

**Tangaza College  
The Catholic University of Eastern Africa**

**A Study on Former Child Combatants in Sierra Leone:  
Assessment of the Problem; Rehabilitation Strategies;  
Pastoral Ministry.**

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**This long essay is submitted in partial fulfillment of the requirements for the Award of Bachelor of Arts in Religious Studies.**

## **Student's Declaration**

I hereby declare that this long essay has not been submitted for academic credit to any other institution. All sources have been cited in full.

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This long essay has been submitted for examination with my approval as the college supervisor.

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Stephen Grazulis, S.M.

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## **Chapter 1: Introduction**

### **Statement of the Problem**

Like many developing nations, due to its poverty and economic structures, Sierra Leone has had its share of streetchildren who would beg on the streets from expatriates and wealthy Sierra Leoneans. In the mid-90s, while working in Sierra Leone, I was pestered by street kids in Freetown to the same degree that I experience the street kids during my visits to Nairobi. If the number of kids approaching for a hand-out is a reliable indication of a country's street child population then I would propose that Freetown, in the mid-90s, had as high an incidence of street children as Nairobi does today. The Salesians began work with street children in the late 90s and presently have about 200 children in their care. Many of these children now live on the streets as a direct result of the increased fighting in the last five years.

Were I to begin my pastoral work by ministering to street children I would have no trouble finding reference materials which would help me to do so more effectively since so much research has been done on this phenomenon in Nairobi and other parts of Africa. However, there is not as much readily available material on approaches and programs for working with former child combatants, which I have found to be a large social problem in Sierra Leone as well as in many other parts of the world.

The idea for this paper arose from a combination of factors: during my pastoral practice in Sierra Leone from 1995 until 1998 I met many of these young soldiers at road blocks, in the market, and even at our gate as they begged us for food or soap. Anyone could realize that, in spite of the gun and military garb, these soldiers were still very much children; the media has also presented to the world the plight of child combatants rather

sympathetically: finally, there is a great need for people to minister to the large number of child soldiers. Don Bosco responded to the needs of the youth of his time: we Salesians are called to imitate him and do the same. It may happen that in April of this year after my return to Sierra Leone, I will be asked to minister to former child soldiers. Some research and preparation in this area would be an invaluable help to me and to others called to this unique ministry.

The remainder of this chapter provides a brief history of Sierra Leone, emphasizing the recent war's roots and causes. The second chapter presents relevant information from Gracia Machel's monumental work on the plight of the world's children. She received her assignment from the U.N. and presented her report to that organization in October, 1996. She has much to say about the situation of child combatants. I will compare observations and recommendations from the relevant sections of her paper with the situation of child combatants in Sierra Leone.

In the third chapter I address the unique and challenging aspect of the child combatants' mental health. I believe from what I have read and what I have witnessed that many of these young people may suffer from a condition called Post-Traumatic Stress Disorder. In line with this, the fourth chapter contains information on pastoral ministry to these young people - how to share with them the good news of our Lord's love and forgiveness.

### **Recent History of Sierra Leone**

Sierra Leone is a very small country on the west coast of Africa sandwiched between Guinea on its Northern and Eastern borders and Liberia on its southern. The land

area is just 71,740 sq. km and its population is approximately 4.5 million<sup>1</sup> which makes for a population density of 62 people per kilometer, a relatively high figure for Africa. The life expectancy hovers around 35 years of age according to various sources.

There are about twenty tribes living in Sierra Leone. The majority of the people are Muslim but the number of Christians is increasing. Fortunately, there is almost no animosity between the two groups. The official and commercial language of the country is English while Krio (Pidgin English) is the lingua franca. Of the tribal languages, Mende, Limba and Temne are the most commonly spoken. The climate is tropical with a pronounced dry season from around November to April and a rainy season from May until September. Sierra Leone is one of the poorest, if not the poorest country in the world.

Until 1961 Sierra Leone was a colony and protectorate of Great Britain. On its independence Mr. Milton Margai remained its prime minister until 1968 when Dr. Siaka Stevens, elected as president the year before, began his term. Stevens, an apparently corrupt man judging from the country's problems, held the office until 1985 during which time the conditions and infrastructure of the country deteriorated drastically. Due to mounting unrest, demonstrations and violence, Stevens was overthrown by his chief of the armed forces, Major General Joseph Momoh, in 1985. Military rule with periods of media censorship and martial law continued under two successive army officers until, almost miraculously, the military government agreed to elections in 1996.<sup>2</sup> Ahmed Tejan Kabbah, the former ambassador to the U.N., elected as president on 15 March, was inaugurated on 29 March 1996. The country seemed headed toward a much-needed recovery.

Meanwhile, during the 80s and 90s, as corruption and government mismanagement

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<sup>1</sup> <<http://www.asylumlaw.org/docs/showDocument.cfm?documentID=854>>

<sup>2</sup> Ibid

increased, a reaction led by a disillusioned army corporal surfaced. The corporal's name was Foday Sankoh and in 1991 he organized and led the Revolutionary United Front (RUF) ostensibly to put an end to corrupt government. However, his organization has always seemed more interested in promoting the welfare of its soldiers through the illegal sale of diamonds than working toward good governance. It is reported to have links with the National Patriotic Front of Liberia.<sup>3</sup>

The RUF not only led attacks on the government's armed forces in remote parts of the country, but it also raided villages raping, killing, and mutilating their civilian residents. Indeed the RUF fighters became famous throughout the world for amputating the limbs, usually the arms, of their victims. The presidential election in 1996 had to be extended because of the activity of the RUF who killed twenty-seven people in order to disrupt the electoral process.<sup>4</sup>

Most of the RUF's activities were limited to small villages in the diamond-rich eastern part of the country. On 25 May 1997, the RUF, in cooperation with disgruntled soldiers calling themselves the Armed Forces Revolutionary Council (AFRC), organized a coup and forced Mr. Kabbah from office. They replaced him with Major Johnny Paul Koroma, a Sierra Leonean soldier awaiting trial in prison for a previous coup attempt; Foday Sankoh became his second in command. Koroma and Sankoh assumed leadership of almost all of the country. An international peace-keeping body from West Africa, called ECOMOG, made up of soldiers from Ghana and Guinea but mostly from Nigeria, maintained control of the remainder of the country including the international airport. They represented the legitimate government of the exiled Kabbah and had the support of the

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<sup>3</sup> *ibid*

<sup>4</sup> *ibid*.

international community who refused to recognize the AFRC/RUF regime.

In February 1998 ECOMOG forces liberated the capital and took control of most of the major towns and roads. The RUF, forced once again into the remoter regions of the country, resumed their violent attacks on civilians, vowing to return one day to the capital. Indeed they fulfilled their promise and in January of 1999 attacked Freetown and held the city for almost two months. During that time they killed an estimated six thousand people<sup>5</sup>, burned perhaps ten percent of the city's buildings, looted businesses and performed unimaginable atrocities on civilians. Again, ECOMOG forces drove them from the capital after two months but were unable and unwilling to pursue them into the bush and permanently eliminate their threat.

Since Nigeria, who funded and provided the manpower for ECOMOG activity in Sierra Leone, was having its own financial and political problems and could not sustain its level of activity, and since few Western countries, including the U.S. and Great Britain, were willing to become involved, President Kabbah and his government were forced into a peace agreement with the RUF/AFRC in Fogo in July 1999. It was ridiculous to any of us who had lived in the country during the previous ten years: RUF and AFRC members were appointed to ministerial positions in the government and newly-appointed vice-president Foday Sankoh chaired a commission to manage mineral resources and reconstruction thereby giving him control of the country's diamond mining activities!

Not surprisingly this new government was corrupt and did not uphold its part of the peace agreement. An ongoing rivalry between the RUF and AFRC continued and led to its

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<sup>5</sup> Amnesty International Annual Report 2000 <http://www.web.amnesty.org/web/ar2000/web.nsf/countries>

instability. In May 2000 Sankoh's personal bodyguards fired on unarmed demonstrators outside his residence. They had gathered in order to protest his failure to support the peace agreement and his alleged participation in diamond smuggling. Sankoh was detained by ECOMOG soldiers and later arrested when a search of his residence produced evidence of his dealings both in illegal diamonds and drugs. The coalition government was dissolved. Great Britain and the U.S. as well as other Western countries recognized the disastrous results of the recent peace agreement and agreed to greater financial aid. The U.N. sent some 20,000 troops to the country in order to help with disarmament and peace-keeping. On 20 January 2002, after months of slow disarmament and due to a strong UN military presence, Sierra Leone declared that its ten-year war was finally over. Plans are now being made for presidential elections.

