Can the Wounds of War be Healed? Experimental Evidence on Reconciliation in Sierra Leone*

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Abstract

Wars destroy not just physical capital but also social capital and psychological wellbeing. Post-conflict recovery seems contingent on healing individuals and restoring their social ties. Can social renewal only occur alongside psychological renewal? We experimentally evaluate community-level reconciliation in Sierra Leone. As a part of the intervention, victims detail war atrocities, and perpetrators confess to war crimes. We find that reconciliation led to greater forgiveness of former perpetrators. It also forged social capital: social networks were stronger and people displayed more community-oriented behavior including higher contributions to public goods. Yet, the process also worsened psychological health, increasing depression, anxiety and post-traumatic stress disorder. These impacts, positive and negative, persisted for nearly three years after the intervention. Our results suggest that individual healing is not a pre-condition for reconciliation to renew social ties: rather social capital grew at the expense of psychological wellbeing.

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1 Introduction

Wars destroy more than physical capital. Conflict severs social ties, especially when it pits one neighbor against another. War might leave behind not just physical damage but also lower civic engagement, weaker provision of public goods, and reduced trust among community members.\(^1\) Recovering from wars, therefore, also means repairing social capital.\(^2\)

There are, broadly, two approaches to rebuilding social capital. Community Driven Development/Reconstruction (CDD/R) programs provide aid to communities and require participatory processes for spending it. The hope is that social cohesion emerges from individuals working together. Truth and Reconciliation programs, on the other hand, focus on community members addressing war-time grievances. They provide forums for victims to talk about war atrocities and perpetrators to confess their war crimes. Both approaches are pervasive. Nearly every country coming out of internal conflict in the last few decades has implemented some type of reconciliation process.\(^3\)

And, the World Bank alone has disbursed over $1.3 billion per year for community driven development over the past decade (Mansuri and Rao 2012).

Reconciliation is not just a practically different approach to building social capital — it conceptualizes rebuilding differently. It presumes that individual healing and societal healing are intertwined. Under this conception, confronting the past is cathartic

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\(^1\)For example, Rohner et al. (2013a) present a theoretical account of how conflict serves to erode trust, while Rohner et al. (2013b) provide empirical evidence of how civil conflict leads to a deterioration of social capital. Alesina and La Ferrara (2002) also show that exposure to traumatic experiences lower trust.

\(^2\)Of course, in some cases war itself could increase social capital if it brings together communities to cope with an external threat (Gilligan et al. 2014) or if the experience of war subsequently makes preferences more pro-social (Voors et al. 2012), motivating civic engagement (Bellows and Miguel 2009; Blattman 2009).

\(^3\)Some examples include: Chad, Colombia, Congo, El Salvador, Fiji, Ghana, Guatemala, Kenya, Liberia, Morocco, Nigeria, Peru, Rwanda, Sierra Leone, Solomon Islands, South Africa, South Korea, Sri Lanka, Sudan, East Timor, Uganda.
(Kritz 1999; Cobban 2002; Hamber 2003) and social cohesion emerges concurrently with psychological healing (Biggar 2003; Lederach 1999; Asmal et al. 1994; Truth and Reconciliation Commission [TRC] 1998). Yet, while we have started accumulating empirical evidence about CDD/R programs (Fearon et al. 2009; Casey et al. 2012; Beath et al. 2012 and 2013; Humphreys et al. 2013; Adveenko and Gilligan forthcoming; Fearon et al. forthcoming)\(^4\) we know little about whether, and how, truth and reconciliation works. As a result, we have little to say about the accuracy of its conceptual underpinnings. Is promoting forgiveness a meaningful way of restoring social capital? Are psychological renewal and social renewal complementary?

Past work, while not answering these questions fully, provides some building blocks of knowledge. We know that attitudes toward other groups can improve in the aftermath of a nation-wide TRC (Gibson 2004)\(^5\) and with exposure to therapeutic counseling (Staub et al. 2005). We have also learned from other types of interventions targeted toward individuals: we are starting to understand how to improve the day-to-day dispute resolution (Blattman et al. 2014); and we are starting to understand how to change prejudice (Paluck 2009). But what happens when we induce targeted, person-to-person forgiveness throughout a community? We lack systematic evidence on how these efforts influence individual and societal healing (Mendeloff 2004; Mendeloff 2009), and how they alter individual behavior.

In this paper we make an initial contribution toward understanding this inter-play between individual and societal healing. We experimentally evaluate a community-level reconciliation program in Sierra Leone, which emerged from a brutal civil war in 2003. The program is implemented by a NGO called Fambul Tok (FT), meaning "Family

\(^4\)A recent spate of impressive papers have studied Community Drive Development / Reconstruction (CDD/R) programs using careful empirical techniques such as well-implemented randomized control trials. Several find no institutional impact of these programs (Casey et al. 2012; Humphreys et al. 2013; Adveenko and Gilligan forthcoming) while others find notable impacts on community cooperation (Fearon et al. 2009; Fearon et al. forthcoming) and improved female participation (Beath et al. 2013). Understanding when and where these programs will work is an ongoing challenge.

\(^5\)Drawing on rich survey data, Gibson’s study finds that accepting truths about apartheid in the wake of South Africa’s TRC led whites, but not blacks, to hold more positive attitudes toward other racial groups. This is consistent with truth-telling exerting larger effects on those who had less direct knowledge of or experience with past violence.
Talk” in Krio. The NGO facilitates local-level reconciliation processes in sections of 10 villages. We use random assignment to allocate the program across sections, and evaluate the program starting in 2012.

Each country’s reconciliation process has some distinct features. But the FT program shares several features common to TRCs around the world: victims describe the violence they experienced; perpetrators seek forgiveness for their crimes; and no one is prosecuted or punished for participating. Also, no monetary resources are given to treated communities.

The program was administered in waves, enabling the NGO to work within its capacity. This study presents results from two waves, which include over 2200 individuals in 200 villages. In the first wave, we were able to survey respondents up to 31 months after the intervention. This timeframe allows us to speak to longer run effects than is typically feasible in evaluations of this type. We also pre-registered our plan for analyzing all our outcomes to avoid the follies of ‘fishing’ (Casey et al. 2012; Humphreys et al. 2013).

