when a threat is perceived in the environment, the behavioral inhibition system interrupts the routine processing and focuses the attention to the threat. Since the routine processing is interrupted, it takes longer to process the incoming information relating making decisions to return.

Both Probability and Non-probability sampling techniques were employed to select units of observation that eventually formed the sample for study of 108 respondents. Interview Method was used to provide Primary data using DSM IV (2000) Structured Questionnaires (Tool) that were administered to the sampled Refugees and Health Officials. Secondary Data was collected from UNHCR Kakuma Refugee Camp Official Records, Jesuit Refugee Services (JRS) Official Records, and International Rescue Committee (IRC) Official Records from the field and Clinics. Other secondary data was collected from the Kakuma Police Records in the Occurrence Books, the Turkana District Office Security Reports and Lutheran World Federation (LWF) Official Records regarding Education. Key Informant Interviews were conducted using interview guides whereby information was collected from Refugee Representatives, UNHCR Kakuma Refugee Camp Officials, Jesuit Refugee Services Officers, International Rescue Committee Officers, Kakuma Police Officer Commanding Station (OCS), the Turkana District Officer (DO) and Lutheran World Federation Officers. The Researcher also conducted focus group discussions of refugee representatives from the Sudanese tribes; Dinka, Dinka Bor and the Nuer. The data was analysed using Descriptive statistics that described data using percentages and frequencies whereas Qualitative data was analysed and provided interpretations and created meaning out of respondents' statements and answers. The researcher made causal relationships by subjecting field findings to the existing bodies of knowledge on trauma reactions and migratory behaviour

The study established that 100% of those interviewed revealed symptoms of Trauma as indicated in the DSM-IV 2000 interview and that 23% of the total PTSD symptoms were discovered by means of the clinical interviews in the IRC Community Health Clinics. The study also established that 50% of the Sudanese refugees experience cluster "B" symptoms. These leads to the conclusion that PTSD is a long lasting disorder among the Sudanese refugees-who have experienced it for many years without any form of therapy. An important aspect that this study revealed was that cases of PTSD tended to rise in subjects without previous disaster histories of the disorder, a finding that is also stated by Smith (1990:205-206). This observation was manifested in the young Sudanese born in the camp and never experienced traumatic experiences before. Those who had infantile experiences of trauma were observed to be more prepared to overcome fears and experiences that could easily elicit the development of trauma.

The study established that there is no significant difference between men and women regarding their attitude towards voluntary. Other Factors that influence Attitude towards Voluntary Repatriation were Education, Health facilities, Food and water, Job opportunities, Security and War in Darfur, Landmines in return routes, Poor infrastructure (Roads/ Social Amenities), Forced marriage, Forced Islamization while others indicated that they had no one to receive them.

Failures to implement the CPA and Garang's death were found to be contributing towards a negative attitude towards repatriation. Thus, this study highly recommends the speedy implementation of this agreement to avert a crisis- the international community, AU and IGAD should monitor the observance of this agreement by both parties. UHCR should re-look into the issue of relying on durable solutions as the only available ways of solving the refugee problem. There is need to improve mental health therapeutic interventions trauma not withstanding so that the refugees can make decisions from an informed position regarding repatriation.

Extensive research should be done to establish the extent to which refugees can be used as agents of global peace. Similarly, a study needs to be conducted to establish how rape as a specific form of violence against women has affected the lives of the Sudanese Women Returnees and the best way of assisting such victims to cope with trauma.

ACRONYMS

APA	American Psychiatric Association
CID	Centre for Illnesses and Diseases
CPA	Comprehensive Peace Agreement
DO	District Officer
DSM	Diagnostic Statistical Manual
EDP	Electronic Data Processing
GNU	Government of National Unity
GoS	Government of Southern Sudan
HPA	Hypothalamic-Pituitary-Adrenal
IDPs	Internally Displaced Persons
IRC	International rescue Committee
JRS	Jesuit Refugee Services
LRA	Lords Resistance Army
LWF	Lutheran World Vision
NGO	Non Governmental Organizations
OAU	Organization of African Unity
OCS	Officer Commanding Station
PTSD	Post Traumatic Stress Disorder
SPLA/M	Sudan Peoples' Liberation Army/Movement
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children Education Fund
VVWG	Vietnam Veteran Working Group
WFP	World Food Program
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

Refugees all over the world have come to know more about their rights - that while in the camps, assisting agencies should observe non-refoulement principle contained in the United Nations High Commissioner for Refugees (UNHCR) statutes of 1951 (UN Convention 1951, Article 33:176) and the 1967 African Banjul Charter of 1967. This gives them the right to choose whether to return or not, irrespective of the Social-Economic, Political or Security concerns of their countries of origin.

The UNHCR in its endeavour to handle the refugee problem performs the following duties; -

- (a) Provide protection under the UNHCR statutes for those who are described as refugees.
- (b) Offer permanent solutions through, Repatriation, Asylum, and Resettlement in third countries or Integration programmes. The European Union (EU), in the year 2003 stated stiff conditions for asylum seekers entering Europe. EU prefers to help the refugees in their countries of origin than resettle or integrate them in Europe, or engaging much in peace resolution in the war torn areas (UNHCR, 2004:13). To this end, EU granted 70 million Euros to the East African countries for running Refugee and Internally Displaced Persons (IDP) programs on 20TH Jan 2005. Europe's change of signs and retreat on refugee Asylum programs followed the September 11th Terrorist attack in America. They consider refugees a threat since they come from unstable regions of conflict and therefore see this as a recipe for insecurity to their countries (UNHCR, 2004:8). This also saw America, Australia and Canada, reduce their Asylum quotas by almost 50% (UNHCR 2004:11). Out of its quota of 70,000, America only resettled 23,000 the following year under its programme of the Lost Boys and the Lost Girls.

The Kenyan Government Policy emphasizes the confinement of refugees in the Camps from where they can access assistance (UNHCR, 2005:2). According to the same Issue, the major challenges facing the Kenya program are complicated by the possibilities of local integration of the refugees in the Kenyan society being quasi-inexistent, while prospects for repatriation remain hampered by the unabated conflicts in sections of Sudan (Darfur) despite the Comprehensive Peace Agreement (CPA) of 9th January 2005. The resulting impact of the changed circumstances of non-acceptance for Asylum, Resettlement and Repatriation can easily lead to secondary Trauma among the refugees. However, the changing conditions of poverty and instability in some African countries seem to contribute largely to the changing affaires making the problem more complicated in UNHCR's

attempt to implement its permanent and durable solutions (Repatriation, Resettlement and Asylum)- which aim at decongesting refugee camps.

According to the 2005 Lutheran World Federation report (2004: 3), the lead agency for Kakuma Camp Administration and Management, refugee numbers grew at a rate that was inversely proportional to UNHCR's capacity to handle. It was also observed that UNHCR was experiencing resource constraints from the international community with regard to donor funding. According to African Banjul Charter of 1967 charter, Repatriation of refugees must always be voluntary, which requires the fulfillment of socio-economic, political and legal conditions for protection. The seminar participants noted that, "The UN and its various bodies have not been able to address the main causes of refugees' problems such as Trauma." UNHCR and the implementing agencies should now attempt to look at this subtle issue of trauma and how it can influence refugees to return. The causal factors for the flight comprise of events that are life threatening and the fear created leads to a build up of PTSD over time.

Many of the refugees have been in Kenya for years, their memories have become blurred and they may tend to focus on certain dramatic events, overlooking other factors that might directly influence their decision making to return. This is a reflection of the diagnostic criterion of Post Traumatic Stress Disorders as described by the Diagnostic Statistical Manual 1994 -IV, this is, Avoidance and Numbing. This makes the refugee agency and the international organizations not effective in countervailing and reinforcing mechanisms that can elicit a positive attitude among refugees to voluntarily return.

In 1986, at the International Conference on Assistance to Refugees in Africa (ICARA) II, the Undersecretary of the UN for Special Political Programmes commented, "For the first time, there was International acknowledgement of the fact that the solution to refugee situation requires a concerted and integrated strategy combining Humanitarian assistance with Development, and where necessary, the Political approaches". All these have been attempted in Sudan under the UN agency's programme of Resettlement and Asylum (a Humanitarian Assistance approach), through projects such as schools and rural land settlements. The 1981 Tractor Hire Service (THS) with assistance from Euro Action Accord in collaboration with Sudanese Commissioner's Office for Refugees (COR) is evidence to this.

The UNHCR durable solutions and the UN's conflict resolutions were some of the key issues that were discussed at the Machakos and Naivasha agreements on 27th July and June 2004. This involved the agreement to repatriate an estimated 64,000 Sudanese refugees over the course of the sixth month transition period. However, the Refugee population as of May 2005 stood at 89,000 of which 70% were refugees from Sudan. Since the Machakos Agreement, there was an addition of 8,200 refugees by September 11th 2004 (UNHCR Kenya Report March 2005:3). Since then, the camp has been experiencing arrivals of about 800 every month from Sudan according to a report by Appeal Kenya (AFKE, 9/2/2004:41). The Darfur crisis complicates the agency's efforts of repatriating the Sudanese refugees given that the Darfur crisis has been contributing to light flows of refugees to Kakuma camp (UNHCR Kenya Report March 2005:3). This puts the UN Agency at cross roads of implementing its durable solution programs amid emerging challenges of the increasing refugee numbers with an international community that is shifting its attention to Darfur.

According to Wim Van Damme, someone should seek a solution that maintains and fosters self-reliance since the overriding aim is to avoid artificial, high-density refugee camps (Damme, 1998: Introduction).

Repatriation is possible through efforts aimed at enabling the refugees make spontaneous decisions favorable to the UNHCR's repatriation programs. Even with the CPA, some refugees are not willing to return home. According to a report by UNHCR on 5th October 2005, 11,848 Sudanese are unwilling to return while another 1,651 would want to return but with conditions. They fear political persecutions, while some fear the risk of harassment and abuse by those who feel that it is their turn to revenge. (UNHCR, 2001:15). Based on this premise, the agency may not accomplish its mission of repatriating all the Sudanese Refugees even after the end of the November-December long rains in Southern Sudan which ostensibly has been the reason behind delayed repatriation Program long after the CPA (UNHCR Report on Kakuma Camp August 2005). However, a tripartite forum involving the Governments of Kenya and Sudan and the UN agency establishes that there are 70,000 refugees in the camp (Daily Nation/Friday, January 13th 2006:6) and therefore the need to repatriate these refugees to get involved in the integration and development of their country is crucial.

Even though it is difficult to completely bring the figures in Kakuma camp to zero, addressing the Trauma caused by war related stressors that were prevalent in Sudan during the 21-year conflict such as rape, beatings, killings and forced military service, can improve refugees decision making process

to return. Once trauma levels are reduced as is evidenced in a study in the 1992 Hurricane Andrew disaster survivors in America, disaster victims quite often resume their previous life (Kalayjian, 2000: 119).

However, World Health Organization publications on “Mental Health of Refugees” in collaboration with UNHCR, notes, “The Plight of refugees has been well documented (WHO 1996: conclusion). Their need for food, shelter, and protection is widely recognized. However, Concern for refugees’ mental health has too long been neglected.” This is also echoed by Steel et al in what he says that attention to long time effects of trauma have been left most of the time to the possibility that psychological reaction can reduce naturally over time (Steel et al, 2002:Summary). The challenge here lies in noting whether or not UNHCR and other Refugee Agencies recognize Trauma therapy as an appropriate method of enhancing spontaneous refugee return using Therapies such as Eye Movement Desensitization Reprocessing (EMDR), Saccadic Eye Movements (SEM), Expressive Arts Therapy, Diffusing and Debriefing, Biofeedback and Stress Inoculation Training, Group Therapy, Logotherapy, Symbolic Experiential Training or Play Therapy.

1.2 PROBLEM STATEMENT

Studies of depression by World Health Organisation (WHO, 1996:Introduction) have shown that trauma is caused by hurtful and terrifying experiences such as rape and brutal killing of close relatives. The same study shows that women more than men are exposed and affected by effects of war. The American Psychiatric Association emphasizes the same that such stressors are common causes of refugees’ flight and depression to the extent that women are affected in many ways than men (APA-DSM-IV 1994:424). According to the WHO 1996 publication, “many refugees have no pleasure, they believe that nothing and nobody can help them in their suffering. They do not seek help because they believe their situation cannot be improved” (WHO/UNHCR 1996:42). This undermines the UN’s agency efforts to enhance repatriation through ‘durable’ solutions programs (UNHCR, 2003:7). The same publication begs, “find out how much Trauma symptoms interfere with work, school, housework and other activities” but does not investigate “How Trauma influences the attitude of refugee men and women to return to their countries of origin”

The implementing agencies in Kakuma do not have established programs that address pathological illnesses (Biomedical approach). However, a holistic Biopsychosocial approach that addresses

Mental Health of men and women is not in place (UNHCR Kenya Report, 2005:5). According to the UNHCR (2005:5), the common diseases associated with congestion, lack of clean drinking water, nutritional health problems and counselling are of immediate concern. There is no emphasis on Psychiatric therapeutic intervention that addresses the unique gender problems associated with trauma and how these impact on the attitude towards repatriation, which is indicative of a narrow path in refugee health care system within a cross-cultural perspective (Loustaunau and Sobo, 1997:73). Cecil shares this also in his contribution towards a cross-cultural psychiatric diagnosis on migration and mental illness and how migration affects migrants along gender factors (Helman, 4th Ed 2001: 200).

According to Cox, there are three hypotheses that seek to explain high rates of mental illness associated with migration. One of these hypotheses states that certain mental disorders incite their victims to migrate. (Cox, 1997:108). In this proposition, restless and unstable people are believed to migrate more often, in an attempt to solve their immediate personal problems-for refugees; it is the flight for safety among other issues (such as seeking for relief assistance; food, shelter, water, education and health) that makes them migrate.

However, life in the camp has not been viewed as good either, it has been described as small with reports of unsanitary conditions, malnutrition, diseases outbreaks, lack of physical safety, shortage of water, firewood lawlessness, violence and rape (UNHCR, 2004:6-18). Despite all these, the camp is full and this raises the question why the deplorable situation has not elicited a voluntary repatriation attitude.

However, even with all the knowledge of life in camps not befitting them and violence having subsided due to various peace initiatives, the knock-on effects of traumatic events as a result of conflict seem to have contributed to what the UN agency says that, 'many people who had been forced to flee see no way back' (UNHCR, 2004:21). UNHCR reports have often indicated refugees' pessimism towards repatriation (UNHCR, 2005:10). 19% of the Sudanese Refugees are not willing to return while 3% are willing to but with conditions (UNHCR Kakuma Report May 2005:3). It is this attitude of involuntary repatriation that this study would like to investigate and establish whether there is any significant difference in gender attitude towards repatriation.

This interest is strengthened by the uniqueness of the demographic profile of the Kakuma Refugee camp in having more men (60.3%) to women (39.7%) which is a departure from a typical camp. Of

the entire global adult refugee population, women comprise of 80% (Chung and Rita Chi Ying, 2005:1). As men remain in unsafe environments in the pursuit to protect their property and engage in conflict struggles, women and children escape to camps where they can be assured of security and physiological support. This generates the thinking that there is a possibility that the unique demographic scenario in Kakuma Refugee camp determines gender attitude towards voluntary repatriation. Based on the foregoing, this study asks two questions:

1. Do Sudanese Refugees suffer from Trauma as a result of the conflict experiences?
2. Are there significant differences in gender attitude that determine voluntary repatriation?

1.3 STUDY AIMS AND OBJECTIVES

1.3.1 Main Aim/ Objective

The study aimed at assessing the magnitude of Post Traumatic Stress Disorders (PTSD) among the Sudanese Refugees in Kakuma refugee camp and if there exist significant differences in gender attitude towards Voluntary Repatriation.

1.3.2 Specific Objectives

The specific objectives of the study were;

- 1: To assess the magnitude of Trauma among the Sudanese refugees owing to the conflict experiences.
2. To establish if there exist significant differences in gender attitude towards voluntary repatriation.

1.4 RATIONALE/JUSTIFICATION OF THE STUDY

1. The study results will provide information that the International Community and the UN, Sudan, the Kenyan Government and Refugee Implementing Agencies can use to develop policy guidelines tailored towards good refugee protection.
2. The Research study will provide important information that can be used by the UN Agency (UNHCR), the International community and other implementing refugee agencies to bridge the gap that has been in existence regarding voluntary Repatriation, that is, peaceful, quick, safe and permanent
3. The Research study will provide information to those involved in Refugee work on how best to address Refugee Mental, Social and Psychological problems.

4. The study results will provide relevant and necessary information for streamlining resource allocation towards protection and reconstruction programs in Kenya and Sudan respectively.
5. The study results will provide a framework for Sudanese Government in its Reconstruction and Development efforts towards a united and secure Sudan that is Socially, Politically and economically stable.

1.5 DEFINITION OF KEY CONCEPTS/ TERMS

1.5.1 Refugees

UNHCR defines refugees as people who have fled their country and are seeking protection in another country because of generalized violence, foreign aggression, internal conflict, massive violations of human rights or other circumstances that have seriously disturbed public order (UNHCR Handbook 2004:7). Thus, refugees are legally defined as people who are outside their countries of origin because of well founded fear of persecution based on their race, religion, nationality, political opinion or membership in a particular social group, and who cannot or do not want to return home.

1.5.2 Attitude

Forster defines attitude as a habitual way of thinking, perceiving, and interpreting, reacting and constructing events, making decision and creating meaning out of what we interact with in our environment (Foster 1999:77). This therefore has to do with mental processes that provide refugees with ready-made reactions to, and interpretations of events on how they feel about repatriation to their countries of origin.

1.5.3 Repatriation

This is a process of actions aimed at ensuring that people who have left their country to another country for fear of their safety and life are enabled to restart life in home countries (UNHCR, Helping Refugees 2004 Edition: 14). Simply put, this is the process that the UNHCR uses to help refugees return to their homeland if conditions warrant.

1.5.4 Refugee camp

This is a collective place or location set up temporarily where refugees reside or gather to receive information, protection, counselling, material assistance or other services as measures of solving their

problems are under way. This is, possible repatriation, resettlement to a third country or provision of asylum.

1.5.5 Trauma (Post Traumatic Stress Disorder)

According to Ndeti et al (East African Medical Journal, July 2004: 362), PTSD is a pervasive anxiety disorder that is currently defined by the existence of three clusters of symptoms (re-experiencing, avoidance and numbing and Hyperarousal) persisting for at least one month, following a traumatic event. The critical dimension that separates it from the other disorders is the recognition that extremely traumatic events are able to produce a disorder with a specific pattern of Symptomatology in which the exposure plays a central organizing etiological role.

1.5.6 Non-Refoulment

No-refoulment means ensuring respect for refugees' basic human rights and ensuring that no person will be returned involuntarily to a country where he or she has reason to fear persecution (UNHCR, Helping Refugees 2004 Edition: 14). This is therefore the core principle of the refugee law that prohibits states from returning refugees in any manner whatsoever to countries or territories in which their lives or freedom may be threatened. It is part of an international customary law and therefore binding in all states, whether or not they are parties to the 1951 convention.

CHAPTER TWO: LITERATURE REVIEW

This chapter presents a review of the relevant literature deemed necessary in helping understand the subject under study. This is, trauma and its related influence on the refugees gender attitude towards voluntary repatriation by exploring, discussing, and analysing the following themes: A perspective on global Traumatic events, Trauma Manifestations and Symptomatology, Refugees as a traumatized people, Trauma Symptomatology among Sudanese Refugees, Encampment Conditions, and Attitude Theories.

2.1 A PERSPECTIVE ON GLOBAL TRAUMATIC EVENTS

Many mental illnesses affect people globally and Trauma is one such illness. Trauma has attracted particular interest since its inclusion into Diagnostic and Statistical Manual of mental disorder by the American Psychiatric Association in 1980 and now into the revised fourth Edition of the Diagnostic Statistical Manual-DSM-IV (APA, 2003:246). Mental Health illness studies among disaster victims have been extensively done with a bid to assess its impact on mental health in the society. Common mental Health Illnesses associated with disasters are Conversion Disorders, Hysteria, Generalized Anxiety Phobia, Depression, Psychosis, Secondary Trauma, Generalized Anxiety, Stress Disorder and Post Traumatic Stress Disorder.

Media coverage of the major recent events such as the Persian Gulf war (1991 and 2002), Middle East Conflict, the frequent Hurricanes and Tornadoes in America, the recent Tsunami in South Eastern Asian Countries (Dec. 2004), child abuse and rape comprise some of the common traumatic experiences. Others are genocide in Bosnia, Darfur in Sudan, Rwanda, Liberian and Congo -all these have often underscored the psychological impact; thereby contributing to the growing sophistication of a public that new little about PTSD until the late 1980's (Marcella and Friedman 1996:1 The study of PTSD dates back more than 100 years. First, it was included in DSM-I but was later included in DSM-II. The Study of PTSD was elicited by the American Psychiatric Studies interest of the Vietnam War veterans and the Study of civilian victims of Natural and man made disasters that classified PTSD as a distinct entity in the DSM -III. Results showed that the veterans had reduced Sensitivity to pain (numbing) during exposure to traumatic reminders (Ida. 2001: 412).

