A Longitudinal Study of Psychosocial Adjustment and Community Reintegration among Former Child Soldiers in Sierra Leone

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A Longitudinal Study of Psychosocial Adjustment and Community Reintegration among Former Child Soldiers in Sierra Leone

Theresa S. Betancourt, ScD, MA
Department of Global Health and Population, Harvard School of Public Health

The phenomenon of children associated with armed forces and armed groups is an issue of increasing global concern. The forceful conscription of children (both boys and girls) into armed forces has been documented in at least 86 countries (Coalition to Stop the Use of Child Soldiers 2008). Available research suggests that these children may face heightened risk for psychological and social problems (Wessells 2009; Blattman and Annan in press). However, there is little evidence about the long-term effects of child soldiers' wartime experiences.

In 2002, a collaboration between the Harvard School of Public Health and the International Rescue Committee (IRC) led to the launch of a longitudinal study of war-affected youth in Sierra Leone. The study was designed to identify risk and protective factors in psychosocial adjustment and social reintegration. The research was informed by an ecological approach to child health and well-being which examines the interaction of influences at the individual, familial, peer, community and cultural/collective level (Bronfenbrenner 1979; Betancourt and Khan 2008). The study was also shaped by contemporary theory and research related to resilience in the mental health and development of children and families in adversity.

Methods

Survey interviews were conducted at three time points, in 2002, 2004 and 2008. Subjects were children who had been involved with the Revolutionary United Front (RUF) and had later been referred to the IRC's Disarmament, Demobilization, and Reintegration (DDR) program in Sierra Leone's Kono District. The sample was drawn from a master list of all youth that were served by the IRC's Interim Care Center (ICC) which supported reintegration of former child soldiers across five of Sierra Leone's 14 districts during the most active period of demobilization (June 2001 to February 2002). We reviewed this list of 309 youth to identify those who were between 10–17 years of age at the time of release from rebel groups, and who had current contact information available. This resulted in 260 potential youth participants and their caregivers who were invited and agreed to participate in the baseline assessment.

All participants were interviewed one-on-one by trained Sierra Leonean research assistants, who verbally administered all study protocols in Krio, the most widely-spoken language in Sierra Leone. The surveys contained a mix of standard measures and locally-derived measures, developed in close consultation with local staff and community members. Main

measures of interest included information about age and length of involvement with armed groups, war-related violence exposures, and a standardized scale of psychosocial adjustment developed and validated for use among former child soldiers in Sierra Leone by researchers at the Oxford Refugee Studies Program (MacMullin and Loughry 2004), which contained subscales for anxiety, depression, hostility, confidence and prosocial behaviors. The survey also included questions about family configuration and relationships upon return, community acceptance, social support, access to educational and skills-training opportunities and family socio-economic status. The 2004 and 2008 follow-up surveys repeated these baseline measures and added other items to examine social capital, stigma/discrimination, high-risk behavior, civic participation, and post-conflict hardships.

In 2004, the team was able to re-interview 56.5% of the original survey sample, before data collection was terminated due to the death of the IRCs country director in a helicopter crash. In 2008, the team re-interviewed 68.8 % of the original sample, including some who weren't able to be re-interviewed in 2004.

The 2004 data collection also included a series of in-depth qualitative interviews with adolescents and their caregivers, and focus groups with young people, caregivers, and community members in major resettlement communities. Interviews were conducted with 31 former child soldiers (39% of these included a matching caregiver interview). In 2004, 10 focus groups were conducted with youth and 17 with caregivers and community members in Kono, Kenema, Bombali and Bo districts. In 2008–2009, repeat in-depth interviews were conducted with 21 youth and 13 caregivers, as well as 17 focus groups with war-affected youth.

Findings

This research has led to several publications about how war-related and post conflict experiences affect the long-term mental health and psychosocial adjustment of former child soldiers (Betancourt, Simmons et al. 2008; Betancourt 2010; Betancourt, Agnew-Blais et al. 2010; Betancourt In press; Betancourt, Borisova et al. In press; Betancourt, Zaeh et al. In press). The research indicates that the long-term mental health of former child soldiers is affected both by war experiences and by post-conflict factors. For instance, lower levels of prosocial behavior (such as helpfulness towards others) were associated with having killed or injured others during wartime, and with the presence of social stigma toward that child, after the war. Young people who reported having been raped exhibited heightened anxiety and depression after the war.

Worsening anxiety and depression over time were also closely related both to younger age of being involved in fighting forces, and to social and economic hardships in the post-conflict environment. We also looked at the role of stigma (including discrimination and lower levels of community and family acceptance) as a potential mediator between war-related experiences and problems with post-conflict psychosocial adjustment and adaptive behaviors. We found that societal stigma due to being a child soldier also explained a significant proportion of the variance in levels of hostility that the cohort of youth reported

over time (Betancourt, Agnew-Blais et al. 2010); greater stigma was also associated with less prosocial behavior.