Our analysis shows that the reconciliation process led to greater forgiveness of those who perpetrated violence during the civil war. The program also served as a powerful force for building social capital. Trust of ex-combatants increased, and social networks became stronger as people sought more help and advice from each other. Individuals residing in treated villages also became more community-oriented in their behavior: they joined more organizations like Parent Teacher Associations (PTAs), and contributed more to public goods. These effects are estimated nearly a decade after the war’s end. Thus they suggest that the need for reconciliation may remain in communities long after the last bullet is fired, or the peace treaty is signed. In this regard, they highlight the long shadow of war.

Yet, our evidence also shows that psychological healing was not needed to bring about these increases in social cohesion. On the contrary, we find that individuals in treated villages scored lower on psychological well-being, as measured by post-traumatic stress disorder (PTSD), anxiety and depression. These results suggest that confronting
war experiences may re-open old wounds, and accord with psychology studies reporting risk of re-traumatization from one-time debriefing (van Emmerik et al. 2002; Rose et al. 2002). Taken together, our findings show that reconciliation can promote forgiveness and bring community members together while also reducing psychological wellbeing.

Our results are consistent with evidence that national-level TRC participation didn’t improve psychological health (Kaminer et al. 2001) and may have worsened it (Brounéus 2008; Brounéus 2010). Notably, they accord with findings that participating in these entities may yield mixed perceptions of justice and satisfaction (Backer 2004, 2007). It is challenging to infer causality from these previous works since TRC participation is not randomized, and those who choose to participate may differ systematically from others. Nonetheless, our paper is part of a growing literature that questions the presumption that truth telling, in its basic form, confers psychological and emotional benefits to participants.\(^6\)

The remainder of the paper is organized as follows. Section two provides an overview on the channels through which reconciliation can influence healing. Section three gives background on the institutional context. Section four discusses the intervention and evaluation design. Section five discusses the data, while section six presents the results. Lastly, section seven concludes.

2 Healing through Reconciliation

There are two views on how reconciliation influences individual and societal healing in post-conflict societies.

One view holds that reconciliation simultaneously promotes both forms of healing. Individual healing may emerge for one of two reasons. First, confronting and talking about the past may be cathartic and bring closure to individuals (Huyse, 2003; Cobban, 2002; Hamber 2003). Second, truth-telling may encourage individuals to let go

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\(^6\)Other studies have also examined the impact of TRCs on peace (Lie, Binningsbo, and Gates 2007; and democracy (Brahm 2005; Gibson 2006). For a comprehensive review the impact of TRCs and other transitional justice programs, see Thomas Ron and Paris (2008).
of their anger and resentment toward perpetrators. Clinical studies have shown that forgiveness—defined formally as "letting go of negative thoughts, feelings, and behavior" (Rye et al. 2005)—can reduce trauma and improve mental health for individuals suffering from PTSD (Reed and Enright 2006). Individuals who let go of their resentment are less beholden to their past and can move on from the traumatic event (Enright and Fitzgibbons 2000).

Closure and forgiveness may, in turn, foster social capital through a number of channels. Individuals who have forgiven or felt closure may feel ready to restore fractured relationships. They may therefore interact more with others, including former combatants, giving rise to broader networks. In many post-conflict settings, victims and perpetrators may avoid certain places or activities where they are likely to come into contact with each other. Forgiveness releases them from this avoidance, opening up prospects for participating in a wider range of community activities. The expansion of social networks and increase in prosocial behavior that arise from these networks lie at the heart of Putnam’s conception of social capital (Putnam 2000, p. 19).

Thus, the implied prediction under this view is that reconciliation will improve both psychological wellbeing and social capital, as measured by broader social networks and greater pro-community orientation in individuals' behavior.

Yet a second view posits that societal and individual healing are distinct processes that do not have to coevolve (Mendeloff 2009). So, reconciliation may still be able to promote social cohesion, regardless of its impact on psychological wellbeing.

Are there reasons why reconciliation may not promote individual psychological healing, or even worsen it? Recounting war events may bring up difficult and painful memories, which could lead to re-traumatization. In fact, psychology studies have found that one-session debriefing of patients suffering from PTSD has no therapeutic benefits and could even worsen the trauma (van Emmerik et al. 2002; Rose et al. 2002). As Brounéus (2010) notes, the reason for this may lie in the fact that one-session debriefing, as with truth-telling processes, involve short and intense exposure to traumatic events, which leave little time for gradual habituation and desensitization (Josephs and Gray,
2008; van Emmerik et al. 2002). Similarly, listening to others speak about traumatic events can itself be traumatic. For example, a mental health expert in South Africa found that the commission staff of the South African TRC program "responded with classic post-traumatic stress symptoms" (Hayner 2001, p.150).

Can societal healing arise without individual healing? Individuals may forgive perpetrators without feeling psychologically better. As an example, a victim may describe an event where their family member was brutalized, and decide to forgive the perpetrator for this act. At the same time, discussing this very event may bring this memory to the forefront of an individual’s psyche and create emotional stress or depression. As a result, worsening psychological health can coexist with the act of forgiving — though forgiveness itself can produce increased engagement and social cohesion.

In addition, direct impacts on cohesion can also arise through channels that do not operate via person-to-person forgiveness. Victims may develop a more positive outlook on their community for collectively acknowledging the truth of their experiences. Similarly, perpetrators may feel less shame and fear when there is acknowledgement of these actions without retribution. This more positive outlook can even emerge if individuals choose not to testify in the proceedings. Once crimes are acknowledged, individuals can begin forming social ties and participating in their community. As a consequence, acknowledgement itself can help spur social capital (Quinn 2010).

Thus this second view predicts that reconciliation will lead to increases in social capital, while either reducing psychological wellbeing or leaving it unchanged. We utilize our field experiment in Sierra Leone to examine which of these predictions are supported by the data.

