



# Rebuilding Lives

*Research conducted on child soldiers has shed some light on the psychosocial impact of soldiering on the lives of young people.*

*RENAE WILLSMORE highlights some key points.*

In the last decade, as small arms have become more available and endless conflicts have continued to rage across the world, the number of child soldiers has increased. There are about 300,000 child soldiers worldwide, including children as young as six or seven.

Mapping the roles of child soldiers is fraught with difficulty due to the diversity of experiences and understandings of soldiering. Factors such as age, sex, personality type, personal and family history and cultural background have a bearing. Psychologist Michael Wessells in his article *Child Soldiering: Entry, Reintegration and breaking Cycles of Violence*, he writes that the severity and chronicity of traumatic events, the amount of time spent with the armed group, the presence of pre-existing issues and the availability of emotional support also influence the child soldiers in how they feel, see themselves and perceive the world around them.

Obviously there is great disparity in young people's experiences of soldiering because these experiences are impacted by children's perceptions of their own motives, choices and identity. Psychologists Wessells and Kathleen Kostelny write in their article *Youth Soldiering: an Integrated Framework for Understanding Psychosocial Impact* that differences exist in children's roles, in how they enter the military and in their experiences following demobilisation.

However, despite the diversity there are some common experiences Wessells and Kostelny write in that: "most youth soldiers experience attack, witness killings, see dead bodies and fear for their lives ... many report they have fired their weapons at other people in battle, and many can recall having killed someone."

Clearly, violence is an inherent part of child soldiering. Educator Graca Machel adds that child soldiers are usually forced to grow up away from their families and have been deprived of many opportunities for physical, emotional and intellectual development. These experiences impact on young people's physical, emotional, cognitive, social and spiritual well-being. Wessells and Kostelny write that the physical health of child soldiers is often threatened by death, wounding, landmines and sexually transmitted diseases, which impacts on their psychosocial health.

## **Psychosocial Impacts of Child Soldiering**

Wessells and Kostelny have written about the culture of violence - the way children are often exposed to violence and killing and gradually dehumanised. Neil Boothby et al in their article: *Mozambican Child Soldier Life Outcome Study* write: "Child soldiers are forced to take small steps along a continuum of violence, which can normalise violence and reduce their emotional and moral responses to killing. Tasks such as taking the gun apart and putting it back together, shooting rifles ▶



next to their ears to get used to the sound, killing cows- cumulated in requests to kill unarmed human beings.”

Adopting a military identity can have an impact on young people’s psychosocial state, write Wessells and Kostelny. Boothby et al indicate that, “These identity shifts change values, increase aggressive behaviour and may position young people to continue cycles of violence ... Armed groups use training regimes, prolonged brutality, reward structures and propaganda that are calculated to remake youth as soldiers. Young people who adopt a military identity are more likely to be aggressive and use violence as a means of meeting basic needs and achieving a sense of personal power, even after demobilization ...” In her review *Under the Gun: Children and Small Arms*, Rachel Stohl concurs that when children have no experience with, or exposure to, non-violent conflict resolution, small arms become the tools for conflict resolution. A longitudinal research project with child soldiers in Mozambique conducted by Boothby et al, found that intrusive thoughts and memories of traumatic events were common 16 years after participation in armed conflict.

In *Reintegration of former Youth Soldiers in Sierra Leone: Challenges of Reconciliation and Post-Accord Peace Building*, Wessells and J Davidson also recognise that identity issues can be complicated by the reality of soldiering. They say that many young people lack a positive social role model in civilian life. Machel says that identity issues can in fact prevent young people from conceiving of any future for themselves. They may view their lives very pessimistically, suffer from serious depression or, in the worst of circumstances, commit suicide. Stohl writes: “It is important to be aware that the psychosocial effects of involvement in armed combat may not be evident immediately and could be long term.”