### **Phenomenon of Child Combatants**

One of the many tragedies of the war was its recruitment of children, some as young as eight years old, to serve the armed forces. This is not an infrequent occurrence: Liberia, Congo, Sri Lanka, Angola, Mozambique and many other countries have all used children as combatants. A frequently quoted estimate of the number of Sierra Leonean children who served in the RUF and AFRC and in civil defense militia is 5,400. According to Amnesty International, the number is likely to be much higher.<sup>6</sup> Since the disarmament and declaration of peace, these children are no longer combatants and so are mostly idle at present. For various reasons discussed later, they can not return to their homes. They need guidance and support from the government and from the Church.

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<sup>6</sup> Ibid.

## **Chapter 2: Rehabilitation and Reintegration of Former Child Combatants in Sierra Leone**

### **Recommendations and Guidelines from U.N. Report, *Impact of Armed Conflict on Children*:**

In June 1994 the U.N. General Secretary assigned Ms. Grac'a Machel to study the effects of armed conflict on the world's children and appointed her "expert" in this area. Her research took more than a year and in October 1996 she presented her conclusions to the U.N. General Assembly in a report entitled *Impact of Armed Conflict on Children*. She includes a very informative section on the alarming trend of the use of child combatants to which I shall refer rather extensively in this chapter of my paper. I will compare her observations, conclusions, and recommendations - which cover almost every aspect of this topic - with what I observed in Sierra Leone during my most recent visit in June, July and August of 2001.

The section of Machel's report entitled, "Child Soldiers" begins with the recruitment methods used by military personnel to secure young combatants. She presents the reasons why children throughout the world join military movements: conscription by military personnel; press-ganging; the economic needs of the family; the need for safety; attractiveness of military life; and the lure of ideology.

Most of these factors are at work in Sierra Leone. Machel mentions an interview which she had with Sierra Leonean child soldiers "who proudly defended the number of 'enemies' they had killed."<sup>7</sup> The soldier's life is an attractive one to poor kids who have not much chance at getting an education because they cannot afford school fees

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<sup>7</sup> Grac'a Machel, *Impact of Armed Conflict on Children*, Report to Fifty-First Session of the United Nations, 1996. Paragraph 42

(sometimes the equivalent of only a few hundred Kenyan shillings per semester!). When soldiers of the Rebel United Front (RUF) moved into Lungi, where we Salesians live and work, in June, 1997, dressed like "Rambo" with sunglasses, bandannas, jeans, camouflaged jackets and AK-47s, they impressed many of the kids who had seen such figures on American-produced videos. These young soldiers appeared to be real-life action heroes who were also able to secure a few easy leones at the checkpoints along the road. A number of unemployed kids and adults with little else to do joined the RUF movement.

Press-ganging, the kidnapping of a large number of young people from a place where they had previously assembled like a school, sports match, or church has occurred at least once. In 1995, more than 100 students were kidnapped from a secondary school in a village called Kambia in the northern part of the country. They were marched down the main street of the town and out into the bush. While many of them have returned to their families as a result of the peace talks and the disarmament movement, the fate of a number of them is still unknown and it is assumed that they became part of the movement.

Krijn Peters and Paul Richards interviewed a number of child combatants in refugee camps in Sierra Leone and reported their findings in an article in *Africa*. They claim that

....large numbers of children have been conscripted against their will, mainly by the RUF/SL. In all these respects a majority of participants in the Sierra Leone war can be considered 'victims' of military manipulation....But many under-age combatants joined up voluntarily, some looking for revenge, others to survive. Youngsters in a war zone find themselves 'on the street'. Joining a militia group is both a meal ticket and substitute education. The pay may be derisory but weapon training pays quicker dividends than school ever did: soon the AK47 brings food, money, a warm bath and instant adult respect. The combat

group substitutes for lost family and friends.<sup>8</sup>

According to Peters and Richards, a number of combatants are lured by the ideology of creating a better country by their combat efforts (no matter how barbaric) or of, at least, gaining a better situation for themselves: "Time and again interviewees return to the theme of educational aspirations....loss of educational opportunity is seen as a major factor in the decision to fight."<sup>9</sup>

The next topic in the section, "Child Soldiers", concerns the ways that adult soldiers use and manipulate their child subordinates. Most children begin their military career by providing little more than physical labor. "One of the common tasks assigned to children is to serve as porters, often carrying very heavy loads of up to 60 kilograms including ammunition or injured soldiers. Children who are too weak to carry their loads are liable to be savagely beaten or even shot."<sup>10</sup> Children are used as look-outs, scouts, cooks, gardeners and messengers. Girls are also recruited and are used, as might be expected, to cook food or wash clothes. However, Machel adds, "girls may also be forced to provide sexual services."<sup>11</sup> I believe that this is an understatement. Many young women are kidnapped with the intention of becoming sex slaves or "wives" to soldiers. According to Peters and Richards, "girl combatants regularly experience military rape..."<sup>12</sup> Amnesty International says that more than 90 percent of women and girls abducted and held captive are believed to have been raped.<sup>13</sup>

<sup>8</sup> Krijn Peters and Paul Richards, "Why We Fight: Voices of Youth Combatants in Sierra Leone," *Africa* 68 (1998): 187.

<sup>9</sup> *Ibid.*, 187.

<sup>10</sup> Machel, *Impact of Armed Conflict on Children*, par.44

<sup>11</sup> *Ibid.*, par. 45

<sup>12</sup> Peters and Richards, "Why We Fight: Voices of Youth Combatants in Sierra Leone," 186.

<sup>13</sup> Amnesty International Annual Report 2000.

<<http://www.web.amnesty.org/web/ar2000web.nsf/countries>>

This is what I have observed in Sierra Leone. New soldiers, especially if they are forcibly recruited, begin their military career by carrying loads for their superiors. Not only is this initial period a time of providing manual labor, it also allows the officers to evaluate new recruits to assess their obedience and to see if they adopt the "party spirit". In time they will be trusted with weapons either because they have adopted the ideology of the group or because they are too afraid to offer any sort of resistance.

Recruits rarely remain in these support roles for any length of time. "It does not take long before they are placed in the heat of battle."<sup>14</sup> In general, children seem well-suited to heavy combat because they are unaware of the real dangers which surround them. "The youngest children rarely appreciate the perils they face. A number of case studies report that when the shelling starts the children get overexcited and forget to take cover."<sup>15</sup> The work of Peters and Richards in Sierra Leone supports this:

Male and female under-age irregulars are rated highly by their officers. Under-age irregulars fight without inhibitions and kill without compunction, sometimes casually, sometimes as an extension of play. They are good in ambush situations, one of the main combat tactics and - separated by war from their kin - are fiercely loyal to their *bro* (Krio, lit. 'big brother'), i.e., the officer responsible for recruiting and training them.<sup>16</sup>

Field commanders may exploit this fearlessness as well as the underdeveloped conscience of these young soldiers to make them even more dangerous in the field of combat. "The progressive involvement of youth in acts of extreme violence desensitizes them to suffering. In a number of cases, young people have been deliberately exposed to horrific scenes. Such experience makes children more likely to commit violent acts

<sup>14</sup> Machel, *Impact of Armed Conflict on Children*, par. 47.

<sup>15</sup> *Ibid.*, 47.