3 Conflict and Reconciliation in Sierra Leone

Sierra Leone had a civil war between 1991 and 2002. The war had no overt ethnic or religious dimensions (Humphreys and Weinstein 2006). Rather, discontent over corruption and authoritarian rule lay the groundwork for rebellion. Kleptocratic rulers
enriched themselves with illicit diamond mining throughout the 1970s and 1980s, but few public services were provided over this time (Reno 1995). A one-party state was declared in 1978 which persisted into the 1990s.

The rebellion was launched in 1991 by the Revolutionary United Front rebels (RUF). Besides discontent over government ineffectiveness, controlling the country’s diamond wealth also played an important motivating role (Keen 2005; Bellows and Miguel 2009). Diamonds financed and thereby prolonged the conflict.

The war was brutal. More than 50,000 people were killed and over the half the population was displaced. Thousands were also raped and amputated (Human Rights Watch 1999). The vast majority of atrocities were committed by the RUF (Conibere et al. 2004; Smith et al. 2004). But there were two other actors. The Sierra Leonean Army (SLA) gained notoriety for colluding with the rebels — sometimes, to share diamond profits, and at other times, to avoid direct battles. In the process, they also terrorized civilians. In response, local defense militias called the Civil Defense Forces (CDF) emerged during the conflict. These were rooted in the local chieftaincy system. At the end of the war, some CDF factions may also have targeted civilians, but generally, they were revered for defending the local population.

The violence was largely neighbor-on-neighbor, committed between people from the same community who knew each other (Keen 2005). Although the RUF was fighting to overthrow the state, the violence was often personal and motivated by grievances against local abuse of power in what is considered to be a strongly gerontocratic society. Disenfranchised youths, now with access to guns, would often target chiefs or elders from their home village (Keen 2005).

The nature of this violence underscored the need for reconciliation when the war ended. Following the conflict, the Sierra Leonean government and international community created a Special Court to try the most notorious, high-profile perpetrators, indicting 13 such individuals over the next decade.\footnote{\url{http://www.sc-sl.org}, retrieved 16 May 2013} The government also set up a
national-level TRC which heard over 7,000 statements. However, this covered only a small fraction of all atrocities committed. Overstretched, the TRC did not include broad based participation from the rural population, and therefore, didn’t reach many of the individuals most adversely affected by the war. This created a gap in the reconciliation process that Fambul Tok was created to fill. Its aim was to reach out to the communities whose war-time grievances remained unaddressed.

4 Intervention and Evaluation Design

4.1 Fambul Tok

Fambul Tok was started by a Sierra Leonean in 2007 and currently operates in five of the country’s 13 districts. Its program comprises a series of efforts aimed at airing wartime grievances and unifying the community.

The intervention is targeted at the section level, which are clusters of up to ten contiguous villages. The NGO places great emphasis on the process being community-driven. Thus, at its point of entry, Fambul Tok holds a consultation meeting with all village chiefs in the section to attain consent and support for the project. This is followed by an extensive period of community consultation and organization. Two groups are established: a Reconciliation Committee, consisting of village chiefs, religious and youth leaders, as well as some survivors and former combatants in the war; and an Outreach Committee, consisting mostly of youth. The Reconciliation Committee is trained in trauma healing and mediation, and is tasked with reaching out to victims and perpetrators to participate in the truth-telling process. Subsequently, a bonfire ceremony is organized in which victims share their stories and perpetrators ask for their forgiveness for the crimes they committed. The Outreach committee helps in publicizing and planning this endeavor, which includes broad-based participation from the villages in the section. The ceremony draws from old hunting traditions and is

\[8\text{http://www.sierraleonetrc.org, retrieved 16 May 2013}\]
combined with traditional and religious rituals, including prayers and dancing. It is
capped by a ‘cleansing’ ceremony designed to bring the community together after the
difficult testimonials. Notably, the ceremonies are relatively inexpensive, costing $150-
$200.

After the ceremony, Fambul Tok also establishes a series of local institutional struc-
tures. It sets up a Peace Tree, that provides a focal point for resolving disputes. It
also sets up communal farms on land set aside by the community as a pledge towards
reconciliation. Finally, it helps establish a Peace Mothers’ group, that seeks to promote
women’s economic activities and facilitates discussion of gender-targeted atrocities per-
petrated during the war. These efforts are aimed at unifying the community and healing
fabric of society torn apart during the war.

This intervention could have some impacts other than reconciliation. For example,
the farms may generate economic activity and the Mothers groups may have other
impacts on women. We will argue below (Appendix Tables A.7, A.10-A.11) that most
of the effects we see are likely due to reconciliation rather than these other impacts.

4.2 Evaluation Design

We evaluate this program via a randomized field experiment. As a first step, Fambul
Tok identified sections which were willing to participate in the program in its five
districts of operation: Bombali, Kailahun, Koinadugu, Kono, and Moyamba. These
sections were identified prior to the start of the community consultation process, or any
other parts of the program.

The evaluation then proceeded in waves, enabling Fambul Tok to work within its
capacity. We are able to verify that the reconciliation program was well implemented.
Table A.1 in the Online Appendix shows that respondents in treatment communities
were significantly more likely to have heard of Fambul Tok, to indicate that their section
held a bonfire ceremony, and to report that Fambul Tok had helped to establish a
communal farm, peace tree and peace mothers group in the community.
Forty communities comprised the first wave of the evaluation and 60 communities comprised the second wave of the evaluation. This paper presents results from these two waves. The program was also implemented in a third wave. However, data collection to evaluate this wave was interrupted by the Ebola crisis in Sierra Leone. Our field staff had to be evacuated while we were in the midst of collecting behavioral measures.

Within each wave, we first surveyed the communities at baseline. We matched sections into pairs, stratified by district based on an ‘optimal greedy’ algorithm (Greevy et al. 2004; Imai et al. 2009), using baseline data on exposure to violence, conflict incidence, economic activity and psychological health. We then randomly assigned one section in each pair to treatment.

A constraint for the analysis is that the second wave baseline collected data on a more pared down set of variables. We discuss the implications of this for our empirical strategy in the next section. The interventions in wave one villages were initiated with bonfire ceremonies taking place over late April through June 2011. In these sections, we were able to collect two rounds of endline data over the course of the evaluation—the first round of the endline was administered approximately 9 months after the intervention, and the second round was administered 31 months afterward. In wave two villages, bonfire ceremonies occurred over March through June 2012. We administered one endline round for these sections, approximately 18 months after the intervention. Thus, we are able to present results here using these three sets of endline surveys.