These problems were partly mitigated by some post-conflict factors, including social support, being in school and increases in community acceptance over time. Higher levels of family acceptance were associated with lower hostility. Improvement in community acceptance was associated with positive adaptive attitudes and behaviors. Overall, community acceptance—both initially and over time—had a beneficial effect on all outcomes studied. Our qualitative data indicated that even young people who experienced extreme trauma could reintegrate well if they had strong family and community support. We also found that youth who lacked strong, effective support were on a much riskier path characterized by social isolation and high-risk behavior such as substance abuse and, in some cases, engaging in high-risk or abusive relationships in order to secure basic needs.

It is evident in these findings that psychosocial adjustment and community reintegration for former child soldiers are complex processes involving a range of factors both during and after wartime. However, post-conflict factors that play a role in determining long-term outcomes are of particular interest to researchers, practitioners, and policy-makers, since many post-conflict factors can be *modified* while war experiences cannot.

Implications for policy and practice

Efforts to assist former child soldiers at the end of the war did not translate into sustainable systems of social services and mental health care in post-conflict Sierra Leone. Consequently, few social or mental health services for war-affected youth now remain, and the strengths and resources of individuals, families and communities are not fully maximized. New policy efforts are critically important in addressing these issues in Sierra Leone and elsewhere. Two policy developments which occurred five years after the start of the study are of particular importance: the establishment of the Inter-Agency Standing Committee's (IASC) guidelines on Mental Health and Psychosocial Support in Emergency, and the Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups. Along with these documents, findings from this research and lessons learned from Sierra Leone can be applied to improving future DDR processes and the situation for war-affected youth.

First, targeting mental health and social services to selected groups of individuals based on “labels” (e.g. having been a“child soldier”) may lead to an increase in societal stigma and further divisions within the community. War and its lingering consequences broadly affect a population. As our qualitative data has emphasized, “no one's hands were clean” in the Sierra Leone conflict. Many individuals who were not involved in the RUF still participated in violence through the activities of the Sierra Leone Army (SLA) or involvement in civilian defense forces (CDF). In fact, when comparisons were made between former child soldiers and other war-affected youth, very few differences were observed in mental health outcomes or, apart from the unique effects of stigma directed at former child soldiers, in the operation of risk and protective factors on mental health outcomes over time. Such findings remind us that services should broadly serve all affected youth and should not contribute to further

stigma for already-vulnerable youth by singling out select groups for services driven by labels. Instead, services should target those most in need based on assessments of current distress and impairment.

All Sierra Leoneans can benefit from efforts to build local capacity, and develop broadly based systems of mental health and social services to address a range of needs in the post-conflict environment. Sustainable national and community-level systems are needed that respond to the social service needs of *all* war-affected youth and families that experience ongoing difficulties.

At the same time, some subsets of youth may require long-term monitoring, assessment, and follow-up for residual trauma. Our data indicate that some war-affected youth who have directly engaged in particularly noxious activities, such as injuring or killing others, are subsequently at heightened risk of depression, anxiety, and high-risk or aggressive behavior. As suggested above, services should be made available based on distress and impairment, not on labels attached to any specific group or subgroup of youth. Such services should include specialized interventions such as drug and alcohol treatment, and community mediation for youth who continue to face stigma and poor community relations. Developing an appropriate continuum of mental health care should extend from health promotion and prevention services at one end to social work and community-based mental health services as well as clinical care for individuals with chronic mental illness including outpatient and inpatient psychiatric treatment and medication management. To be most successful, these services should have strong government leadership as well as linkages to community-based organizations, job skills training programs and integration into educational and health systems.

Family and community acceptance plays an enormous role in positive mental health outcomes for war-affected youth in general, and former child soldiers in particular. Ongoing sensitization for war-affected families and communities are another important component of post-conflict recovery. Further, youth have the potential to positively affect their reintegration into their families and communities through prosocial behavior. Efforts to encourage the agency of youth and present them with opportunities for education and personal development cannot be underestimated. Accordingly, targeted interventions for youth should maximize their adaptive strengths and support their capacity to reintegrate by enhancing coping strategies and building skills for positive interpersonal relationships.

Along with family and community acceptance, access to education plays a significant role in positive mental health outcomes. Access to education or a means of securing a livelihood has the capacity to improve an individual's social standing and acceptance within the community, as well as equipping them for future economic and social stability. Because many war-affected youth experience extreme interruptions in schooling due to war, interventions are needed that ensure educational access for all, including “overgrown youth” and youth who have missed many years of school.

Conclusion

This research provides new insights into the long-term well-being of child soldiers. While both war experiences and post-conflict factors contribute significantly to the long-term mental health and social reintegration of former child soldiers, post-conflict factors allow for intervention opportunities. This includes the development of policies and interventions which are long-term, sustainable, and focus on strengthening family and community support. Mental health services should be closely linked to education, primary health care, and social development. Services should be based on need rather than labels, in order to benefit all war-affected youth and families. Services must also adapt to the evolving needs of individuals and families, as mental health needs of war-affected youth change throughout the life-course. Through this study and further developmentally-informed scholarship we can enhance our understanding of processes linking war-related traumas to long-term psychological functioning. We can use this evidence base to encourage local governments and the international community to invest in effective and sustainable responses to support the mental health needs of all war-affected children.

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