

*The Use of Psychology in the Reintegration of Child
Soldiers*

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August 2007*

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1: Introduction: Who are child soldiers?

Child soldiering is child abuse.

Peter Singer

Any type of abuse needs recognition, treatment and ultimately space for healing.

According to the data reported by the Human Rights Watch, in over twenty countries around the world, children are direct participants in war. Denied a childhood and often subjected to horrific violence, an estimated 200,000 to 300,000 children are serving as soldiers for both rebel groups and government forces in current armed conflicts (<http://hrw.org/campaigns/crp/index.htm>). Many children, especially in the developing countries - the “third world” - participate in conflict. This participation covers activities that range from carrying goods and preparing meals, to actual fighting and forced sexual abuse. These children are also called “child soldiers,” Children Associated with Fighting Forces (CAFF) and Formally Abducted Children (FAC). These last two nominal attributions represent the new terminology that wants to substitute the old “child soldier” because too imbued of negative connotations.

What is the official and commonly accepted definition of a child soldier?

Scholars’ and practitioners’ agreement consents the utilization of the definition created by the United Nations Children’s Fund (UNICEF, 1997: 1): A child soldier is:

Any person under 18 years of age who is part of any kind of regular or irregular armed force in any capacity, including but not limited to cooks, porters, messengers, and those accompanying such groups, other than purely as family members. Girls recruited for

sexual purposes and forced marriage are included in this definition. It does not, therefore, only refer to a child who is carrying or has carried arms.

The exploitation of children in conflict situations is not a problem restricted to one specific location. Indeed, several countries in the African continent (for example, Angola, Chad, Democratic Republic of Congo, Liberia, Rwanda, Sierra Leone, Sudan, Uganda), Asia (Afghanistan, India, Philippines, Nepal, Sri Lanka) and Latin America (Colombia, El Salvador, Guatemala) use young and adolescent individuals as active agents in the conduction of their wars (http://hrw.org/children/child_soldiers_map.html). The African continent, however, has the largest number of child soldiers with up to 200,000 believed to be involved in hostilities. A very small percentage of children decide voluntarily (Brett, 2004) - if it can be called a voluntary decision - to join the armed forces.

Recruitment and violentization process

The majority of children is brutally abducted and trained to become a fighting force and the majority, again, undergoes this “training” against its own will. Recruitment comes in different forms; however, the main modality is the forced recruitment (Wessells, 2006; Cohn and Goodwin-Gil, 1994). It entails the threat or actual violation of the physical integrity of the young child or someone close to him, and it is practiced by both armed opposition groups and national armed forces (Cohn and Goodwin-Gill, 1994:24). There is also coercive or abusive recruitment, where there is no proof of direct physical threat, but the evidence supports the assumption of involuntary enlistment. Children may also decide voluntarily to join the conflict; however, it is never a

completely free decision, subtle manipulative motivations, peer pressure and gang pressing are very strong. Children's developmental processes affect the child's perception of the decision to join. They may attribute expectations, feelings of empowerment and invulnerability to the belonging to an armed force, and this conviction is frequently a reason to take part to the conflict (Cohn and Goodwin-Gill, 1994). The children who decide to voluntarily join in come from the most poor and disadvantaged sectors of society, from the conflict zones themselves and from disrupted and non-existent families (Brett and Specht, 2004).

The recruitment can be considered almost a rite of passage, an initiation (Honwana, 2006:50). It represents a brutal emotional and physical experience for the child: as part of the indoctrination process, he is told that he has no more family and that his only family is now the militia, whom he belongs to. As reported by Honwana (2006:50,) once in the militia, the children, especially the boys, are initiated into violence through a deliberate process of terror. Once they are terrified, they are ready to terrify others. It is important to state that the infliction of suffering on others is part of the child own initiation into violence. Often he is obligated and forced to kill his own relatives and friends, so that, even if he is able to escape from the bushes, he has no more family to return to and his community refuses him for the atrocities committed. These acts of murder have the function to sever the young combatant from his immediate family, "he violated fundamental kinship ties with his own hand" (Honwana, 2006:50).

If we take into consideration the "violentization process" theorized by Athens (Rhodes, 1999,) we can find similarities between the author's definition of violentization and the circumstances that lead these children to commit cruel acts. Athens defines

“violentization” as a process in which people are first brutalized into learning that they will not be protected by the system responsible for them; that they must brutalize others or be brutalized themselves; and finally, through the performance of such brutalization, they become violent perpetrators themselves. The author theorizes the process to be composed by four different stages: 1) brutalization, 2) belligerency, 3) violent performances, and 4) virulency (this last stage is highly satisfying to the individual committing violence).

The assonance with the life conditions of abducted children is impressive. They do go through a process of brutalization when they are forced to kill or mutilate their own family members, and they are often victims themselves of the same type of brutality. As I will expose later in the analysis and findings section, violence and militarization “way of life” are long-term consequences of the war that influence the child’s behavior way after he stops fighting.

One example of the modality of recruitment and initiation process of children among the fighting forces is represented by the case of the Lord’s Resistance Army of Charles Kony in Uganda, and its “spiritual and religious” indoctrination of new soldiers. Children as young as eight are kidnapped, abused till they become submissive and merciless killers (Honwana, 2006:29). In the LRA base camps, the initiation process usually consists of forcing the new recruit to kill another child – often a sister or a brother – or to be killed themselves. The exploitation of patriarchal imagery by part of the adult soldiers is also obvious (Boyden and de Berry, 2004). The portrayal of the military leadership as a father figure works in the lives of the children because it meets the

children' psychological need to fill the gap left when they were abducted and taken away from their families (Boyden and de Berry, 2004:94).

Traumatization

At the same time, these young soldiers, who commit and engage in atrocities and in acts of violence, are also victims of aggression and abuse. It is not an understatement to declare that before, during, and after their fighting days child soldiers have to face and witness extreme violence, poverty, physical and psychological maltreatment. Abuse is traumatic and can affect the moral development and behavioral repertoire of the child (Guyot, 2007:3). The experience of war has a profound impact upon the personality development and identity formation of the affected children. New coping mechanisms are created, mechanisms which might have worked in the bushes during conflict situations, but that are not suitable for civilian life. Children may use fear-conditioned responses, such as regressive or aggressive behavior, and develop an orientation towards violent exploitation (Pearn, 2003).

As trauma survivors, ex-child soldiers may experience an array of physiological, behavioral and emotional symptoms: they manifest eating and sleep disturbances and concentration difficulties. At the emotional and behavioral levels their difficulties are represented by aggression, hyperactivity and withdrawal, along with fear of separation, nightmares, sadness and distress (Guyot, 2007:3). Trauma also produces neurological changes, leaving the child with heightened state of fear and arousal (Wessells, 2006:129). Unless these children do not receive an adequate intervention, these "mental scars" cannot be alleviated.

Reintegration

After their escape from the army, or after they are “returned” to society by the same forces, this youth faces another immense difficulty: community reintegration. The latter is not an easy process, and for several reasons. At the societal level, the communities of origin might not want the child back because he is a perpetrator of crime and/or because he is perceived as “contaminated and polluted” (Honwana, 2006:105). Additionally, the family of the child might not have survived the war and the child has no place to return to. At the individual level, the child might not be ready to return to civilian life, because he was *traumatized* by what he did and witnessed during the conflict. The children eventually need to *process* their life experiences, in order to *overcome* and *make sense* of them, and to continue with their lives. It is of paramount importance here to stress the fact that words like “traumatize,” “process” and “overcome,” are specific elements of Western epistemology, especially of Western clinical psychology. This is one crucial argument that I will discuss later in the literature review section.

After the war, bringing children or former child soldiers into civil society is difficult, as they have received little education, are now accustomed to the use of violence, and often they have lost ties to their families. Social reintegration of child soldiers and ex-combatants depend upon their perceptions of themselves, as well as their families and communities. As Wessells puts it, “reintegration is a dual process of individual adaptation and community acceptance and support” (Wessells, 2006: 199). Reintegration, therefore, is not a goal for child soldiers only, but also for all war-affected population.

Recently, a strong international movement has emerged with the purpose of terminate this practice. Since the 1990s, several reintegration centers have been set up in countries like Uganda, Sudan and Sierra Leone, to welcome returning child combatants and to prepare them to reintegrate in the community. The fundamental aspect of these centers is that they provide an opportunity for space, expression and normalcy. The reintegration centers, or Interim Care Centers (ICC), or transit centers, are transitional spaces where children live before returning to society. They are usually part of the Disarmament, Demobilization and Reintegration (DDR) programs both in countries which are still active conflict zones (the Democratic Republic of Congo, for example) and in countries where the war ended (Angola, Liberia, El Salvador are all examples of this second typology).

The center is a safe space in which children live while the family reunification process is implemented. They provide basic health services, (focusing on reproductive health care for girls), and lately, also psychosocial support. This is necessary because these children need to abandon their soldiers' identity and embrace their civilian ones, to successfully envision a future of possibilities. The young guests participate in group activities, peer dialogue and discussions, and one-on-one conversations with the adult caregivers. The purpose of the first set of activities is to stimulate peer cohesiveness, while the intention of the second set is to rebuild the feeling of trust and security with an adult figure.

The children are usually engaged in expressive activities such as drawing, singing, acting, dancing and storytelling, which allow the child to express his emotions in culturally appropriate ways. Depending of the length of their stay in the center, the

children might additionally participate in vocational skills' training programs and educational opportunities. Once the family is found, or when the child is considered to be "ready" by the caregiver team, the child leaves the center with a kit or transitional allowance that helps him meet his basic needs and helps his re-entry into the community (Wessells, 2006: 159).

Traditional healing rituals

In addition to the centers set up by NGOs and local government's agencies, the community itself provides a wide range of traditional rituals for cleansing and reconciliation. The purpose of this type of rites is to cleanse and heal the child, so that a true and meaningful reintegration back in the community is possible. According to Honwana (Honwana, 2006:105), traditional rituals are important because they purify the child from the bad deeds of the war, they appease the spirits of those killed and open up a new environment in the child's life. Especially in Mozambique and Angola, war-affected populations draw from a wide range of cultural beliefs and practices to ease war traumas and to promote reconciliation. Persons exposed to war and to violence are considered polluted (because of the contact with death and bloodshed) and are not easily accepted back into the society. Community rituals are therefore necessary to quieting the spirits of the dead people who were not buried with proper rituals. Some of these rituals resemble rite of passage, from the pollution of the military life to a new, clean place in the community.

Treatments by traditional healers (kimbanda in Angola and nyanga in Mozambique) involve the administration of herbal remedies through ingestion, inhalation

and bathing (Honwana, 2006:109). Animal sacrifices can take place for the symbolic value of blood, along with ritual dancing and prayers to the ancestral spirits of the family to protect the child so that he can start a new life.

Healing rituals present a holistic approach to health: they address to physiological, psychological and social dimensions of the suffering in order to heal the whole person. It is not an individual, one-on-one therapy, instead, it involves the all community, and the purification of the child is seen as the purification of the whole village. Traditional cleansing rituals are powerful reconciliation means and need full recognition of their capability in the planning of reintegration projects.

The research's purpose

The purpose of this pilot project is to describe the different types of psychological interventions utilized in the reintegration programs for child soldiers, and possibly suggest future venues for research and policy recommendations. The following project is designed to discover which type of psychological support is the most effective in terms of providing the child with the skills for a successful reintegration in societal life. Which program is the most useful? What makes it the best practice? There seems to be a gap in this research field. As a matter of fact, while many scholars focused on the individual psychological problems encountered by the child (Apfel and Simon, 1996; Garbarino, Kostelny and Dubrow, 1991; Parson, 1996,) very few authors attempted an evaluation of the efficacy of different types of psychosocial support initiatives for child soldiers. This is what my research will intend to do.

As it often happens in social sciences, what I found at the end of this paper are

more questions than answers. It is an intrinsic characteristic of exploratory pilot projects: they generate more questions, and sometimes, they create new ones without answering completely to the research questions set up at the beginning of project. This is what happened here and I want to warn the reader that my research questions have changed during the course of collecting data, analyzing it and drawing conclusions. The function of this pilot project is, therefore, to provide the “first touch” of the topic, to shed some light on what we do not know.

I already offered a brief background of the general issue of child soldiering, providing factual data as numerical estimates and geographical locations. I discussed important facts like abduction, healing rituals and traumatization. I will now include a review of the literature on psychological support and I will also provide the justification and significance of the project, together with its limitations. The rest of the paper is structured in the following sections:

- Methodology, which will provide information on the grounded theory approach and logistics aspects.
- Findings and analysis, which will focus on the contextual analysis of the interviews, based on grounded theory.
- Conclusions, with suggestion of policy recommendations, venues for future research and final thoughts.

I strongly believe that finding the best psychosocial practice for the rehabilitation of child soldiers may potentially open new directions and possibilities for providing better service to this young audience.

1. A: Literature Review: What has been said?

In the last decades, the topic of child soldiering captured the attention of many scholars and practitioners. What is mostly striking in reading about the issue is the absolute centrality of the concept of trauma and of the diagnosis of Post Traumatic Stress Disorder (PTSD). It is so used that it can be generally referred to as the *trauma paradigm* (Dodge, 1991:30; Garbarino, Kostelny and Dubrow, 1991:21; Macksoud, Nazar and Aber, 1994:13; Jones, 2004:197; Boyden and de Berry, 2004:202; Apfel and Simon, 1996:39; Boothby, Strang and Wessells, 2006: 164; Krippner and McIntyre, 2003; Singer, 2005: 194).