<sup>16</sup> Peters and Richards, "Why We Fight . . ." 186.

themselves..."<sup>17</sup> Furthermore, army personnel know the value of drugs to increase the intrepidity of the child soldiers under their command. "Some commanders deliberately exploit such fearlessness in children, even plying them with alcohol or drugs."<sup>18</sup> I have heard repeatedly that young Sierra Leonean soldiers are given drugs in order to increase their "bravery" on the battlefield. Peters and Richards report similar findings: "Interviewees report smoking marijuana, being prepared for battle with injections of amphetamines, taking crack cocaine or a cocktail of local substances including gunpowder. Atrocities are undoubtedly committed under the influence of drugs."<sup>19</sup>

The third topic in the section, "Child Soldiers," is the most important because it provides valuable, practical suggestions on how to help children who were once soldiers. Machel reports on the importance of structures for "demobilization and re-integration into society" and describes some important features of an ideal program. Obviously, "an environment that fosters the health, self-respect and dignity of the child"<sup>20</sup> is tantamount. Machel stresses the importance of reintegration programs which must re-establish contact with the family and the community. This will not be easy since many ex-combatants suffer from serious psychological problems as a result of physical, emotional and sexual abuse. Families may not be able to cope with their "new" children. Connected with this concern is that of acceptance into the community. "In some African cultures, strong spiritual convictions hold that anyone who has killed is haunted by the evil spirits of the victims. Thus, to accept a former child soldier into one's village is to accept evil

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<sup>17</sup> Machel, *Impact of Armed Conflict on Children*, par. 47.

<sup>18</sup> *Ibid.*, 47.

<sup>19</sup> Peters and Richards, "Why We Fight..." 186.

<sup>20</sup> Machel, *Impact of Armed Conflict on Children*, par. 50.

spirits."<sup>21</sup> The community must be educated on the plight of former soldiers in order that they may be more readily re-accepted into the community.

Unfortunately, many ex-soldiers are not able to return to their families because their families have perished in the fighting or are unable to be located, having moved to safer locations within the country or in neighboring Guinea. In such cases transitional care is necessary. Machel emphasizes that "institutional approaches have proven ineffective, but one way to provide such care is through peer-group living arrangements that are strongly integrated into communities."<sup>22</sup>

Of course, education, in the broad sense and use of the term, plays an important role in the rehabilitation of ex-soldiers. "...education is more than a route to employment. It also helps to normalize life and to develop an identity separate from that of the soldier."<sup>23</sup> An education not only provides the ex-combatants with skills they will need in order to find employment but will also "facilitate their acceptance at home and provide them with a sense of meaning and identity."<sup>24</sup>

### **Rehabilitation Programs in Sierra Leone**

During the months of July and August of 2001 I had the opportunity to visit various programs for the ex-combatants and to interview the staff members of these programs. I will present the findings of two interviews.

The first center located in Lungi, just off the runway from the country's international airport, was staffed and funded by "Caritas Makeni," a branch of the larger

<sup>21</sup> *Ibid.*, par. 55

<sup>22</sup> *Ibid.*, par. 52

<sup>23</sup> *Ibid.*, par. 54

<sup>24</sup> *Ibid.*, par. 56.

international organization with the same name which is supported by the Roman Catholic Church. They referred to their facility as an interim care center (ICC): ex-soldiers, both male and female, were released to their custody after having agreed to disarm and demobilize, an activity supervised by government personnel with the help of other non-governmental organizational staff like the U.N. Upon arrival at the camp they are evaluated for physical and mental health problems and screened for educational potential.

According to Mr. Michael Fofanah, a social worker at the center, most of the arrivals remain in the ICC for just six weeks. They are then reunited with their families or placed in foster homes. The six-week period is a stepping-stone to reintegration in the community and a time to make sure that the ex-combatant is placed in a suitable home. The social workers conduct interviews with the potential foster family and with the ex-soldier in hopes of reaching some sort of compatibility.

Caritas also makes provisions for education. Ex-soldiers who have some educational background and who are interested in returning to the classroom are placed in primary or secondary school. The real or foster family is assisted financially in order to pay school fees. Other students are enrolled in vocational education programs either at one of the many existing vocational centers in the country or at their own vocational school located on the same grounds as the ICC.

Fofanah said that before the ICC was established, the Lungi community was sensitized to the needs of the boys and girls who would benefit from the program. He emphasized that this was a very important aspect of the whole program since, for various reasons, many communities are not ready to accept ex-combatants.

The second reintegration program which I visited was St. Michael's Home (now

quite famous because of the CNN broadcast, "Cry Freetown") which is located on the Freetown peninsula. Like the Caritas program in Lungi, it is an interim care center and most ex-combatants stay for only six weeks before they are reunited with their families. If that is not possible they are placed with foster care or in group homes. The latter are best suited for older ex-combatants, i.e., youth in their later teens who, because of their independent nature, might not adjust well to foster care. St. Michael's also makes provisions for education, similar to those of Caritas, and has a limited vocational training program on its grounds.

Both reintegration programs seem to follow Machel's recommendations either because they are familiar with the U.N. report or because they came to the same conclusions independently. Education, reunification with the families, small, non-institutional reintegration programs, the importance of sensitizing the community - all factors listed in Machel's report - are part of each of the above programs.

### **Economic Factors and Rehabilitation**

One of the major obstacles to successful reintegration of ex-combatants is the poor economic state of the country. There are many NGOs who are willing to invest money in rehabilitation programs and there are many existing vocational programs. Most of these offer the standard vocational fare: tailoring, tie-dying, carpentry and masonry. However, many graduates of these programs cannot find jobs because they cannot afford the tools necessary to get started on their own or because the market is already saturated with these technicians and no jobs are available. Few people have money to construct houses or to buy relatively expensive, traditional West African clothing especially when

cheaper second-hand clothing ("mitumba") is available. I interviewed a number of graduates (who are not ex-combatants) of our Salesian vocational school. Many of those who studied masonry are presently unemployed because there are so many skilled masons being pumped out of the many vocational schools in the country.

Many ex-combatants are reluctant to disarm because they are aware of the hopeless situation of the country's economy. They will not find gainful employment even if they receive an education. The government, like that of Kenya, is very corrupt and its leaders are very slow in creating employment strategies. Therefore, like Kenya and even more so, unemployment remains very high.

According to the World Bank figures for 1999, the gross national product (GNP) per capita (an indication of the country's income-generating capacity) of Sierra Leone is just US \$130. The comparable figure for Kenya is US \$360 and for Tanzania US \$240. It is the third lowest value, only Burundi and Ethiopia rank lower. This is exacerbated by an average annual growth rate of -9.8%.<sup>25</sup> The same report, citing figures for 1989 - before the war years - indicates that 68% of the population lived below the poverty line. (More recent figures are unavailable but we would expect them to be higher.) In Kenya 42% of the population lives below the poverty line (1992 figures).<sup>26</sup>

A U.N. Report shows that in 1997, 45% of Sierra Leone's export earnings came from "travel" while 17% came from diamonds.<sup>27</sup> Who is traveling to Sierra Leone? It is certainly not tourists. Travelers include representatives from NGOs, U.N. peacekeepers, ECOMOG soldiers, and expatriates (businessmen, government support staff) who flee

<sup>25</sup> World Bank Development Report 1999, (New York: Oxford University Press ), Table 1

<sup>26</sup> Ibid., Table 4.

<sup>27</sup> United Nations Conference on Trade and Development (UNCTAD), *The Least Developed Countries Report 1999*, Table 19.

when things get too hot and return when they cool down. The economy is supported by soldiers - there are about 20,000 U.N. peacekeepers - and NGOs who spend much of their money on scam projects and who pay relatively large salaries to their local staff. Another source claims that approximately 70 percent of the government's budget comes from foreign assistance.<sup>28</sup>

U.N. figures for 1985 show that the combined export of coffee, titanium ore, diamonds and bauxite accounted for about 64% of the country's export earnings. Presently, except for diamonds, none of these commodities produces substantial export earnings of more than 2%. The country must re-develop its export production if it is to create jobs.<sup>29</sup>

The same report by the United Nations claims that 64% of Sierra Leone's work force is engaged in agriculture,<sup>30</sup> however, the production of such staples as sugar cane, maize, and rice have "decreasing or stagnant productivity and output". I have been working with farmers in Sierra Leone for more than four years and have been very frustrated with the incredibly careless approach the government has towards its agriculture sector. For example, farmers in Lungi find it difficult to make a profit on the sale of their cash crop of onions for two reasons which could be easily remedied by government policies: generally there is an influx of imported onions from Europe in May and June when the crop is maturing in Sierra Leone; and the price of seeds and fertilizer are extremely high - more than twice the price of seeds and fertilizer in Kenya! The Sierra Leone government could exact tariffs on imported onions and use that income to

<sup>28</sup> Immigration & Nationality Directorate <<http://www.asylumlaw.org/docs/showDocument.cfm?documentID=854>>

<sup>29</sup> UNCTAD, Table 19

<sup>30</sup> *Ibid.*, 90.

subsidize the cost of fertilizer and seeds.