Evidently, child soldiers experience a complex range of emotions. Feelings of guilt, moral anguish, trauma, depression and anxiety are common. Wessells and Kostelny write that guilt sometimes emerges following demobilisation. Machel recognises that child soldiering causes traumatic stress. “Some of the resulting symptoms include developmental delays, sleep disturbances and nightmares, lack of appetite, withdrawn behaviour, lack of interest in play, and learning difficulties in younger children. In older children and adolescents, responses to stress can include anxious or aggressive behaviour or depression,” she says.

Research in Angola demonstrated that many children experienced fears, disturbed dreams, concentration difficulties and other problems. Through focus-group discussions with adults, the

research showed that some children experienced problems such as heightened aggression and isolation.

Laura Ann McCloskey and K Southwick in their article, *Psychosocial Problems in Refugee Children Exposed to War*, they reviewed studies of children who had been exposed to war in Southeast Asia, Latin America, Central America and Israel. They found a high prevalence of post-traumatic stress disorder, depression and anxiety disorder. They also observed that nightmares, anxiety, restlessness, sleep disturbances, aggressiveness, defiance, concentration problems, academic problems and discipline problems were common.

Although young people who have been involved in armed combat frequently exhibit symptoms of Posttraumatic Stress Disorder (PTSD), Wessells and Kostelny warn that the psychosocial impact of soldiering cannot be reduced to individualised clinical syndromes such as PTSD, stress disorder, depression or anxiety. They state that Western psychologists tend to focus on the impacts of violence, but youth soldiers may define their problems as their inability to earn an income, fear of rejection by their community, or possible stigmatisation as being unsuitable for marriage. The Review of Child and Adolescent Mental Health agrees that focusing on PTSD and other clinical syndromes can ignore young people’s strengths and resilience. Wessells and Kostelny write: “Youth may perceive soldiering as having given them access to opportunities from training, leadership, and commitment to a meaningful cause.” So understandings of the psychosocial impact of child soldiering must be ‘culturally grounded’ and incorporate young people’s perspectives.

They say that the impact of youth soldiering is best viewed from an ecological perspective that places emphasis on the influence of diverse social ecologies. They say that one of the greatest social impacts of child soldiering is separation from family. They also report that almost all child soldiers describe family separation as painful and, that the absence of parents leaves child soldiers without guidance, role models and sustenance.

One of the most negative effects of soldiering is the damage it can have on relationships between young people and their communities. Wessells and Kostelny note that young people who have been involved in armed conflict may be feared or seen as troublemakers by others. If young people withdraw from normal activities such as schooling, they can become isolated from their communities. This can lead to a lack of positive skills and a social role in the community. Consequently, young people’s self-

esteem and hope for the future are reduced.

The spiritual impact of child soldiering has also been acknowledged. However, this has not been explored in depth. Some authors have recognised that performing traditional ceremonies and ritual is an important part of community reconciliation.

### Rehabilitation programs for former child soldiers

According to Machel, most young people who have been involved in armed conflict will achieve a sense of healing and will be resilient. This is supported by longitudinal research Impact of Armed Conflict on Children, conducted with a group of former child soldiers in Mozambique, which found that the majority became productive, capable and caring adults. So, what programs and interventions can assist young people to overcome the trauma of soldiering?

Several authors caution against intervention focused solely on trauma and victimization. They argue that since the effects of child soldiering are ‘multifaceted and interconnected’, programs must be holistic and ecological. Wessells & Kostelny write that “rather than focusing on trauma counselling, programs must address physical, emotional, cognitive, social, spiritual and economic well-being, in addition to the well-being of communities.” The literature speaks of the importance of employing a diversity of modalities of intervention, which could involve working with individuals, families and groups.

Young people’s involvement in the development of programs is vital, says Wessells. The *Review of Child and Adolescent Refugee Mental Health* also advocates that strategies and strengths are explored, in the process of developing programs, with young people.