PTSD, in the Diagnostic and Statistical Manual of Mental Disorders (DSM III), is identified by four key components:

- A precipitating event,
- Recurrent memories of that event,
- Physiological arousal, and
- Avoidance of memories of the event through an emotional shutting down (numbing).

Remembering can take several forms: nightmares, vivid and intrusive thoughts, and flashbacks (Jones, 2004:198). Trauma is defined, instead, as occurring when “an individual is exposed to one or a series of events that cannot be assimilated or integrated in the child’s basic assumptions of the world” (Dodge, 1991: 30). It is, therefore, quite

clear why many Western scholars applied the concepts (and diagnosis) of trauma and PTSD to the case of child soldiers. These children did face “events that cannot be assimilated” by their psyche and morality, they did have recurring memories of their experiences of war and fighting and they did have nightmares and physiological arousal when thinking about these events. Jumping to the conclusion that they must suffer from Post Traumatic Stress Disorder (like many Vietnam veterans) was easy.

This paradigm dominated the academic field in the 1980s and the early 1990s. Variations of it were also developed, like the theorization of War-Zone Traumatic Stress Response (WZTS) by Parson (Parson, 1996). The trauma paradigm was also the reason why many official programs (like the one overseen by UNICEF in Sierra Leone), adopted the cognitive-behavioral therapy (CBT) approach (Singer, 2005:198). CBT for children includes gradual counseling and anxiety management techniques (relaxation, assertiveness training and correction of inaccurate trauma-related thoughts). The purpose of CBT is to allow the child to relieve negative memories and anxieties by being able to discuss the traumatic experience. This is a straightforward Western view of how to deal with “trauma”: talking about it.

An essential defect in the application of Western biomedical and psychological notions to different cultural contexts, like the African, Latino and Middle-Eastern ones, is the fact that Western understanding of distress and trauma, and the consequent approaches to diagnosis and treatment, cannot properly or effectively be applied to society with different ontologies of health and illness (Honwana, 2006:150). Dominant Western psychotherapeutic models design responses to psychological distress primarily based on individual therapy. What is targeted is the intrapsychic world of the patient.

Looking behind the trauma idiom

With time, and with more research results available (see Wessells' field work in Angola and Sierra Leone, reported in Wessells, 2006; Boothby experience in Mozambique, in Boothby, Strang and Wessells, 2006) and more attention given to traditional local healing and cleansing ceremonies (Honwana, 2006:110; Singer, 2005: 202,) the realization that Western approaches to treatment are non necessarily applicable in non-Western contexts or cultures obtained a wide academic consensus. A new "ecological" view starts to acquire more and more importance. In addition to these findings, studies on children's resiliency capacity and creative transformational skills (Apfel and Simon, 1996; Jones, 2004) and their role as active agents and not passive recipients of actions (Boothby, Strang and Wessells, 2006,) are now available for scrutiny and reference. Machel's global human rights assessment of children in armed conflict has been an urgent call to end the exploitation of children as soldiers; it was one of the first powerful testimonies of the current living condition of child soldiers (Machel, 2001). This proliferation of studies and theoretical revisions permits, then, to look behind the trauma idiom and the label of pathologically disturbed children.

The term *ecological*, in this context, embraces all the aspects necessary for an effective re-integration: the child, the family, the community and the local traditions. Boothby and Wessells are the main voices of this new perspective; they indeed developed the Psychosocial Working Group, PWG (Boothby, Strang and Wessells, 2006,) a model that establishes family as a locus for humanitarian intervention and connects the community involvement to psychosocial wellbeing of the child. What they argue is that

psychosocial intervention must be accompanied by education, return to and reconciliation with the family, community involvement, adaptation to local customs and healing traditions, vocational training and micro-credit initiatives. Ultimately, at the core level of this view, there is the realization that “basic needs assistance is crucial to psychosocial wellbeing” (Apfel and Simon, 1996:151).

Some authors express also the opposite opinion. According to Blattman’s research with data collected in Northern Uganda, the war’s psychological impact on ex-child soldiers is only moderate and concentrated in a minority (Blattman, 2006). He admits that his results run counter to the prevailing view that war primarily causes psychosocial distress; however, he states that the most prevalent consequence of child soldiering is the fact that it is an obstacle to the human capital acquisition by part of the children. The loss of schooling and the high incidence of injuries lead to a lower standard of living.

Regarding specific literature about the “on-the-field” practical use of psychosocial intervention little can be found. One of the few certainties is that pharmacotherapy (Apfel and Simon, 1996) has never been employed as a treatment of choice! Here is where my research is trying to fit, to cover this gap of missing information.

International NGOs: who they are

Recently, several Non-Governmental Organizations (NGOs) augmented their interest in the issue of child soldiering. A strong international awareness is constantly growing. An example of this trend is the creation of the Coalition to Stop the Use of Child Soldiers. The Coalition was formed in 1998 to prevent the recruitment and use of children as soldiers, to secure their demobilization and to ensure their rehabilitation and

reintegration into society (www.child-soldiers.org). It advocates for the adoption of, and adherence to, national, regional and international legal standards (including an Optional Protocol to the Convention on the Rights of the Child,) prohibiting the military recruitment and use in hostilities of any person younger than eighteen years of age; and the recognition and enforcement of this standard by all armed forces and armed groups, both governmental and non-governmental.

The Coalition was founded by six international NGOs:

- Amnesty International
- Human Rights Watch
- International Save the Children Alliance
- Jesuit Refugee Service
- The Quaker United Nations Office
- International Federation Terre des Hommes

It was later joined by:

- Defense for Children International
- World Vision International
- Several regional NGOs from Africa, Latin America, Asia and the Pacific area.

Local, smaller organizations' work is not as much publicized as the activity of big international NGOs. However, very often they have proven to be more efficient in providing services and intervention for child soldiers. I will discuss later about this issue in the Analysis and Findings section.

To describe the work of these organizations, I want to present in more detail at least two of them: World Vision International (WVI) and the World Bank's Multi-Country Demobilization and Reintegration Program (MDRP). WVI is a Christian relief and development organization that is focused primarily on children. Through emergency relief, education, health care, economic development and promotion of justice programs, WVI helps communities in poor countries building local sustainability (www.wvi.org). It has several projects in Africa in support of the reintegration of child soldiers. In Gulu, a northern district of Uganda, World Vision set up and still runs the Gulu Children of War Center, a counseling center for former child soldiers. It is the largest, most well-established rehabilitation center in this conflict. Opened in 1995, the Children of War Center provides formerly abducted children with HIV and AIDS education, food, medical treatment, psychosocial counseling, vocational training and spiritual nurture. It facilitates a smooth reunion of the children with their families. More than 15,000 children and adults have passed through the center.

Another organization specialized in the reintegration effort of former child soldiers is the MDRP, which is part of the World Bank (www.mdrp.org). The MDRP is a multi-agency effort that supports the demobilization and reintegration of ex-combatants in the greater Great Lakes region of Central Africa. The MDRP complements national and regional peace initiatives, providing vital support for the social and economic reintegration of ex-combatants. It provides comprehensive support for Demobilization and Reintegration (D&R) by helping the establishment of standard approaches throughout the region, coordinating partner initiatives, and providing financial and technical assistance in the demobilization, reinsertion and reintegration of ex-combatants.

In the Democratic Republic of Congo the MDRP is currently running a pilot project in support to the Prevention of Recruitment, Demobilization and Reintegration of Children Associate with Armed Forces program. The program consists of three components: 1) Training the personnel of the International Red Cross to work with demobilized child soldiers in transit centers; 2) Sensitization of the local community, and 3) Opening of several transit centers (CTO) to accommodate ex-child soldiers for a period of three months. The centers provide educators, a doctor and a psychologist to assess the situation of the children.

I wanted to provide a more complete description of these two organizations because some of the individuals that I interviewed in the sample of this pilot project make explicit reference to them. Additionally, they do provide an accurate example of how international NGOs organize their activities for the reintegration of child soldiers.

1. B: Research Justification and Significance: Why is it important?

Psychology has been indicated by many scholars as a tool (and an opportunity) for the reintegration of child-soldiers. Psychological support can be a vital component in the rehabilitation of children (and adults), especially when combined with educational programs, vocational training, income-generating opportunity and community involvement. The significance of this project is that it covers an area not exhaustively investigated, and it adds value to the recognition that all children have the inalienable right to live their childhood in security and surrounded by the persons they love.

Unfortunately, it does not happen and more and more children each year are recruited as child soldiers.

These children experience and witness unbelievable acts of violence and cruelty and, when they actually have the chance to return to their families and communities, they do so bringing with them a burden of pain and despair. Psychological support, if properly conducted and if respectful of traditional healing and cleanings beliefs, can alleviate these psychological burdens. An appropriate name for this type of “good and proper” psychology, to be utilized in this context, can be the one of “ecological psychology”, and from now on, I will refer to it as such. Psychology is central to human development, and ecological psychology is even more fundamental in the mental and moral development of ex-child combatants. It can be conceptualized as playing a critical role in normalizing the life experience of the children. It can help minimizing the internal stress and destabilization that derive from conflict.

Additionally, the reintegration of children who have fought in cruel civil wars is of paramount importance because it can serve as a mechanism for contributing to the prevention and transformation of future conflict. Its effect could be even stronger if coupled with educational programs that contemplate the use of revised academic curricula with new peace-building and non-violent conflict resolution ideas and activities. These children are in a unique position to understand from their own experiences the adversities and the catastrophic consequences of violent conflicts, and to become agents of change and promoters of peace. It can help children develop a peaceful society and, in the shorter term, it plays a central role in rebuilding family and community cohesiveness.

1. C: Research Limitations

Let's start with the biggest limitation of all: I am not going "there", on the field, to Africa, to conduct my research. Again, the own nature of the paper (exploratory pilot project) excuses this limitation and makes the paper acceptable. On a more methodological level, one of the main problems that can be encountered is represented by the fact that there is a lack of evidence of results: psychological support is not easy to quantitatively measure. However, its effectiveness can be evaluated generally by observing the child over a long period of time with a focus on the child's skills in socialization, self management, and general well-being. A follow-up system is, therefore, of paramount importance for evaluating the outcome of psychosocial intervention. Still, many may argue that, to support the idea that psychology can provide long term benefits in the reintegration of child soldiers into a caring society, there is no actual evidence to be measured. We should wait and see what the new generation of young adults, who received educational and community programs paired with psychological support during their reinstatement, will do in the future.

Another potential problem is represented by the possibility that psychological interventions promoted by international organizations can shadow the local government efforts (because more publicized and better funded) or be in open contrast with the host government's policy. This can generate an escalation of hostility between the country and the donor organizations, which has the only result of interfering with the actual implementation of the program. Another impediment to the successful reintegration of children is that some international NGOs may adopt the use of pre-established, one-size-

fits-all, top-down approach (see Easterly's lesson on the difference between Planners and Thinkers), independently of the culture and context of the specific host country. The imposition of their methods to the local context can obfuscate pre-existing local initiatives and activities, with the result of retarding, if not deteriorating, the final outcome of the reintegration process.

2: Methodology

2. A: Research Design: A Qualitative Study of Psychological Intervention for Child Soldiers

The methodology of my research combines program evaluation approach with a case study design. The study is a qualitative study with exploratory purpose and ingredients of grounded theory. According to Charmaz, grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories "grounded" in the data themselves (Charmaz, 2006:2). In some aspects this pilot project might also recall a phenomenological form, especially when focusing on the details of lived experiences of ex-child soldiers (Rossman and Rallis, 2003:97). The main tool is represented by interviews: the interviewed subjects are individuals who work or worked for international organizations involved in the development and implementation of child soldiers' reintegration programs. I describe the interview more in detail later and the questionnaire outline can be found in Appendix A. Due to timing and

budget limitations, the number of interviews is not very exhaustive: my interviewees' pool is formed by five individuals, two of which are employed in the same NGO, one is part of the academic field and the last two have practical knowledge of the subject (one as the program development's main specialist for a big organization and the other one as a field researcher). This specific composition of the sample has the purpose of providing a wider spectrum of data regarding the issue of psychological support. Methodologically, in this way both depth and breadth are provided. The vertical aspect of the research analysis is provided by the in-depth knowledge of who actually worked with child soldiers for long periods of time. The horizontal aspect, instead, allows the coverage of a wider knowledge spectrum, going from academic and research experience, to managing big scale programs.

Ideally, more people would have been contacted and interviewed from the same non-governmental organization, in order to set up a methodological tune. A bigger sample, with the support of the already intelligent literature review, would have made the paper stronger. Considering, however, the specific nature of the paper (the fact that it is a first glance, exploratory project with restricted budget and time constrains,) we can excuse its own intrinsic limitations and consider it, therefore, acceptable.

A grounded theory project

“The grounded theory approach offers an interpretative portrayal of the studied world, not an exact picture of it” (Charmaz, 2006:10). The grounded theory process consists of several steps, which start from gathering data and creating coding for its textual analysis and arrive to theory construction. The qualitative codes are emergent:

they are created in the same time that the data is studied. The important aspect of this process is that such kind of coding process has the potential of taking the researcher to unforeseen data and research questions. I utilize this qualitative methodology to analyze the text of my interviews and I make use of ATLAS.ti® 5.0 2nd edition, a scientific computer software developed for qualitative analysis of textual data. The final goal is to create a conceptual framework for the subject under study through building inductive analysis from the collected data.

