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Ilse Derluyn , Sofie Vindevogel & Lucia De Haene

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TOWARD THE FUTURE: IMPLICATIONS OF RESEARCH AND INTERVENTION WITH TRAUMATIZED FORMER CHILD SOLDIERS

Toward a Relational Understanding of the Reintegration and Rehabilitation Processes of Former Child Soldiers

ILSE DERLUYN

*Department of Social Welfare Studies, Centre for Children in Vulnerable Situations,
Ghent University, Ghent, Belgium*

SOFIE VINDEVOGEL

Department of Orthopedagogics, Ghent University, Gent, Belgium

LUCIA DE HAENE

*Research Unit Education, Culture and Society, Katholieke Universiteit Leuven,
Leuven, Belgium*

Worldwide, about 250,000 children are employed in armed factions. Their time in the army or rebel group charges them with a range of difficult and possibly traumatizing experiences. Moreover, when returning from the armed group, they often encounter difficulties reintegrating into their community and familial context, in particular social processes of stigmatization, discrimination, and expulsion. This article frames these difficulties within the broader social context, where organized violence induces deeply rooted processes of collective trauma on entire communities. Elaborating on diverse initiatives supporting the rehabilitation and reintegration processes of former child soldiers, a relational approach is put forward to address possible gaps in current

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Address correspondence to Ilse Derluyn, Department of Social Welfare Studies, Centre for Children in Vulnerable Situations, Ghent University, H. Dunantlaan 2, 9000 Gent, Belgium.
E-mail: Ilse.Derluyn@ugent.be

humanitarian approaches. Additionally, current gaps and possible ways forward in research studying this group, starting from a relational approach, are discussed.

KEYWORDS *adolescents, child soldiering, rehabilitation, reintegration, relational approach, trauma, war/conflict/terrorism.*

According to the latest global report on child soldiering, it is estimated that about 250,000 children are currently conscripted into armed conflict by both state and nonstate actors (Coalition to Stop the Use of Child Soldiers, 2008). Previous research has documented characteristics of child soldiers' positions in armed groups, participation motives, and armed factions' recruitment strategies, as well as the mental health sequelae of conscription, leading to an extensive body of empirical findings on the process and sequelae of child soldiering.

Contrary to stereotypical images of young boys dressed in bullet straps and carrying an AK-47, research has documented the more complex and myriad engagement of conscripted youth in fighting forces (Vindevogel, Broekaert, & Derluyn, in press), ranging from combat roles to more invisible or supportive roles as cook, spies, or porters (Boothby & Knudsen, 2000; Machel, 2001). Further, girls cover a relatively large proportion of the population of recruited youths, and are often exploited as sex slaves next to military participation (McKay & Mazurana, 2004; Vindevogel et al., 2011). These myriad positions within armed groups are dependent on characteristics of the child (e.g., age and gender), the armed group (e.g., internal codes of conduct), and the conflict (e.g., cause of conflict and operational area) (Wessells, 2006). Moreover, this position can be multiple and fluid throughout the course of conscription (Wessells, 2006).

Motives to join the armed forces are highly varying, covering the continuum between choice and coercion. Because many armed groups prefer children to fill their ranks, they apply forced recruitment methods, such as abduction, violence, or threat (Somasundaram, 2002; Wessells, 2006). Not seldom, however, families and broader social networks encourage children to join the military on grounds of societal norms, ideological conviction, social pressure, or despair because of the harsh childrearing environment (Kimmel & Roby, 2007; Wessells, 2006). Children who declare to have chosen explicitly for military life refer to motives of ideological commitment or better economic or educational prospects within the armed group (Barenbaum, Ruchkin, & Schwab-Stone, 2004), although it remains debated whether children's cognitive development allows them to choose in an informed way, considering the far-reaching consequences of the choice.

The majority of conscripted children live through a range of very difficult experiences, including witnessing and committing atrocities, such

as looting, murdering, or torturing soldiers, civilians, or even family members (Derluyn, Broekaert, Schuyten, & De Temmerman, 2004). This exposure to and involvement in violence could pervasively impact child soldiers' development and their physical and mental health (Williams, 2007). Indeed, a large body of studies shows psychological sequelae (Derluyn & Broekaert, 2010) documenting considerable prevalence and persistent levels of psychological distress assessed in diverse populations of former child soldiers (e.g., see Betancourt et al., 2008; Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010; Blattman & Annan, 2010; Boothby, Crawford, & Halperin, 2006; Derluyn et al., 2004; Klasen, Gehrke, Metzner, Blotevogel, & Okello, 2013; Klasen, Oettingen, Daniels, & Adam, 2010; Kohrt et al., 2008; Vindevogel, Coppens, et al., 2013).

A COLLECTIVE TRAUMA PERSPECTIVE ON CHILD SOLDIERING

Besides the psychological consequences, research on child soldiering has also documented how social adversity often persists after child soldiers return to their families and communities, with exposure to social processes of discrimination, stigmatization, and exclusion (Betancourt, Agnew-Blais, Gilman, Williams, & Ellis, 2010; Vindevogel, Coppens, et al., 2013). Such stigmatization processes complicate former child soldiers' reintegration and imply an additional burden on their emotional well-being (Betancourt, Agnew-Blais, et al., 2010; Denov, 2010; Derluyn, 2011; Vindevogel, De Schryver, Broekaert, & Derluyn, 2013).