Before the September 11 attacks, studies of the prevalence of PTSD in the United States demonstrated that 5-6% of men and 10-14% of women had PTSD at some point in their lives making it the fourth

most common psychiatric disorder (Yehuda, 2002:109). Factors that contribute to the intensity of the response to a psychological traumatic experience include the degree of controllability, predictability and perceived threat. Vast majority of disaster victims appear to experience long-lasting stress following some kinds of traumatic events. Under some conditions stress appears to persist and may form the basis of PTSD and in such cases, abnormal levels of response persist for abnormally long periods. (Ursano, 1994:360).

In a study to examine the prevalence of four psychiatric disorders -PTSD, major depression, generalized anxiety disorder, and alcohol abuse/dependence among the survivors of the October 20th 1987 survivors of the Air Force Jet survivors, it was found that 54% of the subjects met the DSM-III criteria for a psychiatric diagnosis following the disaster. 33% developed PTSD, alcohol abuse/dependence, and depression and generalized anxiety disorders following the disaster. 22%, of all the subjects met full criteria for PTSD after the disaster. An important aspect that this study revealed was that cases of PTSD tend to rise in subjects without pre-disaster histories of the disorder (Smith, 1990:205-206).

In one of the most extensively examined and often followed disasters in the psychiatric study of trauma. 67% of those interviewed revealed symptoms of Trauma not reported in the prior SCID interview and that 72% of the total PTSD symptoms were discovered only by means of the clinical interviews. (Hong et al, 2000:483). This is indicative of long-term effects of trauma and its salient impact on Sudanese refugees. A method of investigation that captures the Biopsychosocial effects of Trauma on disaster victims should be used by humanitarian workers to establish the impact of trauma on issues that are pertinent to refugees' social life.

The Irish famine of 1845 to 1849 resulted in mass migration of Irish people to United States of America (US) across the Atlantic Ocean. Some fell in the sea while others who died on board because of starvation were dropped in the sea. The famine and forced emigration to US from the hard life in Ireland resulted in a strong evidence of Psychic-disturbance. Before this, the emigrants had false relations, overdrinking and high rates of psychoses (Luchter 1995: 29).

The Sudanese have gone through similar experiences though on land (not sea). On the flight to Kenya and some to Ethiopia, some are known to have travelled as long as 1000 miles (UNHCR, 2000:12).

Such treacherous escapes are characterized by dangers ranging from landmine accidents (UNHCR, 2005:5), rape (UNHCR, 2004:17), witnessing death (UNHCR, 2004:21). Adverse consequences of psychologically traumatic events have also been reported in refugee populations in Bosnia, Cambodia, Afghanistan, Middle East, West Africa and East Africa. The World Health Organization (WHO) has taken steps in encouraging Nations to draft policies to guide resource mobilization and coordinate National Responses to a problem it warns is increasing in magnitude. This is, mental Health of the global population. The paper notes that the WHO Statistics point to an unprecedented upsurge in cases of mental disorder across the globe in the next 15 years, which may result to this illness being the world's leading cause of disability by the year 2020. (Daily Nation, 9/11/2004:11). This is disturbing since there is a high likelihood for health practitioners to establish morbidity in conflict prone areas such as Southern Sudan.

During 2005 World Mental Health day celebrations at Mtwapa in Kilifi-Kenya, Physical illness and mental illness were observed to be closely related and that an estimate of about 450 million people globally suffer from mental disorders with about 873,000 dying every year through Suicide. Mental and behavioural disorders according to the same report by WHO represents 11% of the total disease burden and is expected to soar to 20% by 2020. The Ministry Health in Kenya contends that 20-30 percent of patients attending both public and private health hospitals suffer from mental illness (Daily Nation, 9/11/2005:11).

This is indicative of the impact the disorder can have not only on refugees but also on the entire coping mechanisms of people not exposed to traumatic events. Various Traumatic studies have showed that, of the disorders named, PTSD appears to represent a failure to recover from a nearly universal set of emotions and reactions and is typically manifested as intrusive memories, avoidance and heightened state of physiological arousal. (Yehuda, 2002:113). The morbidity reflected here is what has created the interest to investigate whether involuntary repatriation is a function of attitude thereof created by trauma.

2.2 TRAUMA MANIFESTATIONS AND SYMPTOMATOLOGY

Information involving the effects of traumatized experiences has been chronicled for centuries. Philip and Bremner cites symptoms of trauma in the diary of one Samuel Depy (1966), in which he documented six months after survival of the great fire of London that he could not sleep a night

without intrusive memories of the fire (Philip & Bremner 1999:1). This indicates that reactions to traumatic events can be felt a long time after an experience. There is a possibility that even after the twenty one year conflict in Sudan, victims of this war whose coping mechanisms could not withstand the effects of the traumas could still be experiencing reactions up to date.

The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders - DSM - IV 1994 defines PTSD as, "severe development of a complex disorder that is precipitated by exposure to a psychologically distressing event that involves actual or threatened death or serious injury or threat to one's integrity, or witnessing an event that involves death or injury experienced by a family member or a close associate" (DSM-IV- 1994:424).

During the First World War, medical practitioners documented the effects of war related stressors across a wide range of combatants. Freud theorized that war trauma presented the mind with an increase of stimulus so powerful to be dealt with or worked off in the normal way and that this was the result of performance disturbances (Freud, 1917:275). These disturbances are caused by horrific experiences (stressors), fear, and helplessness (American Psychological Society, 2004:169). Such disturbances are likely to make the survivors sadder but wiser. This wisdom prompts people to redefine their philosophy of life (Gross, 1996:650). This is achieved through flight, freezing or fighting (Kolk 1987:3). The Sudanese refugees find themselves in these three alternatives of responding to traumatic events (L W F and DWS, 2002:1-2). The freezing cluster symptom is described in the UNHCR brief on the Sudanese Refugees Voluntary repatriation report on 25th Jan. 2005 as "a code of silence" that compounds those previously involved in the Liberation Movements (UNHCR, 2005:2).

A citation by Bonnie L. Green in the *Journal of Traumatic stress* (1994:353), cites Op del Veldts et al (1993) who reconstructed the lifetime course of Post Traumatic Stress Disorder symptoms in World War II Dutch resistance fighters and identified several patterns of Post-Traumatic symptomatology in his subjects (*Journal of Traumatic stress*, 1994: 353). 50% of the individuals reported a delayed onset of the disorder, 25% had symptoms that lasted five years or less, the rest (25%) showed a progressive course, or a fluctuating course with remissions and exacerbations.

Studies of individuals at risk (Combat veteran, veterans, victims of volcanic eruption or criminal violence) have yielded prevalence rates ranging from 3% to 58% (DSM-IV 1999: 426). Survivors of

the ship explosion in Toulon in 1907 and 1911 exhibited "recall anxiety, fatigue, and several minor phobias". (Nutt, 2000:4).

The prevalence of PTSD was highlighted by the two wars, but social and humanitarian forces, within and out of the psychiatric community, drove its recognition. Such an example was the Vietnam Veterans Working group (VSWG) that was formed in 1974 (Nutt, 2000:4).

According to the American Psychological Society (2004:169), Vietnam veterans with significant Post Traumatic Stress or impairment 20 years after the service were 830,000. This is clear evidence that PTSD is a long lasting disorder in many individuals-who can go for many decades without treatment just like the Vietnam veterans. It therefore becomes a strong reason to provoke the assumption that it is highly likely that Sudanese refugees could be traumatized twenty-one years after the start of the Sudanese civil war in 1984. If this assumption can be true, then there exists a possibility that the refugees at the camp could be suffering from three reactions namely; Reexperiencing of the trauma, Avoidance of any stimuli associated with the trauma and, or, Exaggerated Startled Response. This is the root of the first question in this study whose objective is to establish whether or not the refugees in Kakuma camp suffer from long-term effects of trauma.

(PTSD) is an anxiety, currently defined by the coexistence of three clusters of symptoms (Re-experiencing, Avoidance and Hyperarousal) persisting for at least one month in survivors of Traumatic events. Unlike most other mental disorders, the diagnostic criterion for PTSD specifies an etiological factor; namely the traumatic event (Nutt et al, 2000:1). An American physician treating casualties of the American civil war (1861-1865), described observing increased arousal, irritability, and elevated heart rate in soldiers exposed to combat, which came later to be known as "Da Costa's Syndrome" or "Soldiers irritable heart". This was felt to reflect psychological disturbances related to exposure to the stress of combat (Saigh and Bremner, 1999:1).

The defining characteristic of traumatic event is its capacity to provoke fear, helplessness or horror in response to the threat of injury or death. People who are exposed to such events are at increased risk of Post Traumatic Stress Disorder (PTSD) as well as major depression, panic disorder, generalized anxiety disorder and substance abuse, as compared with those who have not experienced Traumatic events (Yehuda, 2002:108).

Van del Kolk (1987:3) says, "PTSD stems from psychological changes in the central nervous system. During this time, a person's response becomes fixed in a heightened state of alertness, preparing the

body to fight flight or freeze at the slightest provocation. Once this traumatic event is over, the heightened stress response becomes useless and destructive.”

The essential feature of PTSD is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or threat to one's physical integrity, or witnessing an event that involves death, injury experienced by a family member or other close associate. According to this manual in its criterion A1, response to the event must involve intense fear, helplessness or horror. In children, the response involves disorganized or agitated behaviour, which forms criterion A2. The characteristics symptoms resulting from the exposure to the extreme trauma include persistent experiencing of the traumatic event, which forms criterion B. persistent avoidance of stimuli associated with trauma and numbing of general responsiveness from criterion C while the persistent symptoms of the increased arousal form criterion D. The full symptom picture must be present for more than one month - which forms the criterion E. DSM-IV notes clearly that the disturbance must cause clinically significant distress or impairment in social occupational or other important areas of functioning which forms the last criterion F. (APA, DSM-IV 2000:425)

PTSD is therefore characterized by Traumatic events such as but not limited to Military Combat, violent personal assault (sexual assault, physical attack, robbery, mugging), kidnapping being taken hostage, terrorist attacks, torture, incarceration as a prisoner of war or in a concentration camp, Natural or manmade disasters, severe automobile accidents or being affected with a life threatening illness. Stimuli associated with the trauma are persistently avoided through deliberate efforts to avoid thoughts, feelings or conversations about the traumatic events. The person may also avoid activities, situations, or people who arouse recollections of the traumatic event. (APA, DSM-IV 2000:425). Repatriation of refugees usually involves participation of refugee representatives, an activity that refugees can regard lowly and possibly not take part in, since activities associated with repatriation quite often reminiscence traumatic experiences. Some of the activities such as “Go-and-See” programs are very instrumental in enhancing mass repatriations, yet they take the refugees' feelings close to what traumatized them (UNHCR, 2004:3).

The DSM-IV manual also notes that the individual may complain of having markedly diminished interest or participation in previously enjoyed activities sometimes as a result of the inability to remember the event at will (despite the vivid intrusive recollections of the events), or feeling

detached or estranged from other people. This, according to this study is likely to cloud the Sudanese refugees against any efforts to return in a bid to enjoy or experience what they used to previously do. This forms part of the Lacuna that the study attempts to investigate whether there is an association between long-term prevalence of trauma and the attitude to return willingly.

The above behaviour is also possible as proposed, that the individual once displaced and gets into the refugee community finds it hard to think of going back because of the estrangement common to people who migrate (Cecil, 2001:200). Cecil says that other studies from different parts of the world have shown that a certain percentage of immigrants do have a history of previous mental disorder in their countries of origin. The DSM-IV 2000 manual notes that such individuals develop a sense of a foreshortened future for instance not expecting to have a career, marriage, children or a normal life (Eyes of the Survivors of the Saint Famille, 1999:43).

Dr. Kalayjian identifies the most common psychological symptoms manifested by adults after a Natural disaster as uncertainty and Fear, Anger, Feeling tense, edgy, Jumpy loss of appetite, Sleep disturbances and nightmares, Loss of interest or inability to engage in Sexual activities, Withdrawal, Loss of concentration, Inability to make decision and aggressiveness turned inward and outward. (Kalayjain, 2000:7). Inability to make decisions such as to return as a result of what Kalayjian identifies to be a function of a disaster could be a semblance of what the Sudanese Refugees are going through with regard to repatriation.

Ida (2001:411) defines PTSD as a severe and complex disorder that is precipitated by exposure to a psychologically distressing event. Thus, the diagnosis of the disorder is not possible without the occurrence of a traumatic stressor (Hagerman 2001:411). This experiencing and exposure to traumatic events enables an individual to appraise events and make meaning out of them (Emily and Daniel, 2004: 169). From this stems the proposition that there is high degree of correlation between the levels of danger perceived by the individual exposed to the trauma and the likelihood of developing PTSD - though predictive factors include previous exposure to trauma and a family history of Psychiatric disorder (Hagerman, 2001:411). This raises the possibility that the twenty-one year war in Sudan and the continuing conflict in Darfur could be a beehive of stressors capable of making Sudanese Refugees in Kakuma camp Traumatized and confused. This is also likely to be worsened by the pronouncement of peace statements that Sudanese people return yet there is a war in

a section of their country going on. The refugee attitude to return therefore lies between a situation that is enigmatic and dissonant because of trauma and the war in Darfur.

PTSD is more prevalent in childhood and old age than at other times of life, and among people with previous psychiatric disorder than among those with no such history (Gelder et al, 1988:164). This means that because of the twenty-one year Sudanese conflict, there is a high probability that young adults could still be living with unresolved PTSD.

Child soldiers in parts of the world such as Philippines are involved in armed conflicts as they encounter the warring factions or through abduction (Amnesty International Report, 2004). The Armenian Mental Health Foundation in its research on the Psychological problems among refugees found that the priority problems for refugees are related to the Psychological trauma. The Research also established that the majority of the refugee population in Armenia still suffers from chronic PTSD. Herbert Leuninger observes the same in Bosnia and Herzegovina in a report for The Institute For Development Research Economic and Social Planning (ISOPLAN) in 1996. He said that Refugees are haunted by their own memories of war ((Leuninger, L.1996: 2). The people in Namibia suffered under a protracted war that left the society with many psychosocial problems (People's Education Assistance and Counseling for Empowerment-PEACE Report 1999). This is not far from what the Rwandese went through-witnessing death, widespread massacre, Torture, rape, persecutions, repression and brutality (UNHCR, 2004:4).

The conflict in Liberia has neither been an exception in promoting the ills associated with war. Children and women have been systematically raped, assaulted, forced into military service and Forced Labor among other traumatizing experiences (A Watchlist Report, 2004).

According to Dr. Joseph Waigi Njau of University of Nairobi in his dissertation on "Post Traumatic Stress Disorders (PTSD) among the household heads of the clashes in Rift Valley ethnic clashes in February 2005"- out of the 126 heads of households of the ethnic clashes interviewed, prevalence of PTSD was found to be 80.2% while those who did not experience ethnic clashes the prevalence of PTSD was 10.6%. The study also established that the comorbidity psychiatric disorders associated with PTSD in this study to be major depressive disorder 83/101 or 82%, generalized anxiety disorder 51/101 or 50.4%, panic disorders 40/101 or 39.7%, phobia 13/101 or 12.9%, and alcohol or Phobia 13/101 or 12.9% and alcohol dependence 4 /10 1 or 8.9%. Those who did not experience ethnic clashes, the commodity psychiatric disorders were major depressive disorder 7/11 or 63.3%;

generalized anxiety disorder 1/11 or 9.1%, panic disorder 1/11 or 9.1% phobia 5/11 or 5.5% and alcohol dependence 1/11 or 9.1%.

Ongecha et al 2004:362 conducted another local study on PTSD at Kenyatta National Hospital; the prevalence of Trauma among the 264 patients interviewed was 13.3%. None of these cases had been previously diagnosed as having PTSD. Females had a higher PTSD rate of 17.9% (n=67) compared to the males 11.7%. This is similar in findings to "who develops PTSD" by Ozer and Weiss (APA 2004:169). She notes that nearly half of US adults experience at least one Traumatic event in their lifetime, yet only 10% of women and 5% of men develop PTSD.

Another local study looked at Traumatic grief in Kenyan bereaved parents following the Kyanguli's school fire tragedy. The mean scores on the sub scores of the Traumatic grief scale among the bereaved parents was as follows; 90% experienced intrusive memories and yearning for their departed young children. There were feelings of detachment and a strong sense of disbelief among 94% parents who lost their children. This is part of the diagnostic criterion C4 (DSM-IV 1999:424). Generally, 100% of the parents who lost children were traumatized while 97.1% of the control group was traumatized.

In a study on the psychological effects of the Nairobi's United States Embassy bomb blast on pregnant women and their children due to the effects of the Trauma, 89.2% were not able to work for a period ranging one month to 3 years. The mean scores on "Davidson's trauma scale were 6.75 for severity and 7.76 for frequency of symptoms out of a possible total score of 32. (Ndetei, et al, 2005: 50).

PTSD denotes an intense usually prolonged reaction to intense stressors such as natural catastrophes (earthquakes, floods or fires), man made disasters (war effects and persecution, Genocide) or personal assault (Mugging or Rape). PTSD is diagnosed when the reaction is characterized by recurrent distressing dreams or intrusive recollections of the original stressful events, coupled with avoidance of reminders of those events and symptoms indicating increased arousal for instance irritability, insomnia and poor concentration. (UNHCR, Vol. 3, No. 136, 2004:10-11). This is likely to make Sudanese refugees perceive repatriation negatively.

2.3 REFUGEES AS A TRAUMATISED PEOPLE

Refugees are people who have been forced from their homes to another location not of their choosing, but in fear of being threatened, tortured or witnessing atrocities, or Genocidal events. Myer et al quotes Van der Veer 1998 description of experiences commonly shared by refugees, these are; political repression, detention, torture, Violence, disappearance of relatives, separation and loss, hardships and exile. These are then followed by Traumatization, uprooting, and hierarchy of suffering (Myers and Rick, 2003:245). These stressors quite often make refugees become traumatized. Common indicators of trauma are that most victims express a sense of shock during flight and are unable to process their perceptions. They then become mesmerized, dissociated and depersonalised at the threat of death. (Lubin, and Redburn,1999:1-2)

According to Goman's Refugee model (2001:7), there are three steps for converting the process above; Establishment of society, Process of Reconstruction, and Reconnection. The second process helps restructure refugees beliefs, schemes and attitudes and to begin finding that meaning (Goman, 199:7). It is upon this model therefore that this study anchors its third Hypothesis (assumption) that, inadequate attention to the process of reconstruction (social and psychological) among the refugees can negatively influence their attitude towards objects, events and people, voluntary repatriation notwithstanding. The Sudanese refugees have undergone a life that is consistent with the refugee model (UNHCR, 2004:7,9).

Survivor's guilt compounds major precipitators to trauma among disaster victims. Refugees are haunted by the guilt of successful escape from their home country, particularly on learning the potential danger their families, relatives and friends left behind could be in. In cases where all relatives have been lost, the compounding survivors' guilt becomes the decision to leave their country apart from security concerns. Cambodian Women took the decision to leave their country not to return upon such experiences (Chung & Rita, 2001:3). Just as stated above, this forms the premise of the second Hypothesis for this study. It is therefore possible to hypothesize that the human compulsion to return reenacts disturbing feelings inappropriate for voluntary repatriation among refugee communities. In other words, is the attitude towards repatriation a function of trauma prevalence?

In a UNHCR newsletter, the former High commissioner for refugees Rudd Lubbers warned that widespread violence, human rights abuses could drive more refugees across the borders into Chad. The same letter noted that UNHCR would focus on the prevention of sexual and gender based violence against women and children. An observation was made to the effect that even with the “go-and see” visits, some Rwandese refugees refused to return home on learning about the deaths in their families (UNHCR, 2004:3). This is a reflection of what survivors’ guilt effect can have on repatriation programs.

In another study on Vietnamese refugees resettled in Australia, 5% had anxiety disorders, 3% had depressive disorder and 1% substance use disorder. In general, 8% of those interviewed had mental disorders; PTSD with 4% while 3% had major depressive disorder (Steel, et al 2002). PTSD therefore ranks as one of the major disorders among disaster victims and therefore drawing from survivors’ guilt the resulting reactions can easily lead to inappropriate decisions by refugees towards repatriation.

In a study of Cambodian refugees, it was found that Woman are at a high risk of developing serious Psychological problems due to their pre-immigration war experiences of rape and sexual violence. The study showed that 95% of Cambodian women reported that they had been sexually abused or raped. These women have Nine times more trauma than any other refugee women in Asia. They exhibit dummy personality that is symptomatic of PTSD; this is learned Helplessness or startle effect according to DSM-IV (1994:1).