In grounded theory coding (the categorization of segments of data with a short name that summarizes each piece of data) is a very important element. It is the bones of the analysis. It consists of two phases: initial and focused coding (Charmaz, 2006: 42). During the initial coding process we study fragments of data - in this specific case, words, lines, phrases and expressions of the transcribed interviews - and we look for analytic substance, for the themes and for the relations that appear to “inform the respondent’s view of world in general and the topic in particular” (McCracken, 1988:42). In focused coding we select the most significant initial codes and we test them against the larger amount of data. In this paper many of the initial codes created for the first interview proved to be consistent and useful. Therefore, they have been utilized for the analysis of the successive interviews. The codes I generated make the most analytical sense in the categorization of data, and I used them to form networks: this is the first step toward the construction of a theoretical model.

Another important element in grounded theory is the practice of memo-writing. It prompts you to analyze your data and codes early in the research process (Charmaz, 2006: 73) and it personally proved to be an essential component of the “analysis and

findings” section. After de-codifying the text, writing up memos and building networks of codes, the final step of grounded theory is the construction of theory. As Charmaz states, “constructivist approach [of grounded theory] places priority on the phenomena of study and sees both data and analysis as created from shared experiences and relationships with participants” (Charmaz, 2006: 130). The creation of networks of codes helps us constructing an argument (more powerful when a balance of analytical statements and empirical instances is provided): our theoretical framework. Theoretical framework in grounded theory emerges from the researcher’s analysis and argument about it, it does not deduce specific hypothesis before the data gathering process!

.Selection of interviewees

Regarding the sampling process, I used a snowball sampling method. It consists in asking each interviewee to refer another contact who could be valuable to my project. It is hard to establish if the sample size of five interviewees is appropriate, however, considering the resources and time limitations, my status of unfunded graduate student and not professional researcher, I deem the size of the sample (five) to be sufficient, especially because I am able to provide with its utilization a relatively broad range of data. To find the first subjects to interview, I prepared an e-mail invitation that explains the scope and modality of my project. I asked if the person was available for a vis-à-vis meeting (if located in the Washington D.C. area), or, alternatively, for a phone interview or for e-mail and/or instant messaging exchange of information. An example of the presentation e-mail can be found in Appendix B.

In the case of actual face-to-face interviews, I tried my best to accommodate the

participant's request of place and time, to demonstrate my appreciation for their involvement. None of my interviews took place in an official environment. As a matter of fact, I have been always invited to a coffee shop. One interview has been done telephonically because the person lives in Canada. In all cases I asked the subject the permission to record the interview, explaining that the principal reason for my request is the future expected facilitation that recorded material can provide to the analysis of data. A more detailed presentation of the five interviewees is provided later in the Interviewing Process section.

Logistics

The fact that the interviewees are part of an "elite" group facilitated the research logistics. Since no intercontinental travel is necessary, there is no expensive budget to be funded (besides transportation expenses,) there are no language obstacles (since the interview will be conducted in English) and/or government impediments to the project. I did not encounter the presence of organizational policies that could have prevented me from speaking in detail to the individuals. No long travel was necessary, since most of the interviews took place in the Washington, D.C. area.

Ethical concerns

Since the project involves human beings in its process, it needed to be reviewed by the University's Internal Review Board (Berg, 2007). Even if the argument is sensitive, no child soldier is directly involved in the research and this fact facilitates the satisfaction of ethical standards. However, even if children are not involved and the

interviewees are healthy adults with probably no traumatic experiences related to war and fighting, I still asked them to sign a Consent Form (in Appendix C). It establishes the right of the interviewees to be free to answer the questions they want and to refuse the ones they are not comfortable with. Their identity is respected and no name is made in the research, respecting therefore their confidentiality and anonymity (Wilson, in Devereux and Hoddinott, 1993:187).

An additional point to be made regarding the ethical standards of the following paper is relative to the presence of my own cultural categories (McCracken, 1988). I am aware of the presence of cultural categories in me, and I tried my best not to be influenced by my pre-convictions. Being a Westerner, Catholic woman with a Bachelor Degree in clinical psychology, I am conscious that this internal “way of being” can influence my research tenets. This same consciousness, however, can represent the validity check for my research. Since I knew about it, I tried to be careful of any biased prompts I might have articulated during the interview, and I tried to be even more careful in the analysis of the data. Regarding the issue of validity, the decision to involve NGOs staff members and program managers who worked on the field, not executive representatives or high-level personnel, represents an additional check. The motivation of this decision is to essentially make sure that I do not collect biased information. The organization director would probably re-affirm the NGO’s mission and declare that everything works fine, to protect the company and the project itself. Staff members, instead, working more directly in the field, have been more in contact with the actual problems that the project faces daily and are probably less conditioned and constrained in their answers. They are possibly “truer” and therefore, able to provide truer data.

As far as triangulation, since it's a pilot project, I limited the cross-examination to the research of existing literature. It is more an "ideological backing-up" than a real triangulation, however, is adequate to the scope of the research. Triangulation based on the comparison with the work and activities of other organizations is beyond the means of this paper.

2. B: The interviewing process

The principal methodological tool is represented by interviews. According to Lofland & Lofland (1984), an interview is a directed conversation which permits an in-depth exploration of a particular topic with a person who has had relevant experiences. No biographical information was needed at the commencement of the interview because the people I interviewed are people of authority, and their biographical data was available to me in advance. They are called "elites" or experts (Rossman and Rallis, 2003: 192) because they are well informed individuals with an extensive knowledge of the subject. It was important to show discretion and an appropriate degree of knowledge of the issue, to facilitate the interviewing process. I developed an open questionnaire with the purpose of guiding me through the interview and to help me collect a plethora of data on various aspects (McCracken, 1988:25). It also functioned as a time check and helped me redirect the interview's focus in the instance the subject went too far from the argument.

I tried to utilize Berg's lesson on the fruitful relation between interviewing and dramaturgy: he considers interviews to be *social performances* (Berg, 2007:91,) and I did my best to positively engage the interviewee. The questionnaire has been created with the

intention of assessing the presence, utilization and outcome of psychological methodologies in rehabilitation programs of child soldiers.

As already stated, the interviewees are five. Of these, two (No. 2 and No. 5) work for the same religion-oriented non-governmental organization and both of them worked on the field in Africa. Interviewee No. 2 had a more direct experience with child soldiers, since he was the program manager of one of the NGO's rehabilitation center in Africa. Interviewee No. 5 has more experience in planning reintegration programs. However, she still lived for several years in Sudan and participated in local peace-building and community re-acceptance activities.

Interviewee No. 1 conducted a research in Northern Uganda to investigate the types of trauma experienced by the children and the kinds of intervention utilized for their rehabilitation. She lived many months in the refugee camps (where the children went to live upon their return to civilian life) and had the chance to interview personally 43 children.

The 4th interviewee is a program development's main specialist for a big multi-national organization. She shows competence in both planning and actual programs implementing: in her own words, she spends "280 days out of 365" in Africa, at the grass-root level, where programs are carried out. Interviewee No. 3 is an assistant professor in a private major university in the Washington, D.C. area. She has extensive experience of field research in Sierra Leone, and dedicated her academic work to this type of research, with a special interest on girls. She provides the project with an indispensable academic point of view. It is indispensable because, even if my project is

unfunded and at the pilot/explanatory level, this academic presence completes the diversification of the sample. Breadth is, therefore, provided.

2. C: Findings and analysis

As already discussed, the purpose of the analysis, in this case qualitative textual analysis, is to refine the text to the point of obtaining a field of patterns and themes and a network of codes which can help me finalize the findings of the project. Through ATLAS. Ti® 5.0, I was able to create a long list of codes, based on the analysis of all the interviews in my pool of data. I provided code definitions and I ultimately included them in specific groupings, based on different themes. “Grounded” means the number of quotations which the codes are tied to. “Density” instead is the number of links that the codes have in the networks. The number of families whom they belong to is not reported in this table because it is later discussed with the family grouping diagrams.

Below is presented the entire list of codes:

Analysis of codes

| | Name of code | Grounded (Frequency) | Density (Number of links) | Definition |
|---|---------------------|-----------------------------|----------------------------------|--|
| 1 | Abduction | 5 | 1 | The specific circumstances of abduction |
| 2 | Acceptance | 9 | 2 | The acceptance both in the sense of the reintegration center and the local community |
| 3 | Center’s activities | 26 | 1 | The list of all activities that take place in the reintegration center, specifically the therapeutic ones, both individual and group |

| | | | | |
|----|---|----|---|---|
| 4 | Centers | 12 | 8 | The different types of reintegration centers, their locations |
| 5 | Child's own responsibility | 1 | 0 | For the acts he committed |
| 6 | Child protections and child human rights | 3 | 2 | The lack of child protection and children human rights |
| 7 | Cleansing rituals | 5 | 3 | The traditional rituals with the purpose of healing, cleansing and purification. They allow the child to re-enter into the community as "cleansed" and "pure". They are mostly done in the local communities, not at the centers. |
| 8 | Community and going back to the community | 22 | 4 | It includes family, chiefs, local leaders, teachers, other youth (non combatants but still victims of war). It also defines the process to go back to the community |
| 9 | Counseling in terms of national security | 1 | 0 | For the search of weapons and arms hidden by the militias |
| 10 | Disabled children | 1 | 0 | The children with disabilities who return to the community as well |
| 11 | Family tracing | 5 | 2 | The family tracing activity for reintegration of child with family |
| 12 | Feeling of resentment | 3 | 2 | Towards the child because almost in a "privileged" situation due to the survival kit and items he receives |
| 13 | Follow up | 11 | 1 | Follow up of the programs |
| 14 | Girls' situation | 10 | 4 | It includes all the difficulties that girls encounter during the war, as part of the rebels, and especially after. Particular focus is on the stigma of sexual abuse and activity |
| 15 | Healing and coping mechanisms | 20 | 5 | The healing and coping mechanisms used by the children both inside and outside the reintegration center |
| 16 | Learning from others' experiences | 5 | 0 | It refers to the activities of NGOs and government groups who work with child soldiers |
| 17 | Local Incapacity | 9 | 2 | It's incapacity in the sense that many of the children who return to the community cannot be taken care of. The reasons are several: financial insecurity, poverty, extremely meager living conditions |
| 18 | Local language and local workers | 9 | 3 | The ability to speak local dialect, mainly possessed by local social workers |

| | | | | |
|----|---|----|---|---|
| 19 | Main symptoms | 10 | 1 | The main psychological symptoms found in the children during the assessment phase and after their return to the community |
| 20 | Military lifestyle | 15 | 1 | The aspects of the military life that children conducted during their fighting years which impede the child to wholly reintegrate. For example: respect of hierarchy, presence of military jargon, bullying, violence and patriarchal imagery used for military indoctrination. |
| 21 | Monetary exchange for local volunteers | 1 | 0 | The local individuals who want to be paid to “volunteer” in the process of the social reintegration of the child |
| 22 | Need for more programs designed for adolescents | 2 | 0 | The lack of reintegration programs where the specific target is the adolescent youth |
| 23 | Need for more structure in local NGOs | 5 | 0 | The need for organizational structure, clear results, report writing and production of comparable information |
| 24 | NGOs | 21 | 0 | In particular, NGO’s specific beliefs and modus operandi |
| 25 | Participation of government | 7 | 0 | The local government’s participation in reintegration planning and implementation |
| 26 | Peace-building | 3 | 0 | The activities that encourage peace-building |
| 27 | Poverty | 5 | 3 | Self-explanatory |
| 28 | Program’s evaluation | 5 | 1 | The evaluation of the program by part of the same NGO’s personnel or external actors |
| 29 | Psycho-social programs and psychological well-being | 25 | 4 | The types of activities promoted and utilized in the psycho-social programs and the psychological well-being of the child |
| 30 | Psychologist | 9 | 0 | The presence of a professional, certified psychologist, in the “western” definition of the term |
| 31 | Real life problems | 11 | 7 | The lack of employment, poverty, hard living conditions, ostracism by the rest of the community, severe psychological symptoms |
| 32 | Reintegration | 2 | 4 | The general reintegration process |
| 33 | Religion | 11 | 0 | Local religion and “outsiders” religion, especially the ones promoted by some NGOs |
| 34 | Resilience | 7 | 1 | The capacity to recover and |

| | | | | |
|----|--|----|---|---|
| | | | | recuperate that some children possess |
| 35 | Schooling | 8 | 0 | The opportunity of attending educational programs once outside the army/militia |
| 36 | Social workers | 11 | 0 | They are mostly locals, with little training in psychology and no official certification and/or study of psychology |
| 37 | Stigma | 3 | 2 | The stigma that the children bear with them once they return to their communities, particularly impressive in girls |
| 38 | Talking about what happened as therapy | 5 | 0 | Talking is seen as a western therapeutic practice for coping with trauma |
| 39 | Time | 15 | 0 | Intended as length of stay inside the center, as the duration of the abduction, and also generally as the time necessary to heal from traumatic events |
| 40 | Training | 8 | 0 | Training of social workers in psychology's principles and basic skills |
| 41 | Trauma | 16 | 2 | It includes the traumatic events endured by the children during the fighting and also the PTSD. It may also designate the secondary trauma for social workers |
| 42 | Violence | 22 | 6 | Self-explanatory |
| 43 | Vocational training | 6 | 0 | Offered to children both inside and outside the care center |

I also divided the above mentioned codes in clusters, or families, to provide an organizational structure necessary for further analysis. I created 6 different code families, which may contain similar codes. The choice of codes, however, was not only based on semantic similarity, but also on functional correspondence and timing association. The 6 families are:

- “Before” elements
- “During” elements
- “After” elements

- Psychological issues
- Activities of the center
- Problems outside the center

The grouping process does not mean that codes belonging to different clusters are not connected, on the contrary, they all show intrinsic relations and correspondences. The need for structure requires some kind of categorization, which eventually form meaning boundaries.

