

PREPARE

Prepare was developed using research on basic education carried out in north Uganda. This research found that many children showed “abnormal” behaviour according to their parents and teachers: they were too withdrawn, or too active, aggressive or unwilling to communicate. Generally, the adults reacted to this behaviour with disapproval or lack of understanding. It soon became apparent that these were children who were, in all probability, suffering from the traumatic experiences of the civil war which had been raging in the research area during the early part of the 1990’s.

Further research in the same area indicated that this was indeed the case. Partly because of these findings, the idea to develop a training module to train teachers to deal with trauma was born. And thus Prepare was created. This module appears to be suitable for application in areas which have suffered excessive violence, as well as being used by teachers in “safe countries”, who wish to learn to deal with children who may have suffered some form of trauma.

Short and long-term consequences of trauma can be distinguished. The short-term consequences are characterized by acute shock. This can best be described as a temporary physical and mental ‘paralysis’ during which the organs become unbalanced and dysfunctional (this also happens following psychological trauma). An example of this is the loss of control over one’s bowels and bladder. The victim experiences extreme fear and panic. Traumatic reactions can manifest themselves at the following levels: · The physical level (vegetative level); · The emotional level; · The behavioral/cognitive level; · The social-societal level.

The most important and general consequences of trauma are: 1. The loss of trust in one’s (human) environment resulting in isolation, and emotional confinement; 2. The loss of a feeling of control over one’s environment, expressed through feelings of powerlessness, helplessness and lack of empowerment.

If trauma is experienced early on in life, a young child will often develop a fear of attachments. Because these children lose trust in their surroundings they become fearful and withdrawn in contact with others, even at a later stage in life. These children run the risk of becoming isolated and possibly being hurt again due to a lack of protection from their social environment. Because these children have not learned how to control their environment, they can easily find themselves in situations where they again fall victim to traumatic experiences. A well-known consequence of sexual abuse is a increased chance of promiscuous behaviour and prostitution. In addition, there is a considerable chance of developing addictive behaviour (including eating disorders) and a tendency towards self-mutilation (hurting oneself in order to creation sensation in one’s body).

Traumatized children could show deviant behaviour. They are for instance either quiet and behaving more withdrawn than other children, or they react to their environment by being loud and demanding attention. These children often display boundless behaviour: for example in the way they demand attention, but also in non-verbal behaviour, like standing too close to you, talking too loudly, touching you too often or too long, inducing you to approach them sexually or to become angry with them constantly, ensuring that you ignore it, etc., etc. One usually senses a lot of different emotions when in contact with such a child: anger, care, sympathy, fear. Children who are extremely withdrawn can entice you to forget them, to overlook them. Sometimes these children can be

dissociated. One notices this by the fact that one does not sense any emotion in or for the child in question, one goes blank and cannot find any access to oneself or the child.

It is essential for teachers to realize what can happen to a child as a consequence of traumatic experiences and how this may influence the child's learning performance. If a child appears to be suffering from one or more symptoms, caution and alertness is of the greatest importance: these symptoms are caused by something and it is very important for the future of the child that an investigation is carried out into the underlying reasons. The more schools begin to see it as their duty to provide a safe learning environment within which the pupils can build up their self-confidence, the smaller the chance that traumatized children will be left to fend for themselves. Although one cannot expect a miraculous improvement in the treatment of these children, schools can in an important way contribute to the future of these children. A contribution which is based on the recognition of and the correct and respectful approach to traumatized children. This decreases the chance that they will fall back in their development and consequently do harm to themselves and their environment.

THE TRAINING MODULE OF PREPARE

A participatory training module for dealing with trauma has been developed to train teachers and trainers of teachers of primary and adult education: the *Programme for Education on Peace and Reconciliation: Prepare*. Through teachers, the Prepare module targets children and parents from post-war areas and from areas where (ethnic) violence has taken place. This module has been tested successfully with support of the Netherlands Ministry of Education.

General objective: After having followed the Prepare-module teachers will be better able to contribute to a responsible, caring and safe environment, which is essential for dealing with trauma. This way, they can actively contribute to strengthening the learning achievements, the mental and social development, and the futures and empowerment of their pupils.

Working methods: 1. dissemination of information about backgrounds and possible effects of trauma; 2. role playing; 3. gaining insight into the educational value of creative forms of expression such as dance, story telling, drawing, etc.; 4. discussion groups.

Organization: The initial training of teachers or teacher trainers takes three days. A two days follow-up workshop after six to twelve months is strongly recommended.

More information: Rogier van 't Rood, vantrood@vantrood.nl

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