In *Africa Today*, Kimberly Mahling Clark presents the views of the United States Agency for International Development (USAID) concerning the demobilization and reintegration of soldiers based on a number of different projects in various countries - Nicaragua, El Salvador, Angola, Mozambique, Uganda, and Ethiopia. Much of the article concerns the training of ex-combatants and the management of demobilization camps. She provides some valuable information on the education of ex-combatants. "Experience shows that the training must be demand-driven, rising from the needs of the local economy... Training programs work best when designed and implemented by local organizations that are most aware of the needs in the local economy and therefore less likely to train people for jobs that do not exist."<sup>81</sup>

Most NGOs that fund vocational training programs are seemingly unaware of the needs of the local economy, which as has been presented, is one of the poorest in the world. Presently, there is a glut of tradesmen - masons, carpenters, tailors, etc. - because funding for these types of programs is readily available from donor agencies abroad who have no idea of the pathetic state of the economy. The government, in cooperation with aid agencies, must do something to stimulate the economy in order to create jobs which are an essential part of any reintegration program.

## Conclusion

As the reader has concluded surely, Ms. Grac'a Machel's report to the U.N. is

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<sup>81</sup> Kimberly Mahling Clark, "The Demobilization and Reintegration of Soldiers: Perspectives from USAID," *Africa Today* 42 (1995): 58.

filled with valuable information and would be an important reference for any individual or organization intending to work with former child soldiers. Much of what she includes in her report concerning the plight of child soldiers correspond to what I have observed in Sierra Leone. Her recommendations for their reintegration and rehabilitation which are based on her extensive research and experience are already being put into practice, to some extent, in the two centers which I visited. The greatest challenges to effective rehabilitation in Sierra Leone remain, first, the large number of children needing help and the limited personnel able to cope with them and, second, the very poor state of the country's infrastructure and economy.

## Chapter 3: Addressing the Psychological Needs of Former Child Combatants

### Survey of the Problem:

We Salesians have a long history of vocational education and have already opened a number of training centers in Sierra Leone. Funding for vocational training is readily available from many well-meaning non-governmental organizations (NGOs). We can provide ex-soldiers with the technical skills that they need in order to find jobs. However, I feel we are not as well equipped to deal with the psychosocial problems that former soldiers might be facing since most of us have a very limited understanding of psychology. Based on my research and brief field study with young soldiers, I believe that the most challenging aspect of rehabilitative ministry will concern the psychological treatment made available to these traumatized ex-soldiers. A successful reintegration program must address the issue of possible psychological problems: "Armed conflict affects all aspects of child development - physical, mental and emotional - and to be effective, assistance must take each into account."<sup>12</sup> In this chapter I will present information on one of the most serious psychological problem facing children affected by war and propose ways to help victims to deal with it in an African cultural context.

### Post Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) affects people who have witnessed or participated in some sort of stressful event or tragedy. "The disorder presumes that the person experienced a traumatic event involving actual or threatened death or injury to themselves or others - and where they felt fear, helplessness or horror."<sup>13</sup> The popular news magazine, *Newsweek*, in a recent issue carried an article on PTSD and its incidence among survivors of the terrorist attack in New York City. The author estimates that "at

<sup>12</sup> Machel, *Impact of Armed Conflict on Children*, par. 166.

<sup>13</sup> <http://ginie1.sched.pitt.edu/ginie-crises-links/trauma/PTSDClassification.htm>

least 40,000 people - survivors, witnesses, emergency workers - suffered serious psychological trauma during the attack on the World Trade Center."<sup>34</sup> Most of these people will eventually recover with little need of psychological treatment, however, some will be severely affected by the experience. "Past experience suggests that a third or more of the people touched directly by this event will develop post-traumatic stress disorder. For those people, every day will be September 11."<sup>35</sup> Medecins Sans Frontieres (MSF), an international organization dedicated to providing health care to citizens of war-torn countries, estimates that "about 20% of people who have undergone traumatic experiences require therapeutic help in order to come to grips with the new situation."<sup>36</sup>

According to the *Newsweek* article, "PTSD is at least as old as war" but its causes are not readily identifiable or understood. There is evidence that some people are more prone to the disorder than others. "The risk of PTSD depends partly on past experience (previous trauma makes it more likely) and a person's psychological condition (a history of anxiety or depression raises the risk). Sex is a factor (women suffer at twice the rate of men), and so is the nature of the experience. PTSD rates hover around five percent among people who survive natural disasters but rise to 50 percent among rape victims and Holocaust survivors."<sup>37</sup>

One of the clearest diagnostic descriptions of PTSD which I found was the following:

A. A person may suffer from PTSD if he or she has been exposed to a traumatic event in which the following were present: the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others; the person's response involved intense fear, helplessness, or horror. In

<sup>34</sup> Geoffrey Cowley, "After the Trauma," *Newsweek* 138 (2001) 44.

<sup>35</sup> *Ibid.*, 45.

<sup>36</sup> Germaine Hanquet (ed.), *Refugee Health: An Approach to Emergency Situations* (London: MacMillan Education Ltd., 1997), 288.

<sup>37</sup> Geoffrey Cowley, "After the Trauma," 45.

children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently reexperienced in one of the following ways: as recurrent and intrusive distressing recollections of the event or as images, thoughts, or perceptions. In young children, repetitive play may occur in which themes or aspects of the trauma are expressed; recurrent, distressing dreams; acting or feeling as if the traumatic event were recurring. In children trauma-specific reenactment may occur; intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness: efforts to avoid thoughts, feelings or conversations as well as activities, places or peoples associated with the trauma; inability to recall an important aspect of the trauma; markedly diminished interest or participation in significant activities or feelings of detachment or estrangement from others; a restricted range of affect and a sense of a foreshortened future.

D. Persistent symptoms of increased arousal: difficulty in falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hypervigilance; exaggerated startle response.<sup>38</sup>

It is not necessary that a victim of PTSD should exhibit all the symptoms mentioned above. Generally, two or three symptoms from both paragraphs C and D are adequate for a satisfactory diagnosis. The symptoms of children, which this source provides, are particularly interesting and helpful.

### **PTSD Among Former Child Combatants**

Most of the studies on PTSD have been carried out in the West. A number of psychologists warn against using Western criteria to diagnose psycho-social problems in countries of different continents. "Whether PTSD can be used as a universally applicable diagnosis remains questionable. Typical PTSD signs and symptoms might have different meanings within different cultural contexts and, conversely, other cultures may display different signs and symptoms indicating post-traumatic disorders."<sup>39</sup> Machel shares similar concerns in her U.N. report. "The ways in which individuals and communities cope with, react to and understand stressful events can differ markedly from one culture

<sup>38</sup>Internet Mental Health <http://www.mentalhealth.com/dist/p21-an06.html>

<sup>39</sup> Germaine Hanquet, *Refugee Health: An Approach to Emergency Situations* 288

to another."<sup>40</sup> She admits that there are universal symptoms of traumatic stress but that many external factors - society, culture, and the community - influence the ways in which people express, embody and give meaning to their distress. I would question whether this is a legitimate concern since classical symptoms of emotional stress do not seem culture-bound and I would think that people from all cultures share the same expressions or reactions to pain, pleasure, death, etc. The results of the following work seem to support my position.

Dr. Leila Gupta interviewed children in Freetown to identify symptoms of PTSD. She was motivated by "research from the former Yugoslavia and the Middle East which indicates that high levels of exposure to war trauma among children is associated with higher levels of post-traumatic stress disorder."<sup>41</sup> Her team was also interested in introducing what they felt was a good therapeutic approach for recovery, the RapidEd Trauma Healing intervention. While I am skeptical of the success of the RapidEd program -it requires just two weeks of intensive therapy - her initial findings merit some observation.