Several hypotheses have been generated to understand these pervasive social processes. First, as many young recruits were extensively involved in hostilities toward civilians, strong judgmental feelings might prevail in the affected communities to which they return (Barenbaum et al., 2004). Hence, former child soldiers often occupy a dubious position in society, oscillating between representations of victim and perpetrator (Blattman & Annan, 2008; Derluyn & Broekaert, 2010). Second, ongoing stigma of former child soldiers might be related to the more intensive professional interventions they receive, whereas the overall civilian population often receives much less, if anything at all, despite their also huge and largely impacting needs (Wessells, 2012). In a study by Vindevogel, Coppens, and colleagues (2013), stigmatization was reported by half of the sample (49%) of northern Ugandan former child soldiers previously supported by an interim care center, and was significantly associated with an increased prevalence of diverse repeatedly measured psychological symptoms. This proportion of stigmatization is apparently higher than prevalence rates of stigmatization in general populations of former child soldiers in northern Uganda (e.g., Annan, Blattman, & Horton, 2006; Blattman & Annan, 2008). Categorical approaches in humanitarian programs have clearly engendered stigmatization of the

involved populations (e.g., child soldiers or victims of war-related sexual violence), as also shown in a study by Boothby and Thompson (2013). Imagine that a former child soldier is the only child out of a family of six who is able to attend school because he is receiving—as a former child soldier—a school fee grant from abroad; communities might perceive such professional support as a “reward” because of—or despite—the atrocities these conscripted adolescents have committed. Third, ongoing stigmatization processes might testify to long-term, complex disruptions of social relationships within war-affected communities. Through including children as targets and actors of repression, violation, or separation, collective violence often primarily intends to affect families and kinship and, thereby, fundamentally disrupts communities’ social fabric. Importantly, warfare thus not only exposes child soldiers and affected civilians to individually traumatizing experiences, but operates as collective trauma affecting social networks, communities, and societies. Individual and collective trauma thus become intricately interconnected in lived experiences of violent conflict. In postconflict situations, this brings along specific challenges for communities’ and societies’ long-term recovery and peace-building, as well as for individual former child soldiers’ rehabilitation and reintegration.

Later, we argue how the majority of existing rehabilitation and reintegration programs targeting former child soldiers insufficiently address this interconnection between individual and collective trauma, leading to persisting difficulties in these youths’ reintegration into their communities.

EXISTING REHABILITATION AND REINTEGRATION PROGRAMS FOR FORMER CHILD SOLDIERS

Throughout the world, a variety of programs have been set up to support child soldiers’ rehabilitation and reintegration processes (Derluyn, Mels, Parmentier, & Vandenhole, 2012; Specker, 2008). Most of these initiatives have been realized through national and international nongovernmental organizations (NGOs), with only partial or indirect involvement of governmental actors (e.g., through providing amnesty certificates to demobilized former child soldiers), because governments, in times of war and humanitarian crisis, are often destabilized and direct most of their investments to warfare and conflict resolution.

Programs for former child soldiers are often embedded in an overarching DD(R)R process, referring to components of disarmament, demobilization, (rehabilitation), and reintegration (Singer, 2006). Remarkably, the psychosocial process of rehabilitation and reintegration is thus set next to the military aspects of disarmament and demobilization, showing the emphasis on the literal military detachment and possibly implying more limited attention for the more difficult and long-term reintegration phase.

In many war-affected countries where child soldiering is an essential part of warfare, on return former child soldiers are transferred for some days or months to interim care centers, which are characterized by inpatient care and mostly include a range of activities and interventions focused around: (a) ensuring physical health through feeding programs, medical care, and health education; (b) reinstalling a typical day structure through a fixed day and week schedule, including daily tasks such as cooking, praying, doing the laundry, and sports; (c) educational and training activities, including literacy and vocational skills training; and (d) therapeutic activities directed at healing the traumatizing experiences, including theater groups, group talks, and individual counseling sessions (Coppens, Vindevogel, Derluyn, Loots, & Broekaert, 2012; Corbin, 2008).

Further, most programs particularly focus on tracing family members and realizing reunification between the child and his or her family. However, long-term follow-up of the child and his context after being reunified with family members or other caregivers is overall often limited, partially due to the program's location in the insurgent area, rendering it too dangerous for staff members to travel to the often remote communities (Coppens et al., 2012). This implies a foremost emphasis on rehabilitation rather than reintegration, as the latter requires a longitudinal approach that reaches beyond the singular efforts of reunification and reinsertion.

In many of these institutionalized rehabilitation programs, staff members consider therapeutic support to former child soldiers as the program's core component (Coppens et al., 2012), implicitly implying the idea that the child's recovery from his or her traumatic experiences would enable community reintegration. This trauma-focused approach reflects the view that the psychological effects of child soldiering form the focal concern, and that emotional problems are caused mainly by the traumatizing events these young people have been experiencing while with the armed faction (Blattman & Annan, 2010; Bracken, Giller, & Summerfield, 1995; Miller & Rasmussen, 2010; Summerfield, 2001; Wessells, 2006). However, research and practice have recurrently been confronted with the complexity of communities that are affected by collective trauma, have most of the societal structure and facilities (e.g., schools, hospitals, economy, livelihood, house, roads) destroyed by war and violence, and where stigmatization and discrimination of former child soldiers prevail. This implies that former child soldiers not only need to cope with the direct consequences of their individual trauma, but equally face the challenges emerging from the war-affected society, such as negative social reactions and economic and educational challenges (Betancourt et al., 2008; McCallin, 1995; Vindevogel, Coppens, et al., 2013). These long-lasting impacts of child soldiering might jeopardize their reintegration into society even more, as these impacts leave them extremely vulnerable in light of the already damaged economic fabric and impoverished circumstances (McCallin, 1995; Wessells, 2006). In a recent study on the

challenges confronting former child soldiers in northern Uganda, such social, educational, and economic consequences have been ranked by formerly recruited youths as their most pertinent challenges in the aftermath of war, together with the emotional burden of their child soldiering past (Vindevoel, De Schryver, et al., 2013). For this reason, a trauma-focused approach as operationalized by inpatient, short-term therapeutic programs obviously falls short of addressing these communal areas of disruption and related challenges for former child soldiers (Boothby, 2008; Miller, Kulkarni, & Kushner, 2006; Summerfield, 1996). This has urged rehabilitation and reintegration programs to complement their focus on healing of individual psychological wounds with interventions to deal with the sequelae of war in all life domains (Ager, Boothby, & Bremer, 2009; Miller & Rasco, 2004).