A report by UNHCR, (2003:22- 23), women and children quite often find themselves in the middle of the war which is characterized by shell shock, bombings, massacre and displacement rape and phantoms (UNHCR, 2003:23-25). Large-scale displacement of the civilian population and abduction of children for use as soldiers by the Lord’s Resistance Army (LRA) has been observed in the southern regions of Sudan and the northern parts of Uganda (UNHCR, 2003:6).

A UNICEF report on “State of the Worlds’ Children” 1996 noted that children encounter physical injury, gender based violence, bombs and landmines. It is noted in the same report that children undergo grief, fear and loss. Some of them have witnessed their parents’ death or rape, torture, murder or have been threatened with death themselves (UNICEF, 1996: 1). Some of the children in Kakuma Camp have lived in the Camp many years and are now adults. There is a possibility that some of these refugees are suffering from infantile trauma - this is indicative of long-term effects of

trauma. This raises the initial question of this study on whether or not refugees in Kakuma camp suffer from long-term effects of trauma as a result of pre-mobid factors in the development of post-trauma problems. Hass suggests that pre-trauma and trauma factors interact to give meaning to specific trauma experiences (Hass and Hedin 1983:147-154). Refugee children suffer from infantile trauma as a result of not only the stated pre-trauma factors but also the escalation of affect levels when the children fail to manage the undifferentiated, massive psychosomatic reactions to events. In other words, children are unable to anticipate and prevent the possibility of being overwhelmed. (Krystal, 1985:70)

South East Asian Refugee Women have been categorized as a high-risk group for developing serious mental health problems due to pre-immigration traumatic experiences. These are: the war and genocide, escape process, and the refugee Camp experience. They therefore experience multiple traumas including physical and Psychological torture. (Chung and Chiying 2001:1-2). Ida Hagerman also echoes this, she says that the type of Trauma most likely to precipitate PTSD is persuasive violence, particularly rape which contributes to the high prevalence in Women. (Ida, 2001:412). UNHCR concurs with this as it notes that one of its major challenges in its efforts to protect refugees is the minimization of violence, including sexual assault that many refugees are subjected to, even in countries of asylum. (UNHCR, 2003:7). This could be an indicator as to why women are the most traumatized lot of the refugees, and possibly rape as the most severe traumatic experience among them.

In a report on Sudan Crisis in Darfur, civilians who end up as refugees are previously exposed to killings, rape, pillage and torching of houses (UNHCR, 2004:5). Rape is a strong weapon used strategically to instill fear and intimidation in Sudan. This is exemplified in another report by UN agency on Sudan, where there are only two choices; for men, they are killed while women are raped (UNHCR, 2004:11). In light of the unfolding literature, this study views killing in Sudan as orchestrated to significantly instill fear in the fleeing people, a fear that makes them not to return to the site of terror (UNHCR, 2004:7). This is quite similar to the Rwanda case, where widespread massacre of people was openly executed in what the international community described as “the messiest humanitarian crisis” (UNHCR, 2004:23). Refugees therefore may be suffering from long-term effects of trauma, a condition that can significantly determine their perception to realities,

repatriation notwithstanding. The underlying relationship between the long-term effects of trauma is the enigma that this study hopes to establish.

2.4 TRAUMA SYMPTOMATOLOGY AMONG SUDANESE REFUGEES

In a study on the Sudanese Refugees in Northern Uganda, Peltzer interviewed 100 adults and 56 children. Findings revealed that 32% of the adults suffered PTSD while 20% of the children suffered from a chronic PTSD (Petzer, 1999:110-4). This is indicative of likelihood of PTSD among Sudanese refugees in Kakuma refugee camp, and the consequent seriousness of the problem among adults who are the breadwinners for families.

In a screening survey of Sudanese refugees and ex-soldiers, out of 44 Ex-soldiers scored a medium of 74.6 (Q=62.3, Q3=79.1) on the depressive state Hopkins 12 (20%) had psychological disorders. Out of the total, 63 patients attained Traditional and faith healers' facilities, 26% suffered from PTSD and 39% from depressive disorder. The screening survey reported in its conclusion that high rates of Trauma and Psychological problems were found among Sudanese Refugees in Uganda (Amnesty International, 34/03/97: Refugee Human Rights have no Borders). The screening is quite recent given that the war in Southern Sudan started 1984. If the stated PTSD findings were observed in Sudanese refugees in Uganda, then, this presupposes that these refugees suffered from long-term effects of trauma. This helps draw a hypothesis that it is possible that the Sudanese Refugees in Kenya could be suffering from long-term effects of trauma, *ceteris paribus*, even though the rates of prevalence among the Kenyan Sudanese Refugees in the Kakuma Camp could be different from those observed in the Ugandan case. Hence, the curiosity to investigate the extent to which this may be possible.

Documented serious breaches of the human rights of refugees include cases of confiscation of property on entry into Sudan or at roadblocks (official or unofficial), false imprisonment, discriminating movement, unfair dismissal of employees, outbreaks of violence between hosts and refugees, theft, Illegal taxation, loss of rights to Agricultural land, forced labor, kidnapping, rape and murder. Ordinary civilians, soldiers, Security Personnel, Chiefs and Policemen from Sudanese and Ugandan, committed these vicious crimes. (Amnesty International, 1997 34/03/97: Refugees' Human Rights Have no Borders). The report notes that refugees are people who have been forced to abandon their homes, friends and livelihoods. Some respond instinctively to an immediate terrible

threat, while others have taken the painful decision to leave their countries after long periods of uncertainty.

The Lutheran World Vision notes that scarce natural resources have been a cause of disagreement between the Turkanas (host community) and the Refugees in Kakuma camp (LWF/DWS, 2002:8). This is also cited by UNHCR in what it says, "The relationship between the host community and the refugees of Dinka descent is historically hostile and occasionally violent" (UNHCR, 25th Jan. 2005:1). This means that refugees are not necessarily safe even when they have succeeded in escaping; some continue to be at the risk of violence, either from their own nationals or from the security forces or citizens of the country of Asylum (UNHCR, 2004:7). This situation is likely to predispose the refugees to a situation that makes them suffer from secondary effects of trauma. This situation is capable of reenacting experiences associated with trauma, thus, maintaining the trauma cycle.

The association between mental illness and migration is explained by the proposition that certain mental disorders make their victims to migrate particularly among the restless and unstable people and that the process of migration creates mental stress, which may precipitate mental illness in susceptible individuals (Cox, 1997:211-221). Some Sudanese refugees are known to have traveled long distances such as the Long March by the Dinka boys in 1983 who walked 1000km for 84 days till they reached the Western boarder of Ethiopia. It is therefore possible to suggest that this has resulted in some suffering of mental illnesses such as PTSD (UNHCR, 2000:12).

According to DSM-IV 2000, trauma reactions lead to diminished activity of an individual even in activities that are compelling and beneficial to the them, repatriation notwithstanding. There is a possibility therefore that the Sudanese refugees suffering from such reactions cannot effectively participate in repatriation activities.

2.5 ENCAMPMENT CONDITIONS

When the source of stress shifts from some indiscriminative violence by nature to the disseminate oppression by man, the damage to human personality becomes less remediable. Thus, attempts to fit concentration-camp survivors into pre-existing nosological categories have been on the overall unsuccessful. (Luchter, 2002: 47). Encampment is also a stressor in as much as the UN agencies in

charge of war victims use it as a collective place from where protection is offered (Chung and Rita, 2001:1)

Refugee camps in Thailand during the Pol Pot Khmer Rouge Government that orchestrated mass violence, atrocities and genocide between 1975 and 1979 were known to have problems that tended to rekindle trauma. The camps were small, with reports of unsanitary conditions, malnutrition, diseases lack of physical safety, lawlessness, violence, shortage of water and firewood. (Chung and Rita, 2001:1). This is precisely a reflection of the present state of Kakuma refugee camp (UNHCR, 2004:6-18). Despite all these, the camp is full and this raises the question why the deplorable situation has not elicited attempts by refugees to vacate it. One reason for failure to spontaneously return as a result of such a deplorable situation is the possibility that the refugees could have been so traumatized that the fear they experienced strongly affected their due consideration towards returning home.

The camp life sometimes is inconsistent with the adherence to cultural values. In Pakistan, women using communal toilets face the danger of rape while children get lost within the camp. The Refugees scavenge for firewood, straining relations with the neighboring hosts who depend on the limited resources and most important little water (UNHCR, 2003:16).

In a UNICEF Report, WHO estimated that half of the world's refugee population might be affected by Tuberculosis. The same report noted that Kenya, Bangladesh, Malawi Nepal Somali and Zaire refugee camps are so crowded that they can be breeding grounds for infectious diseases.(UNICEF, Report on "State of The World's Children" 1996). The Kenyan report was made up of an assessment of the following Refugee Camps: Dagahaley, Hagadera, Ifo and Dadaab and Kakuma.

The UNHCR Hand Book for emergencies notes that refugee camps are limited in space. The Establishment of the camps in the first place should be perceived as a last resort and that the overriding aim must be to avoid artificial, high density, refugee camps, (UNHCR, 1982; 194).

Another contribution similar to this by Wim Van Damme says, "Common wisdom has it that refugee camps are a necessary evil, and to concentrate large numbers of people in a small chaotic area is a scenario for catastrophes" (Damme, 1998: Introduction). By the time of this contribution the refugee population globally stood at 11.5 million, the same stands at about 11 million now (UNHCR, 2005:8). Is this a meaningful change over such a period? Human conflicts are the source of all these

and it is difficult to avoid them, but strategies to significantly reduce the refugee population can be put in place. This study views trauma as having a direct bearing on decongestion efforts - the reactions brought about by this condition are inappropriate for full implementation of repatriation programs.

A report by the UNHCR office in Nairobi Kenya, reporting on the Kenya Refugee programme briefing noted that budgetary constraints form the major obstacle to the effective delivery of protection and assistance to refugees in Kenya. According to the Nation Newspaper (DN 15th Feb, 2005:14), the budgetary constraints emanate from the focus by donor countries on helping countries hit by the Asian Tsunami crisis. This has resulted into the Micronutrient deficiencies that characterize the Kakuma refugee Camp today. (UNHCR, Briefing Note December 2004:3).

2.5.1 Food and Water

The Malnutrition rate for children under 5 year is 14.5 above the minimum rate of 10%. About 50% of the Kakuma Camp refugees have only one meal per day. The World Food Programme (WFP) has warned that there is an expected food shortage to be experienced in 2005 unless more donations are received (UNHCR, Briefing Note, Dec. 2004:5). WFP is running out of food since it faces cutbacks from donor nations so is the UNHCR, which is also facing budget crisis. The Camp faces serious shortages of food, firewood and Water. The water situation is below the recommended minimal standards, which has eventually resulted in outbreak of diseases.

2.5.2 Shelter and Sanitation

The shelters are temporary (made of mud) with about 16,110 units requiring rehabilitation yet they house 23,000 refugees. The latrine user ratio is 1:24 instead of the minimum UNHCR standard of 1:15 (UNHCR, Briefing Note, Dec. 2004:5).

2.5.3 Health

The Hospitals in Kakuma Camp are below the UNHCR standards with inadequate health facilities that the agency contents to as posing a threat to the life of refugees (UNHCR, Briefing kit January 2004: 7 - 9). It has been noted that Regional referral Hospitals do not have an adequate capacity to handle increased caseloads of refugee referrals. HIV/AIDS prevalence is 7.5%, crude mortality rate is 0.1/10,000/ day instead of 0.5/10,000 day. (UNHCR, Briefing Note, Dec. 2004:5).

2.5.4 Education, Community Service Programs and Security

Other affected sectors include education, community service programs and security concerns because of recurrent refugee camp conflicts. (UNHCR, Briefing Note, Dec. 2004:5).

The Sudanese Morning Edition radio bulletin (NPR Jan 6th 2003) noted that Tens of thousands of Sudanese refugees subsist in conditions that many say are becoming unbearable. In the New Year report, UNHCR says that this compounds a big problem for the refugees since the Kenyan Government is facing resource constraints as well ahead of the crucial Bill on Refugees (UNHCR 2005:7). The evolving situation may result in strong reactions of trauma re-enactment. Already, the situation in the camp projects a secondary trauma effect which complicates the implementation of repatriation programs.

Much as Encampment is characterized by monotony and deplorable conditions as noted in a UNHCR Refugee Newsletter (April - June 2004:3), this appears not to be the case for the Congolese refugees in Gasorwe Refugee Camp in North-Eastern Burundi. To them, the camp is a heaven till they have refused to return home in what they say that returning home can predispose them to difficult conditions (UNHCR Refugees Newsletter, Jan 2004:5). This changed attitude towards repatriation is as a result of traumatic experiences that lead to the flight. The effect of the experiences have thus created a sense of fear in the refugees such that anything that can re-enact the experiences (such as Repatriation appeals) only reminds them of the horrific events which they quickly avoid by opting to stay on in the camp. It may be logical to say that once faced with difficult camp conditions, refugees should rationally take the option of falling back to their previous social lives that were accommodative until such a time when civil strife erupted. The contradictory reaction to this reality is what this study would like to establish whether what has been observed in the Gasorwe Camp is observable in Kakuma Refugee Camp, this is, the association between PTSD and attitude towards Repatriation.

2.6 TRAUMA THEORIES

2.6.1 Green et al Trauma Model

This model takes into account the characteristics of the individual and the environment. It works on the premise that, whether a person is able to recover following an exposure to trauma is dependent on the way the individual perceives, understands, and deals with the event. The coping mechanism

involves individual characteristics interacting with the social environment. Some environments are therefore more conducive than others for recovery. As noted under the Encampment conditions in Kakuma refugee camp, it is logical to suggest that the camp environment is not conducive for recovery (Ursano J. Robert, 1994:365). This model explains why Sudanese refugees are likely to appraise repatriation as an action that is likely to lead to the furtherance of insecurity and consequent suffering. They would therefore prefer to be resettled in a third country; this explains why they have often opted for the openhanded American and Canadian asylum programs.

2.6.2 Psychophysiological Focused Model by Keane (1998:914-23)

Reminders of traumatic events (sound or images) in individuals with PTSD demonstrate heightened arousal and prolonged duration of arousal compared with control subjects.

A research by Keane et al on key brain areas involved with fear response and the consolidation of memory (Amygdala and Hippocampus), suggest the existence of a powerful explanation for the automaticity of the fear response in the manner in which emotional memories occur and transmitted to the hippocampus. Fear initiates the “flight fight” which the Sudanese refugees have undergone. Thus, the emotional memories of the experiences of war are likely to initiate fear among those refugees willing to return. Individuals with an oversensitivity of the Hypothalamic- Pituitary-Adrenal (HPA) axis exhibit PTSD symptoms. The HPA is responsible for generating, maintaining and shutting down increases in stress related hormones in the face of danger. Danger is a central aspect of trauma and therefore any reminder of an appeal to be repatriated is likely to interfere with the systems leading to a dysregulation in the HPA axis. This eventually leads to the failure to break arousal generated by the perception of fear among the refugees and is responsible for continued physiological arousal among Sudanese refugees, hence maintaining and heightening PTSD Continuum. However, continued stress is likely to rekindle memories that result into fear. This is a continuum because this situation and condition is likely to go on and on.

2.6.3 Opioid System Theory, Van der Kolk et al (1985)

The Opioid Theory by Van der Kolk et al (1985) suggests that PTSD can be explained by alterations in the noradrenergic and the endogenous Opioid systems. The opiate system appears to be related to the PTSD Avoidance, Numbing and Hyperarousal clusters. Research on this theory has it that refugees exposed to inescapable shock develop analgesia when re-exposed to subsequent stressors.

This reduces sensitivity to pain (numbing) among the refugee during exposure to traumatic reminders (such as repatriation appeals).

Refugees with PTSD display trauma-seeking behavior in order to avoid endogenous withdrawal which is responsible for loss of control among the refugees once they are re-exposed to trauma stimuli. The ensuing dysregulation results in the refugees not making logical decisions to return since the reminders negatively influence the decision making process.

2.6.4 Traditional Psychoanalytic Formulations of Trauma Theory (Hendin and Hass 1984)

Hendin and Hass (1984) postulated that pre-traumatic personality factors are involved in determining what events become traumatic. According to this theory, similar events could have different meanings to different refugees, and therefore it is these meanings attached to the events by refugees that determine whether they become overwhelming and hence traumatic. It is possible to therefore link this to the Infantile Conflict Trauma Model that sees a person's prior experiences as an important contribution not only to trauma development but also to the nature of the ensuing stress symptoms.

Those refugees who do not attach very strong touching meanings to traumatic events are therefore, according to this theory, likely to have a positive attitude towards repatriation in spite of what happened than those who associate their present state of encampment to the traumatic events and have attached very strong meanings to the them. Similarly, those traumatized are more likely to be influenced by the vivid memories of the stressors to make or develop negative attitudes towards repatriation.

Freudian definition of trauma based on the notion that the organism's protective barrier that modulates incoming stimuli is overwhelmed by the intensity of the organism's reactions to a stressor contributes positively to this theory. The internal resources of the Sudanese refugees to cope with external threat, particularly the cognitive Schemata have diminished over time. These has consequently decreased their own capacity to modulate physiologic arousal in the face of threat and are now heavily reliant on the environment for soothing-The UNHCR, Refugee implementing partners and the International community (Freud's Stimulus-barrier definition of Trauma, (1953)

2.6.5 Crystal model (1985)

This model works on the principal that when an infant is overwhelmed by excessively intense affect, oscillations and escalations of the affect thereof experienced by the child are an indication of his inability to manage undifferentiated, massive psychosomatic reactions to an event. This is reflective of the possible situations the young adults of Sudanese origin find themselves in. The traumatic experiences they went through are likely to repeat the repressed material as a contemporary experience instead of remembering it as something belonging to the past. Their present decisions are therefore not independent of the contemporarised memories, the fear of which can appraise repatriation oscillatively.

2.6.6 Betrayal Trauma Theory-Freyd, J. Jennifer, (2002:169-84)

According to this theory, "The degree to which a negative event represents a betrayal by a trusted needed other, will influence the way in which that event is processed and remembered. If the caregiver is rejecting and abusive, his entering behavior arouses suspicion, or his environment manifests insecurity. As is the case with the Khartoum Government and the way it is being perceived by the international community as not handling the situation in Darfur well, the ensuing feeling of mistrust elicits hyperactivity in the refugees. Freyd says of this "when persons who are supposed to be the source of safety and nurturance become simultaneously the source of danger against which protection is needed, the dependants maneuver to re-establish some sense of safety". As a result of this, the Sudanese refugees are likely to withdraw as the ultimate survival goal which can result in changed attitude towards repatriation.

2.7 ATTITUDE THEORIES

Forster defines attitude as a mental set of habitual way of thinking and perceiving persons and events- including our mental process many of which are unconscious Attitudes, incorporate our self image and our beliefs and things" (Foster 1999:77)

Richard Gross quotes Hogg and Vaughous (1995) that, "Attitudes are basic pervasive in human life. Without the concept of attitude, we would have difficulty construing and reacting to events, trying to make decisions, and making cause of our Relationship with people in everyday life" (Gross 1996: 435). Thus, attitudes provide us with ready-made reactions to and interpretations of events. As Gross Richard puts it, attitudes save refugees energy, since they do not nave to work- they only need to

make a meaning of the intrusive memories of the stressors they experienced to pick on the available options. The recollections are likely to delude them from returning by associating return with the traumatic events that lead to their flight.

Douglas et al says attitude has three components. These are; Affective component that explains why people like or dislike objects. The second is the Cognitive Component that is a set of beliefs explaining what people feel about objects. The third is the Behavioural component sometimes referred to as the Conative component which explains how a person intends or actually responds to an object.

Attitudes cannot be measured directly because they are hypothetical constructs. It is necessary to find adequate attitude indicators since most methods of attitude measurement are based on the assumption that they can be measured by people's beliefs or opinions about the attitude object or event. (Gross, 4th Ed 2001:351). It is upon this theoretical foundation or framework that this study presupposes that there is a strong element of attitude that plays a role in the refugee decision-making process not to return to their countries of origin.

It is upon the knowledge function of attitude that this research is anchored. The knowledge function seeks a degree of predictability; consistency and stability in perception of the World. Attitudes give meanings and direction to experience (Traumatic events), which provide the frames of reference for judging the traumatic events as threatening, horrific and fearful to them based on their cognitive appraisal-leading to intrusive memories being rekindled, a behavior that is likely to make them refrain from returning as they make meaning out of the past.

Attitude is represented in memory, and that an attitude's accessibility can exert a strong influence on behaviour. One factor that seems to be important is direct experience (Gross, 4th Edition 2001:354). Put another way, accessing the memory of the traumatic experiences upon being requested to return is highly likely to meet refute. "The course of perceptual reminiscence is a Cardinal feature of Post Traumatic Stress Disorder (PTSD), in which sufferers attempt to avoid but can not present vivid, emotionally arousing images repeatedly intruding into their working or sleeping minds".