Analysis of code families

Diagram for the “Before” elements family of codes.

All these codes represent difficulties encountered by the children both in their “normal” life (before the abduction and the break-out of the war) and during the conflict. This is what most of the children went through at the time of the admission in the transit center.

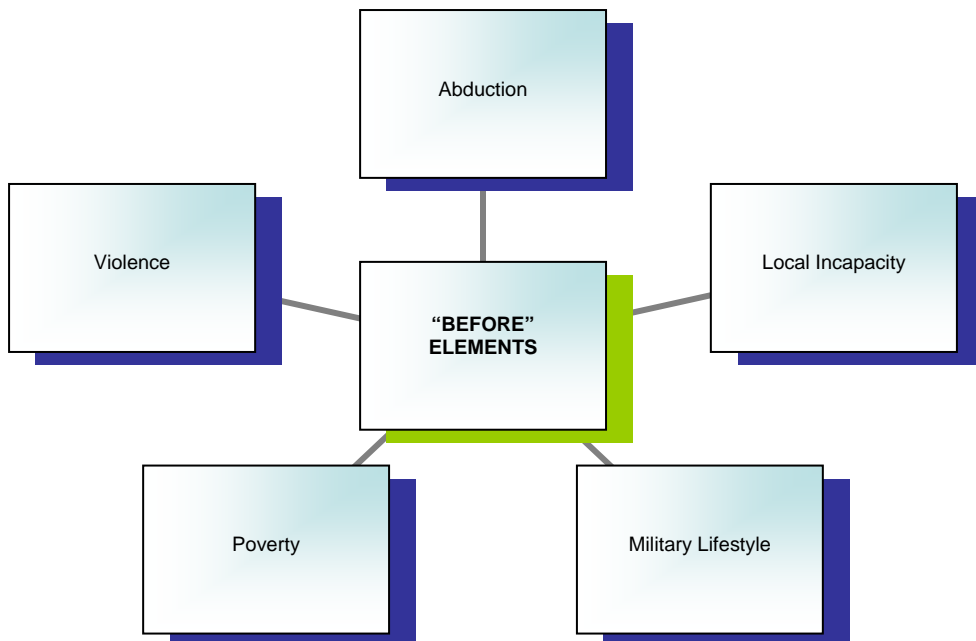


Diagram for the “During” elements family of codes.

It summarizes the adversities that the children have to face during their stay in the care center. The spectrum of factors is wide. There are aspects related to the internal and emotional status, both in negative and positive ways (for example, the simultaneous presence of healing mechanisms and trauma). There are more pragmatic elements describing the actual activities done by the children (sport therapy, drawing and singing) and also elements of individual therapy (the one-on-one sessions with the social worker).

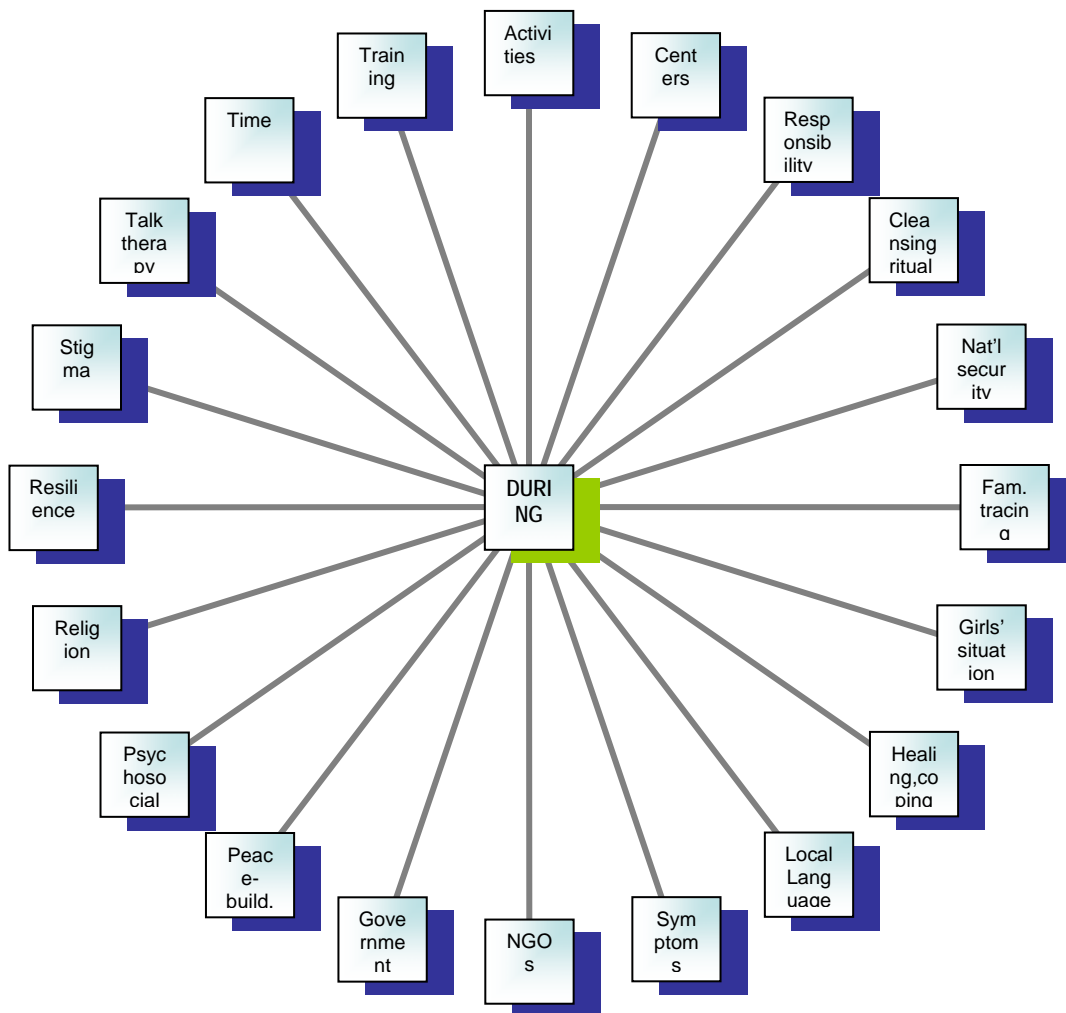


Diagram for the “After” elements family of codes.

This diagram shows the various elements that characterize the life of the child soldiers once they leave the reintegration center and return back to their community. As easily predictable, positive elements are paired with negative ones, as the presence of feelings of both resentment and acceptance in the community of origin. The local communal incapacity to self-sustenance is overwhelming.

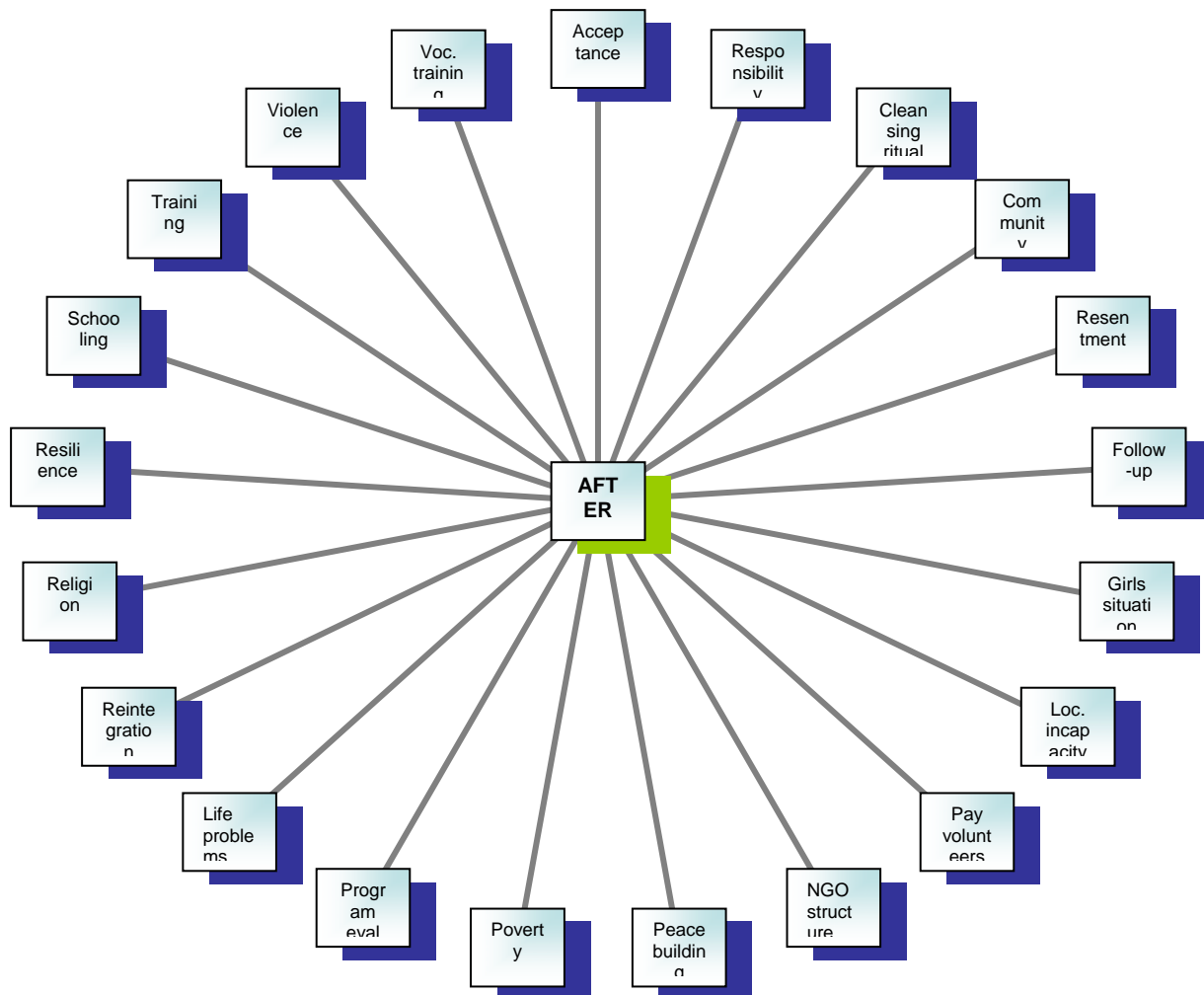


Diagram for the “Psychological issues” family of codes.

This family of codes has the purpose to illustrate the more specific psychological aspects of the reintegration process. Again, the range is wide and covers an area of experiences that goes from severe manifestation of PTSD symptoms to the positive presence of social workers (who function often as “psychologist”), resilience and healing/coping mechanisms in the children. Stigma is strongly felt by girls because they have been sexually abused. They will face predictable discrimination once back in the community.

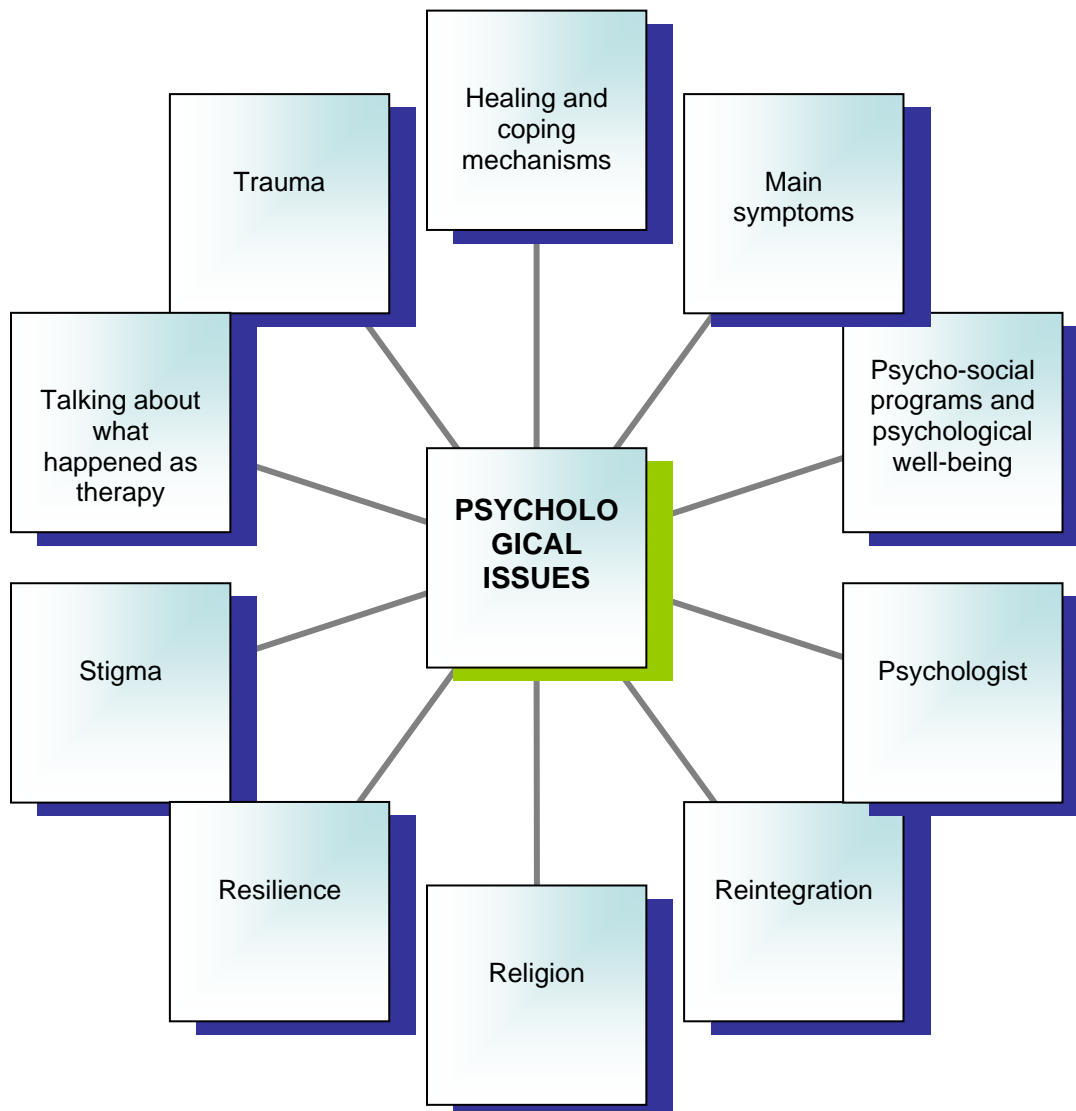


Diagram for the “Activities of the center” family of codes.