As a consequence, humanitarian agencies have started to induce shifts from inpatient rehabilitation programs for child soldiers toward including different life domains (e.g., vocational skills training) (Coppens et al., 2012). This development toward a more holistic approach of former child soldiers is important, as it enhances possibilities to meet the prevailing needs of these children and support their reintegration processes (Klasen et al., 2013). However, this shift from a mental health to a psychosocial approach in programs might also reverse the trend and overstress the focus on economic and social aspects of support, omitting mental health components and thus overlooking possible ongoing psychological suffering of these youths (Annan, Green, & Brier, this issue). Moreover, *psychosocial* seems to evolve into a buzzword, seemingly encompassing all kinds of support, without further clear stipulation of the specific activities put in place and surely of those not realized (Mels, Derluyn, Broekaert, & Vlassenroot, 2012).

Next to this development toward a more holistic approach, a second evolution in the provision of psychosocial care to former child soldiers consists of increasing long-term follow-up of children, their families, and communities through regular home visits, counseling sessions, or referrals for support where necessary (Coppens et al., 2012). However, donor funding often decreases together with the cessation of the armed conflict, leaving little possibility to ensure this long-term follow-up.

Moreover, programs have been including sensitization activities for communities and the entire population, aimed at the reduction of stigmatization and discrimination of former child soldiers. Different methods are being used, including radio programs with testimonies of demobilized youth or with psycho-educative information about return processes of former child soldiers, theater plays, and group discussions in communities.

Lastly, a recent development is the increasing adherence to a community-based approach. From an academic perspective, community-based refers to “efforts to work in collaboration or partnership with communities and/or settings to address local concerns and hopes for improvement” (Tricket, 2009, p. 257), implying that local influences are included throughout

the intervention process, from problem definitions to subsequent planning, programming, and implementation (Israel, Schultz, Parker, & Becker, 1998). Yet, *community-based* has easily evolved into a popular and broadly used term, thereby unfortunately obscuring its meaning (Mels, Derluyn, Parmentier, & Vandenhoe, 2012). Seemingly not all authors or organizations claiming to work community-based actually involve local community members in such an extensive way, and the concept seems to be applied in very different ways (for an overview, see McLeroy, Norton, Kegler, Burdine, & Sumaya, 2003). Moreover, it needs to be questioned what or who is considered a community? What might look like a community, sharing certain cultural or social features with a collective identity and common goals, could in fact be a heterogeneously compounded collection of people divided by social class, ethnicity, political engagement, language, and so on. Communities are defined by whom they exclude, just as much as by whom they include (McLeroy et al., 2003). Working with communities thus requires a critical awareness of who is included for partnership (and who is not), and how this confines the identification of the community's needs, resources, and solutions. Another critical question is what is to be done when community-based practices collide with a rights-based approach? Although a community-based approach tends to be considered as a way of guaranteeing the right to participation as enshrined in a human rights approach, the obligation to respect individual human rights might not always coincide with certain community practices, convictions, and priorities. In fact, the emphasis on individual (and, according to some, mostly Western) human rights might become particularly evident when addressing certain loaded issues, such as sexual or gender-based violence and youth participation in atrocities.

TOWARD A RELATIONAL UNDERSTANDING OF THE IMPACT OF AND HEALING FROM ARMED CONFLICT

Although the previously mentioned developments increasingly allow humanitarian agencies to address the complexities of former child soldiers' reintegration and rehabilitation processes, they do not seem to sufficiently address the intertwined nature of individual and collective trauma and their interconnected sequelae. For instance, the substantial body of evidence on abiding discrimination and stigmatization of former child soldiers testifies, in our view, to the persistent need to address the collective impact of warfare on communities from a relational understanding of the consequences and healing of violent conflict. As argued, collective trauma destroys the connection between human beings (Herman, 1997), thereby fundamentally affecting the core social fabric of families, kinship, and communities through which individuals give meaning to their life experiences. Through separation, violation, and repression, personal and community bonds are pervasively disrupted,

rendering it a powerful weapon of destroying human connectedness and a sense of future. From this perspective, the life experiences of formerly conscripted children essentially involve the intersection of individual and communal processes, in which suffering arises within social contexts, is resolved within social bonds, and implies ongoing dynamics of shaping and reshaping community life. Hence, a relational understanding of the impact of war and organized violence is highly needed to grasp how relational impacts profoundly shape personal experience, thereby locating the impact of trauma within social contexts, exploring vocabularies that can hold both personal and communal meanings of suffering and healing in the aftermath of collective violence (De Haene, 2012). Neglecting the myriad interconnections between individual and social worlds in understanding the impact of armed conflict and supporting postconflict reconstruction risks a further fragmentation of the social fabric on which healing so strongly depends.