Richard Gross says that these makes the underlying principle of PTSD thus experienced to bring about a changed perception. He says of disaster survivors "having had sight of decline, survivors emerge sadder but wiser. It is this wisdom that prompts survivors to redefine their philosophy of life"

(Gross, 4th Edition 2001:650). Joseph et al (2000 Vol. XVII issue 41) says that life to the survivors is and longer taken for granted, and that everyday existence is consequently valued in a new way.

The possibility therefore that traumatized refugees will perceive repatriation with mixed reactions is high quite often compounded with hesitation. This is primarily due to their changed status, which is complicated by memories of traumatic events. The wisdom herein proposed by Richard Gross is likely to change their attitude towards voluntary repatriation and instead opt for other solutions in what Richard calls "Refining Philosophy's. The refugees are likely to value their life in a new way as Joseph et al puts it by possibly preferring to be resettled in a third country or seeking asylum. This forms the basis for the second speculation or Hypothesis (Journal of Traumatic stress, 271-279).

It is quite evident from the literature review here in that much has been done on Trauma (mental health), its prevalence, and magnitude among disaster victims of whom refugees are. This is with regard to studies on trauma prevalence. There seems to be an underlying effect trauma has on the lives of the refugees, particularly as regards repatriation. Trauma appears to have taken a major aspect in controlling how they think, behave, and respond to issues that directly affect them. Anything they do seems to be a function of experiential reflection of the intrusive impact of trauma in the midst of a life they regard as depersonalising. An underestimation of the mental health consequences of mass trauma can lead to neglect of the legitimate care needs of some survivors. Refugees experience enormous amounts of stress, this makes them get caught up in a spiral of increasing anxiety, physical complaints, depression, anxiety disorder, alcohol abuse and psychosis. A disorder such as psychosis makes them not listen to any one and in extreme cases makes refugees not to respond to requests or instructions (WHO 1996:16). This is a clear indication that there is need to investigate whether Sudanese refugees suffer from long-term effects of trauma, their attitudes towards repatriation and the impact trauma can have on refugees' attitude towards repatriation.

2.8 THEORETICAL FRAMEWORK

This section presents a description of how and why variables contained in the research questions in this study are interrelated. The study of PTSD has several theories that explain the development of reactions to traumatic events. However, these theories do not explore the social theoretical frameworks that explain the underlying relationship between trauma, resulting attitudinal changes, and how these changes influence decision making towards repatriation. Some of the trauma theories

used to explain trauma development are; The Green et al Trauma Model, The Psychophysiological Focussed Model by Keane (1998:914-23), Opioid System Theory by Van der Kolk et al (1985), Crystal Model (1985), Traditional Psychoanalytic Formulations of Trauma Theory (Handan and Hass, 1984) and the Betrayal trauma Theory by Freyd, J.Jennifer, (2000:169-84).

However, this research will use two theories to explain the social relationships between trauma and the influence the same can have on the attitude towards repatriation. These are; Motivated Reasoning Theory by Lodge and Tober, 2000 and The Affective Intelligence Theory by Marcus, Neumann, and Mackuen, 2000. The two theories take different approaches in explaining how affect directs information search and attitude. However, they are deeply rooted in neuroscience in which they both argue that affective intelligence stems from a dual structure of emotions and cognitions in which affective responses are a rational development of evolution.

2.8.1 Motivated Reasoning: Theory Lodge and Tober 2000

According to Motivated Reasoning Theory, long-term memory is the permanent storage mechanism of the mind while working memory is that portion of memory that is currently being attended to by being activated in the mind. All social concepts are represented in memory not just by their cognitive tags but also with a direct connection to their affective value. The affective value according to this theory can be positive or negative, weak or strong, and is stored with the cognitive concept that is activated when the concept itself is activated. The concept according to this theory and as applied to this study is the experience encountered by the refugees during their flight. The cognitive tag in their case is represented by a connection to a negative affective value about the experiences that were bad and traumatic. Thus, whenever the cognitive concept is activated through repatriation appeals, the concept activates the negative affective values stored in the memory about their traumatic past experiences. The activated past experiences become the new information. This is similar in definition to the Crystal Model (1985) which emphasizes that present decisions are not independent of the contemporarised memories, the fear of which can appraise repatriation oscillatively.

However, the same theory states, "since the mind can only attend to this very limited amount of information at any one given time, when new information needs to be attended to, the old one information is lost from working memory. In other words, the old information is reconfigured and structured to emerge as new information which resounds traumatic events in a version that is new and

fresh on the refugees' minds. According to DSM-IV 2000, this is Trauma Re-enactment which represents the second criterion of trauma. This characterizes long-term effects of trauma. In the preamble of this theory, it was noted that all social concepts are represented in memory not just by their cognitive tags but also with a direct connection to their affective value. The value of trauma is laden with negative tags such as Physiologic reactivity on exposure to internal or external cues that symbolize traumatic events. Any appeals therefore towards voluntary repatriation will quite often re-enact the experiences stated here. But this does not comprehensively explain how this changes Sudanese Refugees attitude towards Voluntary repatriation even though trauma development is realized as it cause re-experiencing. The affective intelligence theory goes further to provide a perspective of how a behavioural inhibition system approach influences decision-making because of changed attitudes. This foregoing is more likely to inhibit Sudanese refugees' attitude towards voluntary repatriation.

2.8.2 Affective Intelligence Theory by Marcus, Mac Kuen and Neumann, 2000

According to this theory, the presence of anxiety increases the attention paid to a stimulus thereby increasing the amount of time required to process the stimulus. Anxiety is generated when people encounter new information that is unanticipated based on prior beliefs (such as repatriation appeals made upon prior beliefs of Sudan as a life threatening area as a result of previously experienced traumatic events). Therefore, the Behavioral Inhibition System monitors incoming sensory stimuli against expectations currently held and upon determining that the new stimuli are incongruent with expectations, (the war in Darfur though in the far Western part of the country is representative of the Security concerns that characterize their country of which they are being asked to return). This makes the system generate arousal and therefore shift the attention (From accepting and taking in repatriation appeals) to the incoming stimuli (That it is not yet safe to return).

According to Affective Intelligence Theory, when a threat is perceived in the environment, the behavioral inhibition system interrupts the routine processing and focuses the attention to the threat. Since the routine processing is interrupted, it takes longer to process the incoming information. This provides another perspective that explains the influence of trauma towards attitude to make decision as defined by the second criterion of PTSD; this is Avoidance (Fear to return) whose indicators lie in the length of time taken appraising repatriation appeals by the refugees. The repatriation appeals put the refugees in direct contact with threats that elicit anxiety as stated earlier. Since this theory is

rooted in the evolutionary perspective that heightened anxiety means more careful consideration of what to do next. It is highly possible that Sudanese refugees will be reluctant to voluntarily return home based on the prevailing circumstances at home.

2.9 HYPOTHESES

According to Kerlinger (1964:20) a hypothesis is as a conjectural statement of the interrelation between two or more variables. He notes that, a hypothesis is always in a declarative form and relates either generally or specifically. The hypothetical statements contain two or more variables that are measurable or potentially measurable, and that they specify how the variables are related. The purpose of a hypothesis in this case therefore is to study explanations for facts and guides in the investigation of the relationship between Trauma and attitude towards voluntary repatriation among refugees as a result of the traumatic experiences they encountered.

Thus, this study brings to the fore the following Hypotheses;

H1. Sudanese Refugees suffer Trauma as a result of the conflict experiences.

H2. There exists no significant difference in gender attitude towards Voluntary Repatriation.

2.9.1 OPERATIONALIZATION OF VARIABLES

Mutai (1999:75) defines a variable as an empirical property that takes two or more values. Therefore, a discrete phenomenon known as an indicator can be measured in two or more categories is. Potentially relevant variables are stated as independent and dependent as shown below;

Question 1: *Do Sudanese Refugees suffer from Trauma as a result of the conflict experiences?*

Objective 1: *To assess the magnitude of Trauma among the Sudanese refugees owing to the conflict experiences.*

H1. Sudanese Refugees (Male or Female) suffer from Long-Term effects of PTSD.

Independent Variable – Traumatic experiences

Dependent Variable – Magnitude of trauma

Magnitude of Trauma is determined by subjecting the respondents to the DSM-IV 2000 check list and establishing the extent to which they have suffered from PTSD.

Question 2: Does gender attitude determine Voluntary Repatriation?

Objective 2: To assess the influence of gender on Voluntary Repatriation

H2. There exists no significant difference in gender attitude towards Voluntary Repatriation.

Independent Variable – Gender (Male or Female)

Dependent Variable - Voluntary Repatriation

Voluntary Repatriation- Whether a refugee decides to go back or not (This is. Yes or No)

CHAPTER THREE: SITE DESCRIPTION AND METHODOLOGY

This chapter presents the main research design and methodology that was used in the investigations aimed at obtaining answers to address the questions raised in this study. According to Kerlinger (1964:275), research design is the plan, structure and strategy of investigation conceived so as to obtain answers to research questions and to control variance. The aim of this section therefore achieved this by exploring the following: Site Description, Site Selection, Unit of Analysis and Observation, Methods of Data Collection and Tools, Types of Data, Sources of Data, Sampling Considerations and Methods of Data Analysis.

3.1 Site Description

Kakuma refugee camp is located in the Turkana District of North Western Kenya 95 km south of the Sudanese boarder and approximately 1,000km from Nairobi. The camp is situated in a semi - arid environment with very little vegetation.

It shares boarders with Uganda and Ethiopia to the West and North East respectively. The boarder with Sudan is 135 km away from the camp and most of the refugees arrive through the Lokichokio boarder post. The population of Turkana population around the camp stands at about 55,000.

The Kenyan Government has assigned a District Officer to, among other things, coordinate security arrangements in the area and offer humanitarian agencies a link with the central government. There are ten Non Governmental Organizations (NGOs) working in Kakuma with a combined annual budget of about US \$55 million. The economy and politics of this region evolve around relief activities. The camp was established in 1992 after the arrival of 12000 “lost boys of Sudan”, a group of children who together with their caretakers undertook a hazardous five year odyssey fleeing the civil war in Sudan before they finally reached Kenya in 1992.

The same year, large groups of Ethiopians who fled the fall of the Government added to the camp population. According to a UNHCR report (Jan. 2004), the caseload in Kakuma has also included Ethiopians from the closed camps around Mombasa at the Coast, as well as refugees from the great Lakes Region transferred from Nairobi. The camp now has three sites, namely Kakuma I, II and III as well as the New Somali Bantu site. The camp is in an arid climatic area and thus the refugees depend entirely on relief. The local inhabitants (Turkanas) depend entirely on livestock for their

livelihoods. Thus, their state has at times put them into localized conflict with the refugees whom they perceive as leading a better life than they do.

The Kenyan Government allowed Turkanas to carry light firearms to prevent cattle rustling from the neighboring Uganda Karamajong clan and the tribes South of Ethiopia. The implications of the ensuing dynamism have resulted into conflicting security concerns in the areas around the camp and even in the management of the refugee camp itself. UNHCR Sub Office Kakuma currently provides protection and assistance to 88, 996 refugees from nine countries namely: Sudan (68.7%), Somali (27.1%), Ethiopia, Uganda, Rwanda, Burundi, Congo (DRC), Eritrea, Sierra Leone and Central African Republic. The Sudanese tribes here are; Dinka, Nuer, Didinga, Latuko, Lopit and other smaller tribes that comprise a third of the entire Sudanese population in the camp.

Kakuma Camp is uniquely composed of more men than women (of the total population, 60.3% are men while 39.7% are women). This is because women generally attract a very high bridal price and therefore many were coerced into remaining in Southern Sudan where bridal prices are stringently enforced (UNHCR, 25th Jan 2005:3). The 21-year-old war in Southern Sudan is over-if this was the reason behind the flight and failure to return as a result of fear, a shift towards speedy and voluntary repatriation should be observed. The reality on the ground as indicated in a report to the Nairobi UNHCR Office in October 2006 contradicts this assumption as shown in table 2 below;

Table 2: Sudanese Refugees' positions regarding Voluntary Repatriation

Position Regarding Repatriation	Number of Refugees¹	Percentage
Willing to Return Voluntarily	51,245	79.15
Willing to Return but with Conditions	1,651	2.55
Not willing to Return at all at this stage	11,848	18.30
Total	64,744	100

UNHCR kicked off its repatriation program in December 2005, an exercise that has not fully taken off. The Kenyan and Sudanese Governments and the agency put the figure of the refugees to be repatriated at 70,000 as at January 2006 (Daily Nation/Friday, January 13th 2006:6). According to

¹*Source: UNHCR Nairobi Office Report, October 2006*

this tripartite consultative forum, many factors impede or have delayed repatriation such as lack of resources to implement repatriation programs. Insecurity concerns along the repatriation routes, unpreparedness on the part of the mother country to receive and resettle its home coming citizens, lack of coordination and understanding between the host country and the mother country and the influence of trauma on the refugees' attitude towards repatriation notwithstanding. This study would like to establish whether or not the latter is an impediment towards repatriation.

3.2 Site Selection

According to the 1951 UN Convention, Refugees are supposed to be confined within refugee camps from where they can be protected and assisted temporarily as they await the implementation of the UNHCR's Durable Solution Packages (Repatriation, Resettlement or Asylum). Kenya is a signatory of the 1951 UN and the 1969 OAU Conventions. Kenya hosts refugees in the following camps; Dagahaley, Hagadera, Ifo, Dadaab and Kakuma –this makes Kakuma refugee camp the most appropriate site for studies relating to refugee community behaviour.

3.3 Unit of Analysis and Observation

According to Singleton (1988:69), a unit of analysis is "what or who is to be described or analysed". Schutt (1996:539) describes a unit of analysis as "the level of social life on which research questions focus". According to Baker (1994:102) units of analysis are the social entities whose social characteristics is the focus of the study. Units of analysis can therefore be individuals, people, social roles, positions or even relationships. Basing on these definitions therefore, **the Unit of Analysis** for this study was the **Attitude of Sudanese Refugees towards Voluntary Repatriation**, while the **Units of observation** were the Sudanese Refugees, Refugee Representatives and Camp Officials (UNHCR field Officers, Field Officers from other Implementing Agencies and Government Officers).

3.4 Sampling Considerations

Kakuma camp has been purposively selected based on what Mugenda and Mugenda (1999:50) says, that, "Purposive Sampling is a technique that allows a researcher to use cases that have the required information with respect to the objectives of his or her study". According to Singleton et al (1958:137), sampling design refers to that part of the research plan that indicates how cases are to be

selected for observation. In this study, Probability and Non-probability sampling techniques were employed to select units of observation that eventually formed the sample for this study. According to Singleton et al (1988:137), probability sampling theory is a technical accounting device that rationalizes collection of information, to choose in an appropriate way the restricted sets of objects, persons, events from which, the actual information will be drawn. The requirement here is that all the elements of the population have an equal chance of inclusion in the sample.

Thus, Stratified Random Sampling was used to achieve a desired representation of the attributes and characteristics of the refugee population with respect to their ages in strata. This was to ensure that each age group belonged to one and only one stratum.

The table overleaf shows the age groups and the respective populations as at the time of conducting the study;

Since the proportions of each of the different strata within the sample were to be the same as for the population, the size of each stratum was calculated in proportion to the total population as shown in table 3 overleaf. The ratio of the sample population was given as;

$f = n/N$, where n was the sample size (110), and N as the population. The proposed sample for the study was 110. Each category was then multiplied by the index f . This study used the Sampling procedure mentioned herein to get observation units from the following age groups:

$n=110, N=76,511$

Therefore, $f=110/76,511$ (less 8,901). 8,901 represented those whose responses could not be relied upon since they were underage and therefore were not be in a position to consciously provide responses that could be deemed central to the research questions.

Thus, $f=110/67,610=0.001627$

Table 3:Stratified Sample groups

Age Group	Population²	Percentage
(0-4) Yrs	8,901	11.63
(5-17) Yrs	27,690	36.91
(18-25 Yrs	19,560	12.49
(25-55) Yrs	18,591	24.29
Over 55 Yrs	1,769	2.31
Total	76,511	100

² Source: *Electronic Data Processing (EDP) Department, Kakuma Refugee Camp*

The questionnaires were administered randomly upon asking the respondents their ages. This was possible with the help of community leaders who used the UNHCR's Electronic Data Processing (EDP) Department list of the refugee population as at 15th August 2006-this enabled the community leaders identify the rightful responders and their possible locations in the camp. Within each stratum, Random Sampling was then performed using Interval Sampling method. The first respondent within a stratum could be identified and then interviewed. Avoiding or skipping to interview the second possible respondent who qualified to belong to a given stratum invariably made it possible for the researcher to interview the next respondent. This went sequentially until the required number of respondents within an age stratum was fully interviewed.

In Non-probability sampling, the definition of the population to be studied is restricted and there is no way of specifying the probability of each unit included in the sample. This is to say, that there is no assurance that every unit has same chances of being included (Nachimias and Nachmias, 1996). The Non-probability Sampling used here employed Purposive Sampling technique that allows the researcher to use the cases that have the required information pertinent to his or her study objectives. Purposive sampling was therefore be used to select Key Informants within and out of the camp (UNHCR field Officers, Field Officers from other Implementing Agencies and Government Officers).

Among the key informants that the researcher interviewed were; Jesuit Refugee Services Counseling Coordinator, Head of the Protection Office, Eligibility Assistant, Head of the Electronic Data Processing Department, Head of the Repatriation Department, LWF social Worker in charge of Repatriation, IRC Mental Health Assistants (2), Team Leader of IRC-Kakuma, IRC Head of Repatriation Department, and the IRC Repatriation Clerks. Both Probability and Non-probability sampling techniques were employed to select units of observation that eventually formed the sample for study. A total of 108 respondents were selected and interviewed.

3.5 Data Collection: Methods and Tools

(i) Quantitative Methods

Interview Method: Provided Primary data using DSM IV (2000) Structured Questionnaires (tool) which were administered to the sampled Refugees and Health Officials.

Secondary Data: From UNHCR Kakuma Refugee Camp Official Records, Jesuit Refugee Services (JRS) Official Records, International Rescue Committee (IRC) Official Records from the field and Clinics. Kakuma Police Records from the Occurrence Books, the Turkana District Office Security Reports and Lutheran World Federation (LWF) Official Records regarding Education.

(ii)Qualitative Methods

Key Informant Interviews were conducted using interview guides. information was collected from: Refugee Representatives, UNHCR Kakuma Refugee Camp Officials, Jesuit Refugee Services Officers, International Rescue Committee Officers, Kakuma Police Officer Commanding Station (OCS), the Turkana District Officer (DO) and Lutheran World Federation Officers

The Researcher conducted focus group discussions of refugee representatives from the Sudanese tribes: Dinka, Dinka Bor and the Nuer.

Attitude-rating scale was used. Attitudes were evaluated on the basis of the opinion and judgment scaled by the researcher. Written statements were presented to the respondents where he or she was asked to express responses regarding some predetermined opinions.

CHAPTER FOUR: TRAUMA AND REFUGEE REPATRIATION

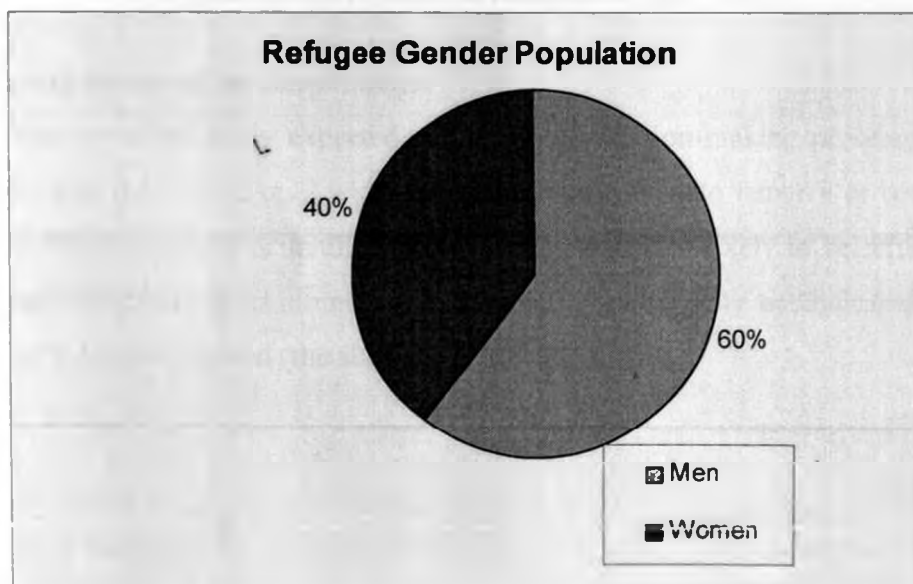
This chapter presents, discusses and descriptively analyses data obtained during the study regarding the influence of trauma on Sudanese refugees' gender attitude towards Voluntary repatriation. The findings are based on a sample of 108 Sudanese refugees living in Kakuma Refugee Camp in Turkana District in the North Rift of Kenya. As at the time of conducting this study, the total population of the refugees in the camp stood at 95,446. Of the 76,511 Sudanese in the camp, 46,148 (60.3%) were men while 30,363 (39.7%) are women. The findings of this study are presented in the form of tables, charts, frequencies and percentages where applicable. This chapter therefore presents and discusses the data thereof captured using both quantitative and qualitative data methods of analysis. The data helped to establish the extent to which the Sudanese refugees suffer from long-term effects of trauma and how this determined gender attitude towards repatriation in any way.