This diagram focuses further on the reintegration centers’ main set of actions/activities (like collection of documentation, family tracing and follow-up). Of particular importance for my project is the counseling program. As part of therapy, many centers offer group therapy, to allow peer-to-peer socialization and relieve of stress and opportunities of individual interaction between the child and the social worker.

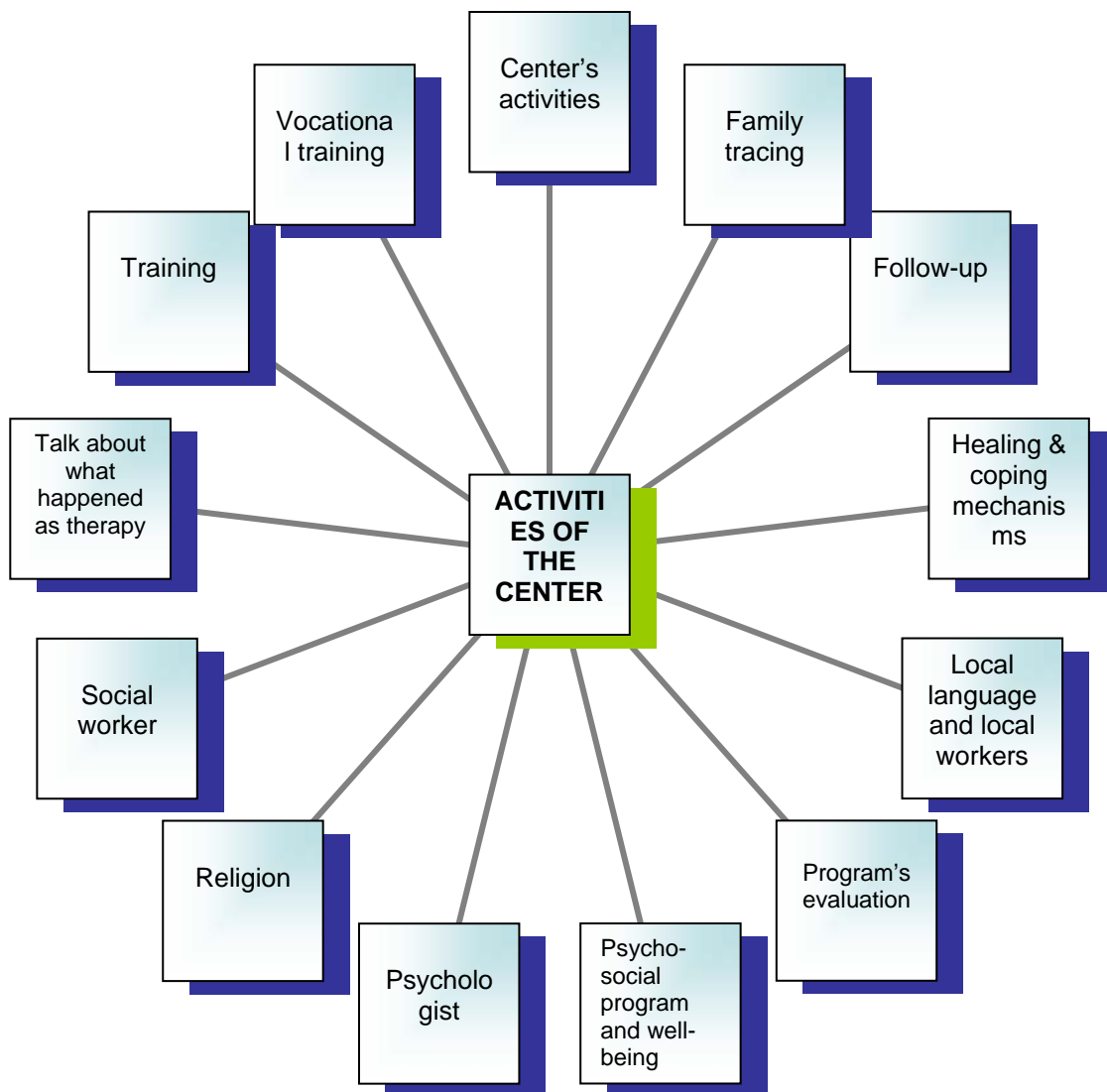
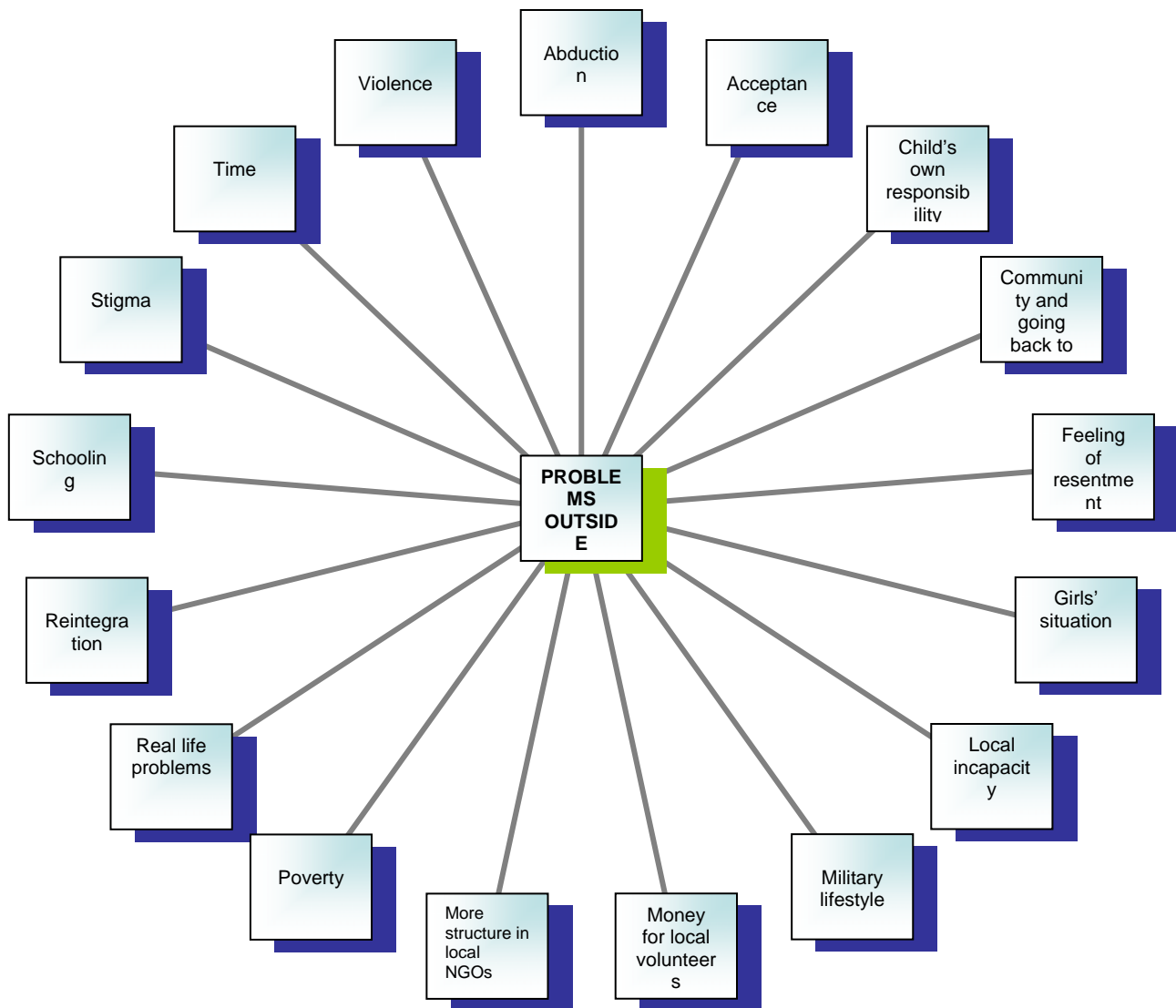


Diagram for the “Problems outside the center” family of codes.

Obviously the life that awaits the children outside the reintegration center is not easy, from any point of view. They encounter many perils. Among them, the risk of re-abduction and of a return to military life (with additional militarization process) is sadly a possible and frequent chance. At the same time, they may receive a warm welcome back in their community of origin. Especially after the conduct of cleansing rituals for the child, the societal acceptance is facilitated.



Codes outside of families' grouping

Some of the codes didn't find a proper allocation in any of the families discussed above. The reason of this is the fact that they represent unique aspects of data, useful in proposing new research questions, but a little out of scope for my present project. Each one of these elements have been cited only once and only by one of the interviewees.

They are:

1) Child protection and child human rights; 2) Disabled children; 3) Learning from others' experiences, and 4) Need for more adolescents' programs.

It's important to still discuss all these codes, however, code number 3 is particular significant because it exposes an aspect too often neglected in the implementation of reintegration programs for child soldiers: the necessity of an open dialogue and exchange of experiences and ideas among the different NGOs involved. The interviewees are vocal about the fact that porous boundaries in the organizational structure of NGOs and the managerial inexperience (especially in the small, local ones) have the pernicious consequence of impeding a correct flux of information among the organizations.

From interview No. 4:

Many programs need to be small and to be focused around the local needs, but because they are so small sometimes you have an NGO that does a great job and nobody knows about, because they cannot write, they are not report writers, they don't have web connections, they are not going to post the article on the website so the people who are actually doing these things, don't reflect on it, don't write up and cannot share it with other people in other countries, in other contexts. So they don't read and they cannot make sure to avoid making the same mistakes.

This is extremely important: there is limited exchange of information among the different organizations that work with child soldiers. A network of this type is necessary, especially for small organizations. Small local NGOs need to be part of it because they

possess valuable first-hand experience characterized both by successes and by failures of reintegration practices. This “handy” knowledge can be extremely useful to other organizations, so that the same type of mistakes is not repeated.

Another element that needs attention is the lack of programming targeted to two specific groups of children: disabled and adolescents. Both, for different reasons, are out of the range of the standard reintegration centers’ psycho-social program. The first group exhibits the additional difficulty of evident physical disabilities (missing limbs, blindness, disfiguration) and most of the centers are not set up to face and solve this kind of problem. The second group, instead, is simply not considered in the programming because of the definition itself of child soldier: any child under the age of 18 years.

