

Healing and reintegration of former child soldiers: A relational resilience perspective

Michael Wessells

Abstract

The author advocates for a psychosocial and community perspective in the work with child soldiers, as torture survivors.

Worldwide, armed conflicts inflict massive violence on children, defined under international law as people under 18 years of age. Some of the worst exposures to violence occur in the lives of boys and girls who are recruited into armed forces (state armies) or armed groups such as paramilitaries, guerilla, or opposition groups (Wessells, 2006). Forced recruitment often occurs at gunpoint, and the children may be forced to kill members of their community as a means of blunting their hopes of escape and return home. Much recruitment, however, is not forced, as children themselves decide to join the armed forces or groups due to a mixture of push and pull factors (Brett & Specht, 2004). Prominent push factors include an abusive family, hunger or starvation, ongoing insecurity, or lack of education and training. Pull factors may include money, food, medical supplies, revenge, finding a surrogate 'family' in the armed group, the power and prestige of wearing a uniform and carrying a weapon, or, as in the case of Islamic State, the promised glory of martyrdom.

Inside armed forces or armed groups, children may suffer attacks, physical wounds and

disfigurement, gender-based violence, multiple losses, substance abuse, and mistreatment by commanders, among many others. Armed with small weapons such as AK-47 assault rifles, which in sub-Saharan Africa can be obtained for the cost of a chicken, and encouraged or threatened by their commanders, many child soldiers perpetrate violence. Regardless whether they become perpetrators, child soldiers are victims of torture since they are intentionally subjected to severe physical and psychological suffering with the intent to change their identity in ways that serve the desires of the State or the non-State actors that had recruited them.

This mass exposure to violence and deaths has stirred media concerns about child soldiers being a "Lost Generation" that is irreparably damaged by the mass traumas and resocialization for violence that they have experienced. Their plight has led Western psychologists and psychiatrists to take a deficits approach that emphasizes former child soldiers' trauma and mental disorders and to use clinical, individualized approaches to healing and reintegration. This essay challenges this medicalized, deficits approach and argues for a more holistic, relational approach that features the agency and resilience of young people and the communities into which they return following the armed conflict.

The limits of clinical, deficits focused approaches

Clinical approaches to healing former child soldiers typically define the problem as mental disorders such as Post-Traumatic Stress Disorder, depression, anxiety, and related disorders. These are understood as individual disorders that negatively affect a person's functioning and well-being, social relations, and views regarding peace. Treatment for these clinical maladies usually entails the use of Westernized therapies such as Cognitive Behaviour Therapy-Trauma, Narrative Exposure Therapy, or Interpersonal Therapy.

To be sure, these evidence-based therapies have their place in the healing and reintegration of former child soldiers. Yet they are far from comprehensive, and they frequently lead to decontextualized approaches that may not address the lived experiences of former child soldiers. For example, girls who had forcibly been recruited in sub-Saharan Africa and had been sexually abused by their captors often become young mothers inside the armed group. When the fighting has ended, their highest priority is usually to insure their children's well-being. Living in collectivist societies, they do not view their suffering in individual terms but in relational terms—to be well means to be a good mother and to provide for the children's food security, health care, education, and so on (McKay et al., 2011). They see their problem not as trauma or depression but as their lack of livelihoods and inability to care properly for their children. Members of the family and the community, too, tend to see the young mother's well-being and prospects for reintegration as tied to her ability to perform well in the expected role of mothering. The focus on the psychological maladies of former child soldiers individualizes problems that are inherently relational and psychologizes problems that have deep

historical, socioeconomic, and cultural roots (Bracken, 1998).

Clinical approaches tend to overlook the felt priorities of former child soldiers. Formerly recruited children tend to identify two nonclinical problems—lack of livelihoods and stigma (Betancourt et al., 2019)—as their greatest concerns. The lack of income creates significant everyday distress and disrupts their abilities to find a meaningful role and place in civilian society. Some return to armed groups or become mercenaries as a result. Also, many former child soldiers identify stigma as their greatest source of suffering and a significant impediment to successful reintegration. Well intentioned mental health approaches can inadvertently increase the burden of stigma for former child soldiers. To be viewed as “crazy” by seeking mental health care can add significantly to the stigma associated with having been part of a group that had attacked and killed villagers. From a Do No Harm perspective, then, narrow clinical approaches should be viewed critically.

Westernized, clinical approaches typically overlook or even marginalize local idioms of distress and Indigenous approaches to healing and reintegration. The importance of these came home to me during the Angolan wars, where former child soldiers were being reintegrated without attention to Indigenous cosmologies. In discussions about their situation, former child soldiers identified spiritual issues as their greatest problem. A 14-year-old boy, for example, said he could not sleep because he had killed a man, whose spirit came to him at night and asked “Why did you do this to me?” In the boy's culturally constructed understanding, the spirit was very powerful and could kill him or jump into and harm other people. A significant part of the boy's stigma was grounded in community perceptions that he was spiritually contaminated,

making reintegration impossible. Fortunately, the children in different provinces identified traditional healers, who conducted communalized 'cleansing rituals' that ridded children of their spiritual impurities and restored harmony between the living and the ancestors. The conduct of these rituals as part of a wider integration process played a key role in enabling the community acceptance of the former child soldiers, thereby significantly improving their social relations and enhancing their prospects for reintegration (Wessells & Monteiro, 2001).