Gupta and her colleagues interviewed 315 children between the ages of eight and seventeen years. They were displaced from various parts of the country and were staying in Freetown in either of two refugee camps. They had been in the city during the events of 1999 when rebels invaded it and leveled all sorts of barbarous acts before withdrawing amidst fire and smoke.

Gupta's interviews revealed that many of the children clearly displayed symptoms of PTSD:

The test data shows Sierra Leonean children's reactions to the violence they experienced during the 1999 war. The majority of the participants are experiencing intrusive recollections associated with the events they witnessed. In fact, 95% of the children reported that they think about the event sometimes or

<sup>40</sup> Gracia Machel, *Impact of Armed Conflict on Children*, par. 174.

<sup>41</sup> Leila Gupta, "Psychosocial Assessment of Displaced Children Exposed to War-related Violence in Sierra Leone", 2000. <<http://www.reliefweb.int/w/rwb/ns/c7/>>.

often even when they don't want to, and 71% are experiencing recurrent pictures of the worst event. Other intrusive symptoms occurring sometimes or often by the majority of the sample include: waves of strong feelings about the event, and physical reminders in their environment that trigger thoughts about the worst event. In terms of avoidance symptoms, 97% of the respondents said that they sometimes or often try to avoid things that remind them of the event, and over 92% of the children try not to think about the worst event that happened to them during the war. The majority of the sample also reported increased physiological symptoms of arousal including irritability, excessive startle reaction, hypervigilance, and bodily reaction such as sweating or trembling when confronted with reminders of the traumatic event. In addition, 64% of the participants reported that they have sleep disturbances and 80% said they have difficulty concentrating at school. Finally, 72% have bad dreams and/or nightmares about the event and more than three fourths of the children worry that they may not live to become an adult.<sup>42</sup>

One might question whether child combatants suffer from PTSD in the same way as children who did not take an active role in the violence like those in Gupta's study. Perhaps the use of mind-altering substances during the violence prevented the young soldiers from becoming mentally ill. In that case, Gupta's findings have no relevance in this paper. However, Dr. Edward Nahim, a Sierra Leone government psychologist and, indeed, the country's only psychologist, claims, as a result of treating many former child soldiers, that "over 80 percent of the RUF fighters were addicted to heroine and cocaine. Commanders often injected their fighters with these drugs before operations so as to make them fearless and submissive to commands. Under such influence, he said, many committed war crimes and, as a result, now suffer post-traumatic stress disorders."<sup>43</sup> Former ex-combatants experience PTSD like other kids.

I had intended to interview former combatants during last year's long holiday in order to identify symptoms of PTSD. However, Machel cautions against fact-finding interviews: "Exploration of a child's previous experience with violence should take place in a stable, supportive environment, by care-givers who have solid and continuing

<sup>42</sup> Ibid.

<sup>43</sup> U.N. Office for the Coordination of Humanitarian Affairs, 2001.

-<http://www.reliefweb.int/IRIN/wa/countrystories/sierraleone> -

relationships with the child. In-depth clinical interviews intended to awaken the memories and feelings associated with a child's worst moments risk leaving the child in more severe pain and agitation than before, especially if the interviews are conducted without ongoing support or follow-up."<sup>44</sup> Because I had no intention of remaining on the staff of either program and felt morally obliged to follow Machel's advice, I opted for interviews with care-givers from both St. Michael's Home and the Caritas program to find out whether they observed any incidence of PTSD.

Mr. Michael Fofanah, a social worker at the Caritas camp, estimates that at least ten percent of the boys and girls that enter their program have serious psychological problems which we might classify as PTSD. He recounted the story of one 15 year-old boy who had nightmares in which the faces of his victims would appear to him. He was withdrawn and reluctant to play with the other children but yet was open to discussing with his social worker his problems. Fofanah also mentioned that some ex-combatants showed signs of depression and anxiety disorders.

Mr. Robert Sesay, of St. Michael's Home, gave very similar data. He said that of those several hundred boys and girls that have passed through their program, only a few showed very serious signs of psychological problems. Unfortunately, he was unable to estimate a percentage which likely meant that the more serious cases were not being treated.

The record of the low incidence of PTSD should not surprise the reader for several reasons: since the young ex-soldiers are in the care of either program for just six weeks, there is not enough time to determine whether or not they have serious psychological problems; the onset of PTSD may be delayed by several months; many former soldiers are suspicious of strangers and "may not wish to seek help or support from adults;"<sup>45</sup> no one on either staff is a trained psychologist.

<sup>44</sup> Gracia Machel, *Impact of Armed Conflict on Children*, par. 177

<sup>45</sup> *Ibid.*, par. 170.

Dr. Nahim has prepared a manual on the psychological rehabilitation of former combatants. However, as the only psychologist in the country he is overwhelmed with work and cannot possibly meet every former child combatant or even visit every interim care center. (I made visits to his office on two occasions but was unable to meet him or to get a copy of his manual. Strangely, the staff of Caritas were unfamiliar with Nahim's work: There must be better collaboration among people working with former child combatants.)

Treatment for PTSD resembles that for other forms of neurotic behavior. Patients are encouraged to join group therapy and share their feelings of fear and anxiety with others who have had similar painful experiences. Gradually, as the patient becomes more open with the group and shares more and more of his intense feelings of insecurity, anxiety, anger, frustration, etc., he begins to gain some confidence and is able to overcome many of the negative feelings which hamper him from carrying out his daily activities. Besides group therapy, a victim of PTSD might seek counseling from a trained professional therapist. A therapist will not only explore the past traumatic event which resulted in the disorder but will also help the patient deal with present situations which may trigger traumatic memories and PTSD symptoms. In some of the more severe cases of PTSD patients may need to use antianxiolytic and antidepressant drugs in combination with other forms of therapy.

The National Center for PTSD in Washington, D.C. mentions other therapeutic approaches for PTSD besides the three mentioned above: Exposure therapy, which is unique to the treatment of PTSD, "uses careful, repeated, detailed imagining of the trauma in a safe, controlled context, to help the survivor face and gain control of the fear and distress that was overwhelming in the trauma. In some cases, trauma memories or reminders can be confronted all at once. For other individuals it is preferable to work gradually up to the most severe trauma by using relaxation techniques and taking the

trauma one piece at a time.”<sup>46</sup> Another revolutionary mode of therapy, which is still undergoing development, is Eye Movement Desensitization and Reprocessing. This treatment combines exposure therapy with “techniques (eye movements, hand taps, sounds) which create an alteration of attention back and forth across the person’s midline.”<sup>47</sup>

Many psychologists recommend adapting PTSD treatment to the cultural situation in which the victims find themselves. Treatment methods which are suitable for Americans or Europeans may need to be altered, though not changed substantially, so that African former child soldiers can benefit. “On a practical level, the customary ways of coping should be identified, including the availability of traditional healers, the religious and social support network, mourning rituals, etc.”<sup>48</sup> Machel also emphasizes the need for enculturation of existing treatment approaches and of “mobilizing the existing social care system.”<sup>49</sup> She recommends a well-rounded treatment program that attempts to return some normalcy to the children’s lives through games, household chores, school, drawing and storytelling. “The most important factor contributing to a child’s resilience is the opportunity for expression, attachment and trust that comes from a stable, caring and nurturing relationship with adults.”<sup>50</sup>

Drs. Edward C. Green and Alcinda Honwana observed various African traditional practices to treat children suffering from PTSD as a result of their participation in war. Most of their research comes from Mozambique and Angola and some has been with ex-combatants. Like other experts already cited, they question whether treatment techniques designed to help PTSD victims in the U.S. or in European countries would be suitable for treating Africans. Furthermore, they make a striking observation concerning the

<sup>46</sup> National Center for PTSD, 2001. [http://www.ncptsd.org/facts/treatment/fs\\_treatment.html](http://www.ncptsd.org/facts/treatment/fs_treatment.html)

<sup>47</sup> *Ibid.*

<sup>48</sup> Germaine Hanquet, *Refugee Health: An Approach to Emergency Situations*, 289

<sup>49</sup> Graca Machel, *Impact of Armed Conflict on Children*, par. 177.