We conducted household and village surveys in two villages within each section. One village was the section headquarter, where the ceremony is typically held, and the second a randomly chosen village within each section. Respondents within villages were randomly sampled in-field. This occurred in two phases: first, households were randomly chosen, and then an individual respondent was randomly selected from each household. Typically 12 respondents were sampled in each village, although in some villages the number was 10 or 11.

In both waves, we sought to re-survey the same respondents at endline that were
initially interviewed at baseline. We went to great lengths to try to minimize attrition. We conducted several follow-up visits and also tracked down respondents who moved to neighboring villages. We develop two measures of attrition. The first applies to waves one and two together: it equals one if the respondent was interviewed at baseline but not interviewed at endline in wave two, or, was not interviewed in both of the endlines in wave one. This attrition rate is 7 percent. We also develop a more conservative measure of attrition that applies only to wave one. This attrition indicator equals one if the respondent interviewed at baseline was not interviewed in either of the endlines. By this measure, an individual re-appearing in just one endline round would be considered an attritor. This conservative attrition rate is 13 percent. However, as shown in Appendix Table A.2, neither attrition indicator is predicted by treatment, meaning attrition was not differential in treatment communities relative to control communities.

A village-level survey was also conducted in both the baseline and endline rounds. Due to mechanical error in the hand-held devices used for data collection, baseline data is missing for six villages, and endline data is missing for an additional six villages. We address this missing data issue when presenting results for key village-level outcomes.

Importantly, our evaluation was independent of the intervention — there was no overlap between the individuals who implemented the program and the enumerators who collected the data.

4.3 Empirical Strategy

Our main specifications combine all three sets of endline surveys — two rounds of the first wave and one round of the second wave. We utilize an analysis of covariance (ANCOVA) estimator in assessing all outcomes for which we have baseline data. The key feature of this approach is that it controls for the baseline value of the dependent variable. We opt for this estimator as it accounts for the covariance between pre-and post-treatment outcomes (Frison and Pocock 1992; McKenzie 2012), and has more power than a difference-in-difference (DD) estimator. The improvement in power is
greatest when the correlation between pre and post measures is very low,\textsuperscript{9} which is the case for our study.\textsuperscript{10}

We allow the baseline dependent variable to exert different effects across rounds and waves. The estimating equation can be represented as:

\[ y_{rivspw} = \beta_0 + \beta_1 T_s + \rho_p + \beta_2 y_{0ivspw} + \delta_r + \delta_r y_{0ivspw} + \lambda_w y_{0ivspw} + \varepsilon_{rivspw} \] (1)

where \( y_{0ivspw} \) and \( y_{rivspw} \) denote outcomes at baseline and endline round \( r \) respectively, for individual \( i \) in village \( v \), section \( s \), section-pair \( p \) and wave \( w \). \( \rho_p \) denotes section-pair fixed effects, which account for section-level matching in the allocation of treatment (Bruhn and McKenzie 2009). \( T_s \) is assignment to treatment, and \( \beta_1 \) measures the treatment effect. \( \delta_r \) is a round effect which equals one for the second round endline. \( \delta_r y_{0ivspw} \) is the interaction of this round two indicator with the baseline outcome, and allows the baseline to exert different effects over time. \( \lambda_w \) denotes a wave effect which equals one for sections in the second wave. Since each wave includes different sections, these wave effects by themselves are subsumed by section-pair effects. \( \lambda_w y_{0ivspw} \) denotes the interaction of the wave effect with the baseline outcome. This allows the baseline variables to have different effects for the wave two sections. This is particularly important since we are only able to include the pared down baseline outcomes collected in the second wave baseline survey.

For outcomes where we do not have any baseline values, we utilize a simple cross-sectional specification:

\[ y_{rivspw} = \beta_0 + \beta_1 T_s + \rho_p + \delta_r + \varepsilon_{rivspw} \] (2)

In all specifications, we cluster the standard errors at the section level, the unit

\textsuperscript{9}McKenzie (2012) estimates that at \( \rho = 0.25 \), the sample size needs to increase by 60\% for the difference-difference estimator to attain the same power as ANCOVA.

\textsuperscript{10}For example, in our study, autocorrelation, \( \rho \), ranges between 0.04 for psycho-social indicators and 0.27 for group membership.
of treatment allocation. There is one section in wave one and two sections in wave two which do not match the treatment assignment: these sections were assigned to control and yet 6 of the respondents in one of the villages and 8 of the respondents in the two others reported attending a bonfire ceremony. However, we utilize assignment to treatment in all of our specifications. Thus, ceremony participation among control respondents may lead to an understatement of the effect.

Our outcomes are primarily mean indices that aggregate various indicators used to measure similar concepts. The aggregation was pre-specified in a pre-registered analysis plan (PAP), held in the EGAP Design Repository.\textsuperscript{11} Owing to differences in data collection across the two waves, we developed two separate pre-analysis plans for the two waves. But in pooling data across the two waves, unless survey changes in the second wave were prohibitive, we followed the aggregation specified in the plan for the first wave, which was developed before we had access to any endline data from either wave. In the Appendix, we detail the few circumstances under which we deviate from the pre-specified grouping, owing primarily to issues aggregating conditional and unconditional outcomes.

We use two types of mean indices, following Anderson (2008) and Kling, Liebman and Katz (2007). Both indices standardize the indicators and sum across these measures. The Anderson (2008) approach weights the standardized outcomes by the inverse of the variance-covariance matrix. This places less weight on indicators that add no extra information, due to high variance or high correlation with other indicators. The Kling et al. (2007) approach accounts for missing values by imputing the mean of the control (treatment) group to missing values for the control (treatment) group. Given missingness in some of our key indicators, the loss of observations from aggregating across indicators without imputation is at times substantial. Thus, we use mean indices constructed with the Kling et al. approach for the main results, but also present all results using the Anderson (2008) approach in the appendix.