4.1 Respondents Characteristics

4.1.1 Gender of the Respondents

Kakuma Refugee camp is uniquely composed of more men (60.3%) to women (39.7%) as shown in Chart 1 below. The total number of respondents who participated in this study was 108 in which case 64.8% were men while 35.2% were women.

Chart 1: Sudanese Refugee Gender Population

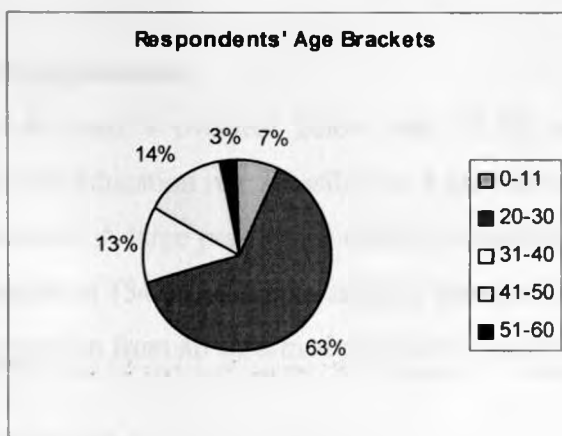


Source: *Field Findings, Kakuma Refugee Camp*

4.1.2 Age of the Respondents

Majority of the refugee respondents as show in Chart 2 are within the bracket of young adults (20-30 years), while the elderly people above 50 years of age are very few comprising of only 3% of the entire population. The young energetic adults cogitate on the possibility of benefiting from resettlement to third countries. They may possibly also choose to remain in the camp as they speculate for better opportunities that come along with the refugee status. However, the need to return home for the young Sudanese should be a strong reason for them to return to seek job opportunities, participate in development and reconstruction activities. These factors are therefore more likely to countermand any efforts aimed at having them return to Sudan.

Chart 2: Repondents' age brackets

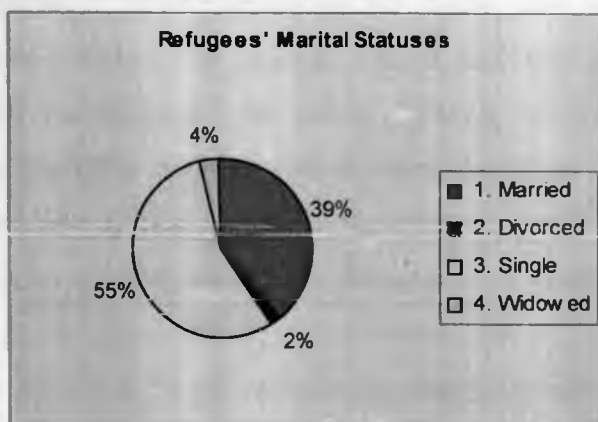


Source: *Field Findings, Kakuma Refugee Camp*

4.1.3 Marital Status of the Respondents

Familial ties are more likely expected to determine decision-making processes regarding repatriation. Those who lost their loved ones and therefore see no reason to remarry or bear children and therefore having no direct domestic or familial responsibility are more likely to be reluctant to return to Sudan. The refugees without direct domestic or familial responsibility as indicated in chart 3 comprise a majority of those interviewed (the single and the widowed).

Chart 3: Marital Status of the Respondents

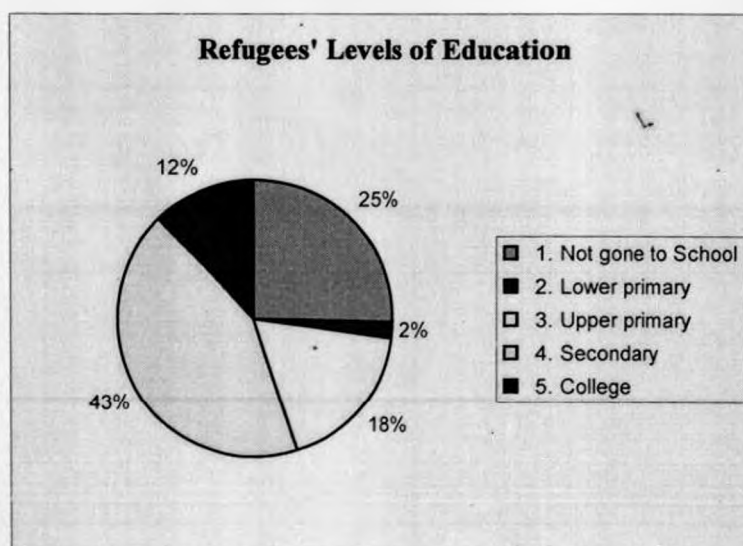


Source: *Field Findings, Kakuma Refugee Camp*

4.1.4 Education level of respondents

It is evident as shown in chart 4 overleaf below that 72.2% of the respondents had acquired education. This suggests that education may possibly be a great determinant in their decision-making process regarding repatriation. A large percentage of the Sudanese refugees fall within the secondary and higher levels of education (54.6%). The possibility that they could be making their decisions regarding voluntary repatriation from an informed position is therefore high.

Chart 4: Refugees' Levels of Education



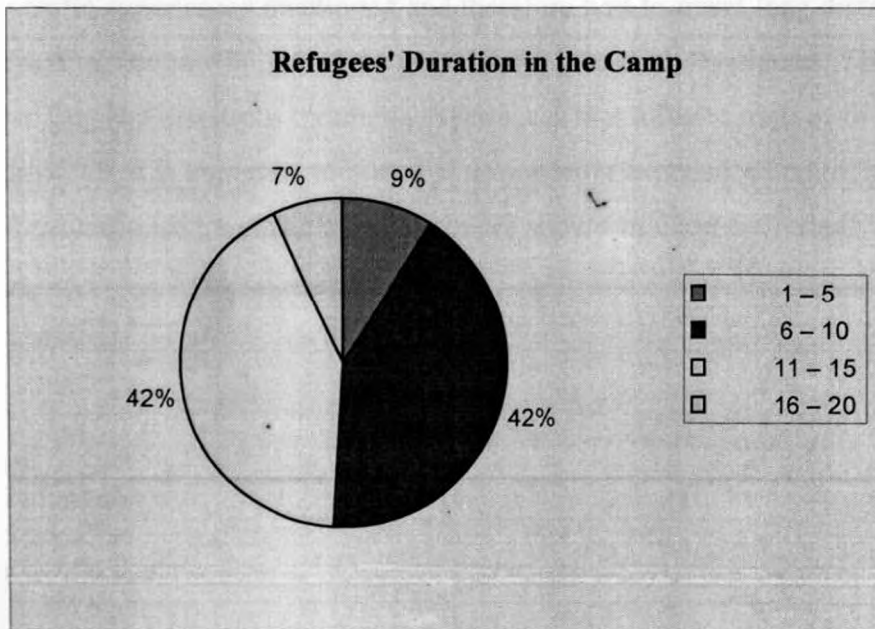
Source: *Field Findings-Kakuma Refugee Camp; 2006*

4.1.5 Duration in the Camp

The study established that 8.3% of respondents left Sudan later than 2001 when the International Community, the United States, the African Union and the Intergovernmental Authority for Development (IGAD) had engaged the warring parties involved in the belligerence. Those interviewed indicated that those trickling into the camp as late as the time of conducting this study could be perpetrators of the conflict. Another possibility is linked to the retributive leadership that those running away see as to taking root in the Government of Southern Sudan.

The respondents who have been in the camp for the last six to ten years and eleven to fifteen years reflect victims of the conflict when the situation was extremely unbearable leading to the flight as indicated by 79.6% of the respondents. This is reflective of the 1990 and 1999 when the activities of the Lords Resistance Army (LRA), SPLA/M and other rebel groups in the south intensified their struggle for purposes of being recognised as crucial stakeholders in the peace talks that had been initiated by the international community. It emerged that the respondents whose duration in the camp was long (16-20 years) were more reluctant to voluntarily return just as those who recently (1-5 years) got registered into the camp did as indicated in chart 5.

Chart 5: Refugees' duration in the Camp



Source: *Field Findings-Kakuma Refugee Camp; 2006*

4.2 Respondents' Traumatic Experiences

The traumatic experiences encountered by the Sudanese refugees can be categorized into three; the experiences encountered during Persecution, during Flight and the Traumatic experiences encountered while in the Camp.

4.2.1 Traumatic experiences encountered during Persecution

Perpetrators of the Sudanese conflict conveniently used rape as a war strategy in which case 15.7% of the women interviewed recounted rape experiences. Another experience encountered during persecution was torture of which 75.9% of the respondents indicated that they were physically tortured. A majority of the escapees (71.3% of the respondents) were directly exposed to circumstances that resulted in them witnessing death of their relatives or others. Some of the respondents (30%) complained of having been exposed to light and heavy machinery explosions and the heavy roaring sound of the Antonov (a Russian Military Aircraft) that was strategically used to drop bombs.

The study established that 53.7% were forcefully expelled during the conflict while 61.1% of the respondents were threatened with dire consequences of death. These among other acts associated with conflict saw 87% of the respondents discriminated against along clan lines. The height of this conflict saw 54.6% of young men and children forced into military service while. However, 87% managed to escape the traumatic experiences mentioned and therefore had to travel long distances to safety. The dangerous attempt to flee saw 86.1% of the respondents lose their loved ones. This comprises one of the most outstanding and disastrous traumatic experiences that affected most of the Sudanese refugees at the camp. However, it is important to note that respondents experienced more than one trauma. The categories of the mentioned traumatic experiences are shown in Chart 6 overleaf whose key is shown below.

Key

T- Tortured

R- Raped

SS- Shell shock

WM- Witnessed murder

FE- Forced expulsion

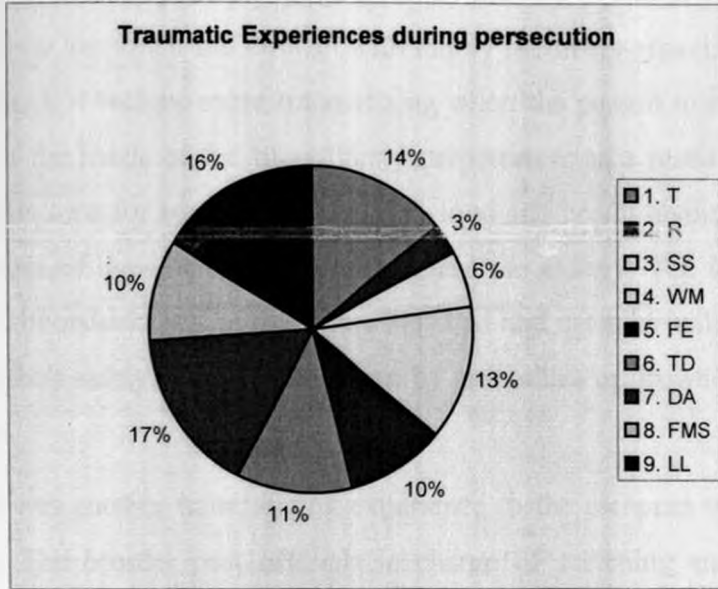
TD- Threatened with death

DA- Discriminated against

FMS- Forced military service

LL- Lost loved ones (parent, children, spouse, sister or brother)

Chart 6: Traumatic experiences encountered during Persecution



Source: *Field Findings-Kakuma Refugee Camp; 2006*

4.2.2 Traumatic experiences encountered during Flight

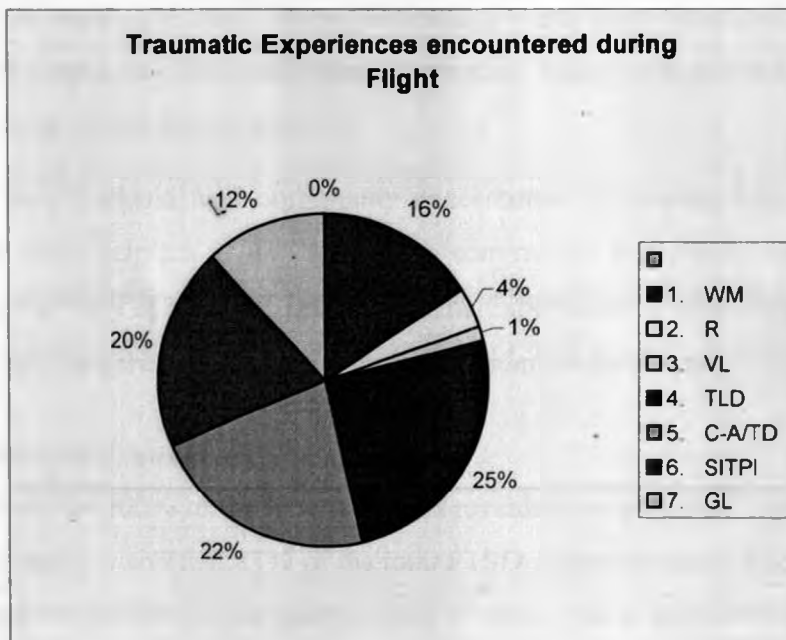
The study established that 14% of the respondents were raped during flight either by enemies whom they encountered while fleeing or by those known to them. Women were compelled to engage in sexual activities with male acquaintances for the sake of being protected during flight since their husbands were left behind fighting or who had since died. Though some of the sexual encounters were consensual, the thought of it having happened to them as a result of their level of vulnerability left them traumatized. The result of some of the encounters lead to conception and consequent bearing of children with those not culturally allowed to have children with owing to the lineages that explain their close relationships or clan barriers. Some women have kept it a secret not to disclose the parentage of some of their children while others cannot for proof state the parentage as a result of the multiple sexual encounters. Disowning such children has all along remained an enigma in their lives. To some, this is an inhibitive factor against voluntary repatriation.

The study also established that 3% of the respondents are victims of landmines and other unexploded ordinances during flight. Most fleeing Sudanese lost their loved ones as a result of landmines -the need to escape from the enemy left the wounded at the mercy of the perpetrators who uncaringly did not "waste the precious" bullets by simply slicing the throats of their victims (mostly men) to the helplessness of their loved ones. The survivors are more likely to suffer from survivors' guilt.

The odyssey saw 40.1% of the respondents getting lost by moving to unknown places in their attempt to escape to safety. Some lost touch and contact with family members-especially children who ended up being unaccompanied. It became more traumatizing when the pursuit to escape only ended up in delivering escapees in the hands of the bloodthirsty perpetrators as a result of the aforementioned reason. The respondents went for weeks without water, food and health facilities that in turn lead to a lot of suffering and lose of lives among the children and the elderly. The unknown terrains to the escapees lead some to boondocks where they were attacked and eaten by wild animals escalating the mystery surrounding their safety. Others were eaten by crocodiles or drowned while trying to cross the rivers in the south.

Crossing the boarder was another traumatizing experience to the escapees who did not have proper identification papers. The boarder post officials in charge of screening and registration frustrated women by demanding sexual encounters while men had to provide tangible forms of bribery. They either sold the little property they had managed to escape with or ended up giving away such property all together. However, it is important to note that respondents experienced more than one trauma. The categories of the mentioned traumatic experiences are shown in the Chart 7.

Chart 7: Traumatic experiences encountered during Flight



Source: *Field Findings-Kakuma Refugee Camp; 2006*

Key

WM- Witnessed murder

R- Raped

TLD- Travelled long distance

VL- Victim of landmine

C-A/TD- Confronted with events involving actual/threatened death

SITPI- Serious injury/threat to the physical integrity of self or others

GL- Getting lost

4.2.3 Traumatic experiences encountered in the Camp

The acquisition of new status as a refugee was a traumatic experience to the escapees. They realized that they had acquired new status soon after registering at the boarder. They were subjected to a new life without their full control which made them feel depersonalized. This coupled with unmet expectations on arrival at the camp was a disturbing experience since they had to depend on UNHCR and the other implementing agencies for food, health, education, security, and related forms of livelihoods. Some of the refugees were important and influential persons in the society and therefore being subjected to an "all equal life" in the Refugee Camp with those who seemingly were their subjects was frustrating and traumatizing.

Men feel deprived of their social responsibility as caregivers-the camp life does not provide them with room to exercise family life roles. They feel disempowered since their initial family roles were taken over by UNHCR and the other implementing agencies who provided Food, Health, Education, Clothing and other basic physiological needs.

The conflict with their Turkana host community exacerbated the already traumatic situation that existed. This made them helpless at the hands of a community that should have ostensibly been hosting them being the very epitome of insecurity. The experience of secondary trauma in a harsh environment with high temperatures and long dry spells added to the trauma.

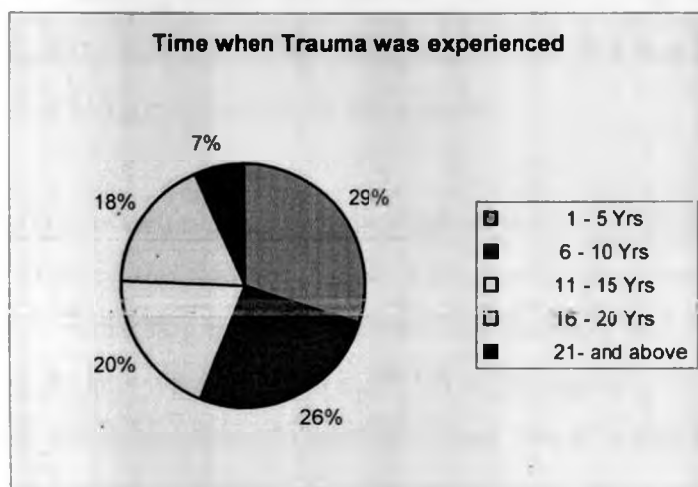
4.3 Long-Term effects of Trauma

The study established that 100% of those interviewed revealed symptoms of Trauma as indicated in the DSM-IV 2000 interview and that 83% of the total PTSD symptoms were discovered by means of the clinical interviews in the IRC Community Health Clinics. This is indicative of long-term effects of trauma and its salient impact on Sudanese refugees. However, 15% of the respondents reported a

delayed onset of traumatic reactions, 29.6% had symptoms that lasted five years or less, the rest (62.9%) showed a progressive course (for those who had been in the camp between 6-20 years), while 6.5% who had been in the camp for over 21 years showed a fluctuating course with remissions and exacerbations-which is summarised in **Chart 8** below.

This is indicative of long-term effects of trauma and its salient impact on Sudanese refugees. However, 15% of the respondents reported a delayed onset of traumatic reactions, 29.6% had symptoms that lasted five years or less, the rest (62.9%) showed a progressive course (for those who had been in the camp between 6-20 years), while 6.5% who had been in the camp for over 21 years showed a fluctuating course with remissions and exacerbations-which is summarised in **Chart 8** below.

Chart 8: Time when trauma was experienced



Source: *Field Findings-Kakuma Refugee Camp; 2006*

It was established that 44.7% of the female respondents experienced abuses targeting them. A majority of the respondents represented by 75.9% indicated that they were tortured, while 77% witnessed murder and 94% indicating that they discriminated against and therefore had to travel long distances. It was also established that 82% of the respondents were confronted with events involving actual or threatened death while only 33% of the respondents were victims of shell shock. It is important to note that the study established that respondents experienced more than one trauma. The defining characteristic of the long-term effects of the traumatic events that the Sudanese refugees have gone through is their capacity to provoke fear, helplessness and horror among the respondents. The fear and helplessness cannot enable the refugees make rightful decisions regarding repatriation.

This has been observed in exceedingly 67.4% of the Sudanese Refugees.

4.4 Trauma Reaction and Symptoms

As shown in table 4 below, 45.4% of the respondents experienced re-enactment of Trauma whenever they were exposed to activities associated to the traumatic experiences encountered either during persecution or during flight. Voluntary Repatriation appeals also contributed to trauma re-enactment particularly so when the refugees thought of repatriation as an exercise that could take them back to their initial positions. Thus, fear for the resurgence of activities that could make them susceptible to secondary trauma in view of the insecurity concerns that existed back at home was observed.

4.4.1 Cluster “A” Symptoms

As shown in Table 4 overleaf, Psychological reactivity on exposure to internal or external cues that symbolized traumatic events was very evident in 63% of the respondents. Exposure to cues such as the sound of the Antonov (a Russian military plane that was disreputably used in dropping bombs) was noted as being responsible for this reaction.