According to interviewee No. 4:

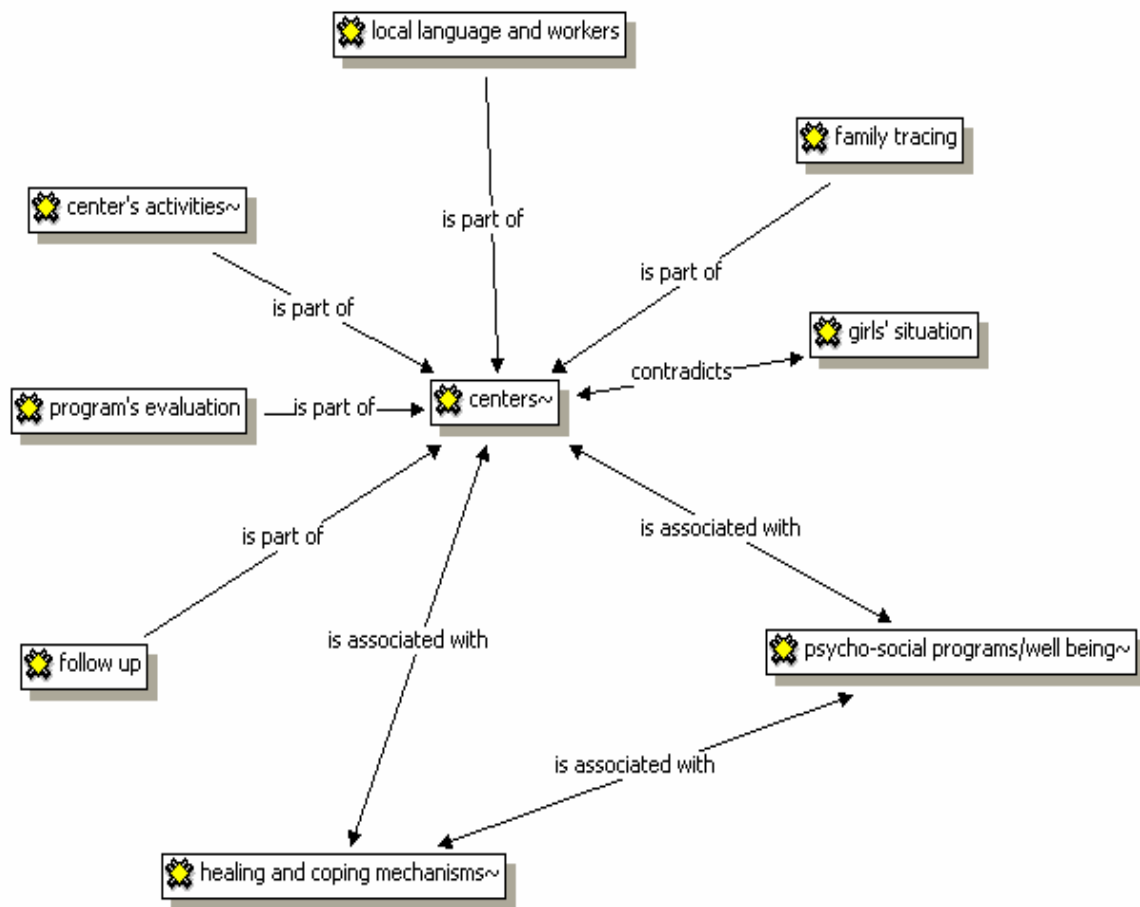
We are failing the majority of child soldiers because they are not children anymore, they are adolescents, they are youth so they fall outside the 18- year-old category...Unfortunately too often we just reunify the child who is 17 with his family and then send him to school. Well, a 17-year-old is ready to be the head of the household, he may have a partner on his own he wants to be in control and the last thing you want to do is to sending him back to school. We don’t really have joined, we never had a pilot; there isn’t yet a global child soldier movement to really deal with this problem.

These aspects are doubtless worth of further investigation. Unfortunately, the biggest limitation of this research is that it only provides a “first glance” view of the subject under discussion, not a detailed and profound analysis. However, this is also one of its main qualities: it supplies ideas and suggestion for future research.

Analysis of code networks

According to the grounded theory, the creation of networks is the first step toward the formation of a theoretical framework. I constructed 5 networks of codes with explanatory links among them. There are main themes coming out from all the gathered

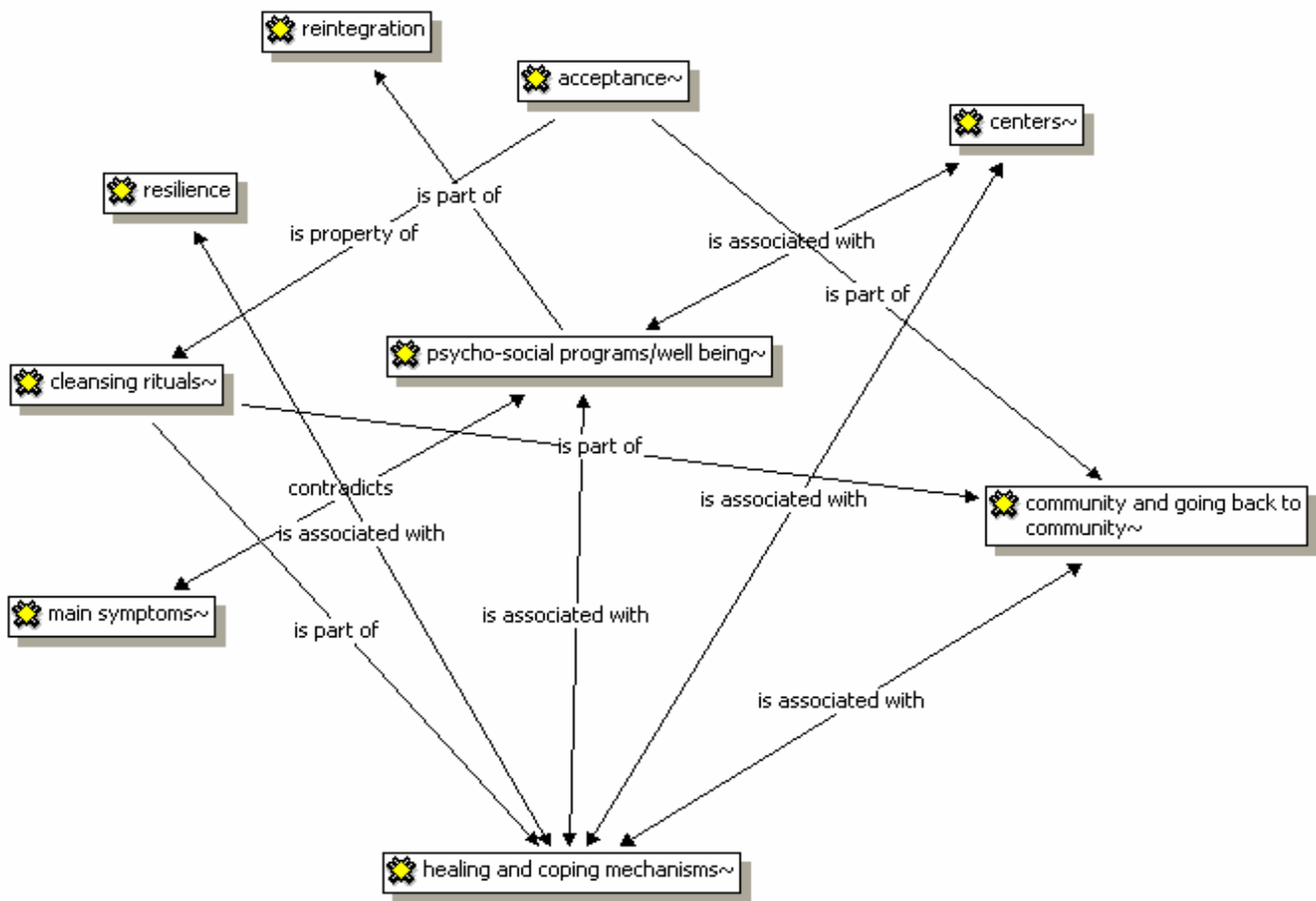
data: 1) The functions of the reintegration center, 2) Psychosocial programs and psychological wellbeing, 3) Real life problems, 4) Reintegration, and 5) Violence. These elements are fundamental to a complete understanding of the problems of the psychosocial reintegration of child soldiers, and my contribution is represented by the elaboration and construction of new networks of codes (therefore, of data).



“Center’s functions” Network.

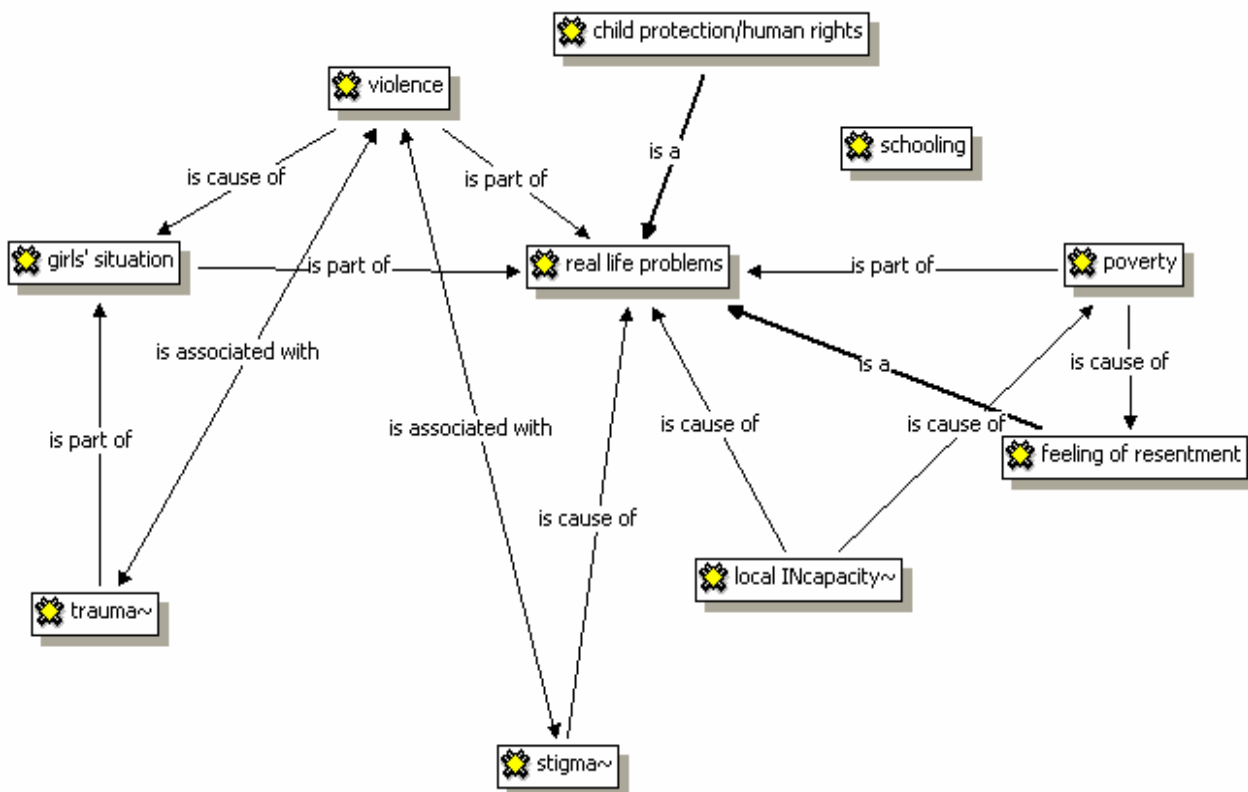
The functions of the transit centers are the basics of any reintegration process. They are mostly of association type and range from handling logistics issues (place to stay and sleep, food and drink) to organizing the psychosocial treatment of the children. The

presence of social workers who are from the same area and who can speak the same dialect of the children is the cornerstone of the centers. The strong relationship between the child and the social worker allows a faster healing process. Dancing, playing sports, singing and playing stimulate the release of some of the stress accumulated in periods of hardship and of close contact to violence, especially in the younger children. The psychosocial intervention is associated with healing and coping mechanisms, and even if the outside community is not part of the graphic (due to lack of adequate link typology), it is part of the network and works in combination with the center. Other functions of the reintegration center are family tracing and follow-up visits, also directed to a wider participation of the families and communities.



“Psycho-social programs and psychological well-being” Network.

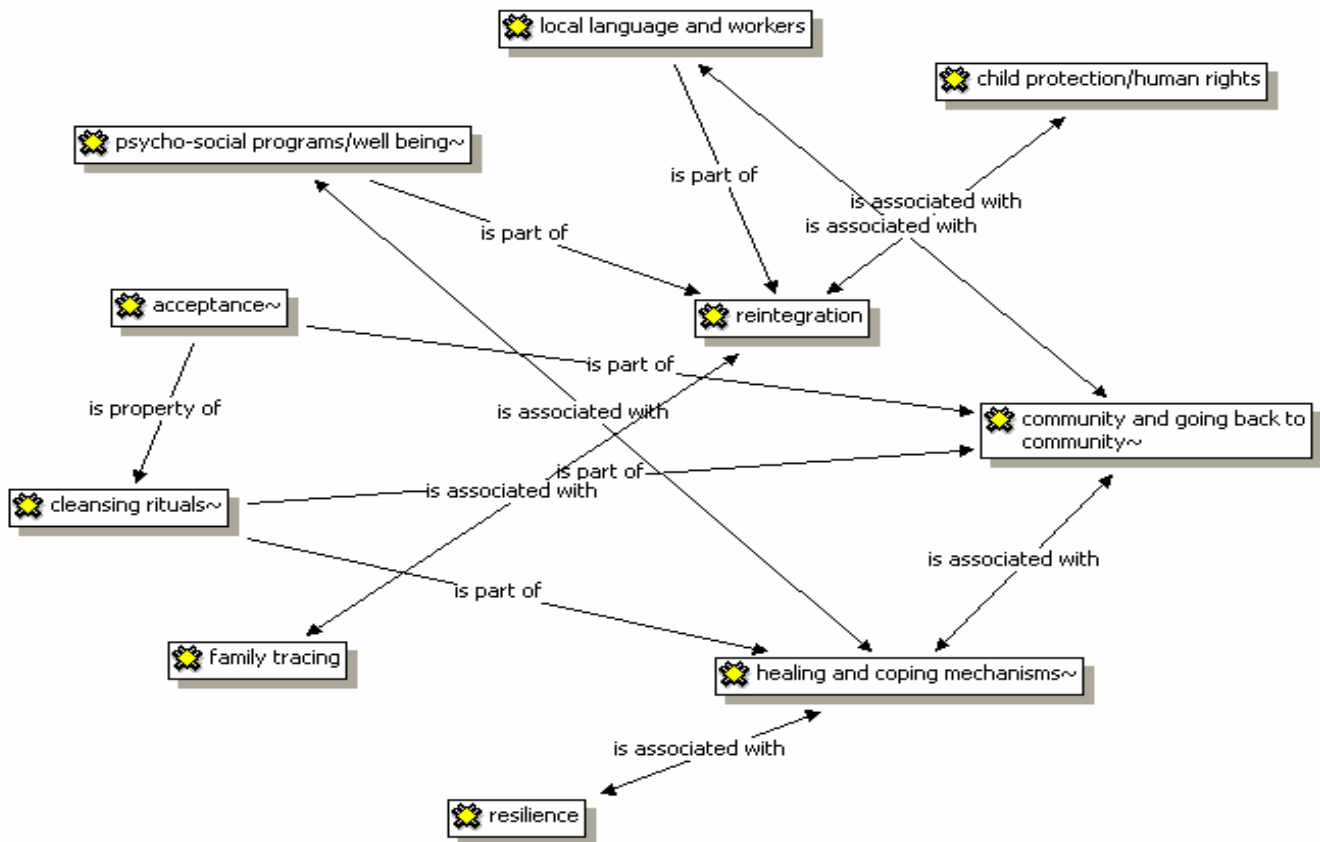
The specific psychosocial agenda is another element of paramount importance. These centers work because they do provide some sort of psychosocial rehabilitation opportunities. Again, psychological wellbeing cannot be separated from the communal and societal dimension. Reintegration, acceptance and healing rituals are all part of a bigger picture; the borders are too porous between the individual and his social environment to expect a solitary one-on-one therapeutic intervention. In addition, there are risks in conducting only individual counseling. As Wessells puts it, “for former child soldiers, too much talking can be dangerous, because telling the bad things one has done can trigger retaliation and overwhelming feelings” (Wessells, 2006:191).