Programs for child soldiers, who have been demobilised and have remained in their countries of origin, have included access to health care, education, skills training, family-tracing and reunification. There are also programs for an increased awareness and improved capacity of families and communities to protect children. Machel writes that education and employment are high priorities. “Children must be given the prospect of an education or some vocational training and of eventually earning a living,” she says. According to Amnesty International, limited opportunities for Liberia’s children have forced them into hazardous and exploitative means of survival such as prostitution, theft and drug-dealing. Psychologist Roy Erlichman similarly emphasises the importance of re-establishing ties with family and community as well as creating opportunities for ▶

education and employment. Frank Faulkner in his article *Kindergarten Killers: Morality, Murder and the Child Soldier*, agrees that priorities for programs in countries of origin should include family reunification, education, health, psychological recovery and family and community mediation.

Also helpful were strategies to discourage violence that included communication skills, non-violent conflict-resolution and teamwork skills, which promoted safe codes of conduct, self-regulation and security seeking behaviour, using positive role models. Activities that promoted the establishment of good relationships were also crucial, as former child soldiers have a fundamental loss of trust in others.

Numerous authors point at alternative means of expression to counselling. Testimonials, drama, dance, music, story telling and art have all been successfully used. Such activities help children to express and engage with their feelings. Sports also help to aid social integration and build skills of communication and constructive conflict-management. Involvement in cultural and recreational activities can help to improve self-esteem.

Machel stresses the importance of developing knowledge and respect for young people's cultures, and Bolea et al in their article *Trauma of Children of Sudan: A constructivist Exploration* write: "Results point to the importance of placing the children's trauma in the context of their own cultures."

Indeed, programs need to be "holistic, community based and 'culturally grounded'", Wessells says. "This could involve the use of culturally relevant healing practices such as those found in Mozambique. Traditional ceremonies helped repair social ills, cleansing those that came home 'contaminated' from the atrocities of the war, and resolving social conflict in cases where normal social roles had been perverted. Not only were these ceremonies important for these former child soldiers as individuals, but they were also reported to be vital for rebuilding community trust and cohesion," he says.

This highlights the importance of working with communities. Wessells states that the most appropriate programs are those that empower communities, provide multiple layers of support, avoid an exclusive focus on individual rehabilitation and use cultural resources.

Interventions outside a traditional counselling setting may be preferable as they can facilitate access to services for refugee children and 'help reduce stigma' and 'reduce power disparities'. The Review of Child and Adolescent Refugee Mental Health suggests running programs in schools and community settings.

Wessells says that counselling can assist many former child soldiers in the healing process. He notes that group counselling is more congruent with many cultures than individual counselling. According to McCloskey and Southwick, some young people have benefited from behavioural therapy programs, which combine relaxation therapy with thoughts of traumatic events. Testimonial psychotherapy has also been beneficial for older youth. This approach borrows from previously tested treatments for traumatic stress, such as exposure and desensitisation, relaxation training, and cognitive restructuring. However, testimonial psychotherapy does not require child soldiers to take on the role of patient or victim. Testimonials have the dual purpose of healing through both story-telling and transcending one's persecution by using one's testimonial for political purposes, enabling the survivor to become an educator or advocate.

Longitudinal research with former child soldiers in Mozambique found that the strengthening of former child soldiers' coping skills for anticipated trauma and grief was also important. However, counselling is not always viewed as culturally appropriate. In Angola and southern Mozambique, talking about the past is viewed as an invitation for the return of bad spirits.

## Summary

While research has been limited, it is evident that the experiences and understandings of child soldiers are varied. Experiences impact on child soldiers' physical, emotional, cognitive, social and spiritual well-being. Child soldiers often adopt a military identity and use violence to solve conflict and obtain a sense of power. They may have difficulty thinking of the future. Various researchers agree they display symptoms of post-traumatic stress. However, they warn against simply understanding the impact of soldiering in terms of clinical syndromes. They recognize that the psychosocial damage is long term and can affect families and communities.

Programs must be holistic. They must address the physical, emotional, cognitive, social, spiritual and economic well-being of former child soldiers. Young people must be involved in designing programs, which may include strategies to discourage violence and enable former child soldiers to develop relationships with positive role models. Expressive activities, such as drama, dance and storytelling, and recreational activities, such as sports, have been effective. Testimonial psychotherapy has also been useful. Programs must also be culturally relevant. Conducting them in schools and community venues may be more suitable for young people.