Intrusive recollection of the traumatic experiences by 63.9% of the respondents is a reaction that has greatly depressed the refugees. Some of the recollections centred on rape, murder and loss of their loved ones, witnessing murder, trekking long distances and loss of property. Complaints regarding distressing dreams were observed in 46.3% of the respondents. Events that lead them to flee included witnessing the persecution of their loved ones, brutal beatings, rape and activities that were hurtful and directly threatening their lives. This was serious among women who narrated how they saw their children die because of illnesses, malnutrition, dehydration and lack of food. They stated that they could dream about the life before with their children on their laps or engaging in conversations with their dead loved ones.

Table 4: Cluster “A” Symptoms³

SYMPTOMS (REACTIONS)	Quite Often	Often	Rarely	Very Rarely	Not at all
1. Re-enactment of Trauma	45.4%	27.8%	14.8%	2.8%	8.3%
2. Distressing dreams of the event	32.4 %	46.3%	19.4%	0.9%	1.0%
3. Intrusive recollection of trauma	27.8 %	36.1%	16.7%	2.0%	11.1%
4. Frightening dreams without Recognizable content.	22.2%	35.2%	22.2%	8.3%	7.4%
5. Illusions, Hallucination flashback Episodes	21.3%	33.3%	25.0%	12.0%	8.3%
6. Psychological distress at exposure to internal or external cues that Symbolize traumatic events	28.7 %	34.3%	15.7%	11.1%	5.6%
7. Psychological reactivity on exposure to internal or external cues that symbolize traumatic events	26.9%	29.6%	25.0%	14.8%	5.6%

Source: *Field Findings-Kakuma Refugee Camp; 2006*

Frightening dreams without Recognizable content were observed in 57.4% of the respondents. The failure to correctly relate and place such dreams was disturbing in the face of the circumstances that surrounded them. This type of reaction is very close to Illusions, Hallucination and flashback Episodes that comprised 54.6% of the respondents as shown in table 4 above.

4.4.2 Cluster “B” Symptoms

The study established that 47.2% of the respondents were involved in activities that could enable them avoid thoughts and flashbacks of the traumatic experiences they went through. This was observed in statements such as “after all, I am not the only one who suffered”. Those who lost their entire families had not been able to remarry for the simple reason that this could remind them of the family members they lost. This was a clear indication of a sense of foreshortened future by not expecting to have a career marriage, children or normal life span among 51% of the respondents.

In cases where the perpetrator was of a given physical description, the respondents stated that they could at all possible cost avoid interacting socially with such people. Efforts to avoid places, activities and places or people that aroused recollections of trauma were observed in 51% of the

³ Source: Diagnostic Statistical Manual (DSM IV-2004)

respondents. It is therefore possible that this can negatively affect their attitude towards repatriation.

Where avoidance was difficult to exercise, 56.6% of the respondents were observed to engage in feelings of detachment or estrangement with those associated with the conflict while 63% of the respondents showed feelings of conservation associated with the trauma.

Table 5: Cluster “B” Symptoms⁴

SYMPTOMS (REACTIONS) Percentages	Quite Often	Often	Rarely	Very Rarely	Not at all
1. Effects to avoid thoughts	24.1	23.1	32.4	13.9	6.5
Inability to recall important events associated with trauma.	16.7	32.4	29.6	10.2	9.3
3. Feeling of conservation associated with the trauma.	17.6	45.4	15.7	16.7	4.6
4. Feeling of detachment or Estrangement from others	25.0	30.6	18.5	10.2	13.9
5. Restricted range of affect (Unable to have love feelings)	24.1	25.9	23.1	12.0	13.9
6. Markedly diminished interest or Participation in significant activities	33.3	24.1	19.4	8.3	13.9
7. Efforts to avoid places/activities/places or arouse Recollections of trauma.	15.7	35.2	19.4	20.2	18.5
8. Sense of foreshortened future (e.g. do not expect to have a career Marriage, children or normal life Span)	22.2	13.0	24.1	11.1	29.6

This was demonstrated in their reluctance to answer questions related to the traumatic experiences they went through, so was the inability to recall important events associated with the trauma which was observed in 49.1% of the respondents as shown in table 5 above.

The study also established that 57.4% of the respondents demonstrated markedly diminished interest or participation in significant activities that could induce a positive attitude towards repatriation such as the go-and-see activities. They also demonstrated diminished trust in commissioners' appeals to return home.

⁴ **Source:** Diagnostic Statistical Manual (DSM IV-2004)

According to the American Psychological Society (2004:169), Vietnam veterans experienced significant Post Traumatic Stress or impairment 20 years after the service. It is evident from the table above that over 50% of the Sudanese refugees experience cluster “B” symptoms. This is clear evidence that can lead to the conclusion that PTSD is a long lasting disorder among the Sudanese refugees-who have experienced it for many years without any form of therapy just like the Vietnam veterans. Common among the most severe reactions are feelings of conservation associated with trauma, feelings of detachment or estrangement from others, restricted range of affect (Unable to have loving feelings), markedly diminished interest or Participation in significant activities. The study established that the Sudanese refugees strongly get engaged in efforts to avoid places, activities and places or people that arouse recollections of trauma-all these reactions are elucidated in table 5 on page 46.

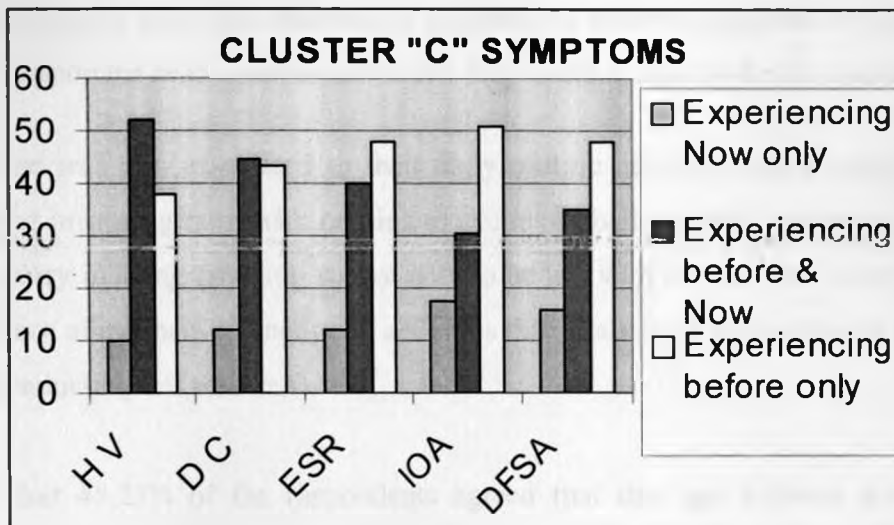
4.4.3 Cluster “C” Symptoms

The study established as shown in chart 9 overleaf that 62.1 % of the respondents were observed to be hypervigilant to strangers, darkness, seclusion, Aircraft, non-clan members and strange sounds that reminiscent traumatic experiences they encountered. They were observed to be sensitive to anything they could associate to cues, places, people and circumstances that lead their flight.

The study also established that 56.4% of the respondents experienced difficulties in concentrating owing to their refugee status. They kept on thinking about what could happen in their lives since they believed in living one day at a time. The major impediment to them was the Kenyan law that prohibited their right to movement, access to documents that could help them exploit their potential and abilities and ownership of property. (As at the time of conducting this research)

Being in the camp made them feel disempowered to the extent that they felt constricted to social roles that were not in line with their culturally accepted social obligations. The refugees felt that the camp situation culturally inhibited their gender responsibilities such that it perpetuated a culture of dependency that denied them confidence and the ability to provide for themselves.

Chart 9: Cluster "C" Symptoms⁵



Source: *Field Findings-Kakuma Refugee Camp; 2006*

Key

HV -Hyper vigilance

DC -Difficulty concentrating

ESR -Exaggerated startled response

IOA -Irritability or outburst of anger

DFSA -Difficulty falling or staying asleep

However, the Sudanese culture does not encourage women to freely make personalized decisions regarding issues such as marriage to the extent that women cannot get married while in the camp. According to the culture of the people of Southern Sudan, women are married off through a cultural process that attracts high bridal prices and that is only permissible at home. Whereas women feel that the camp life does not provide them with an opportunity to make marital decisions, men on the other hand feel that they have been stripped off their familial roles of heading their families.

The study established that 51.8% of the respondents showed signs of exaggerated startled response in communal activities. The slow response to camp officials' requests such as asking them to pass messages or letters to community leaders was one such indicator. Their movement within the camp when attending to matters pertinent to their lives was observed as slow when compared to an average

⁵ **Source:** Diagnostic Statistical Manual (DSM IV- 2004)

person that has not encountered traumatic experiences. They were only active when queuing for food rations but were extremely slow and reluctant to assemble at screening stations for annual refugee head count, yet it is upon the head count exercise that they could access food ration cards.

The startle response was also associated to their daily routine activities which centred on eating, sleeping, conversing in small groups with nothing to excite or challenge their curiosity and life. They therefore saw no hurry in doing anything so fast only to be left with a lot of time to do nothing (The refugee status did not allow them to engage in activities that challenged their curiosity and creativity as at the time of conducting this research).

It was observed that 48.25% of the respondents agreed that they got irritated with issues that otherwise in normal circumstances were normal and did not require projection of anger and disgust. That they only later got to realise that they overreacted and engaged in outbursts of anger on issues that would have been amicably resolved. Common among the overreaction tendencies were; wife battering, overreacting over children transgressions, indecorous, loutish, impolite and boorish responses to strangers and those who got them the wrong way. Small or minor differences provided reasons enough to start fights and brawls; they also exhibited coarse engagements to the implementing officials whenever they felt dissatisfied with issues.

Though the environment within which the camp is situated has agreeably harsh temperatures both day and night, 50.9% of the respondents indicated that their behaviour in finding it difficult falling or staying asleep is strongly associated to the traumatic experiences that lead to their flight. The silent night environment provided them with the opportunity to singly recount how they lost their property, loved ones and how they escaped. They questioned their role in the entire conflict to the extent that they felt that they would have either avoided the conflict altogether or that they would have done something to save their loved ones. This thought often made them suffer from survivor's guilt which inadvertently deepened the trauma gamut.

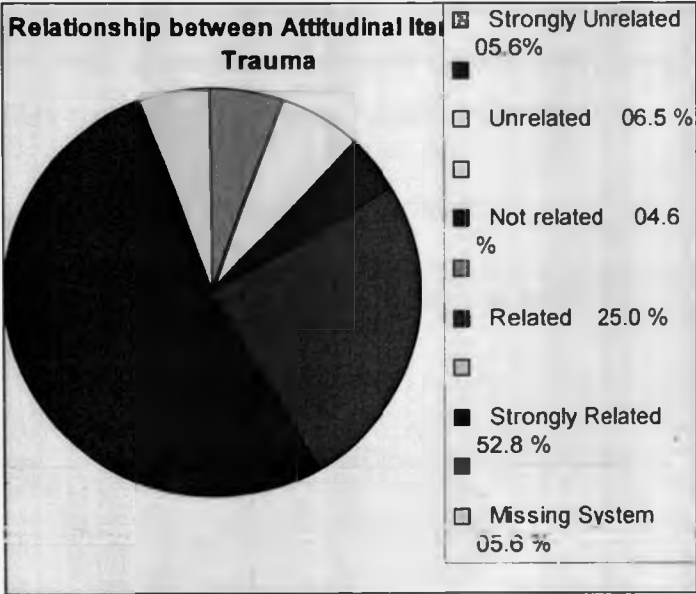
A slight majority of respondents (44.4%) moderately associated their attitude towards voluntary repatriation to the traumatic experiences they encountered. This was followed by 38.0% of respondents who highly associated the same to the traumatic experiences they encountered. Only 16.7 % of the respondents did not associate their attitude towards voluntary repatriation to the

traumatic experiences they encountered. This is indicative of the existence of an association between behaviour and trauma that favours a positive attitude towards repatriation.

4.5 Relation of the Attitudinal items to Traumatic Experiences

In the effort to cross check the relation of the attitudinal items to traumatic events, the following findings were arrived at as shown in chart 10 below;

Chart 10: Relation of the attitudinal items to traumatic experiences



Source: *Field Findings-Kakuma Refugee Camp; 2006*

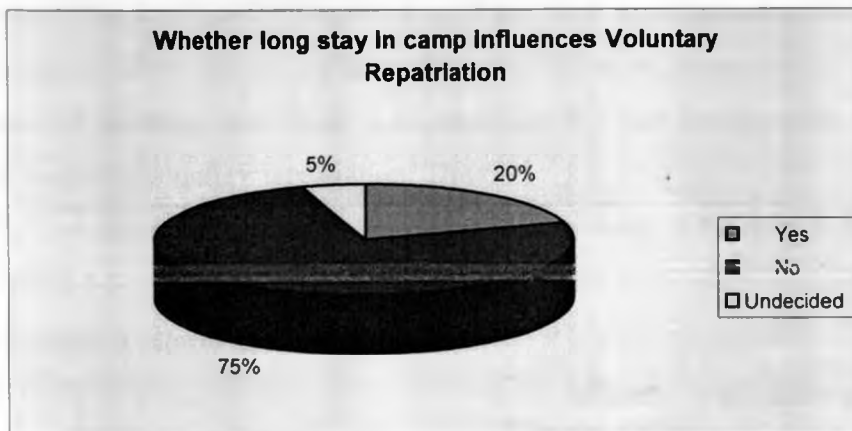
It is very clear as can be observed in Chart 10 that 82.4% of the respondents indicated that there was an association between their attitude towards voluntary repatriation and the traumatic experiences they encountered. It is also very clear that 71.3% of the respondents had a positive attitude towards voluntary repatriation. Of the attitudinal items used in the study, 77.8% of them indicated that there existed a relation between attitudinal items and the traumatic experiences.

Camp Life and Attitude towards Repatriation

Majority of the respondents, this is, 75% rejected the assertion that their reluctance to return to Sudan was highly associated to the fact that they were used to the refugee camp life. The camp has facilities that benefit the refugees in as much as it has its own unique problems such as a frosty relationship with the host community, harsh environment, enculturation of their initial ways of lives, conflict of cultural beliefs among others.

Only 20% stated that the long stay in the camp has greatly influenced their attitude towards voluntary repatriation. A small proportion of the refugees represented by 5% were undecided when responding to the question that intended to establish the extent to which the camp life has influenced their attitude towards voluntary repatriation as shown in Chart 11 overleaf.

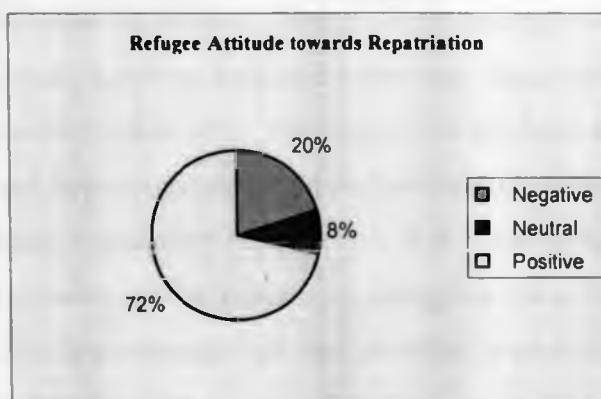
Chart 11: Camp Life and Attitude towards Repatriation



Source: *Field Findings-Kakuma Refugee Camp; 2006*

Majority of the Sudanese refugees (71.3%) have a positive attitude towards repatriation in spite of all the traumatic experiences or challenges they have undergone. A majority of the respondents comprising of 75 % negated the statement that they could not voluntarily return since they were used to the refugee camp life. They indicated that the fear to return was a creation of the security concerns they had since they had not been given security guarantee that all was well back at home. This feeling was informed by the information they got from those seeking registration as refugees at a time when the Government of Sudan was drumming for their return. The refugees viewed this as a contradiction of the reality on the ground.

Chart 12: Attitude of Refugees towards repatriation



Source: *Field Findings-Kakuma Refugee Camp; 2006*

4.5.1 Gender Attitude towards Voluntary Repatriation

It is upon the background above that the second hypothesis is structured in the effort to establish how significant the association of attitudinal items in Table 16 is in determining gender attitude towards voluntary repatriation. This stems from the uniqueness of having more men to women in the camp, which generates the thinking, that there is a possibility that this demographic scenario determines gender attitude towards voluntary repatriation. Thus;

H2. There is no significant difference in gender attitude towards Voluntary Repatriation among the Sudanese refugees.

Table 6: Chi-Square analyses of attitudinal items

Items	MEAN		df	Chi-square	Comment
	Female	Male			
1. Feel fearful	3.96	4.11	4	4.707	Do not Reject
2. Panic and get confused	3.84	3.92	4	2.366	Do not Reject
3. Do not trust source of information from home	3.12	3.16	4	10.034	Reject
4. Not going back to a place that ruined my life	2.74	2.89	4	3.829	Do not Reject
5. They feel that they will not fit/adjust to new environment & Social system	2.83	3.11	4	2.789	Do not Reject
6. Experience somatic reactions	3.17	3.16	4	1.697	Do not Reject
7. That appeal source distorts the reality on the ground	3.55	3.58	4	1.342	Do not Reject
8. Rationalize reason to stay	3.70	3.58	4	2.518	Do not Reject
9. Need more time to appraise/make Sense of the appeals	3.39	3.32	4	3.609	Do not Reject
10. Feel disinterested with diminished Excitement	2.93	3.16	4	5.996	Do not Reject
11. Engage in arguments/debate with people on Whether to return or not	3.10	3.18	4	0.686	Do not Reject

0.05 Level of significance; Critical value $\chi^2 = 9.49$

Out of the 11 items directed at the respondents, the hypothesis testing on 10 items indicated adoption of the null hypothesis while only one item indicated otherwise. Since the calculated chi square value on majority of items is below the critical value 9.49, there is no evidence against Null hypothesis. We therefore do not reject the null hypothesis and maintain that there is no significant difference between gender and their attitude towards voluntary repatriation. Thus, both men and women felt almost the same way or responded in almost a similar manner regarding the items in the table above. Both men and women respondents also demonstrated that they trust the source of information coming from Sudan since item 3 in Table 6 that sought to state otherwise was rejected. It is reasonable to therefore state that both men and women feel the same way regarding repatriation despite having undergone traumatic experience that were both selective and general in targeting gender.

It therefore follows that though there may be other impeding factors that affect the refugees' attitude towards voluntary repatriation, the traumatic experiences they encountered have significantly affected their decision-making processes and their consequent attitude regarding repatriation.

They fear, panic and get confused on being advised to voluntarily return to their country of origin. They do not see it as worthy going back to a place that has ruined their lives. The refugees' long stay in Kakuma refugee camp makes them feel that they cannot fit or adjust to a new environment or social system such that they somatize (experiencing Headaches, stomach-aches, diarrhoea/weak joints, fatigue or loneliness) whenever repatriation appeals are made. This is indicative of trauma reactions and Psychological distress at exposure to internal external cues that symbolize Traumatic event. This kind of reaction belongs to Cluster "A" Symptoms as indicated in the DSM IV 2000. They consider the appeals as pieces of information that are aimed at distorting the reality on the ground concerning peace at home. For this reason, they rationalise their reasons to stay in the camp as they seek more time to appraise and make sense of the appeals.

They participate in repatriation activities with diminished interest and excitement and sometimes engage in arguments and debate amongst themselves on whether or not they should return home. All these are pegged on the effect of the traumatic experiences they encountered rather than factors related to their gender.

4.5.2 Other Factors that influence Attitude towards Repatriation

The insignificant differences in gender attitude towards voluntary repatriation as shown in Table 6 are indicative of other causal factors that determine voluntary repatriation other than trauma. The refugees have been subjected to a new social life owing to their new status that describes them as refugees. Emerging and basic needs in this new environment are more likely to have a bearing on the way they feel towards going back home as they appraise how the provision of essential services impacts on their well being. This prompted the study to ask the respondents the extent to which the factors in Table 7 overleaf influence their decision making towards voluntary repatriation to which they responded as shown overleaf.

Table 7: Other factors determining Voluntary Repatriation other than Trauma

Items %	Definitely	Probably	May be / Not	Probably Not	Definitely Not
1. Schools	77.8	9.3	9.3	0.9	2.8
2. Health facilities	74.1	15.7	7.4	1.9	5
3. Food and water	64.8	14.8	11.1	5.6	0.9
4. Job opportunities	42.6	30.6	9.3	10.2	3.7
5. Security/War in Darfur	54.6	29.6	6.5	2.8	7.4
6. Landmines	32.6	20.6	19	15	6.5
7. Poor infrastructure (Roads/ Social Amenities)	68.9	17.5	6.1	5	12.8
8. Forced marriage	67	17	6.4	4	3.5
9. Forced to be a Muslim	12	26	20	11	5.6
10. No one to receive me/to go to	17	11.2	32.5	28.8	10.3

Source: *Field Findings-Kakuma Refugee Camp; March 2007*

The refugees question whether the infrastructure they enjoy in the camp can be put in place within a reasonable time frame upon return. As at the moment, the refugees have access to education (through the Lutheran World Federation -LWF program), access to Health care facilities provided by the International Rescue Committee (IRC) and provision of food by the World Food Program (WFP). A majority of those interviewed, this is, 89.8% considered health facilities as a prime factor that influences their attitude towards voluntary repatriation.