“Real life problems” Network.

This network is focused on the types of problems and adversities that the child will encounter once back to the community. As we saw till now, life is not easy for this young population. Scarce and unsustainable living conditions, oppressive poverty, risk of diseases and infections, overwhelming violentization and militarization of society characterize often the return to civil life of the ex-combatants. In the case of the children, the stigma is stronger. It might also cause (first appearance of a causal link!) feeling of resentment, especially when child soldiers are provided with survival kits upon their return, while other children, still affected by war but without active participation in it, do not possess anything. Jealousy and bitterness are frequent consequences.

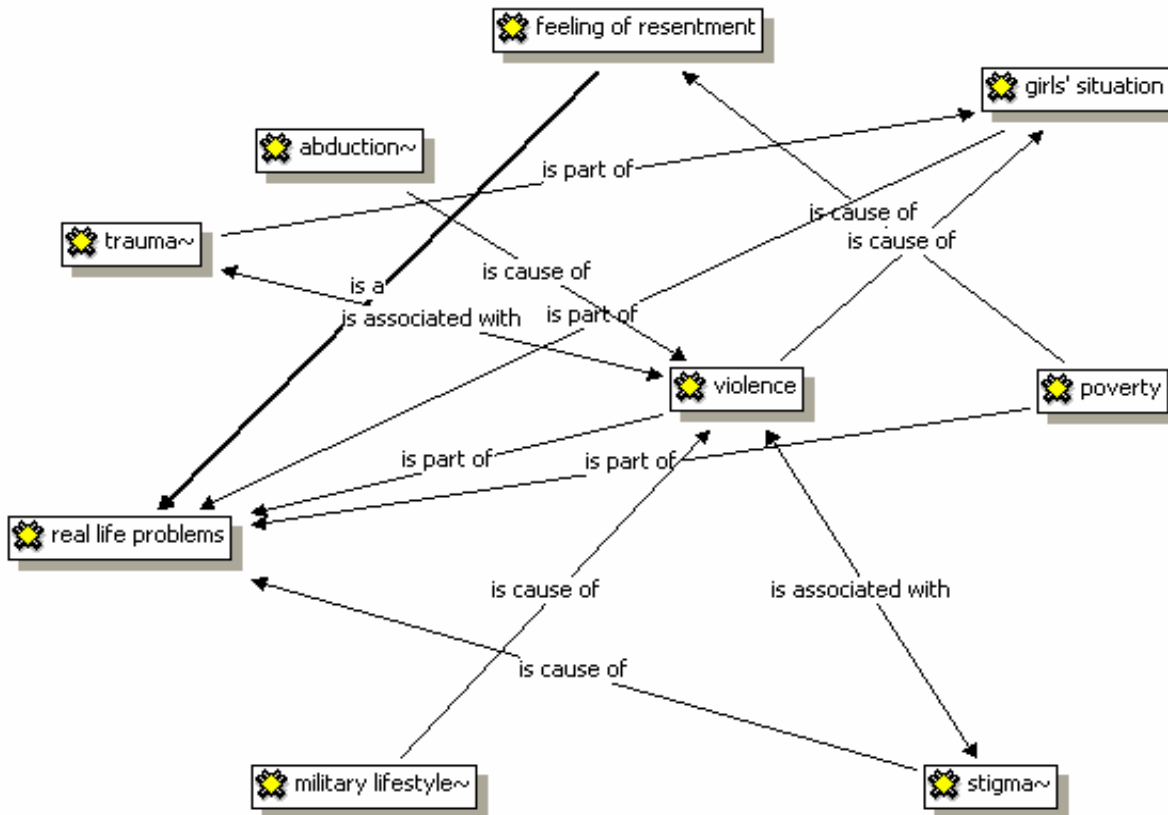
The code schooling is present in the network, however, it is not linked to any other code. There was no link definition that could express its value. Efficient and appropriate educational activities can alleviate the difficulties faced by this youth, and educational curricula which offer peace-building precepts can promote coping mechanisms. Unfortunately, good ideas do not always translate in good actions. There are schools for children, but not enough attention is placed on adolescents returning to schools. Often they are 16, 17-year-old boys who held high military ranks during their participation in the war or may have already babies on their own, and now they are told to join class with 11, 12-year-old boys. Attentive planning necessitates contemplating different schooling arrangements for adolescents.



“Reintegration” Network.

Reintegration is intended here in a wider, abstract sense: it’s a set of theoretical attributes, which ranges from cleansing rituals and coping mechanisms, to feeling of acceptance and reconciliation. It is a process per se (constituted by the individual, communal, societal and environmental dimensions) that allows a war traumatized child to return to normalcy. Particular attention deserves the demand of having a child protection network outside the center, back in the community. Informational trainings in child human rights and child protection are necessary, and many of them have already been proved useful. If the same

community members do not know how, or do not want to protect their own children, no external organizations, or coalition of organization, can protect them.



“Violence” Network.

Violence is the third most recurrent code in my data (after center’s activities and psychosocial programs). It influences the life of these children and their communities. Their history is full of it and their whole society, where militia and governmental army itself abduct children for reaching numerical quotas of soldiers, is permeated by it. It is not surprising that violence (and violent behaviors by part of the children who internalized it as a way-of-being) augments the persistence of social stigma and impedes

the healing of traumatic experiences. One example for all is the condition of girls who have been abducted during the war and became “bush wives”. They have been victims of sexual abuse, maltreatment and gang rape. They bear the stigma of being sexually violated, therefore impure and unworthy, way after the escape from the militia. Violence characterizes these girls’ lives in ways that are unimaginable to Westerners.

Themes which stood out

Specific basic themes are prominent and recurrent in all interviews. Among them:

1) *Time* possesses its own dimension in the progress of the children’ lives. The code “time” purposely has no links in any of the networks: it is a constant common denominator that stands in the background in every reintegration phase. Time is essential in promoting healing and coping mechanisms. Time helps forget, and assimilate, negative experience. Time is very specific when it comes to the length of the stay in the reintegration center. As interviewee No. 1 says:

A: Do you think that staying there [in the reintegration center] for 3 to 6 weeks is enough? Or should it be longer? Q: I think yes and no. I don’t think it should be any shorter for sure, but children don’t want to spend too much time there, they want to go home they are anxious to go back home.

According to interviewee No. 2, a period of 2 or 3 weeks in the center is enough to help a severely disturbed child with psychopathological answers:

It took us a long time to really help that child. We took him for 2-3 weeks and then we put it to another level, at the community level. It is because of what happened to children.

Interviewee No. 3, instead, had different experiences:

Sometimes it would be less, like 2 weeks if they find the parents quickly sometimes it could be years simply because they couldn’t find the parents or because especially with the Catholics, they were trying to develop the young men to turn to their faith so they didn’t want to let them go.

Time distributes also the number of follow-up visits and dilutes the family tracing process. For interviewee No. 3, who did research in an African local NGO:

Q: Were the 3 follow-up visits every month? A: Because of the difficulties of mobility sometimes they didn't do all three, sometimes they do it every 6 months and then they go back again so it wasn't a unifying system.

For the fourth interviewee, instead, who was part of the implementation of big-scale, well-funded international program, follow up was longer and more articulated:

There are 18 months follow-ups. So first there were 18 monthly visits by social workers and every month there was financial support to the family. Not in cash, it's against, everyone agree not to provide cash. I think the children in formal education get physical visits once every 2-3 months because they report back to the teacher. Roughly children who choose more independent activities, and there are 3 options in Rwanda, agriculture, typical crop, livestock, cattle, and small kiosk on the side of the road. In that case they tend to get more frequent visits, I am pretty sure monthly.

Time additionally characterizes children's length of stay in the fighting forces and influences, together with the experiences committed and the atrocities witnessed, the level of trauma that the children manifest. From the second interview:

Some [children] have been there for 5 years, some for 2 months some for 3 days. Some had to kill, some had to carry baggage. They have different needs. So from the documentation we begin to see who needs the most help who can stay longer and who can go back to school. Some of them stayed for a day, but the level of trauma they went through is high. And what they have done is awful. So the number of days doesn't matter.

2) The second main theme is *group therapy*. It seems to work well, especially with the younger children. Their limited verbal expressivity is an impediment to oral, introspective dialogue. Instead, drawing, singing, acting and dancing (not to mention playing soccer and other sports) offer a variety of physical expression. They represent a sort of physical, tangible way to release tension and seem to have a remarkable role in the psychosocial recovery of ex child combatants. It also let them be child again.

Interviewee No. 2, who was program manager of one of the biggest reintegration centers in Northern Uganda, talks about group therapy in the following terms:

After giving them group counseling initially we do sport therapy and other things to allow them to begin interacting with the counselor. We have indoor game, drama and they do it together. There is a lot of laughter. There is traditional dancing.

Sport holds a special place. From interview No. 3:

Great things that I saw were done by the community like setting up a football league where they included the former child soldiers and the local youth and they were some of the most effective NGO programs I saw. It wasn't upfront as a program for child soldiers, it was more like "we are setting up a football league" and everybody in the community is welcomed to join and they get together and they feel like "these children are like our kids" the kids form friendships and I think those were the most useful examples. Sport helped a lot.

3) *The role of international NGOs* is the third main theme that stood out. The influence of humanitarian agencies in conflict and post-conflict settings is very strong and it may be perceived as replacing the role of governmental institutions. It can be called NGO-ization: the practice of dependence upon foreign aid, without putting pressure on local institutions to assume their responsibilities and deliver necessary services (the term NGO-ization is from Honwana).

This is exactly one of main complaints of interviewee No. 5:

One of the hardest things is the mentality of part of the community, it is really hard in Sudan because they have been given international assistance for four decades and communities don't have a sense of community ownership and they try to do things that are their own desires, their own planning and you are just supporting them! It's very hard. It was really hard to create child protection committees that want to do child protection without giving them incentives. Q: So they do not retain themselves as accountable. A: Yes, low level capacity and this idea that they should be paid for caring for their own children, paying for school, education facilities all these things they really don't seem to take ownership of them and leave. The national leadership paid them to do it. So that is very challenging, this mentality.

There has been a negative shifting and a general discontent, especially in the African continent, regarding NGOs' activities. When the war becomes "popular", like it

happened in Sierra Leone, big NGOs come over and try to “impose” their vision to the reconciliation activities. The consequent result is the neglect of already active smaller NGOs who, at the end, do a better job because they know the area and its problems better. They are able to adapt their work to the situation, without imposing "big plans".

4) *Religion* is the last thematic of my analysis. Religion can be as helpful and encouraging as it can be controversial and detrimental. The religious affiliation of some NGOs is a recurrent element that generates ambivalent feelings in the interviewees (it is also a current main-stream argument in the academics’ and practitioners’ field). Many believe that NGOs’ strong religious tenets are unfavorable to a positive outcome of the centers’ re-socialization activity. The main issue is that this kind of NGO does not want traditional healing and cleansing rituals to take place inside the intercare center it runs. These rituals are considered pagan and can be practiced outside in the community, but not in the center. Other time the religious component of the organization is so strong that it turns almost into indoctrination! See for example, the comments made by interviewee No. 3 about the Sierra Leonean center she was working for:

The Catholics [...] were trying to develop the young men to turn to their faith so they didn’t want to let them go. They get the good smart ones and they change them up to be catholic functionaries and the worst was the old Italian guy he was the one who was trying to build an empire of young men. [...] The priest was saying “why sending them back to the communities where there is nothing there for them? No opportunity, no school, so it’s better if they stay here with us.” Q: What did you think about that? A: I disagree because I think it created a kind of dependency, there was a set of catholic boys that were part of the catholic machine but they liked it, they were doing pretty well, but if your end goal is the reintegration into the community, it didn’t serve the reintegration at all.

Also the second interviewee complains about the level of religious indoctrination of some NGOs:

[These centers propose] a strange version of Christianity. The children are not familiar with that. The point is that the kids don't get to pick where they are going to, so to randomly being assigned to [one of them] means that they face religion, they become not indoctrinated but pushed to find religion, "saved". There is so much limited space for cultural expression and just because of religious creed it is not done. A big issue. The children that stay with the family they think the ritual still has value "I am safe and forgiven" but children at [these centers] cannot do it.