\textsuperscript{11}Our PAP can be found here: http://bit.ly/1AIG5b0

13
4.4 Total Treatment Effect

Our empirical strategy identifies the total treatment effect which stems from both the direct and indirect effects of the program. For example, direct effects will arise from those who participated directly in the bonfire ceremony, as 40% of our randomly sampled respondents reported doing. However, there may also be indirect effects arising from those who did not participate directly. For example, a household member may attend the bonfire ceremony and develop a more positive outlook on their community, and subsequently convince other household members to join community groups. These spillovers underscore why the section is the stable unit of treatment, and why it is important to randomize this intervention at the community level.\footnote{They also present a challenge to instrumenting ceremony attendance with treatment assignment, since the spillovers point to a potential violation of the exclusion restriction using this approach.}

5 Data

We administered a rich set of survey questions to our respondents. This section provides an overview of the measures used in our primary analysis, which focuses on forgiveness, psychological wellbeing and social capital. The Online Appendix details other measures used to generate additional results that also appear in the appendix.

We constructed a forgiveness scale from the Enright Forgiveness Inventory (EFI) (Subkoviak et al. 1995), which consists of 12 questions on a 4-point Likert scale.\footnote{This scale captures three dimensions of forgiveness (Enright and The Human Development Study Group 1991): (1) affect – which includes feelings against the perpetrator, such as resentment, anger, compassion and love; (2) judgement – opinions and beliefs about perpetrator; and (3) behavior – actions or expressed desired actions against perpetrators, such as revenge or acts of kindness.} These questions were administered to respondents who reported that they were physically or emotionally hurt during the war. The EFI inventory has strong internal consis-

\footnote{Respondents are asked if they strongly agree, agree, disagree or strongly disagree with questions such as: "Do you spend time thinking about ways to get revenge on the person who wronged you?" To give this scale an intuitive meaning, we code agreement in the negative domain, and disagreement on the positive domain symmetrically around 0. We follow the literature in coding across responses in steps of one, for resultant values ranging from -1.5 to 1.5. Since linear regression is unaffected by affine transformations, coding the variable on other values such as 1 to 4 does not affect the results.}
tency and retest reliability (Subkoviak et al. 1995) and is a standard measure in many psychological studies.\textsuperscript{15} While all endline surveys included these 12 questions, the second wave baseline included a subset of seven questions. This subset is used to form a pared down index which serves as a baseline control for second wave observations in ANCOVA specifications.

For psychological wellbeing, we aggregated three indices for PTSD, anxiety, and depression. The PTSD index is a list of 11 questions from the 4\textsuperscript{th} Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association 2000), as developed by Foa et al. (2007). Our anxiety and depression metrics are comprised of 10 and seven questions, respectively, from the Zung indices of anxiety and depression (Zung 1971). These indices are known for their test-retest validity (Knight et al. 1983) and are commonly used by psychologists.\textsuperscript{16} The responses to these questions are also measured on a 4-point Likert.\textsuperscript{17} The second wave baseline includes seven and five questions from the anxiety and depression respectively, which again form the pared down baseline controls for ANCOVA regressions. We inverted these indicators, so a reduction indicates worse psychological health.

In the process of piloting the surveys, we adapted the wording for the forgiveness and psycho-social indices to the Sierra Leonean context and to better reflect informality in Krio language.\textsuperscript{18} All of our psychological measures, including the subsets, show strong internal consistency, as measured by Cornbach’s alpha.\textsuperscript{19}

\textsuperscript{15}The EFI has the further advantage that it is a definition of forgiveness that has been shown to have positive psychological impacts (Subkoviak et al. 1995). In particular, it does not legitimize the act (i.e., convey that “it wasn’t that bad”), which would undermine the feeling of hurt and potentially open up the victim for future abuse.

\textsuperscript{16}These questions also correspond closely to other studies in post-conflict societies. For example, the Survey of War-Affected Youth (SWAY) conducted in Uganda (Blattman and Annan, 2010) asks the same PTSD questions and six out of the seven anxiety questions.

\textsuperscript{17}For example, one anxiety question asks: "In the last month, did you feel fear without cause?" The responses range from "never" which is coded as a zero, to "yes often" which is coded as a three.

\textsuperscript{18}For example, one PTSD question is: “Have you had recurrent or intrusive distressing thoughts or recollections about the assault”. We changed this question to: “In the last month, did you sit and think of bad bad things that happened to you even though you don’t want to think of it?"

\textsuperscript{19}Cornbach’s alpha is 0.865 for the full forgiveness index and 0.918 for the full set of questions in the three psychological wellbeing measures. It is 0.824 for the subset forgiveness index, and 0.897 for the subset of questions in the psychological wellbeing index.
We also measured attitudes toward ex-combatants and war participation. Specifically, we measured if beliefs over the character and culpability of ex-combatants by asking how much respondents agree with the following statements: "those that did bad things in the past would do it again if they had the chance" and "people who joined the RUF are not responsible for what they did since they were drugged". For war attitudes, we asked if the respondent would fight again, or believes that others would fight again.

To gauge impacts on social networks, we asked the respondents to list people from the 11 other respondents, whom they: consider a very good friend and would ask for advice and help.\(^{20}\) We used this information to construct how many times a respondent was named by someone else. We also asked the respondent to list all the people in the village they would ask to collect money for them and ask for help. We are only able to conduct cross-sectional analyses with these questions, since they were asked differently in the baseline and endline surveys (See Appendix for more detail).

We also collected a battery of social capital questions developed by the World Bank\(^{21}\) relating to trust, group membership and public goods provision. We separately ask individuals if they trust ex-combatants and migrants, and asked four questions about trust of community members more broadly which comprise an index of generalized trust.\(^{22}\) Migrants are of interest for two reasons. First, many former combatants migrated out of their communities after the war, which creates ambiguity as to whether a migrant is in fact a former combatant. Second, migrants are typically considered marginalized groups, and so increases in trust toward them could reflect more inclusive attitudes.

Our group membership index considers both membership and meeting attendance for organizations such as Parent Teacher Associations (PTAs), village development committees and religious groups. Our public goods measure includes monetary and

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\(^{20}\)The enumerator first named the other 11 villagers who are being surveyed, then asked whom the respondent would choose. The enumerators were trained to emphasize that the respondent should not simply name everyone.