A RELATIONAL APPROACH TO HUMANITARIAN INTERVENTIONS

Several particular strategies could be thought of when taking this relational approach as starting point of humanitarian responses toward war, organized violence, and collective trauma, and in particular toward rehabilitation and reintegration processes of former child soldiers, three of which are discussed here. First, healing needs to be located in a social context, which includes the acknowledgment of the far-reaching and long-term disruption of communities, a focus on reconciliation processes, and a systemic approach to mental health care. Second, efforts are needed to prevent the reification of social isolation. Third, the long-lasting complexity of reconstruction in the wake of violence needs to be acknowledged.

Locating Healing in a Social Context

Understanding organized violence and forced conscription from a relational trauma perspective primarily implies an emphasis on exploring the impact of traumatization on social and communal levels. This in-depth understanding of community processes in the aftermath of war is needed to effectively support reintegration of former child soldiers, although reintegration into the family or the community is not always possible, nor desirable, not only for reasons of absence or readiness on the part of the family or the community, but also because of entrenched inequality, social hierarchies, or exclusion in these settings (Schotsmans, 2012). Acknowledging that armed conflicts lead to fundamental changes of societies, communities, families, and individuals, former child soldiers thus get reintegrated into an environment that has changed fundamentally during their absence (which sometimes lasts for years). The youths themselves have also changed profoundly because of

their experiences within the armed group and their overall development processes. Yet in the terminology we use, we keep on referring to these situations as *rehabilitation* and *reintegration*, as if everything can be how it was before the conflict or recruitment. Far too less attention has been drawn to the overall changes that have occurred both within the child and within his or her families and communities, leading to interventions (and studies) that misapprehend the actual reality in which they occur.

This view might seem at odds with many former child soldiers' greatest wish for normalcy and to rebuild the life they knew before (Boothby & Thompson, 2013). It is highly important to reinstall a sense of normalcy and to support formerly conscripted youth to re-create normative life-cycle milestones such as employment, housing, and marriage (Boothby & Thompson, 2013), but all parties need to be aware that many things have changed, in all aspects, and that it will take time to install a sense of normalcy within a new—and still recovering—context in which individuals, groups, and communities have also changed, and are in search of new ways to live together.

Next to understanding community processes in which former child soldiers' re-integration is embedded, a relational perspective on war and organized violence points to the relevance of adding another component to the DDR process: reconciliation within war-affected communities. It is rather striking that rehabilitation and reintegration programs for former child soldiers have paid quite little attention to aspects of reconciliation and transitional justice (Mels, Derluyn, Parmentier et al., 2012). A possible explanation might be found in the dominant professional discourse that considers child soldiers as victims and not as perpetrators (Mels, Derluyn, Parmentier et al., 2012), which might be neglecting the communities' perception, given the high incidences of stigmatization and exclusion of formerly recruited young people (Blattman & Annan, 2008). Therefore, context-specific possibilities of reconciliation practices could be incorporated into the DDR process, while realizing that reaching peace with war-induced feelings of revenge and hatred often takes generations.

Third, a more strengths-based approach of former child soldiers also holds promise for processes of reconciliation besides the positive impact that such an approach can have on individual well-being. The currently often used problem-oriented approach, focusing on former child soldiers' recovery from problems and trauma, denies how a considerable group of them manages to function well (Betancourt, Borisova, et al., 2010; Klasen, Oettingen, Daniels, Post, et al., 2010; Wessells, 2006) and pays too little attention to the protective factors and the resources that youths themselves apply in their transition processes from the armed faction to civilian life. Some of these strengths might even relate to skills and knowledge acquired within the armed faction, such as leadership or jobs skills (Annan et al., this issue), although a victim-oriented perspective on child soldiers renders

it abstruse to acknowledge the benefits derived from child soldiering experiences. Acknowledging and using these strengths not only can enhance the adolescents' well-being, but it also can create possibilities for them to find new positions in their community and possibly restore (some of) the damage they have caused while involved with the armed group.

Lastly, locating trauma at the intersection of individual and communal processes might indicate the relevance of a systemic approach of psychosocial well-being in the aftermath of war. Given the importance of familial contexts in children's recovery and reintegration processes (Laor, Wolmer, & Cohen, 2001), programs need to include the entire familial and community context into their approaches from the beginning (e.g., through family therapy sessions or psychoeducative programs for families and communities). As Morley and Kohrt (2013) have shown through their research in Nepal, systemic approaches can include not only family members, but also other important context figures such as the adolescents' peers to reduce stigmatization and heighten the chances for a positive reintegration process.

Preventing the Reification of Social Isolation

Besides locating healing in a social context, efforts are needed to prevent the reification of social isolation. As argued earlier, warfare and practices of child soldiering are extremely divisive for a nation, because these might induce distrust and hatred in the affected population and lead to vengeance and reprisals among civilians (Miller & Rasco, 2004; Vargas, 2009). Such social division and consequent tension might be reinforced by selective, extra professional support for former child soldiers, which might evoke even more feelings of hatred and revenge toward formerly recruited young people in the community, especially when communities also suffer from a great range of challenges and problems. Categorical approaches of humanitarian interventions are often related to policies of NGOs, governments, and other funding agencies, as targeting the most vulnerable groups, such as child soldiers, seems to be more attractive in many aspects (e.g., media, accessibility of the group, attraction of funding, etc.). Moreover, a categorical approach happens at the expense of the noncategorical, holistic approach that is increasingly advocated. This continuous tension between policy-driven directions and the needs emanating from the concrete, complex reality (already displaying the long-lasting and deeply rooted side effects of categorical approaches) makes a case for intensive cooperation and networking between different actors in the field, including governmental and nongovernmental, local, national, and international agencies (Derluyn, 2011). This noncategorical approach does not only acknowledge that armed conflict—directly or indirectly—affects all children and adolescents living in the conflict area (Annan et al., this issue), but also tackles the risk of stigmatization when singling out particular (and often already contested) groups.