<sup>50</sup> *Ibid.*, par. 179.

experience of PTSD among former child combatants in Africa. "One of the concerns with the PTSD is the very notion of *post*-traumatic stress disorder. In these contexts [war-torn Africa], it is problematic to talk about trauma as the past (*post*), if one understands the notion of violence to be broader than direct exposure to war situations and to encompass spheres like poverty, hunger, displacement and the like."<sup>51</sup> This statement reflects their psychotherapeutic approach, in general, which is not only traditionally African, but holistic and very practical. They realize the need for the transformation of a country's infrastructure and policies if lasting reintegration is to take place. The rituals which they witnessed and believe are effective in curing a patient of PTSD "need to be complemented by community development programs to sustain the gains achieved in the psychosocial and emotional sphere, and which cannot be dissociated from the rest."<sup>52</sup> They mention that many communities to which former combatants return are without schools, hospitals, vocational training and job opportunities and leave them with little prospect of a better future.

Green and Honwana observed that structures are already in place in Africa for healing of the emotional distress of PTSD and that "such disorders are in fact quite treatable by traditional healers." They suggest that "as psychotherapists, indigenous African healers may be at least as effective as modern medical specialists, especially among those who share a common African culture."<sup>53</sup>

There seem to be two distinct differences between the traditional African approach and Western approaches to treating PTSD. First, in Africa more emphasis is placed on ritualistic, cleansing actions and less emphasis is placed on verbalizing one's experience. "The healing ritual brings together a series of symbolic meanings aimed at cutting the child's link with the past. While modern psychotherapeutic practices

<sup>51</sup> Edward C. Green and Alcinda Honwana, "Indigenous Healing of War-Affected Children in Africa." <http://www.worldbank.org/afr/iknt10.pdf>.

<sup>52</sup> *ibid.*

<sup>53</sup> *ibid.*

emphasize verbal exteriorization of the affliction, here through symbolic meanings the past is locked away. To talk about and recall the past is not necessarily seen as a prelude to healing or diminishing pain. Indeed, it is often believed to open space for malevolent forces to intervene."<sup>54</sup> The second significant difference is the important role which the community plays in the healing process. Green and Howana are critical of Western approaches to treating PTSD which involve an individual's sharing of past experiences and present emotions with his therapist. "Such focus ignores local beliefs in the role that ancestral and malevolent spiritual forces play in the causation and healing of the affliction. It also undermines family and community involvement and active participation in the healing process."<sup>55</sup>

Green and Howana present three different rituals in their paper (two from Angola and one from Mozambique). They are included in the appendix. All three resemble African initiation rites, involving the whole community and some sort of drama. Anthropologists regard them as rites of transition. "The child undergoes a symbolic change of status from someone who has existed in a realm of sanctioned norm-violation or norm-suspension (i.e., killing, war) to someone who must now live in a realm of peaceful behavioral and social norms, and conform to these."

## **Conclusion**<sup>56</sup>

Social workers or care givers at the two interim care centers which I had visited are given short courses - approximately eight hours per week for two months according to Sesay - in the psychosocial care of their inmates. Such training is, of course, inadequate. Social workers must rely upon their own experiences as parents, concerned siblings or concerned community and on God's guidance. While no one should doubt the power of

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

the Holy Spirit to act through these agents, one should never disregard the insights provided by psychology. There was no evidence of the use of traditional healing rituals like those mentioned by Green and Honwana.

In the absence of an adequate number of professionally-trained psychologists, MSF recommends the training of psychosocial workers who would provide emotional support to those affected by PTSD. These workers should be people who have already shown some sensitivity to the needs of those afflicted by psychosocial illnesses - health care workers, teachers, or pastors. "A training curriculum may be partly composed of existing material and partly developed in the field in line with the cultural patterns. The subjects covered may include recognizing major psychopathologies, the indications for medical referral, individual counseling techniques, forming and conducting counseling groups, relaxation exercises."<sup>57</sup>

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<sup>57</sup> Germaine Hanquet, *Refugee Health: An Approach to Emergency Situations*, 291.

## **Chapter 4: Pastoral Care of Child Ex-Combatants**

### **Statement of the Problem**

In the preceding chapters I have presented some of my ideas and relevant information on the rehabilitation of child soldiers at the levels of educational and emotional development. Holistic rehabilitation must have a spiritual dimension as well.

While there is an abundance of information on rehabilitation and reintegration of former child combatants, there is very little on addressing their spiritual needs. Much attention has been focused on providing ex-combatants with education and job skills or on helping them return to their homes. This lack of concern for their spiritual needs should not surprise anyone and is due, most likely, to the following reasons. First, many NGOs working with child-soldiers are not church-based, they are simply humanitarian organizations. Their interest in ex-combatants is limited to meeting the material and emotional needs of the children. (Or, sadly, they have no concern at all for the children but are interested in benefiting from the money supplied to them from NGOs. We Salesians have witnessed this repeatedly.) Even church-based NGOs, whose personnel are either not concerned about the spiritual needs of the children or are not prepared to address them, concentrate more on the immediate, physical needs of the ex-soldiers. Secondly, the sheer size of the relief needs in Sierra Leone contribute to the problem. A very large percentage of the population is internally displaced, the country's infrastructure needs rebuilding, there is a lack of medical facilities and the economy needs a big boost. The problem of ex-soldiers is only one of many. Thirdly, because of the country's instability it is very difficult to facilitate relief operations of any kind. It is only very recently that the country finally declared that its ten-year war was over.

Like emotional problems faced by ex-combatants, spiritual problems may surface only after the child has been placed in a new home, in new surroundings. He has made the final break with

his life as a soldier and is no longer under the influence or in the environment of the RUF. Two emotions may surface which need to be dealt with. The former soldier may observe that his peers are years ahead of him in school since he has not had any formal education after he was recruited by the armed forces. Free from the brain-washing of his captors he may begin to learn the truth of the movement of which he was part. Soon he will realize that he was deceived in addition to having suffered all sorts of abuse. Exposed to the media he will learn of the atrocities and injustices of which he was part, either directly or indirectly. These experiences can lead to anger against his former superiors.

More importantly, away from the evil influences of their captors who have directed their thinking and way of life for the past few months or years, the former combatants may come into contact with innocent victims of the war who have lost loved ones, or property or who have been physically handicapped. While it is true that many of the barbaric crimes committed against civilians were done under the influence of drugs and so may not be remembered, it is likely that at least some, perhaps many, former soldiers will recall their involvement in these barbaric activities. They may experience intense guilt and self-hate which can lead to a sense of alienation from God and from friends and family. Sullivan claims that there are two devastating effects of guilt. "The first is a loss of self-esteem, sometimes to the point of actual self-contempt. The second is an unconscious but insistent urge to atone for my 'evil doings' by inflicting some punishment upon myself."<sup>58</sup>

### **Christ as Healer**

In order for these children to overcome the guilt and self-hate associated with their past actions they must realize that they are loved by God and by members of their Church community.

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<sup>58</sup> James E. Sullivan, *Journey to Freedom*, (New York: Paulist Press, 1987), 111.

Furthermore, they must understand that our loving God wants to heal them. Let them hear the many stories in the gospels where Jesus healed people of their physical and emotional illnesses and let them know why Jesus performed miracles. "The most important reason that Jesus healed was that he cared about people and suffered when they did. He could not care without wanting to show mercy and to help...The healing ministry is the logical result of the incarnation: God so loved the world that he gave his only begotten Son; Jesus so loved that he healed."<sup>59</sup>

Once convinced that the earthly Jesus cured people out of his love for them, they must be convinced that he desires to heal even now. His physical, tangible absence does not mean that he is no longer interested in our needs and problems. He continues to heal his people through his Church. "Jesus' ministry was to preach, teach and heal. It was to be the same ministry for his disciples, for his Church. The commission to heal mental and physical illness is the same for the church in our time, unless the words of the New Testament (cf. Mk. 16:17-18) have been superseded by later authority."<sup>60</sup>

There are many books on spirituality which address healing shame and guilt (one of my formators was very fond of them). However, these are intended mostly for people who feel guilt when they should not like Sr. Mary who was approached by her recently widowed, elder sister who requested to be taken care of by Mary's community in their convent. Mary felt so guilty because of her manipulative sister's speech that she allowed her to stay in the convent. Her blood pressure soared as she looked after this very demanding sibling while continuing her ministry as a primary school principal.<sup>61</sup> With former child combatants we are trying to heal children who feel guilty because they should feel guilty. Unlike Sr. Mary who thinks she has done something wrong, these children have done something wrong.