Those willing to voluntarily return quite often ask the UNHCR officials whether or not they will extend their services to them while they are in Sudan. The failure to provide this guarantee made

79.6% of the respondents to consider food and water provision as crucial determinants in their attitude towards voluntary repatriation.

Other young men are much aware of the inequality that exists between Kenya and Sudan Education sectors. They therefore prefer to cogitate on the possibility that the refugee bill will provide them an opportunity to access the good education facilities in Kenya. It was observed therefore that 87.1% of the respondents regarded Education as a crucial factor that influences their attitude towards voluntary repatriation. The refugees who have had an opportunity to study in Kenya have fears that they may not be considered for jobs upon return since they never actively participated in the struggle.

The generals who are in the Government of National Unity (GNU) consider those who actively put their lives at risk in the struggle without due consideration of their academic qualifications and professionalism. The young men and women who view the job market at home this way prefer to wait on for prospects for resettlement opportunities abroad or the passing of Kenya's refugee bill which they believe may provide them with an opportunity to get jobs. The study established that 73.2% of the respondents based their reasons to return to the ease with which they could secure jobs.

However, the lost boys in America prefer to marry their fellow Sudanese girls as opposed to American girls. This has compelled the young Sudanese men in America to "go back home" for brides. Without demur, their home is Kenya's Kakuma refugee camp which they consider safe for their intended ends. The intention to "go back home" eases their mission in the face of short timelines with resultant offers of high bridal prizes because of their pecuniary advantage. This has resulted in those being unable to competitively measure up to this position revert to looking for potential girls to marry back in Sudan where dowry is within their reach. It is in this effort to look for partners to marry that some young Sudanese boys have been able to return home.

The situation in Darfur has greatly influenced the refugees' attitude towards returning home since they see no clear line that separates their existence to that in Darfur. It is for this reason that 84.2% of the respondents indicated that security in Darfur would strongly influence their attitude positively towards voluntary repatriation. As at the time of conducting this research, the camp officials noted that there was a steady flow of refugees as far as Darfur getting into the camp. This factor coupled with refugees getting into the camp from Southern Sudan complicates their overall position regarding voluntary repatriation. They associate all these intricacies in security and peace to what they

suspiciously say that the Government in Khartoum is not serious in assuring them that it will observe the agreements contained in the Comprehensive Peace Agreement (CPA). For this reason, 92% of the respondents hold the opinion that they would rather wait for the year 2011 during which time they will get a legally accepted international opportunity to secede through a referendum vote-which they confidently refer to as "separation in unity". When asked whether they would voluntarily return after the secession in the absence of good infrastructure in place, the respondents were positive.

4.6 DISCUSSION

There is no significant difference between gender and their attitude towards voluntary repatriation. Thus, both men and women feel almost the same way regarding voluntary repatriation. Both men and women felt that the voluntary repatriation appeals by the Commissioners from Sudan might not necessarily be a reflection of the reality of the security situation back at home. The war in Darfur and the people entering the camp from the south allay fears about their safety should they return home.

The respondents somatize (experience headaches, stomach-aches, diarrhoea, weak joints, fatigue or loneliness) whenever repatriation appeals are made. The respondents engage in arguments and debates with people on whether to return or not particularly when they are told about horrific stories by the escapees getting into the camp from Sudan. Based on such discouraging information, 57.4% of the respondents were reluctant to participate in any programs that would enhance voluntary repatriation.

The study established that 60% of the respondents felt that they would be discriminated against upon return and that they would not fit or adjust to a new social system. They feel that they would be discriminated against since the commanders who got influential positions in the Government of National Unity (GNU) perceive them as betrayers who did not help them to fight. Based on this premise, the commanders regard those who were left behind to fight to be in a more disserving position than those joining them from the Diaspora.

The young men and women feel disinterested with diminished excitement in going back because they know for a reason that they may not be in a better position to get good education. The information getting into the camp is one that bears segregatory remarks by those back at home who

feel that the repatriates with better education are more likely to competitively edge them out of the job market.

Getting a job in Sudan for those in camp is subject to their knowledge of people in authority. Thus, those hopping to return and get a job back at home must establish linkages first. This becomes an essential determinant in those making decisions to return to the extent that any other factors become ancillary to this. It is for this reason that those with intentions to return need more time to appraise and make sense of the appeals. To them, any reasons to return have to be rationally appraised in view of their present life such that they must establish concrete and compelling reasons to make them return home. In the absence of such reasons, those interviewed said that they often panic and get confused since appeals to return make them feel fearful.

When respondents were asked whether they would have returned home more easily had they not gone through hurtful experience, 56.5% agreed- (of this, 57% were men while 47% were women) and 30.6% said otherwise (of this, 55% were men while 45% were women). However, 71.3% of the respondents as shown in chart 12 page 51 indicated of having a positive attitude towards voluntary repatriation.

It was established that the clearance of the Kakuma refugee camp could deal a big blow to the survival of the Turkana people since the life around Kakuma revolves around the activities that are basically practised or presided over by International Organisations courtesy of the refugee community.

The research established that rape was the most prevalent crime within the camp. Discrimination and other forms of non-physical mistreatment targeting the refugees by Kenyans were common in and outside the camp. There have been cases of conflicts between the refugees and the local community resulting in killings of the asylum seekers (refugees). The Kenyan authorities engage the incoming asylum seekers (Sudanese) to a cumbersome immigration entry process (screening) at the border-sometimes taking several days before registering them as refugees. This defeats the purpose of their flight for they still remain vulnerable at this point.

However, the Study established that the slow pace of implementing repatriation has resulted in many refugees making their own way unassisted. Though dangerous, these attempts have been observed to

assist many Sudanese refugees to return ahead of the much-awaited repatriation programs of 2007 and 2008. The study therefore established that there are three forms of return that are observably unique to the Sudanese refugees in Kakuma Camp-these are;

(i) Planned Movement-in this case, the UNHCR and its partners organize transport up to the identified areas of contact.

(ii) Self Assisted Return-this is a case where the agency provides documents to refugees and cash grants to enable returnees restart their lives.

(iii) Spontaneous Return- The third form of return is of concern to this study in that it has seen many Sudanese refugees (mainly men) return spontaneously without assistance from UNHCR. Those in the camp believe that more people have made their own way back to Sudan without the assistance of the UN agency since only 1360 refugees were repatriated by the agency between October 2006 and April 2007. Much as the refugee representatives say that this return process is only convenient to men, it leaves gaps in explaining how women travel to Southern Sudan to get married and bear children.

The study also established that the Sudanese refugees perceive Garang's death as factor responsible for the changing positions regarding repatriation. They strongly believed that Garang' was assassinated – an issue they see as having been downplayed by the International community for the sake of peace in Sudan and the entire Great lakes region.

They also believe that “Dr. John Garang was the CPA and that the CPA was Garang”. Garang's wish in CPA was to make Rumbek the city of the South. However, his death did not see the realization of this since Juba was instead made the city in December 2005.

Refugee representatives therefore believe that things can only change if all parties adopt a strong pacification process that will involve the Government, the Church and those who suffered during the war.

According to the Sudanese refugee representatives and UNHCR repatriation officials alike, the LRA, other armed groups or communities' activities have slowed the repatriation activities since most parts that the Sudanese refugees are supposed to return to are insecure. This feeling is strongly supported by claims that at Yaimbo (a Southern Sudan region), the local community attacked IDPs in circumstances that the International Community least expected.

A notable finding by this study revealed that some proactive members of the Sudanese refugee community have established business within the camp. This engagement has in a big way worked against the entrepreneurs' willingness to return to Sudan since they do not see the possibility of establishing similar ventures back at home. Some of the commonly practised business ventures include Hotels, Posho Mills, Grocery Shops, Boutiques, Video Show Entertainment Centres and retail Shops.

This business practice has not only improved the lives of the refugees but even that of the host community alike. It is even impossible to think of the Turkana's life as being smooth without the refugee camp which has been observed as the impetus behind the present state of development for the Turkana people in Kakuma.

It was established that most refugees would prefer to negotiate for conditions of return while in the camp than when in Sudan. The refugees therefore see their presence in the camp as leverage in achieving this objective. Sudanese women have gained a lot out of their undesired refugee status. The policy of the UN agency and other implementing agencies' involving both men and women in programs in the camp has enabled women to experience and realise their potential in the Society. This kind of exposure and empowerment has lead to more Sudanese women becoming more educated and aware of their need to pursue issues that are central to community development such as education and job opportunities that were previously thought of as being a preserve of men.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This section provides a summary of the key findings obtained during the study to establish the extent to which Sudanese Refugees suffer from long-term effects of trauma. It was also the objective of this study to establish whether or not there are significant differences in gender attitude towards voluntary repatriation. In an effort not to restrict itself to its objectives, the study went further to delving into other factors that may not necessarily be ancillary that determine voluntary repatriation.

The recommendations contained herein are based on the research findings as at the time of conducting the study. The recommendations aim at promoting a peaceful, permanent voluntary repatriation of the Sudanese refugees in respect to the second aspect of Disaster Management Cycle that emphasises; Relief, Rehabilitation, Reconstruction and Development. Thus far, the recommendations have been discussed under two categories namely; Policy and Further Research recommendations.

5.1 Summary of Findings

Analysis of the clinical interviews of the Cluster Symptoms (Reactions) using the CID-DSM IV 2000 and 2004 indicated that the Sudanese Refugees suffer from long-term effects of trauma. The study established that refugees' gender attitude towards voluntary repatriation is a function of traumatic experiences. It also established that there is no significant difference between men and women regarding their attitude towards voluntary repatriation as indicated in tale 7 on page 52. Of those interviewed, 75% of the male and 76.5% female respondents negated that they cannot return since they are used to the camp life and other trauma related factors.

An important aspect that this study revealed was that cases of PTSD tended to rise in subjects without pre-disaster histories of the disorder, a finding that is also stated by Smith (1990:205-206). This observation was manifested in the young Sudanese born in the camp and never experienced traumatic experiences before. Those who had infantile experiences of trauma were observed to be more prepared to overcome fears and experiences that could easily elicit the development of trauma.

The study established that the refugee camp is unique since it has more men (60.3%) to women (39.7 %). Besides, it was established that there was a steady increase in the refugee population in Kakuma

refugee camp Contrary to the UNHCR's efforts to decongest the camp. The population had steadily grown from 89,000 in May 2005 to 95,446 as at the time of conducting this research. The study also established that 79.6% of the refugees have been in the camp since 2000 (6 to 15 years ago), while (6.5%) have been in the camp since 1990.

The study established that most of the disturbing traumatic experiences happened between 1990 and 2000. When the respondents were subjected to the DSM IV 2000, 82.4% of the Sudanese refugees in Kakuma refugee camp were found to have undergone trauma ranging from; raped 15.7%, witnessed murder 77%, Physically tortured 75.9%, threatened with death 61.1%, discriminated against 87%, travelled long distances 87%, while 86.1% lost loved ones.

The study established that 67.06% of the respondents met the DSM-IV 2000 criteria for a psychiatric diagnosis following the conflict that saw them go through the three stages of trauma. As a result of the traumatic experiences, 54.2% of the respondents were found to have developed PTSD, alcohol abuse and dependence, depression and generalized anxiety disorder that is exacerbated whenever the repatriation is delayed and whenever the Sudanese Refugees engage in localised conflicts with their Turkana host community.

The study also established that 82% of the respondents were confronted with events involving actual or threat to life while only 33% of the respondents were victims of shell shock. A cross section of the respondents representing 67.4% of those interviewed indicated that they fear things that are ordinarily normal and feel helpless since they cannot provide a solution to their own situations as a result of the horrific experiences they went through.

However, detailed symptom detection and analysis could not be established from secondary data from the IRC run Kakuma Health clinics because of the psychotherapists' ineptitude and poor training leading to poor recording of information.

Majority of the respondents (82.4%) of the respondents indicated that there was a strong association between their behaviour to traumatic experiences while 16.7% of them indicated otherwise. Closely related to this indication was the observation that the attitude of 71.3% of the male respondents and 74.8% of the female respondents was positive towards repatriation. However, to reaffirm their

attitude and their positive attitude towards repatriation, 53.7% of the respondents indicated that they would still consider returning home even if the living conditions were to be improved in the camp while 45.4% said they would stay on. However, 56.5% of the respondents agreed that they would have returned more easily had they not experienced traumatic experiences while 30.6% responded otherwise.

The cumbersome and lengthy registration exercise for repatriates and the ensuing slow implementation of this exercise is one of the central reasons that has seen many refugees doubt the intentions of the UNHCR. Lack of Schools, lack of job opportunities back at home, the insecurity emanating from the belligerence in Darfur, Health facilities, Security and the conflict in Darfur, Landmines in return routes, Poor infrastructure (Roads/ Social Amenities) at home, Food and water were identified as some of the factors that negatively influence their attitude towards repatriation. Many young people are reluctant to go back to Sudan because they are speculating on resettlement prospects in third countries where they believe they can get better opportunities than going back home. All these factors collectively account for 72.98% of the reasons that the respondents associated for their reluctance to return.

The study also established that 63.89% of the respondents were diagnosed of having Cluster "A" Symptoms when they were subjected to International Classification of Disease tool (CID, DSM-IV 2000). When the respondents were subjected to the CID tool (DSM-IV 2000), 58.34% of the respondents were diagnosed of having Cluster "B" Symptoms, 88% with Cluster "C" Symptoms. Only 30% of the same respondents hardly experienced these types of symptoms.

The study established that the respondents experience Hyperarousal, which points to the fact that they readily become distressed by unexpected stimuli which eventually perpetuate their withdrawal or unwillingness to return. However, 30.4% of the respondents hardly showed Cluster "C" Symptoms-which is indicative of two things;

- i. That the counselling sessions to revert the psychological and emotional conditions resulting from trauma have been successful to some extent, or
- ii. Some of the refugees have been able to come to terms with traumatic experiences as a result of their internal coping mechanisms supported by social - cultural systems in place.

Besides detachment, the propensity to experience triggered memories of the past highlights how their internal perceptual organization becomes anxiously centred on the involuntary seeking out of the similarities between the present and the traumatic events encountered.

Health Officials indicated that whenever repatriation appeals were made refugees somatize; they flock the Health facilities with complications ranging from headaches, stomach-aches, diarrhoea, weak joints, fatigue or loneliness-which is indicative of Psychological reactivity on exposure to internal or external cues that Symbolize traumatic events.

The security in the south is a factor that has continuously discouraged many refugees to return. This coupled with discrimination resulting from some young men's non-involvement in the struggle when they were needed most has made some young men suffer from survivor's guilt and therefore disinterested in returning.

The Sudanese refugees perceive Garang's death as a factor responsible for the changing positions regarding repatriation. They strongly believed that Garang' was assassinated and the ensuing scenario has all along made them feel short-changed by the Khartoum Government on issues such as Garang's wish to make Rumbek the city of the South (Khartoum Government has since made Juba the city) and the reluctance to implement the CPA.

Most refugees preferred to negotiate for conditions of return while in the camp than when in Sudan. The refugees therefore saw their presence in the camp as leverage in achieving this objective. The study established that Sudanese women had gained a lot out of their undesired refugee status. The policy of the UN agency and other implementing agencies' involvement of both men and women in programs at the camp had enabled women to experience and realise their potential and impact in the Society. This kind of exposure and empowerment had lead to more Sudanese women becoming more educated and aware of their need to pursue issues that were central to community development such as education and job opportunities that were previously thought of as being a preserve of men only.

Some members of the Sudanese refugee community have established business enterprises within the camp. The life around the camp presents a practicality of symbiotic relationship; the Sudanese are assisted by the host community in delicate chores such washing of clothes domestic work and carrying luggage among others. The Turkana people on the other hand get limited food rations and

clothing in the ensuing social exchange among other provisions that refugees can easily do away with.

The slow pace of implementing repatriation has resulted in many refugees making their own way unassisted. The three forms of return that are observably unique for the Sudanese refugees in Kakuma Camp are; Planned Movement, Self Assisted and Spontaneous Return.

The refugees were greatly concerned that the information from Sudan contradicted what was really happening back at home the perpetrators of some of the most severe traumatic experiences in the Eastern Equatorial were still active.

52 Conclusions

The Sudanese refugees suffer from long-term effects of trauma-this was observed 100% of the respondents. Only 15% of the respondents reported delayed onset of traumatic reactions, while 29.6% reported symptoms that lasted five years or less. However, 62.9% showed a progressive course while 6.5% showed a fluctuating course with remissions or exacerbations. This is indicative of long-term effects of trauma.

There exists no significant difference in gender attitude towards Voluntary Repatriation resulting from traumatic experiences as indicated in the analysis of the second assumption of this study in Table 6 on page 52.

The respondents indicated how they experienced vivid and intense visual memories of the events, which at times were accompanied by psychological and physiological distress which were accompanied with dissociation characteristic of flashbacks and dreams-this was observed in 45.4% of those interviewed. This reason has significantly decreased the Sudanese refugees' pattern of hyper arousal and the ensuing inability to deal with their present situation in an organized and integrated fashion voluntary repatriation to their country of origin notwithstanding.

The avoidance and numbing behaviour by the Sudanese refugees represents a homeostatic mechanism by which the refugees attempt to modulate and shut down their hyper responsiveness towards any activities associated with returning to their country of origin-this was observed in 47.24% of those interviewed This situation has been maintained as a result of the refugees who

underwent traumatic experiences not receiving the much needed psychiatric therapy capable of shutting down or quenching the acute stress response. They have since remained trapped by the intense past experiences to an unusual degree that as earlier stated, the Sudanese Refugees have been unable to make rightful decisions regarding voluntary repatriation.

The most severe reactions are experienced by the refugees are feelings of conservation associated with trauma-this was observed in 51.8% of those interviewed. Feelings of detachment or estrangement from others and restricted range of affect at 51% of the respondent asserts the conclusion that the refugees are unable to have loving feelings. Marked diminished interest or participation in significant activities has strongly inclined them in efforts to avoid places, activities and places or people that arouse recollections of trauma

Other notable factors that influence the decision making process towards repatriation are; the quality of Education and provision of Health services upon return to Sudan, provision of Food and Water upon return, Job Opportunities and prospects in Sudan and whether the reception back home will be warmly. However, the security concerns in the south and Darfur and the clearance of mines for safe routes back home contribute to the ease with which they can make decision to return.

The establishment of infrastructure and crucial social amenities similar to or better than the ones they enjoyed while in diaspora are of concern to those willing to voluntarily return. For the women, the gains made regarding rights and freedoms to make decisions is something they ponder about as they question whether or not cultural requirements that encourage forced marriage back at home will again be practiced. One notable reason that touched on religion was forced Islamization during the conflict. The refugees therefore are less likely to be encouraged to return if the issues herein stated are not reversed.

Though there may be other impeding factors that affect the refugees' attitude towards voluntary repatriation, the traumatic experiences they encountered have significantly affected their decision-making processes and their consequent attitude regarding repatriation.

The camp was also observed to be the threshold of survival not only for the Sudanese people but to the host community as well in terms of various provisions ranging from the basic three; Education, Health and Security.

The life around the camp presents a practicality of symbiotic relationship; the Sudanese are assisted by the host community in delicate chores such as washing of clothes, domestic work and carrying luggage among others. The Turkana people on the other hand get limited food rations and clothing in the ensuing social exchange among other provisions that refugees can easily do away with.

Cultural beliefs have seen many women return to the south to get married. How their movement to the south has been executed remains questionably important for scholars in immigration studies.

It is reasonable to conclude that the salient impact of trauma on Sudanese refugees has attracted little attention from the Government of Kenya, UNHCR and the other implementing agencies. Related to this is that the IRC Community Health Clinics do not have well trained personnel in the field of Trauma study to remedy and mitigate the adverse effects of the illness through appropriate therapies.

5.3 Recommendations

5.3.1 Policy Recommendations

Recommendations for the Kenyan Government

1. The UNHCR plan to clear and do away with the camp by the year 2010 in the prospect that all the Refugees would have been repatriated to their respective countries may be detrimental to the development gains made in the last twenty-one years by the establishment and location of the camp in this area. Should this happen, the Government with the help of the international community should put in place a marshal plan that will see the utilities in place now improved and preserved for the people in Turkana District. The investment by the Implementing Organisations over the years in this area is enormous- it took the support of the United Nations to mobilise resources for the establishment of infrastructure in an unusually hardship area. Once wound up, it may not be easy to re-establish such a momentous international community support.