Acknowledging Long-Term Complexity of Reconstruction in the Wake of Violence

Third, the long-term complexity of reconstruction often remains unacknowledged. This becomes particularly clear in the absence of long-term development assistance or the huge gaps—in time, approach, and focus—between short-term emergency relief and longer term peace building and development cooperation in postconflict areas (Derluyn, 2011). Often induced through a broader context of, among others, financing and decision making that favors short-term approaches, a lack of long-term developmental aid leaves the postconflict areas at high risk for renewed conflict, as many issues remain untouched and the dependency created during the period of short-term humanitarian assistance is mostly hard to overcome (Mels, Derluyn, Broekaert, et al., 2012). Because recovery and restoration are long-term processes, there is need for longitudinal attention long after the conflict has officially ended. Moreover, in contemporary political conflict the sequence of events is hardly predictable and instability and hardship often linger on (Goodhand & Hulme, 1999; van Ommeren, Saxena, & Saraceno, 2005). Despite formal peace-building efforts (e.g., the organization of national elections, international peace treaties), upsurges of violence can cause new displacement, loss, and scarcity, repeatedly alternating crisis and recovery, as such actions seldom tackle the root causes of contemporary conflict or what sustains it (O'Dempsey & Munslow, 2006). In the long term, many indirect effects of prolonged violence (e.g., poverty, destruction of infrastructure and economy, displacement, and insecurity) persist. As a result, the impact of war and violence extends well beyond the period of crisis or active warfare, and also affects several areas of child and adolescent functioning, which also urges for long-term rebuilding plans of particular communities, societies, and regions (Mels, Derluyn, Broekaert, & Rosseel, 2010; Moss et al., 2006).

Overall, reintegration and rehabilitation processes of former child soldiers need to be considered as highly complex processes, including multiple aspects on several levels (individual, micro-, meso-, and macrolevel), where no fast track or quick fix is possible, nor a stand-alone approach. As a consequence, the connections among disarmament, demobilization, rehabilitation, and reintegration processes on the one hand and the broader security, political, and economic environment on the other must be factored into all interventions. In doing so, there is need to acknowledge that rehabilitation and reintegration processes of children affected by armed conflict touch on fundamental questions of development and poverty. Analytically, this implies that conceptualizations need to tie in with key insights of international relations, global poverty, and development studies. Operationally, the implications of this close connection encompass minimally that conflict prevention in general and prevention of child soldiering in particular need

to address fundamental questions of development, for the root causes of conflict and the involvement of children therein seem to be more often than not closely connected with maldevelopment or lack of opportunities for development (Lee, 2009).

WAYS FORWARD IN RESEARCH

Interestingly, many of the previously described changes and evolutions in interventions supporting the rehabilitation and reintegration processes of former child soldiers can equally be found in research studying this group of conscripted youth and related war-affected populations. Overall, research on the health and well-being of child soldiers and certainly of children and adolescents affected by armed conflict in general has been relatively scarce and of quite recent date (Barenbaum et al., 2004; Boothby, 2008). Moreover, most studies have focused on particular groups such as former child soldiers, although, as with categorical humanitarian interventions, this has possibly contributed to higher stigmatization of the involved populations. High ethical standards in research are thus needed, acknowledging the possible negative or stereotyping impact of certain approaches and categorizations.

Besides the focus on particular groups, many studies, certainly in the beginning stages, have concentrated on the mental health impact of war-related trauma, whereby mental health was mostly operationalized as symptoms of post-traumatic stress disorder. In recent years, in concordance with the evolution in humanitarian approaches, gradually more attention has been paid to the broader impact of warfare on children's lives, including the detrimental impact of changed daily living conditions (Kienzler, 2008; Pedersen, 2002). As a result, the focus has changed from looking solely at children's mental health to a broader range of health aspects and quality of life (e.g., physical health, social relationships), mainstreaming the concept of psychosocial well-being, although its operationalization remains challenging (Inter-Agency Standing Committee, 2007; Rössler & Haker, 2003; van Ommeren et al., 2005).

Third, more attention is given now to factors protecting children's health and to how youths try to cope with these difficult situations, instead of a solely problem-oriented focus (Miller, Omidian, Rasmussen, Yaqubi, & Daudzai, 2008). This involves that war-affected populations in general, and child soldiers in particular, should not be looked at as passive victims. Instead, research needs to draw attention to both their agency to deal with these challenging situations and their own voices about the studied contexts and events.

Finally, community-based approaches are also finding their way into research, with attempts to incorporate research questions and methods that are more grounded in the studied communities, instead of using top-down

and Western-based approaches with little attention to local and cultural specificities (Barenbaum et al., 2004; Bolton, Wilk, & Ndogoni, 2004; Miller et al., 2006; Patel, Flisher, Nikapota, & Malhotra, 2008; van Ommeren, 2003). However, *community-based* is also often used as a buzzword, easily covering all kinds of methods and research designs, although often these studies are limitedly grounded into bottom-up approaches in which community members are really sufficiently involved.