Clinical approaches tend also not to support children's agency since it is adults who diagnose the problem, decide the intervention, and administer the therapy. Yet agency is a fundamental determinant of children's well-being and sense of dignity, and enabling children's agency can enable children's own creative thinking about how to achieve reintegration.

Toward a relational, resilience approach

The outlines of a more agentic, relational, and resilience oriented approach to healing come from participatory action research with young mothers conducted in Uganda, Sierra Leone, and Liberia 2006-11. This work, which included a mix of urban and rural sites, was facilitated by 11 international NGOs who worked with four international researchers (including myself) under the leadership of Susan McKay (McKay et al., 2011). The effort centered around the knowledge, decision making, and collective action of formerly recruited young women (approximately 16-24 years), many of whom had become mothers while inside the armed group.

Before the action research, the young mothers were badly stigmatized, as many of them had been with rebel groups that had attacked villages, and their children had been born out of wedlock. Many young mothers

survived by means of sex work, and most were concerned about their inability to earn sufficient money to enable their children to obtain education or health care. Community members said that many of the young women were like animals who fought, drank, and engaged in unruly behaviour. The young women sat literally and figuratively at the edge of their communities but could not attend or speak at community meetings.

In a total of 22 different communities, the formerly recruited young mothers met in groups of approximately 25 people and discussed their situation and their needs, with the young mothers themselves deciding what and how to discuss. For several months, the young mothers talked about their situation and mostly about their future in a mutually supportive way. Having decided that their principal needs were economic, the young mothers explored diverse livelihoods options and received basic business training to support their efforts. Together with community advisors and NGO facilitators, the young mothers learned about the local economies and which approaches were likely to succeed. With the aid of small grants, most groups decided to engage in group economic activities such as raising and selling goats, baking and selling baked goods, hairdressing, or collaborative farming. Other groups decided to enable individual livelihood activities such as doing petty business or selling soap. As the young mothers worked over the next two years, trusted community advisors worked with their respective communities to raise awareness of the situation of the young women and their children, and to call attention to their self-guided efforts to be effective mothers and good community members.

Both survey and ethnographic data indicated a significant transformation in the behaviour and the social relations of the

young mothers and their children. The young mothers ended their involvement in sex work and engaged in respected economic activities. Communities accepted the young mothers, who were seen as ‘serious’ and ‘good mothers,’ and who were able to participate in community meetings and activities. The young mothers’ children were also accepted as they attended school and played regularly with neighbors’ children. This social healing and reintegration, coupled with the ongoing peer support that the young mothers provided for each other, enabled the young mothers to feel confident, valued, and hopeful about their future. To be sure, challenges remained, as some young mothers struggled with husbands who were jealous of their wives’ earnings and increased status. Also, the livelihoods work of some young mothers was impaired by difficult economic circumstances and currency fluctuations. Yet the results show the power of the young mothers’ agency, the relational dimensions of healing, and the resilience of the young mothers and their communities.

The importance of social relations and collective resilience in the reintegration of former child soldiers was evident also in work done by Christian Children’s Fund (now ChildFund) following the end of the decade long war in Sierra Leone (Wessells & Jonah, 2006). In Koinadugu District, young men who had fought on opposite sides of war were returning to the same communities, where local people feared the ex-combatants and were highly stressed over concerns that fighting would re-erupt. A high priority was to build positive relations between the ex-combatants from different sides and between the communities and the ex-combatants.

To address this situation, communities engaged in dialogues about the situation of their children and what was needed to support them. Each community also selected a project

such as repairing a damaged health post or rebuilding a school as a means of helping their children. Next, men who were skilled at working with youth conducted cross-group dialogues with former young male soldiers who had a peaceful orientation and were willing to dialogue and work with youth on the other side. The former soldiers agreed to cooperate as part of work crews that would implement the community selected project. As the former youth soldiers worked, they earned a stipend, which they said was essential in enabling them to leave the military and to carve out a new life as civilians. Equally important, as the young men repaired the health post or rebuilt the school, community people observed them giving back to their communities, thereby providing a sense of restorative justice. As the young men collaborated, positive relations increased across the group lines and also between the ex-combatants and the community people. As community tensions decreased, people reported having an increased sense of well-being, and they also said they had begun to see the connections between their own community situation and peace, which had previously seemed to be an abstraction. This work illustrates how peacebuilding processes and psychosocial well-being go hand in hand, with each reinforcing the other. It also illustrates how collective action and community resilience can help to build positive social relations and well-being.

Both these examples illustrate the wider point that healing is not all about addressing trauma and working at the individual level but also entails work to repair social relations and enable community resilience. They also show the importance of a holistic approach that interweaves social, and psychological processes. To be sure, comprehensive reintegration efforts must include specialized psychological support for people who have mental

disorders, which complements more socially oriented efforts. Yet our work on healing should be as much about repairing social relationships and enabling relational resilience as on addressing individual wounds of war.

This paper also underscores the importance of livelihoods, which are crucial for not only meeting survivors' basic needs but also enabling their ability to function well in society. In most conflict-affected settings, people have a collectivist orientation and see themselves as well only if they are able to help support their families. Having a livelihood enables survivors to help meet their families' basic needs and also to achieve a positive social role and status that improves their social relations. In many settings, to have cash that one has earned is to be a productive person and a contributing family and community member. Particularly in settings of deprivation and chronic poverty, livelihood supports should be seen as necessary components of a holistic approach to enabling survivors' well-being.

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