\(^{21}\)http://go.worldbank.org/BOA3AR43W0

\(^{22}\)We examine trust for ex-combatants and migrants separately since these questions are only administered to individuals who know someone from these groups. The Online Appendix provides further discussion around this.
labor contributions given to public facilities and community groups; the number of community projects; contributing money to a family in need over the past three months; and participation in road brushing, which is a common form of public goods provision in the Sierra Leonean context.

5.1 Descriptive Statistics and Baseline Balance

Table A.3 in the Online Appendix presents descriptive statistics of key variables. The population we survey resides under highly impoverished conditions. Over 70 percent have no formal education, and fewer than eight percent live in a village with a market. In addition, these individuals experienced extensive violence during the civil war. 54% had a family member killed. 33% were beaten. 2% report being maimed and 3% acknowledge they were raped. These latter numbers are likely to be an underestimates given the sensitivity of these outcomes. Table A.4 also shows that there is a negative relationship between the violence exposure variables and our psychological measures at baseline, including affect toward former combatants as captured by forgiveness, PTSD, anxiety and depression. These correlations suggest that the psychological measures capture meaningful variation.

Table 1 shows balance statistics on main outcome variables at baseline. Table A.4 presents the analogous statistics for the additional outcomes in the appendix.) Most outcomes display balance, with the exception of trust. Statistically, we expect to observe imbalance in some indicators purely by chance. Moreover, the imbalance goes in different directions for different measures, which suggests that these are statistical aberrations: the index of generalized trust is higher while trust of migrants is lower in treatment communities. These are also both only significant at the 10% level.

In addition, ANCOVA estimation controls for the baseline dependent variable, and therefore accounts directly for confounding effects of potential imbalance. Finally, for robustness, we also present specifications where we control for imbalanced baseline

\[\text{We present the pared down measures where we have limited measures in the wave two baseline.}\]
indicators in all outcome regressions.

6 Results

We first present results on the relationship between reconciliation, forgiveness and individuals’ views on former war-combatants. We then examine societal and individual healing, as captured by social capital outcomes and psychological wellbeing. We close by determining the persistence of the effects, and summarizing additional results.

6.1 Forgiveness and Views toward Ex-Combatants

Table 2 assesses the relationship between reconciliation and forgiveness. The outcome in the first row measures whether those hurt during the war have forgiven their perpetrators, based on the Enright Forgiveness Inventory. The second row is the equivalent measure for the subset of questions in both baseline waves.

These results show that the reconciliation process increased forgiveness substantially. The coefficient in the second row is .277. At endline, the control group mean measure was .951. We benchmark the effect by considering how experiencing violence during the war influenced an individual’s baseline forgiveness. Of course war exposure was widespread — over 80% of the sample reported being hurt in some way. To ensure that we benchmark against consequential war experiences, we examine how experiencing more extreme forms of violence— getting raped, maimed or having a family killed —influence baseline forgiveness relative to other forms of hurt. For example, Appendix Table A.5 shows that rape reduces baseline affect toward ex-combatants by 1.21. Comparing to .277 would suggest that the reconciliation process offset negative feelings toward perpetrators by 23%. Or, having a family member killed reduces this measure by .920, which implies an offsetting effect of 30%.

These forgiveness effects are based on attitudinal questions, which raises concerns that the respondents may simply be saying what they believe surveyors want to hear.
There are three factors that mitigate this concern. First, our evaluation is independent, and our survey team remained completely separate from the implementing NGO over the course of the study. Second, we ask these questions from 9 to 31 months after the bonfire ceremonies take place, not in its direct aftermath — so talk of forgiveness is not fresh on respondent’s minds. Finally, our respondents were victimized in traumatic ways, experiencing events such as amputations. Given these experiences, it is not psychologically costless for them to respond that they no longer feel hatred toward their perpetrator, or that they wish their perpetrator well, if this did not reflect a shift in underlying perspective.

Did these effects on forgiveness also shift individuals’ attitudes toward the war? To gauge views on former fighters, we aggregated two questions. The first asked respondents agreed if they agreed that "Those who did bad things during the war would do it again." The second asked if they agreed that "the rebels are not responsible for what they did because they were drugged and following orders." We first show the treatment effect on the mean index of these indicators. The coefficient on this regression captures the effect measured in standard deviation units. The rows underneath also show results from separate regressions of the component indicators. The results indicate that overall, there were no significant shifts in attitudes around the culpability of former combatants. This suggests that people can grant forgiveness even if they continue to feel that the combatants were responsible for their actions.

Next, we examine an index of attitudes toward future war participation. This includes three indicators of whether the respondent believes that they, or other members of their community, would fight in a future rebellion. We utilize a cross-sectional specification since these variables were not collected in the baseline of the second wave. The results indicate no significant impact on this outcome. This suggests that granting forgiveness for past violence doesn’t necessarily shift individual’s beliefs regarding future violence.

At the bottom of Table 2, we also examine impacts on trust. The first outcomes
measure trust of two socially marginalized groups — ex-combatants and migrants.\textsuperscript{24} The third measures generalized levels of trust in the community, indexing four variables around perceived honesty and trustworthiness of community members. The results show a clear pattern. The treatment significantly increases trust of the marginalized groups, without exerting significant impacts on general trust levels. Trust of ex-combatants increased by nine percent, while trust of migrants increased by four percent.\textsuperscript{25}

6.2 Social Capital

Since reconciliation is aimed at forgiving perpetrators, it is reassuring to see that the process led to increases in trust toward this group. But since it doesn’t produce shifts in general trust, this still leaves open the question as to whether the process influences people’s willingness to engage with each other and form ties. To gain leverage on this question, Table 3 examines impacts on the strength of social networks. Our index aggregates the following 4 outcomes: the number of people the respondent listed as someone they would (i) approach for help and (ii) ask to collect money for them; the number of times the respondent was listed by others surveyed as (iii) a good friend and (iv) someone they would go to for advice or help. These network measures were collected comparably only at endline, so we are restricted to using cross-sectional specifications. Even without baseline controls, we observe significant increases in the index of network strength. The largest effects stem from the second and third indicators. The means indicate that each respondent is listed, on average, two or three times as a friend or as someone to seek help from in control areas. The reconciliation treatment boosts each