These shifts toward a much broader view on health and well-being of war-affected children and its impacting risk and protective factors, and from the passive victim to the active agent have equally raised the question of whether an exclusive view on former child soldiers as victims, involuntary involved as actors in the conflict, can be maintained. Scant research has drawn on the question of victimhood versus perpetrator in these young populations, although this question seems to be highly relevant, given the large evidence of stigmatization and discrimination of returned youths. Contextualized approaches in research are therefore absolutely indispensable to understand the nuanced and complex realities of young people's entry into fighting forces, including underlying root causes and local views on child soldiering, involvement in the armed groups, and the trajectories from the armed faction to civilian life (Mackie & LeJeune, 2009; Rosen, 2007).

Moreover, important gaps remain in our knowledge base about child soldiers' long-term evolutions, which could help us to better understand how their trajectories can be supported in the best way. Hereby, also in research, it seems to be seldom acknowledged that the families, communities, and societies to which former child soldiers return also have changed tremendously because of the collective trauma and the long-lasting armed conflicts. This is evident in the fact that most studies do not transcend the level of the individual as the unit of analysis, failing to capture the communal and societal impact of armed conflict (Miller & Rasco, 2004). Even in the terminology we use in research, we keep talking about *rehabilitation* and *reintegration*, as if everything can be turned back into normal, as it was before the conflict broke out.

CONCLUSION

Armed conflict largely affects individuals, families, communities, and societies. Although particular groups, such as former child soldiers, are targeted very ostensibly and directly, we need to acknowledge, both in humanitarian approaches and in research, that the impact of collective violence reaches far beyond the individual. We need to rethink the concept of war-related trauma into a relational approach, whereby individual experiences are essentially connected to collective ones. It further implies that initiatives supporting the recovery of individuals, particular groups, and communities need to

incorporate this relational understanding of trauma into all aspects of their interventions. Rethinking the concepts of *rehabilitation*, *reintegration*, or *recovery* toward approaches of (re)newed growth and (re)newed equilibres can help to open up perspectives toward more connected and holistic views on long-term and sustainable peace-building efforts after armed conflict.

REFERENCES

- Ager, A., Boothby, N., & Bremer, M. (2009). Using the “protective environment” framework to analyse children’s protection needs in Darfur. *Disasters*, 33, 548–573.
- Annan, J., Blattman, C., & Horton, R. (2006). *The state of youth and youth protection in northern Uganda: Findings from the Survey for War-Affected Youth*. Kampala, Uganda: UNICEF, AVSI.
- Barenbaum, J., Ruchkin, V., & Schwab-Stone, M. (2004). The psychosocial aspects of children exposed to war: Practice and policy initiatives. *Journal of Child Psychology and Psychiatry*, 45(1), 41–62.
- Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., Williams, D. R., & Ellis, B. H. (2010). Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone. *Social Science & Medicine*, 70, 17–26.
- Betancourt, T. S., Borisova, I., Rubin-Smith, J., Gingerich, T., Williams, T., & Agnew-Blais, J. (2008). *Psychosocial adjustment and social reintegration of children associated with armed forces and armed groups: The state of the field and future directions*. Austin: Psychology Beyond Borders.
- Betancourt, T. S., Borisova, I. I., Williams, T. P., Brennan, R. T., Whitfield, T. H., de la Soudiere, M., et al. (2010). Sierra Leone’s former child soldiers: A follow-up study of psychosocial adjustment and community reintegration. *Child Development*, 81, 1077–1095.
- Betancourt, T. S., Brennan, R. T., Rubin-Smith, J., Fitzmaurice, G. M., & Gilman, S. E. (2010). Sierra Leone’s former child soldiers: A longitudinal study of risk, protective factors, and mental health. *Journal of the American Academy of Child and Adolescent*, 49, 606–615.
- Blattman, C., & Annan, J. (2008). Child combatants in northern Uganda: Reintegration myths and realities. In R. Muggah (Ed.), *Security and post-conflict reconstruction: Dealing with fighters in the aftermath of war* (pp. 103–126). New York: Routledge.
- Blattman, C., & Annan, J. (2010). The consequences of child soldiering. *The Review of Economics and Statistics*, 92, 882–898.
- Bolton, P., Wilk, C., & Ndogoni, L. (2004). Assessment of depression prevalence in rural Uganda using symptom and function criteria. *Social Psychiatry & Psychiatric Epidemiology*, 39, 442–447.
- Boothby, N. (2008). Political violence and development: An ecologic approach to children in war zones. *Child and Adolescent Psychiatric Clinics of North America*, 17, 497–514.