2. The need to realise, cope with, and work through counter transference difficulties has been established by this research as imperative for optimal training in this field since 100% of those interviewed revealed symptoms of Trauma as indicated in the DSM-IV 2000. Thus, a multidisciplinary committee representing different technical specialists or interests groups including psychiatrists, psychology, social work, nursing, creative arts therapy, clergy and media,

organisations, institutions and public health.

3. The Kenyan Government should establish structures within the concerned line Ministry to implement the Refugee Bill that can legitimise refugee engagements. This will make their gainful activities and engagements in the camp legal. Their acquisition of documents necessary for business and legal transactions through this bill will see many refugees with professional knowledge and potentials put them to better use.

Recommendations for the International Community

1. Nations should be encouraged to draft policies to guide resource mobilization and coordinate National Responses to mental Health problems within the migrating societies.

2. The International community, Sudan and the Ugandan Government should engage the LRA with speed in assuring the Southern Sudan people and the refugees in Kakuma camp that security is guaranteed upon return. The newly signed truce deal between the Ugandan government and the LRA calling for the cessation of hostilities in ending the twenty year old gorilla war should be actualised. This is not only restricted to the LRA, other belligerent elements in the West, Bahr El Ghazal, Eastern Equatorial and the Upper Nile in conforming to peaceful initiatives aimed at enticing those in Diaspora to voluntary return.

3. A method of investigation that captures the Biophysical effects of Trauma on disaster victims should be used by humanitarian workers to establish the impact of trauma on issues that are pertinent to refugees' social -life Voluntary Repatriation notwithstanding.

4. It is advisable that the international community expands its mandate of monitoring the unfolding events following conflicts in such a way that contingency measures can be put in place to mitigate the severity of such outcomes. One such mitigation approach involves the immediate intervention by regional peacekeeping forces in establishing buffer zones or such safe havens for internally displaced persons. This would in a big way provide reassurance to disaster victims by restricting them to regions that are much closer to their areas of origin. This would make it easier for disaster victims to return their social systems without necessarily subjecting them to distant social systems that are at great variance with theirs.

5. Specialised trauma therapy programs should be put in place to address gender based violence such as rape among women, indiscriminate killing for men and forced military service by Child solders.

6. Repatriation should commence soon after registration of repatriates to avoid oscillations in attitude towards repatriation.

Recommendations for the Sudanese Government

1. The Suddenness Government should not discriminate against foreigners (Kenyans, Ethiopians and Ugandans) who stood by them during the hard times. Having a fare consideration of these foreigners to partake in the reconstruction should be seen as sign of appreciating their role by allowing them to secure opportunities in a peaceful Sudan.

2. The Sudanese Government should encourage the Sudanese in the diaspora (including those who were resettled in third countries under the lost boys and girls' programs) who have since acquired capacities that can be helpful to return to the country so that they can partake in the reconstruction of their country.

3. The involvement of the international community in preferring charges against perpetrators of the conflict and the possible provisions of amnesties should be done in a way that is acceptable and in line with the social -cultural beliefs of the people reminiscent of the Truth and Reconciliation Commission of South Africa.

4. The Sudanese Government should put in place legal structures that will address the gains made on Human Rights issues among the Sudanese refugees while they ere in the diaspora. Among such structures are Gender Commissions to address capacity building among women and open them to opportunities that otherwise were not previously considered for in their country and the establishment of government departments to address issues of the vulnerable people in the society.

5. The Khartoum Government should demonstrate indeed that it is committed to the full impiementation of the CPA. It should dawn to the Khartoum Government and the entire Sudanese Government of National Unity (GNU) that there are bound to be serious repercussion probably beyond the present scenario should the parties involved fail to respect their respective obligations

as contained in the CPA. .

6. The Sudanese Government should deliberately demonstrate to the International Community, the African Union, IGAD and Kenya that it has put in place open systems open and transparent to all parties concerned that Returnees security will be guaranteed and that adherence and implementation of the CPA is imperative. This will help revert the Sudanese refugees thinking that the Khartoum Government is abrogating its adherence to the full implementation of the CPA.

7. Funding of the LRA and any other informal groups by the Khartoum Government in perception or in reality should be discouraged. This has been identified as a single fact that is sending wrong messages to the Sudanese refugees in the camp who already are in a state of ambivalence regarding repatriation.

8. Islamization was cited as a religion that was enforced against the wishes of the Southern Sudanese Christians (38% of respondents as indicated in Table 7 were forced to be Muslims) which eventually sent many to the diaspora. The Sudanese refugees still believe that some powerful and influential Muslim leaders have not abated this practice. The GNU should therefore device methods that should see the refugees believing otherwise.

Recommendations for UNHCR

1. Relying on solutions that are static without considering the fluidity of the migratory nature of the refugees is likely to perpetuate the expansion of refugee camps and maintenance of the refugee continuum.

2. The unique evolution of alternative strategies (Planned Movement, Self Assisted and Spontaneous Return) to address the repatriation issues by the Sudanese refugees owing to the "laxity" of UNHCR to implement its repatriation program is in itself a possible solution in disguise that requires further research to establish its workability.

3. A notable recommendation to the International Community and Organisations working in Kakuma is to put in place contingency measures in readiness for an influx of Returnees should the repatriation program in place succeed overwhelmingly against the expectations of all those concerned.

4. UNHCR should assess the effectiveness of the durable solutions in view of the unfolding global

issues such that the current global Terrorism Phenomenon does not become the basis upon which potential Resettlement and local Integration refugee candidates are subjected to blanket rejections based on prejudice.

5.3.2 Recommendations for further Research

1. Extensive research should be carried out to establish the extent to which Biophysical effects of Trauma affect refugees' social -life Voluntary Repatriation notwithstanding.
2. Extensive research should be carried out to establish the extent to which the alternative strategies in line with durable solutions can be applied uniquely.
3. Research should to be carried out to establish the extent to which refugees can be used as agents of global peace.
4. A study needs to be conducted to establish how rape as a specific form of violence against women has affected the lives of the Sudanese Women Returnees and the best way of assisting such victims to cope with trauma.
5. A study should be conducted to establish how the Sudanese have adapted to new ways of life owing to their long stay and co-existence with their host Turkana community.

APPENDIX I: QUESTIONNAIRE

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Good afternoon/morning. Thank you for availing yourself and willing to participate in this survey. My name is SILAS IDAH MUKAVAKLE. I am a student at the University of Nairobi in the Sociology Department. Nairobi University is one of the higher institutions of learning in the country involved in Education and Research aimed at enabling the society to identify its problems and design appropriate interventions and solutions towards them.

For this reason, I have come to this camp to learn more about how you feel about repatriation and any related concerns to the same end. The information gathered could be used by the Government, UNHCR, and related implementing agencies in creating good conditions for you in the camp and most importantly create an enabling environment for peaceful, permanent and voluntary repatriation to your country of origin. For me to get this very important information that can enable the said institutions develop good structures and an enabling environment for you, I will interview the Sudanese refugees, common interest groups, Key informants, UNHCR Officials, Government officials working in the camp, implementing agencies and the health officials in the camp. The information obtained here will be treated strictly confidentially, and neither your name nor that of any other person involved in this survey will be printed or used in any document. As a research student, strict research ethics will be adhered to in the course of this survey exercise. The main results and tables will be aggregated to protect the confidentiality of your answers.

GENERAL INFORMATION

1. Respondents Gender: 1. Male 2. Female
2. How old are you? : 10-19Yrs 20-30Yrs 31-40Yrs 41-50 Yrs 51-60Yrs
61 and above
3. What is your Marital Status?: Married Divorced Single Widowed
4. Have you been to school? 1. Yes 2. No
5. If yes, what educational level did you attain?
1. None 2. Lower Primary 3. Upper Primary 4. Secondary 5. College 6. University and above

SECTION A: LONG TERM EFFECTS OF TRAUMA

1. How long have you been in the camp?
1-5Yrs ____, 6-10Yrs ____, 11-15Yrs ____, 16-20Yrs ____, 21-and above ____ (tick only once)

2. Did you experience any of the following traumatic events?

	Tick where applicable
a. Raped	
b. Tortured	
c. Shell shock	
d. Witnessed murder	
e. Forced expulsion	
f. Victim of landmine	
g. Threatened with death	
h. Discriminated against	
i. Traveled long distance	
j. Forced military service	
k. Confronted with events involving actual or threatened death	
l. Lost a loved one (parent, child, wife, sister husband or brother,)	
m. Serious injury or a threat to the physical integrity of self or others	

3. How long ago was the trauma/s in Q9 experienced?

1-5 Yrs, 11-15Yrs, 21-and above, 6-10Yrs, 16-20Yrs

4. Do you experience the feelings below since you escaped and came into the camp?

(DSM-IV, 2003 CLUSTER "A" SYMPTOMS) 9. Do you experience the feelings below since you escaped and came into the camp?

(DSM-IV, 2003 CLUSTER "A" SYMPTOMS)

1. Quite often	2. Often	3. Rarely	4. Very Rarely	5. Not at all	Code Respon
Re-enactment of Trauma					
Distressing dreams of the event					
Intrusive Recollections of Trauma					
Frightening dreams without recognizable content					
Illusions, Hallucinations and dissociation flashback episodes					
Psychological distress at exposure to internal or external cues that Symbolize traumatic event					

10. If **Yes**, do you experience the following feelings? **(DSM-IV, 2003 CLUSTER "B" SYMPTOMS)**

1. Very often	2. Often	3. Rarely	4. Very Rare	5. Not at all	Code Respo
Effects to avoid thoughts					
Inability to recall an important aspect of the trauma.					
Feelings or conservations associated with the trauma					
Feeling of detachment or estrangement from others					
Restricted range of affect (unable to have loving feelings)					
Markedly diminished interest or participation in significant activities					
Efforts to avoid places, activities, and places or people that arouse recollections of Trauma					
Sense of foreshortened future (e.g. does not expect to have a career, marriage, children or a span).					

11. How would you describe the following traumatic experiences you went through?

(DSM-IV, 2003 CLUSTER "C" SYMPTOMS)

1. Experiencing NOW ONLY	2. Experienced BEFORE and NOW	3. Experienced before ONL	Code
Hypervigilance			
Difficulty concentrating			
Exaggerated Startled response			
Irritability or outbursts of anger			
Difficulty Falling or staying asleep			

12. Do you associate reactions and your current behavior in **Q10** and **Q11** to the experiences in **Q7**? (Tick once) **Highly Associated Moderately Associated Not Associated**

SECTION B: ATTITUDE TOWARDS VOLUNTARY REPATRIATION BY TRAUMATIZED REFUGEES

13. Do you believe in the statement that there is "Peace back at home"? 1. Yes 2. No

14. Are you aware that there is a legitimate Government in place back at home? 1. Yes 2. No

15. Do you think repatriation appeals are made to benefit you or to ease the agencies' burden of maintaining you?

1. Yes, 2. No

16. If living conditions in the Camp were to be improved, would you consider staying on or returning home?

1. Returning Home 2. Staying on

17. How do you rate the following Feelings/Reactions whenever repatriation appeals are made?

1. Very Strongly	2. Strongly	3. Sometimes	4. Very Rarely	5. Not at all	CODE
Feel Fearful					
Panic and get confused					
Rationalize reasons to stay					
Do not trust Source of incoming information					

Not worthy going back to a place that has ruined my life	
Need more time to appraise and make sense of the appeals	
Feel disinterested with diminished excitement and excitement	
Feel that I will not fit and adjust to a new environment and social system	
Engage in arguments and debates with people on whether to return or not	
Headache, Stomachache, Diarrhea, Weak joints, Fatigue or loneliness (any of them)	
That Appeal sources distort the reality on the ground concerning peace back at home	

18. How do you relate the feelings/reactions in Q17 to the traumatic experiences (in Q7) you went through?

1. Strongly Related 2. Related 3. Not Sure 4. Unrelated 5. Strongly Unrelated

19. Is your reluctance to return home a result of the following insufficiency or problems back at home?

1. Definitely 2. Probably 3. May be 4. Probably Not 5. Definitely Not	
Schools	
Health Facilities	
Food and Water	
Job opportunities	
Security and War in Darfur	
Forced Islamization	
Forced marriage	
No one to go to	

20. State any reasons that inhibit you from returning home not mentioned above?

21. How do the following reactions affect your decision making towards repatriation?

1. Very Strongly 2. Strongly 3. May be 4. Fairly Not 5. Not at all	
Intrusive Recollections of Trauma	
Distressing dreams of the event	
Frightening dreams without recognizable content	
Illusions, Hallucinations and dissociation flashback episodes	
Re-enactment of Trauma	
Psychological distress at exposure to internal or external cues that Symbolize traumatic event	
Psychological reactivity on exposure to internal/external cues that Symbolize traumatic event	

SECTION C: TRAUMA AND REPATRIATION

22. Would you have returned more easily had you not gone through wounding experiences?

1. Yes 2. No

23. How do you rate the following based on the statement "I can't return because----"

1. Strongly Agree 2. Agree 3. Undecided 4. Disagree 5. Strongly Disagree	
I was raped	
They tortured me	
I have no to fall back to	
I was forcefully expelled	
I was forced into military service	
I was openly discriminated against	
They killed (my spouse, my child/ren)	

Our clan is hated by the present regime	
If I do, they will have an opportunity to revenge	
I have nothing to fall back to (house, property, relatives)	
They reaped my (my wife, mother, sister, relative) as I watched	
They killed my (my mother, father, brother, sister, relative) as I watched	

24. How do the following reactions affect your decision making towards repatriation?

1. Very Strongly	2. Strongly	3. I don't Know	3. Fairly	4. Not at all
Intrusive Recollections of Trauma				
Distressing dreams of the event				
Frightening dreams without recognizable content				
Illusions, Hallucinations and dissociation flashback episodes				
Re-enactment of Trauma				
Psychological distress or reactivity at exposure to internal/external cues that Symbolize traumatic event				

25. If circumstances in Q23 were converted or that the events named did not happen to you, would you...

1. Definitely Would	2. Probably Would	3. Might or Might Not	4. Probably Would Not	Definitely Would Not
Rationalize reasons to stay in Kakuma?				
Get interested in information from Sudan?				
Take long time in appraising repatriation appeal's				
Derogate Repatriation Appeal Information sources?				
Fear to return, panic on receiving repatriation appeals?				
Consider Repatriation Appeal messages as good for you?				
Give a Blanket rejection for repatriation appeals/programs?				
Engage in debates when engaged in repatriation appeals/programs?				

26. So how do you rate the statement, "I feel/ I long....."

1. Very Strongly	2. Strongly	3. Sometimes	4. Not Strongly	5. Not at All
Estranged from my country of origin				
To see my/our relatives back at home				
Uncomfortable in a Foreign Country				
To reposes my/our property back at home				
Interest in in-coming information from Sudan				
That I should Participate in Repatriation and "Go-and -See" Programs				
To be involved in Development and Reconstruction programs at home				

27. Is it also possible that you cannot return because you are now used to camp life? 1. Yes 2. No

28. How do the following reactions determine or affect your participation in Repatriation activities in

Q 28? (CLUSTER "B" SYMTOMS AND REPATRIATION)

1. Very Strongly	2. Strongly	3. Sometimes	4. Not Strongly	5. Not at All
Effects to avoid thoughts				
Inability to recall an important aspect of the trauma.				

Feeling of detachment or estrangement from others	
Feelings or conversations associated with the trauma	
Restricted range of affect (unable to have loving feelings)	
Markedly diminished interest or participation in significant activities	
Efforts to avoid places, activities, or people that arouse recollections of Trauma	
Sense of foreshortened future (e.g. does not expect to have a career, marriage, children or a span).	

29. How would you describe the following encounters whenever you are told to return home as a result of the experiences in **Q8? (CLUSTER "B" SYMTOMS AND REPATRIATION)**

1. Very Strongly 2. Strongly 3.Sometimes 4.Very Rarely 5.Not at All	
Become Hypervigilant	
Find it Difficult to concentrate	
Experience Startled response	
Get Irritated and burst out of anger	
Find it Difficult Falling or staying asleep	

SECTION D: SECONDARY DATA FROM CAMP OFFICIALS (HEALTH CLINICS)

1. How do you rate your interaction with refugee patients?

1. Very good, 2.Good, 3.Farely good, 4. Fare, 5.Bad

2. Are the refugee patients free with you to divulge information regarding their experiences freely?

1. Yes 2. No

3. How do you rate the severity of traumatic events to their mental Health?

1.Very Severe impact 2.Serveer impact 3.Low impact 4.Insignificant impact 5.No impact	
a. Raped	
b. Tortured	
c. Famine	
d. Lost loved ones	
e. Witnessed murder	
f. In search for water	
g. Fear for their lives	
h. Discriminated against	
i. Forced Military Service	
j. In search for job opportunities	
k. In search for good Health facilities	
l. In search for Good Educational facilities	

4. Which traumatic experiences up-to date still persistently affect the refugees in the camp?

1. Very Strongly 2. Strongly 3.Sometimes 4.Very Rarely 5.Not at All	
a. Rape	
b. Torture	
c. Famine	

d. Lost loved ones	
e. Unemployment	
f. Witnessed Murder	
g. Fear for their lives	
h. Famine and Drought	
i. Poor health Facilities	

5. Which reasons do they give for this response?

Tick the Most Frequent	
a. They Do not Have Transport to Return	
b. Sudan Government Does not Welcome them	
c. Traumatic Experiences encountered have affected them	
d. UNHCR /other Agencies are not doing enough to enable them return	
j. Discriminated against	
k. Forced Military service	
l. Poor Educational facilities	

6. Do some of the refugees state openly that they cannot return?

1. Yes

2.No

7. Rate the following mental illnesses according to your capacity to handle them effectively?

1. Very able 2. Able 3. Not able	
Psychosis	
Alcohol abuse	
Agitated behavior	
Converting	
Withdrawal	
Stress	

8. Which complaints do you often experience whenever **Repatriation** appeals are made?

	Tic the correct Reaction
CLUSTER (A) SYMPTOMS	
Re-enactment of Trauma-A	
Intrusive recollections of trauma-A	
Recurrent, distressing dreams of the event-A	
Illusions, Hallucinations, flashback Episodes-A	
Distress on exposure to internal or external cries that symbolize traumatic event-A	
CLUSTER (B) SYMPTOMS	
Feeling of detachment or estrangement from others-B	
Feelings or conservations associated with the trauma-B	
Restricted range of effects (unable to have loving feelings)-B	
Inability to recall important aspects associated with trauma-B	
Markedly diminished interest or participation in significant activities-B	
Efforts to avoid places, activities, and places or people that arouse recollections of Trauma-B	
Sense of foreshortened future (not expecting to have career/ marriage/ children/ normal life span)-B	
CLUSTER (C) SYMPTOMS	
Irritability-C	
Hypervigilance-C	
Uncoordinated behavior-C	
Exaggerated startle effect-C	

Difficulty in concentrating-C	
Instability or outbursts of anger-C	
Difficulty staying or falling asleep-C	
Somatic reactions (Headache, Stomachache, Diarrhea, Weak joints, Fatigue, loneliness (any of them)	

9. Do you have the capacity to deal with challenges of mental illness suffered by the Refugees?

1. Yes, 2. Not adequately, 3. No

SECTION E: INTERVIEW GUIDE FOR KEY INFORMANTS

1. Do some of the refugees register their displeasure towards repatriation?

2. What makes them have this kind of attitude?

3. What are some of the most disturbing traumas mentioned by the refugees?

4. Besides the refugees' attitude towards Voluntary Repatriation as a result of Trauma, what other factors inhibit Repatriation?

5. Which durable solution do they prefer and why? (Repatriation, Resettlement or Asylum)

6. How do these traumas affect the following groups of refugees?

(i) **Gender**

Men _____

Women _____

Groups

-Children (5-14) Yrs, -Teenagers (15-19) Yrs, -Middle aged adults (20-30) Yrs

-Adults₁ (31-40) Yrs, -Adults₂ (41-50) Yrs, -Adults above 51 Yrs

SECTION E: INTERVIEW GUIDE FOR REFUGEE REPRESENTATIVES

1. Do you have established cultural ways of dealing with problems arising from the traumas?

2. How has UNHCR helped you as regards the following?

(i). Repatriation _____

(ii). Security _____

(iii). Health _____

(iv). Sanitation _____

(v) Food / Water _____

(vi). Education _____

4. How do you rate or describe the assistance from the other agencies?

5. How can you describe the camp conditions?

6. How can you describe your relationship with your Turkana neighbors?

8. Do these relations in Q6 add to your trauma?

9. Is returning voluntarily a sure way of avoiding all these problems?

10. Have you been involved in repatriation programs such as?

(i) The Peace initiatives that were held in Kenya

(ii) Go-and-See Programs

(iii) Counseling and Psychiatry Therapy

11. How best do you think Repatriation Programs should be handled?

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