\textsuperscript{24} As discussed in the Data section, sometimes migrants are perceived to be former combatants.  
\textsuperscript{25} These questions are only administered to those who report knowing a former combatant or migrant. This could create concerns that the treatment changes the set of individuals who know a member of this group. However, the Ancova specifications are estimated for those who know one such person at both baseline and endline. Also, in Appendix Table A.6, we show that the treatment doesn’t affect the chances of knowing someone from one of these groups. This is consistent with the fact that these are relatively small communities, and so knowing new types of individuals is not the margin through which the effect operates. Consistent with this, when we present the cross-sectional estimates on trust (which are not restricted to those who knew members of these groups at baseline and thus allow compositional changes in the sample), the estimates are statistically indistinguishable at the 5% level from those in Table 2.
network measure by 11 percent. In short, individuals rely more on each other and are more connected to each other in treatment communities.²⁶

If the reconciliation process improves individual’s outlook on their community, it may have the capacity to alter their engagement with the community more broadly. We have two ways for gauging the community orientation of individuals’ behavior. First, Table 4 examines their participation in community groups, based on both membership and meeting attendance. The treatment exerts a clear, positive effect on this aggregate index. The coefficients on the individual indicators suggest that the largest increases occurred in PTA and religious group participation. For example, PTA membership and meeting attendance were 25 percent and 45 percent higher in treatment communities, respectively, while religious group membership and meeting participation were 20 and 31 percent higher, respectively. Youth group membership and women’s group meeting attendance also increased. In fact, the coefficients are positive for almost all other groups, with the exception of secret societies. This effect is noteworthy: since secret societies have closed membership dominated by the elite (Murphy 1980), decreased participation in this group is consistent with substitution toward more broad-based community organizations.

The women’s group effect may raise the concern that the effects on aggregate group participation are driven by membership in Peace Mothers Groups in treatment areas. However, when we remove both women’s group variables from the index, the coefficient remains significant and increases in magnitude, suggesting this is not the case.

Second, Table 5 examines effects on individual’s contributions to public goods. This index aggregates a number of different measures, including: whether individuals contribute labor or money to building and maintaining public facilities (such as bridges, schools, wells and clinics); "road brushing," which is a common form of road mainte-

²⁶It is possible that attending the ceremony may have generated friendships through an alternate social channel beyond its impact on healing. However, we find no significant differential impact of ceremony attendance on the mean effect of social networks, which casts doubt on the importance of this account. (The coefficient on the interaction term of treatment with attendance is .005 and the standard error is .110).
nance; monetary contributions to needy families; and labor and monetary contributions to PTAs, village development committees, and youth and women’s groups. There is again a significant increase in the mean effect index. Among the individual indicators, the effect is most precisely estimated for PTA contributions, where the implied effect is approximately 32 percent. The effect is also marginally insignificant for contributing to public facilities broadly, with a p-value of .12 and an implied effect of 7 percent. While the estimates for the other variables are not individually significant at the 10 percent level, the implied effect for contributing to women’s groups is also substantial (approximately 20 percent), as is the effect for decision to give to those in need (8 percent). However, we again verify that the mean effect is not driven by mechanical women’s group effect. In fact, when we remove this indicator, the coefficient again increases in magnitude and precision.

These results on network strength, group participation and public goods contributions provide evidence that the reconciliation program engineered improvements in social capital. Individuals were more likely to view one another as a source of support and assistance, became more engaged in their community, and were more likely to contribute charitably toward community needs. The behavior outcomes also suggest that the forgiveness effects do not simply arise from respondents saying what they believe surveyors want to hear — rather the more positive affect toward former combatants is coupled with actual changes in individuals’ actions in treated areas.

6.3 Psychological Healing

Did the positive effects on community cohesion arise in conjunction with positive impacts on psychological healing? Table 6 examines impacts on our index of psychological wellbeing, which includes measures of PTSD, anxiety and depression. The first row presents the index of complete indicators (with pared baseline controls for wave two). The second row presents the index with pared down anxiety and depression measures at endline. Both indices show that respondents in treatment communities ex-
experienced a deterioration in these outcomes. The coefficients indicate that the indices fell by approximately .14 standard deviation units in treated areas. Regressions of the individual indicators suggest that this negative impact stems from a worsening of all three psychometric measures.

The continuous PTSD measure can also be converted into a dichotomous measure of whether an individual suffers from clinical PTSD. We construct one such measure to discern the magnitude of the trauma effect.\textsuperscript{27} As shown in Table 6, this dichotomous measure suggests that the prevalence of PTSD increased by 36%: 8% of the individuals in the control group displayed signs of PTSD and this fraction was 2.9% higher in the treated areas. These numbers firstly indicate that a sizable fraction of individuals (in the control areas) continue to suffer from PTSD nearly a decade after the end of the war. Secondly, they suggest a substantial worsening of this psychological outcome owing to the reconciliation treatment.

We can also benchmark the estimates against baseline violence exposure (Table A.5). If we compare the treatment effects against the baseline effect of being maimed, the treatment is predicted to worsen PTSD by 28\%, depression by 47\% and anxiety by 37\%.

These sizable negative impacts on psychological wellbeing are consistent with the idea that talking about the past can bring up painful memories and re-traumatize individuals. Thus they challenge the view that individual healing is required for societal healing. Rather, our results are consistent with the predictions implied by the alternate view that reconciliation can heal societies while exerting negative effects on psychological wellbeing.

\textsuperscript{27} Following guidelines from the Clinician-Administered PTSD Scale (Weathers et al. 2013), we categorize a respondent as suffering from PTSD if he or she shows at least one symptom of re-experience, one symptom of avoidance, and at least two symptoms of increased arousal. For example, consider the question: "In the last month, did you sit and think of bad bad things that happened to you even though you don’t want to think of it?" There are four possible responses: "never" "yes small small" "yes sometimes" and "yes often." We conservatively code a respondent as having a symptom if they report either "yes sometimes" or "yes often."