- Boothby, N., Crawford, J., & Halperin, J. (2006). Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts. *Global Public Health*, 1(1), 87–107.
- Boothby, N. G., & Knudsen, C. M. (2000). Waging a new kind of war: Children of the gun. *Scientific American*, 282(6), 60–65.
- Boothby, N., & Thompson, B. (2013). Child soldiers as adults: The Mozambique case study. *Journal of Aggression, Maltreatment & Trauma*, 22(7), 735–756.
- Bracken, P. J., Giller, J. E., & Summerfield, D. (1995). Psychological responses to war and atrocity: The limitations of current concepts. *Social Science & Medicine*, 40, 1073–1082.
- Coalition to Stop the Use of Child Soldiers. (2008). *Child soldiers: Global report 2008*. London: Author.
- Coppens, K., Vindevogel, S., Derluyn, I., Loots, G., & Broekaert, E. (2012). Psychosocial care in rehabilitation centres for former child soldiers in northern Uganda. In I. Derluyn, C. Mels, S. Parmentier, & W. Vandenhoe (Eds.), *Re-member: Rehabilitation, reintegration and reconciliation of war-affected children* (pp. 329–362). Cambridge, England: Intersentia.
- Corbin, J. N. (2008). Returning home: Resettlement of formerly abducted children in northern Uganda. *Disasters*, 32, 316–335.
- De Haene, L. (2012, August). *Traumatic suffering and reconstruction in the wake of organized violence: Exploring interconnections between individual and social worlds*. Symposium chaired at the International Conference on Peace Studies, Leuven, Belgium.
- Denov, M. (2010). *Child soldiers: Sierra Leone's Revolutionary United Front*. Cambridge, England: Cambridge University Press.
- Derluyn, I. (2011). Towards a new agenda for rehabilitation and reintegration processes for child soldiers. *Journal of Adolescent Health*, 49(1), 3–4.
- Derluyn, I., & Broekaert, E. (2010). Child soldiers. In J. Brown & E. Campbell (Eds.), *The Cambridge handbook of forensic psychology* (pp. 638–644). Cambridge, England: Cambridge University Press.
- Derluyn, I., Broekaert, E., Schuyten, G., & De Temmerman, E. (2004). Post-traumatic stress in former Ugandan child soldiers. *Lancet*, 363(9412), 861–863.
- Derluyn, I., Mels, C., Parmentier, S., & Vandenhoe, W. (2012). *Re-member: Rehabilitation, reintegration and reconciliation of war-affected children*. Cambridge, England: Intersentia.
- Goodhand, J., & Hulme, D. (1999). From wars to complex political emergencies: Understanding conflict and peace-building in the new world disorder. *Third World Quarterly*, 20(1), 13–26.
- Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: Basic Books.
- Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: Author.
- Israel, B., Schultz, A., Parker, E., & Becker, A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173–202.
- Kienzler, H. (2008). Debating war-trauma and post-traumatic stress disorder (PTSD) in an interdisciplinary arena. *Social Science & Medicine*, 67, 218–227.

- Kimmel, C. E., & Roby, J. L. (2007). Institutionalized child abuse: The use of child soldiers. *International Social Work, 50*, 740–754.
- Klasen, F., Gehrke, J., Metzner, F., Blotevogel, M., & Okello, J. (2013). Complex trauma symptoms in former Ugandan child soldiers. *Journal of Aggression, Maltreatment, & Trauma, 22*, 698–713.
- Klasen, F., Oettingen, G., Daniels, J., & Adam, H. (2010). Multiple trauma and mental health in former Ugandan child soldiers. *Journal of Traumatic Stress, 23*, 573–581.
- Klasen, F., Oettingen, G., Daniels, J., Post, M., Hoyer, C., & Adam, A. (2010). Post-traumatic resilience in former Ugandan child soldiers. *Child Development, 81*, 1096–1113.
- Kohrt, B. A., Jordans, M. J., Tol, W. A., Speckman, R. A., Maharjan, S. M., Worthman, C. M., et al. (2008). Comparison of mental health between former child soldiers and children never conscripted by armed groups in Nepal. *Journal of the American Medical Association, 300*, 691–702.
- Laor, N. L., Wolmer, L., & Cohen, D. J. (2001). Mothers' functioning and children's symptoms 5 years after a SCUD missile attack. *American Journal of Psychiatry, 158*, 1020–1026.
- Lee, A-J. (2009). *Understanding and addressing the phenomenon of "child soldiers": The gap between the global humanitarian discourse and the local understandings and experiences of young people's military recruitment* (Working paper series No. 52). Oxford, England: Refugee Studies Centre.
- Machel, G. (2001). *The impact of war on children*. London: Hurst & Company.
- Mackie, G., & LeJeune, J. (2009). *Social dynamics of abandonment of harmful practices: A new look at the theory* (Innocenti Working Paper No. 2009–06). Florence, Italy: UNICEF Innocenti Research Centre.
- McCallin, M. (1995). *The reintegration of young ex-combatants into civilian life*. Geneva: International Labor Office.
- McKay, S., & Mazurana, D. (2004). *Where are the girls? Girls in fighting forces in northern Uganda, Sierra Leone, and Mozambique: Their lives during and after war*. Montreal: International Centre for Human Rights and Democratic Development.
- McLeroy, K., Norton, B., Kegler, M., Burdine, J., & Sumaya, C. (2003). Community-based interventions. *American Journal of Public Health, 93*, 529–533.
- Mels, C., Derluyn, I., Broekaert, E., & Rosseel, Y. (2010). The psychological impact of forced displacement: Comparing risk factors in internally displaced, returned and non-displaced Eastern Congolese adolescents affected by war. *Journal of Child Psychology and Psychiatry, 51*, 1096–1104.
- Mels, C., Derluyn, I., Broekaert, E., & Vlassenroot, K. (2012). Exploring the context for adolescent mental health and psychosocial assistance in the Eastern Democratic Republic of Congo. In I. Derluyn, C. Mels, S. Parmentier, & W. Vandenhoe (Eds.), *Re-member: Rehabilitation, reintegration and reconciliation of war-affected children* (pp. 475–498). Cambridge, England: Intersentia.
- Mels, D., Derluyn, I., Parmentier, S., & Vandenhoe, W. (2012). Introduction: Children affected by armed conflict viewed from three fields. In I. Derluyn, C. Mels, S. Parmentier, & W. Vandenhoe (Eds.), *Re-member: Rehabilitation, reintegration and reconciliation of war-affected children* (pp. 1–34). Cambridge, England: Intersentia.