Suggestions

More structure for small, local NGOs

Again, more problems with NGOs! This time however, it is not their religious affiliation or their belief of self-infallibility; it is the lack of structural organization and of output of formatted data.

It is not an easy task to collect data and to keep a filing system in those terrible conditions. Still, it does make a lot of sense to have a somewhat standardized way of producing data. First of all because it can be exchanged, discussed, analyzed and taken as example by other organizations; second, also for more pragmatic reasons. Keeping an efficient list of program's participants can control the number of children who cheat the system and do the program twice! Interviewee No. 3 expresses this opinion extensively below:

The big agencies came in saying "you need data, we need to collect better data so we know what the population is" and I kind of sympathize with that because one of problems was that certain children were working the system, they come back several times, trying to defeat the system to get the benefits and the people at the top level says we need this to be recorded so that we know what happens. And also with the follow up visits on people, they say with these many people coming to the center we need follow up.

For the fourth interviewee is more an issue of being able to combine an open network and dialogue among the organizations who work with child soldiers, so that ideas and examples of both success and failure can be shared and people can learn from other people's mistake.

Many programs need to be small and to be focused around the local needs, but because they are so small sometimes you have an NGO that does a great job and nobody knows about, because they cannot write, they are not report writers, they don't have web connections, they are not going to post the article on the website so the people who are actually doing these things, don't reflect on it, don't write up and cannot share it with other people in other countries, in other contexts. So they don't read and they cannot make sure to avoid making the same mistakes.

Focus on peace-building opportunity

As interviewee No. 5 says:

We have a lot of former child soldiers working with us on staff in Sudan and they are amazing people, they have been through so much and they are positive and they are looking forward their country changing and they want to contribute. There are mostly inspirational people.

There is an opportunity for these children to promote peace-building activities in their community and/or to be the official spokesman for international campaigns against the use of child soldiers (see for example Ishmael Beah and the recent success of his book "Along way gone: memoirs of a boy soldier"). This is the reason why this aspect needs to be more extensively considered and referred to in the planning phase of new (or already existing) transition centers. It needs to be paired with scholastic curricula that include peace-building prospective and conflict resolution strategies once out of the center and back to school. Theoretical frameworks, or reintegration processes, which focus primarily on children as victims, independent of the systems within which they function, will fail to capitalize on the resilience they bring to their situations, and to develop their capacities to become partners in the peace process. The prospect of a peace building process can be durable over the longer term.

When the "peace-building mentality" is ignored, the risk is frightening. Traumatic reactions are per se contributors to cycles of violence and war. People who suffer trauma tend to pass on their horrible memories by telling stories of their experiences (Wessells,

2006: 130). People of future generations who hear about traumatic events, may show signs of traumatic reactions: a secondary traumatization (McCann and Pearlman, 1990). These stories, part of the narrative of trauma, may encourage the vicious circle of violence.

If the ex-combatants, instead, get familiar to peace-building and non-violent conflict resolution paradigms, maybe this spiral of violence can be stopped. Here lies the significance and value of these projects, in their capability to transform victims in agents of change. Knowing first hand what horror is, if adequately directed, a person can understand the adversities of conflict, and can decide to change, to promote transformational peace and to adopt non-violent philosophy.

Policy Recommendation

I propose one specific policy recommendation: more, and better, training in psychosocial support to caregivers. From all over the interviews this issue came up:

From interview No. 2:

A: Are they psychologists? Q: They are social workers, but they have been training in basic psychology and we call them caregivers. The counselors go through the entire training, the caregivers don't.

Q: Do you train them? A: Yes we do, in the basic counseling skills and we monitor them to see what they do, there is a deputy who can make referral. So these are the basic skills we train the community in.

From interview No.3:

There was a lady who came around once a week. Q: Was she a professional psychologist? A: She was a doctor, not a psychologist. She treated them medically, shots but she treated them for severe psychological disturbance and that was she was looking for in these children. That was the only formal psychological help; there was only one psychiatrist in the area, not enough.

A: Do you know if the local caregivers have any type of training? Q: Not really. Some of them were teachers, some have been trained as social workers before, and then there was some type of training run by some NGO, "training the trainers", but there was no kind of systematized, certified system for training.

From interview No.4:

None of us on the team is a psychologist or a psychiatrist. None of the people who work with child soldiers are specialists in psychology, clinical or medical, in the western definition.

From interview No. 5:

We didn't have a wide-spread psycho-social counseling, we didn't have the capacity. The program was just starting off; hopefully in subsequent years it could become stronger especially in psycho-social counseling.

A: Was this lady from Kenya a professional psychologist? Q: Nope, she was a professional social worker. A: So she was not what we called a psychologist here! Q: Exactly, we didn't have any of that.

There was training that we did for our child-protection committees where the task was to be in the community and try to address the child protection violation as well as special concerns, especially for child soldiers. So they were trained in psycho-social principles, counseling, listening and that kind of stuff and for girls, but again, it wasn't very in depth on the psycho-social side.

We had, within the area before we start this child soldiers reintegration program, we had created these child protection committees. They were composed of teachers, traditional leaders, local government leaders and women leaders and youth leaders, and they have been trained in a number of things like human rights of children, how to do protection type of programming, how to do family tracing and foster reintegration and basically just trying to train the leadership how to advocate on behalf of children who have been thrown to prison, without just cause.

Even if training is done, it is only for a limited period of time, mostly for a few days or weeks. As Wessells argues, such training “hardly merit the label counselor” (Wessells, 2006: 202). Especially the most severely affected former child soldiers require specialized support, with small-group counseling sessions. The provision of effective counseling requires that psychosocial workers receive several months of training and on-going supervision, not only a week (Hubbard and Pearson, 2004).

My proposal is, therefore, to extend the length of the psychosocial training to local caregivers. It is unrealistic to request the employment of certified psychologists dedicated to the assessment and treatment of each child in the centers. As I learned from this project, if you have one psychologist, not even a psychiatrist, for each country in

war, it is already a luxury. I argue that, for once and only in this case, the attention needs to be shifted from the children (because too many for only one professional,) to the adults who perform duties of care-giving and interact constantly with the children. As my last interviewee said, “the children trust the familiar”, they trust comforting words in their own language, spoken by persons who know their context and their language: the local social workers/caregivers. They are the new adult figures who can help this exploited youth population believing in the future again, a normal one this time. To do so, they must be prepared and competent.

International NGOs and governmental agencies could set up longer and more detailed training courses, utilizing professional educational methodologies. Maybe the idea of giving “professional certificates” at the end of the training class can be used as an incentive to stimulate a voluntary and more active participation by part of the future caregivers. If we are able to involve them “body and soul” in learning the basic psychosocial therapeutic skills, maybe more children would be able to receive the adequate support they deserve.

Along with the idea of ecological psychology, none of this is possible without the full participation of the community.

3: Conclusions

The goal of my research was to discover the best and most efficient psychosocial practice utilized in the reintegration process of child soldiers. I truly believe that there is value in this purpose. Children who went through violence and terror deserve the most

useful and valid help. The project was feasible, and I did not encounter big problems in its implementation.

At the end of the research, I might have to change some of the questionnaire questions: each interview will provide me with hints of what to change, being flexible during the process of research. If properly done, and if the right contacts are found, this research can provide useful and strong data for proposing a change of action in the way psychosocial intervention for child soldiers is conducted. The best psychosocial therapy can be found, and can be proposed to an academic audience of scholars and practitioners. If I can find what works best, I can propose it as a “suggestion” to the NGOs personnel who design and develop the reintegration projects. Hopefully it will produce enough data to generate a change of practice and to stimulate a healthy debate.

Purposely I used Italic for this section: this is what I wrote before I actually started the interviewing process and the analytic section! How different from the conclusion I came up with after I finished my pilot project.

What I ultimately discovered did not answer my starting basic questions. What I didn't find, however, provided me with the most important intuition: there is no specific psychotherapy regimen for ex-child soldiers because they do not necessarily need it (not in the sense it is conceptualized in the West, at least). I had to change my methodological question from “which therapy is used?” to “is there an ecological view for the reintegration of child soldiers?” The theoretical causality that I ultimately found is different from what I expected.

The main findings, as discussed already, are not specifically of psychological and/or therapeutic flavor, that level of diagnostic depth could not be reached in this

project, contrasting with the initial main questions of the research. But as we social science students discover very quickly, no finding is a finding! In the whole spirit of the grounded theory, data is emergent and its analysis may take the researcher to unforeseen areas and new research questions.

Psychology alone is not enough, it's not sufficient: the reintegration has to be done at the community level, connecting the child to the community and vice versa, the community to the child. There is a need for holistic models and the pragmatic aspects of life need to be taken into consideration: the possibility for self-sustainability, the chance of finding employment and the provision of physical healthcare are all essential aspects for the complete and successful reintegration of child soldiers. Psychotherapy alone is not useful, ecological psychology is. The involvement of the community and the attention on the child, if both present, can represent human capacity building, because the interaction between all aspects of the reintegration process is encouraged.

I want to conclude with the enlightening words of one the interviewee:

In terms of providing **psychological support** or counseling sometimes it **must** be open to different approaches, and **never be put in a box** in the way the book describes it! In the practical way, it doesn't work. In theory you look at things differently, but in practice there is a combination of all the theory and theoretical approaches plus practical aspect, the culture and reality.

4: Appendix

4. A: A tentative interview outline

1) Is psychological support used in your NGO's program for the rehabilitation of child soldiers? If yes, what kind? *How do you implement it?*

Alternative to question 1: I would like to talk about your experience with integration centers for child soldiers.

2) Can you describe how the support program is organized? *(The modality for the participation, the number of participants, group and/or individual activity, the frequency of the meetings and their duration, the type of activities done)*

3) How many counselors work in the group responsible for the psychological program? Do they have previous professional experience in the field of clinical psychology/therapy?

4) If your Organization uses, or has used, different types of therapy, which one do you consider being more effective? Why? *Is your evaluation shared by your co-workers?*

5) Are local volunteers, professionals and/or social workers involved in the conduction of the program? If so, are local cultural and religious aspects incorporated in the therapeutic program? Are the local beliefs acknowledged and addressed?

6) Based on your experience, does gender play a part in the psychological support of child soldiers? Do children prefer to speak with a specific gender? *For example, girls are more comfortable talking to female figures while boys prefer male subjects.*

7) How do children perceive their treatment overall? Can you describe their interaction with the counselor? How do they respond to him/her and to the program in general?

8) How is the psychological intervention evaluated? By whom? Is there a follow-up evaluation process?

9) Many projects for the rehabilitation of child soldiers combine the psychological aspect to the educational and vocational/professional elements. It is believed that all three must be present for the reintegration program to be effective. Does your organization's program offer these kinds of activities? Can you describe them?

10) Other institutions may be involved in the reintegration program (*other NGOs, local government, community, religious groups/churches*). Can you identify them and describe their involvement? Are their activities well coordinated?

11) Which are the biggest difficulties you faced in the conduction of the program?

12) In what ways do you consider the psychological program that you work for to be effective?

4. B: Introduction e-mail

Good Afternoon Mr./Mrs...,

My name is Rossana Norwood and I am a graduate student at the American University School of International Service, in Washington, DC. I found your name in the ... website and I was wondering if you could help me.

I am writing my Master's final research paper on the use of psychology in the rehabilitation of child soldiers. The purpose of the study is to describe the different types of psychological therapies employed in the rehabilitation programs for child soldiers. The area focus will be Africa and the main research tool will be interviews to organizations' staff members who worked (and work) on the field, or who helped (and help) developing the psychological intervention.

I am hoping that you suggest some contact names for a possible interview by telephone and/or e-mail.

Thanks for your attention, looking forward your kind reply,

Rossana Ridolfo Norwood
M.A. Candidate - International Peace and Conflict Resolution
School of International Service
American University
Tel: (703) 895-8429 – Email: rn5380a@american.edu

4. C: Consent form

Good Day, my name is Rossana Ridolfo Norwood. I am the principal researcher on a project entitled: The Use of Psychology in the Reintegration of Child Soldiers.

This project is academically affiliated with the School of International Service, International Peace and Conflict Resolution Program, at the American University. I may be contacted at this phone number 703-895-8429, should you have any questions. My academic advisor is Professor Christos Kyrou, reachable at this phone number 202-885-1543, should you have any additional questions for him.

Thank you for your willingness to participate in this research project. Your participation is very much appreciated. Just before we start the interview, I would like to reassure you that as a participant in this project you have several very definite rights.

First, your participation in this interview is entirely voluntary.

You are free to refuse to answer any question at any time.

You are free to withdraw from the interview at any time.

This interview will be kept strictly confidential and will be available only to members of the research team.

Excerpts of this interview may be made part of the final research report, but under no circumstances will your name or identifying characteristics be included in this report.

I would be grateful if you would sign this form to show that I have read you its contents.

_____ (signed)

_____ (printed)

_____ (dated)

Please send me a report on the results of this research project. (Circle one)

YES

NO

Address for those requesting research report

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Internet Resources:

www.childsoldiers.org

www.wvi.org

www.mdrp.org

www.wncac.org

www.sfcg.org

www.hrw.org

www.savethechildren.org

www.amnesty.org

www.savethechildren.net/alliance/index.html

www.jrs.net

www.terredeshommes.org

www.dci-is.org