

## **Posttraumatic Resilience in Former Ugandan Child Soldiers**

Klasen, F., Oettingen, G., Daniels, J., Post, M., Hoyer, C., & Adam, H. (2010). *Child Development* 81(4) 1096-113, <http://www.child-public-health.org/temp0911> (last accessed 30th January, 2012).

In our 20<sup>th</sup> edition, we continue our focus on childhood resilience with this research report by Klasen and colleagues that considers the outcome of 330 previously abducted former Ugandan child soldiers, aged 11-17 years, 48% of whom were girls. This was a group of particularly vulnerable children and youth who had experienced high levels of trauma – 79% were orphans, 90% reported beatings, 87% witnessed murder, 86% were threatened with death themselves, and between a fifth and a quarter of both sexes had experienced extreme sexual violence.

It will come as no surprise, therefore, to those familiar with the research literature on the psychological consequences of child soldiering, that 72% of these children reported clinically significant symptoms of emotional and behavioural difficulties, such as PTSD and depression. The focus of this research is, however, on those children who, in spite of having similar levels and types of traumatic experiences, did not evidence clinically significant emotional and behavioural disturbance. The authors pose and explore the question: what factors are associated with this form of childhood resilience?

In their search for answers, the authors explore four clusters of risk and protective factors that include types of trauma, personal dispositions, guilt and revenge cognitions, and perceived social support. The importance of the community environment to which these children return, as well as the positive influence of their religious beliefs are among the factors highlighted by the authors.

In addition to presenting interesting and thought provoking findings of relevance to those interested in the reintegration of former child soldiers, this report positions these findings in the context of the pertinent resilience and developmental outcomes literature. By so doing, it provides readers with a larger contextual framework within which findings can be set, and includes a thoughtful discussion of the strengths and limitations of the research project. All point to the need for an ecological and developmental perspective in future research on childhood resilience.

As we are unable to reproduce this article in full on our website, we ask our readers to click on the following link to access the article free of charge: <http://www.child-public-health.org/temp0911> (last accessed 30th January, 2012).

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Editor  
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