- Miller, K., Kulkarni, M., & Kushner, H. (2006). Beyond trauma-focused psychiatric epidemiology: Bridging research and practice with war-affected populations. *American Journal of Orthopsychiatry*, 76, 409–422.
- Miller, K., Omidian, P., Rasmussen, A., Yaqubi, A., & Daudzai, H. (2008). Daily stressors, war experiences, and mental health in Afghanistan. *Transcultural Psychiatry*, 45, 611–638.
- Miller, K. E., & Rasco, L. M. (2004). An ecological framework for addressing the mental health needs of refugee communities. In K. E. Miller & L. M. Rasco (Eds.), *The mental health of refugees: Ecological approaches to healing and adaptation* (pp. 1–64). Mahwah, NJ: Erlbaum.
- Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70, 7–16.
- Morley, C. A., & Kohrt, B. A. (2013). Impact of peer support on PTSD, hope, and function impairment: A mixed-methods study of child soldiers in Nepal. *Journal of Aggression, Maltreatment & Trauma*, 22(7), 714–734.
- Moss, W., Ramakrishnan, M., Storms, D., Henderson Siegle, A., Weis, W., Lejnev, I., et al. (2006). Child health in complex emergencies. *Bulletin of the World Health Organisation*, 84(1), 58–64.
- O'Dempsey, T., & Munslow, B. (2006). Globalisation, complex humanitarian emergencies and health. *Annals of Tropical Medicine & Parasitology*, 100, 501–515.
- Patel, V., Flisher, A. J., Nikapota, A., & Malhotra, S. (2008). Promoting child and adolescent mental health in low and middle income countries. *Journal of Child Psychology & Psychiatry*, 49, 313–334.
- Pedersen, D. (2002). Political violence, ethnic conflict, and contemporary wars: Broad implications for health and social well-being. *Social Science & Medicine*, 55, 175–190.
- Rosen, D. M. (2007). Child soldiers, international humanitarian law, and the globalization of childhood. *American Anthropologist*, 109, 296–306.
- Rössler, W., & Haker, H. (2003). Conceptualizing psychosocial interventions. *Current Opinion in Psychiatry*, 16, 709–712.
- Schotsmans, M. (2012). No return home: The (non-)reintegration of youth ex-combatants in Sierra Leone as a challenge to the contextualization of DDR and transitional justice. In I. Derluyn, C. Mels, S. Parmentier, & W. Vandenhoele (Eds.), *Re-member: Rehabilitation, reintegration and reconciliation of war-affected children* (pp. 215–241). Cambridge, England: Intersentia.
- Singer, P. W. (2006). *Children at war*. Berkeley: University of California Press.
- Somasundaram, D. (2002). Child soldiers: Understanding the context. *British Medical Journal*, 324, 1268–1271.
- Specker, L. (2008). *The R-phase of DDR processes: An overview of key lessons learned and practical experiences*. The Hague, The Netherlands: Netherlands Institute of International Relations Clingendael, Conflict Research Unit. Retrieved from http://www.clingendael.nl/sites/default/files/20080900_cru_report_specker.pdf
- Summerfield, D. (1996). *The impact of war and atrocity on civilian populations: Basic principles for NGO interventions and a critique of psychosocial trauma projects*. London: Overseas Development Institute.
- Summerfield, D. (2001). Discussion guide 1: The nature of conflict and the implications for appropriate psychosocial responses. In M. Loughry & A. Ager (Eds.),

- The refugee experience: Psychosocial training module* (pp. 28–56). Oxford, England: Refugee Studies Centre.
- Tricket, E. (2009). Multilevel community-based culturally situated interventions and community impact: An ecological perspective. *American Journal of Community Psychology*, 43, 257–266.
- van Ommeren, M. (2003). Validity issues in transcultural epidemiology. *British Journal of Psychiatry*, 182, 376–378.
- van Ommeren, M., Saxena, S., & Saraceno, B. (2005). Mental and social health during and after acute emergencies: Emerging consensus? *Bulletin of the World Health Organization*, 83, 71–76.
- Vargas, J. F. (2009). *Military empowerment and civilian targeting in civil war* (HiCN Working Paper No. 56). Brighton, England: Households in Conflict Network.
- Vindevogel, S., Broekaert, E., & Derluyn, I. (in press). Child soldiers. In J. Conte (Ed.), *Child abuse & neglect worldwide*. Westport, CT: Praeger.
- Vindevogel, S., Coppens, K., Derluyn, I., De Schryver, M., Loots, G., & Broekaert, E. (2011). Forced conscription of children during armed conflict: Experiences of former child soldiers in northern Uganda. *Child Abuse & Neglect*, 35, 551–562.
- Vindevogel, S., Coppens, K., De Schryver, M., Loots, G., Broekaert, E., & Derluyn, I. (2013). Beyond child soldiering: Daily living conditions' interference with former child soldiers' longer term psychosocial well-being in northern Uganda. *Global Public Health*, 8, 485–503.
- Vindevogel, S., De Schryver, M., Broekaert, E., & Derluyn, I. (2013). Challenges faced by former child soldiers in the aftermath of war in Uganda. *Journal of Adolescent Health*, 52, 757–764. doi:10.1016/j.jadohealth.2012.11.014
- Wessells, M. (2006). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.
- Wessells, M. (2012). Psychosocial well-being and the integration of war-affected children: Toward a community resilience approach. In I. Derluyn, C. Mels, S. Parmentier, & W. Vandenhoe (Eds.), *Re-member: Rehabilitation, reintegration, and reconciliation of war-affected children* (pp. 57–75). Cambridge, England: Intersentia.
- Williams, R. (2007). The psychosocial consequences for children of mass violence, terrorism, and disasters. *International Review of Psychiatry*, 19, 263–277.