<sup>59</sup> Morton T. Kelsey, *Healing and Christianity*, (New York: Harper and Row, 1973), 89.

<sup>60</sup> *Ibid.*, 103.

<sup>61</sup> James E. Sullivan, *Journey to Freedom*, 11

Another problem with books on healing guilt is that they deal with complicated psychological concepts and terms like filters, psychic energy, shadows, etc. which are difficult to explain to mostly uneducated youngsters. Child ex-combatants need something less intellectual and more practical.

### **Healing of Memories**

In order to heal their feelings of guilt and alienation I propose the approach of the Linn brothers' "healing of memories" which is presented in their book, *Healing Life's Hurts: Healing Memories through Five Stages of Forgiveness*. Their approach is spiritual, simple and proven.

Matthew and Dennis Linn, two Jesuits (at the time that the book was written anyway), have experience in healing ministry through retreats, seminars, and hospital chaplaincy and through their work as therapists. The book shares some of their insights and is intended to help people overcome painful memories - conscious and sub-conscious - which exert powerful influences on their lives. These memories may result in phobias, suicidal tendencies, neuroses, depression, etc. It is filled with accounts of individuals who have been healed emotionally and physically as a result of healing their memories. While the book and its therapy are designed for middle-class, middle-aged Americans, I believe it can be adapted to help even former child soldiers.

The authors use the five stages of dealing with death as a foundation to their healing therapy. "Just as Dr. Kubler-Ross has dealt with how the dying go through denial, anger, bargaining, depression and acceptance, we will deal with how a person goes through these five stages in healing a memory."<sup>62</sup> While I am skeptical that a young boy who has been living in the jungle and playing at real-life war games for, perhaps, several years would have the patience or

<sup>62</sup> Matthew Linn, S.J. and Dennis Linn, S.J., *Healing Life's Hurts: Healing Memories through Five Stages of Forgiveness*. (New York: Paulist Press, 1978) 85

attention-span to slowly and carefully work through a series of meditations and prayers on each of the five stages from denial to acceptance. I believe the approach, if adapted, has real value. It challenges the ex-combatant to face and overcome any painful memories and to move beyond them toward a more intimate relationship with our Lord and with their brothers and sisters. I, therefore, will select what I consider useful aspects of their therapy from their book based on my own experience of ministering to young people and studying child soldiers.

Before the Linns present the steps to their unique therapy, they give two necessary predispositions without which healing cannot take place. The first is that "God loves me unconditionally".<sup>63</sup> Unless a person believes that God loves her in spite of all the good and bad in her life, then she cannot become free from guilt. They admit that this is a difficult first step and propose reasons why we all are so reluctant to accept God's love for us. The first is that our culture has presented God to us as a judge.

Our parents and our image of them also contribute to our image of God. They are (were) human and therefore could not love us unconditionally. They were quicker to show affection if we did things well or behaved properly. "Because we expect to be loved not for who we are but for what we do, we begin to feel that we must also 'merit' God's love."<sup>64</sup> Unfortunately, "our image of God should mature as we grow but too often remains the same one we had when seven years old."<sup>65</sup>

Our own negative self-images also prevent us from believing that God loves us. "God made man to his image and likeness. Since that day, man has returned the compliment and made God to his image and likeness....Very often the things I don't like about God are the things I don't like about myself, and thus I project them on my image of God. When I am feeling guilty and down on

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<sup>63</sup> *Ibid.*, 64.

<sup>64</sup> *Ibid.*, 66.

<sup>65</sup> *Ibid.*, 67.

myself. I seek a God who is a judge and down on me."<sup>66</sup> We must recognize this tendency in ourselves and realize that we are ontologically lovable by another even if we do not feel worthy of any sort of love.

These two obstacles to appreciating God's love for us, an unfortunate image of God and negative images of ourselves, must be even greater for a former child soldier. I heard recently on the BBC that the U.N. would establish a war crimes tribunal in Sierra Leone and that adolescents could be tried for their part in the atrocities. Many former child soldiers are wondering anxiously whether they will be called to stand trial. They also stand under the judgment of popular opinion as some journalists, errant preachers, unforgiving victims of the abuses, ECOMOG soldiers and, even family members call for their punishment, death or damnation. It is difficult for them to believe that they are lovable.

Their caregivers, ministers, and foster parents must prove to them that they are lovable by showing them so by their actions and words. If they experience human love, something which may have been absent for the past few years, they will more readily believe that God loves them. They should be made familiar with God's mercy as it is revealed, especially in Luke's gospel and should be instructed in the subtle points of the parables of the forgiving father (Lk.15:11-32) and the lost sheep (Lk. 15:1-7) as well as the episode of the repentant thief (Lk. 23:39-43). They should read and meditate on passages from Paul's writings which emphasize God's love for us in spite of our unworthiness (cf. Rms. 8:14-17; Rms. 8:31-39; Gal. 4:1-10). Their caregivers must teach them that God is love and is therefore simply incapable of any other reaction towards us. It will also be very helpful if they heard "witness talks" from former combatants who have experienced the healing, forgiving love of God.

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<sup>66</sup> Ibid.

The second predisposition required in order to experience healing of memories is that “with a loving God I can share all my feelings.”<sup>67</sup> According to the Linns, “too often we come to Christ, the Being of Light, wearing the same smiling mask we wear for anyone we can’t trust with the feelings we want to hide. We keep unconsciously thinking, ‘maybe if he really knows me, he won’t like me.’”<sup>68</sup> A child undergoing training to be a soldier has had to hide his emotions, especially his fear, or risk being killed. Many ex-combatants have lost the ability to share their deepest feelings and they need to learn to open up again. Therapy, presented in the previous chapter, aimed at this point will be very helpful and will act as a stepping-stone towards their sharing their feelings with a loving God. Again, caregivers, and those involved with their rehabilitation should be witnesses of God’s concern by actively listening to them and responding with care and affection when they express painful feelings and recollections.

The actual process of healing memories involves bringing the memories to one’s attention and then asking Jesus to be present and to give the necessary consolation and healing. The Linns recount an incident of one woman who was suffering from blindness as a result of the degeneration of her retinas. While on retreat she experienced healing, not after anointing, but rather unexpectedly as a result of her finally coming to terms with the memory of how her father had abandoned her some forty years earlier. They also give a number of examples of psychological healing as a result of healing painful memories.

The woman’s full recovery of sight required three days of prayer. Prayer of such duration has a special name: “Sometimes God’s love manifests itself clearly with just one prayer. At other times, the improvement comes gradually and requires more than just one prayer. Such continuous prayer is called ‘soaking prayer.’ Usually the more I soak memories with prayer, the more two

<sup>67</sup> *Ibid.*, 78.

<sup>68</sup> *Ibid.*, 79.

things happen: first, more and more physical healing manifests itself, and second, the physical healing becomes less temporary and more permanent....As memories soak in Christ's love, the physical healing usually deepens."<sup>69</sup>

Healing can take time and this should be expected when working with former child soldiers. Helping these children overcome their feelings of guilt may take several months or even years of prayer. However, the Holy Spirit blows where the Holy Spirit wills and can bring about the necessary healing if given the opportunity.

### **Healing of Memories: Steps**

As mentioned earlier, the process of healing memories recommended by the Linns generally involves several steps. I will not produce them here since, in their present form, they are not very suitable to a program designed for former soldiers. (The reader can find them nicely summarized in the appendix of their book.) However, I will present the important points of their program.