\textsuperscript{28} Note that control group means of the continuous psychometric indicators are less instructive for gauging magnitudes in percent terms since they are aggregations on a Likert scale. Under these scales, changing the value assigned to responses will not alter the regression coefficients, but it will alter the value of the control group mean.
ical wellbeing. Individuals who went through the reconciliation process may have been able to forgive perpetrators for their actions and engage more with their community afterward. But at the same time, the difficulty of the process caused anxiety and trauma.

6.4 The Persistence of Societal and Individual Impacts

A key question is whether these effects persist or diminish over time. For example, it is possible that our estimates are driven by short-run effects on forgiveness. Analogously, the traumatic effects from reliving the past may also have been sharpest in the first months after the ceremony.

We are able to explore short-run and long-run effects using wave one data, where the first and second round endlines were administered 9 and 31 months after the ceremonies, respectively. Table 7 presents the results separately by these two rounds. Because this first wave includes less than half the sections in the evaluation, this is a relatively under-powered sample, and some of the effects are not individually significant. Yet, the pattern of results in this table shows that most effects — both positive and negative — persist over time.

First and foremost, the forgiveness effect persists: to the extent that respondents have been able to let go of their anger toward former combatants, these changes don’t appear to recede over time. While trust toward former combatants is individually insignificant in both rounds, these coefficients are not significantly distinguishable from each other at the 5% level, indicating that the effects do not diminish in a meaningful manner. Trust of migrants also persists, and there are even short run improvements in attitudes toward former combatants and the generalized trust measures, though these effects fall away – and significantly so – over the longer horizon.

Notably, increased participation in community groups is also sustained for over two and a half years down the road. Public goods contributions and social networks are individually insignificant in both sub-samples, but the coefficients display a similar pat-
tern, increasing in magnitude during the second round. Together these results suggest that the reconciliation effects do not reflect a short run burst in community orientation and civic engagement that then die away.

At the same time, Table 7 reveals that the psychological impacts also persist over the course of the two rounds. This negative impact in the reconciled communities did not diminish with time.

6.5 Additional Results

We present a number of additional results in the Appendix, which we summarize briefly here. In terms of additional outcomes, we find that economic outcomes and activities did not increase systematically in response to treatment (Table A.7). There is an interesting pattern whereby an objective assets indicator increased while perceptions of economic wellbeing decreased, which could reflect a more negative outlook from greater depression in treatment areas. However, as a whole, we see no consistent significant effects. In particular, it is worth noting that there were no significant effects on farming related activities such as labor devoted to working others’ farms. This suggests a limited impact of the FT communal farms.

Also, there were no systematic impacts on crimes and conflicts, or their resolution, though we do observe greater resolution by chiefs and less by friends and family (Table A.8). The overall conflict effects suggest that the reconciliation process influences outcomes related to the war, but doesn’t prevent the occurrence of other day-to-day disputes. Finally, we see some improvements in attitudes toward women (Table A.8), though these effects are not robust to the inclusion of additional controls (Table A.10 and A.15).

We also present some additional robustness checks. We are able to control for the presence of FT communal farms (Table A.10), since some treatment areas had a farm while others did not. Our core results are unaffected, which further indicates that the treatment effects do not arise solely because of communal farms in treatment
communities. In examining heterogenous impacts, we find no differential effects of gender (Table A.11), which also suggest that Peace Mothers groups are not key drivers of the treatment effect. These results together suggest that, while Fambul Tok has several components, our results are likely due to the reconciliation component rather than auxiliary impacts on economic activity from communal farms or the Peace Mothers.

We also find no differential effects based on exposure to violence (Table A.12) or being a former combatant (Table A.13). Experiencing more violence may generate a greater need for reconciliation, or may make it more difficult to reconcile. The null violence interactions are consistent with this theoretical ambiguity and suggest neither effect dominates the other. Finally, Tables A.14 and A.15 show that constructing the mean indices using the approach of Anderson (2008) and controlling for baseline imbalance do not meaningfully affect our results.

7 Conclusion

Countries emerging from internal conflict face the challenge of rebuilding social capital and renewing psychological wellbeing within their population. Yet, we have a limited understanding of how to ignite these processes, or how they relate to one another. In particular, we know little about the workings of reconciliation efforts, which are frequently posited to heal on both levels.

Our paper provides insight into the relationship between societal and individual healing in the aftermath of war. We present results from a novel randomized control trial of community-level reconciliation in Sierra Leone. The reconciliation process increased forgiveness and improved social capital: social networks were stronger and people contributed more to their communities in treatment villages. These are important impacts since vast resources are spent trying to improve social capital outcomes in post-conflict contexts. For example, a well-implemented CDD/R program in Sierra Leone found no impacts on public goods provision, despite spending roughly US$100 per household (Casey et al. 2012).
Yet, our study shows that the reconciliation process also exerted negative psychological impacts, leading to greater trauma, anxiety and depression within the treated areas. These effects persisted for nearly three years after the reconciliation process was completed. Together, these findings indicate that psychological healing is not a prerequisite for societal healing. Reconciliation can restore fractured relationship and rebuild social capital even if the process proves emotionally painful and worsens psychological health. In short, one form of healing can come at the expense of the other.

Our findings highlight the long shadow of war along two dimensions. The program we study was implemented nearly 10 years after the end of the civil war. The positive effects on forgiveness and social capital therefore suggest that the need for reconciliation persists long after the violence ends. At the same time, bringing up war accounts through truth telling opened up psychological wounds, suggesting the potency of these memories. An important remaining question is whether these effects would differ had reconciliation occurred in the direct aftermath of the conflict. For example, the psychological impacts may have been incrementally smaller if trauma levels were already high owing to more recent memories of the war.

The negative psychological effects are an important additional cost beyond the direct monetary cost of the reconciliation process – and these costs should clearly be taken into account in considering the design of such programs. In addition, combining truth telling with more sustained counseling could help mitigate the detrimental impacts on trauma. Most truth and reconciliation programs focus on getting participants to talk about the past, rather than working with them after this event. Sustained subsequent counseling may be a beneficial addition to current reconciliation approaches. Future research should seek to explore these issues.
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33