Every session of healing of memories requires relaxing, clearing the mind of distractions and opening up to Christ's Spirit who will bring healing and freedom. In this they agree with most other Christian therapists who understand that people seeking healing must quiet themselves, call upon Christ and become aware of his presence. "Mind-fasting cleanses the mind of all forms of 'mental pollution' and brings every thought into obedience to Jesus Christ. It is a weapon of the spirit, and through the powerful aid of God's enlightening grace, it drives out the dark and inauthentic thoughts from the temple of the spirit and prepares the way for the feasting of the spirit at the banquet of wisdom."<sup>70</sup>

<sup>69</sup> *Ibid.*, 58.

<sup>70</sup> Bernard J. Tyrrell, *Christotherapy: Healing through Enlightenment*, (New York, Seabury Press, 1975), 80.

The second step is to remember an experience of some sort of painful event and to recall as many of the details as possible. It is important to relive that moment and then to share with Christ any feelings or emotions. After being exposed to the event and asking for Christ's presence, try to identify through prayer and scripture when Christ might have had a similar feeling. Ask Christ to enter the scene just imagined while observing his reaction. Imagine acting and speaking like he does. Finally, decide upon an action step which flows from this meditation. This summarizes the memory healing process although there are variations based on the five stages of meeting death.

An ex-combatant would need to be guided through such a meditation especially if the painful, recurring memory involves a time when he injured or killed someone. He would have to be directed with suitable scripture texts mentioned earlier and coaxed, especially if he is young and not very knowledgeable of the scriptures, into imagining Christ's reaction. Christ present in the memory would probably heal the injured party or give life back to the person just killed. We might help the youth to see Christ welcoming the deceased into heaven and the joy on the face of the deceased at being present to God. Christ would then reach out to the young soldier who had just relived the scene: he would welcome him into his arms and heal him of the intense guilt and pain which have been bothering him for so long.

There are other ways to adapt this approach to the needs of guilt-ridden ex-soldiers. Experience will be a valuable instrument in determining what works and what does not.

## **Conclusion**

This approach and any other will work only if the ex-soldier feels remorse for what he has done. If guilt feelings are not present either because he does not remember - for any number of reasons - wrongdoing or because he believes he acted justly for the worthy cause of the RUF or

AFRC or whatever, then he is probably not ready for this memory healing process and for reconciliation with God.

A former soldier must be encouraged to face his mistakes and acknowledge his guilt. He should not be made to feel that all his actions during the war were acceptable and that he can simply forget them and look to the future. Such an approach would, in the long term, be very destructive. However, once he has accepted his sin and has held himself responsible, he should be encouraged to welcome the forgiveness readily available from the Father.

In the early days of the Church a penitent seeking forgiveness would have to engage in some rather pain-staking sort of penance for several months or even years depending on the gravity of the sin. Some ex-soldiers might benefit from such an approach. They could be given the responsibility of preparing the land, planting, cultivating and harvesting groundnuts - a very important crop in Sierra Leone - for a person handicapped by the war. Possibly, this would reduce the child's feelings of guilt as well as help the injured party learn to forgive.

The need for the spiritual care of ex-combatants will surface as their other needs, especially their material ones, are met. Ministers of the Church must be willing and prepared to tackle this serious and complicated problem. The therapy of the Linns strikes me as a good start. If it adapted to the culture by Sierra Leonean religious, priests, or health professionals then it may provide healing for many former soldiers.

## **Conclusion:**

Each of the chapters of this long essay contains a conclusion of some sort which includes the chapter's most important points. What is left in this general conclusion is to tie up a few loose ends and then to make some practical suggestions. From the beginning of my work on this essay I had intended it to be practical, an assignment which would prepare me for a likely future ministry.

## **Recommendations:**

The Church (and concerned NGOs) must continue to support schools, especially vocational schools, for ex-combatants. However, it must use its influence (which is quite sizable) to encourage changes in government policies that would stimulate the economy so that ex-combatant graduates can find employment. For example, it should lobby the ministry of commerce to reduce imports of foodstuffs to encourage agriculture productivity.

The social workers at Caritas, St. Michael's and other interim care centers should be commended for their dedication and hard work and should be encouraged to seek the best for the ex-soldiers in their care.

The mental health of ex-combatants is a serious concern which must be addressed. Few of the staff members at the interim care centers are familiar with PTSD. The book on the incidence of PTSD among former combatants by Dr. Nahim, the country's only psychologist, is largely unknown by many of their caregivers. The Church should organize workshops, seminars, and courses in order to improve collaboration between the various people involved in the care of former child soldiers and to educate them in PTSD and other mental health issues. Social workers who display a certain aptitude for dealing with PTSD cases could be sent for further studies while specialists from abroad could be invited to train caregivers.

Researchers should try to uncover indigenous healing rites similar to those from Eastern Africa presented by Green and Honwana. Out of the more than twenty tribes that live in Sierra Leone, at least one should have such a ritual which could be adapted to suit the needs of ex-combatants suffering from PTSD.

Judging from their stories, many ex-combatants must suffer from drug and alcohol addictions as a result of their confinement with the RUF. The Church should establish centers for drug and alcohol rehabilitation and should recruit trained staff.

Closer to home, the Church should train some of its ministers - lay, religious or ordained - in suitable ways to assist boys and girls who are suffering from the guilt and pain of having committed a great sin. I recommend the "healing of memories" approach.

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## Indigenous Healing of War-Affected Children in Africa

Edward C. Green, Ph.D. and Aleinda Honwana, Ph. D.

Children in war-torn countries of Africa and elsewhere are often direct or indirect victims of violence, and or witnesses to various horrors associated with war. Children as young as seven or eight are forcibly conscripted and indoctrinated as child soldiers or porters in several African countries. Girls as well as boys often suffer, some being forced into sexual or other service at early ages. In conflicts where terrorizing civilians has become a routine means to political and military ends, women and children are deliberately targeted for torture and death. Globally, there are at least one million children separated from their parents because of war, and there are many thousands who have been traumatized even more directly by war. Child victims of this sort often exhibit symptoms of post-traumatic stress disorder (PTSD), to use the Western psychiatric label. Symptoms of PTSD and related stress reactions common in children include: avoidance/numbing, as in cutting off of feelings and avoidance of situations that provide reminders of traumatic events; insomnia; inability to concentrate; "intrusive re-experiencing" such as nightmares and flashbacks; lethargy; confusion; fear; aggressive behavior; social isolation; and hopelessness in relation to the future, and hyper-arousal as evidenced in hyper-vigilance and exaggerated startle responses.

In recent years, UNICEF, USAID, and various private, voluntary organiza-

tions such as Save the Children and the Christian Children's Fund have developed various types of so-called psychosocial programs to assist war-affected children. Yet therapeutic techniques for war-affected children remain at a very preliminary stage of development. It is not known to what extent western psychotherapeutic techniques for PTSD—which were originally developed to treat American veterans of the Vietnam war—would be appropriate and effective for children in Africa and other less-developed areas. One of the concerns with the PTSD is the very notion of *post*-traumatic stress disorder. In these contexts, it is problematic to talk about trauma as the past (*post*), if one understands the notion of violence to be broader than direct exposure to war situations (military attacks, landmines, etc.), and to encompass spheres like poverty, hunger, displacement and the like. Another concern with the PTSD lies in its therapeutic

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techniques which are centered on the individual patient. Such focus ignores local beliefs in the role that ancestral and malevolent spiritual forces play in the causation and healing of the affliction. It also undermines family and community involvement and active participation in the healing process.

During early psychosocial programs for war-affected children in Mozambique and Angola, community leaders, traditional healers and families showed tremendous knowledge of how to heal the "social wounds of war" in war-affected children and adults. Such disorders are in fact quite treatable by traditional healers, based on indigenous understandings of how war affects the minds and behavior of individuals, and on shared beliefs of how spiritual forces intervene in such processes. During the implementation of these programs, people expressed no need for help in addressing children's specific mental or behavioral manifestations. What they needed, they said, was help in finding missing family members and in establishing schools, pre-schools, creating jobs opportunities for the youth, and promoting a stable social environment in which to function.

There is evidence from throughout Africa that mental or psychiatric disorders are among the conditions for which modern or western medical help is least likely to be sought. African people generally turn to indigenous forms of therapy in case of mental health. Empirical studies of the relative effectiveness of different forms of western psychotherapy in fact show that virtually all psychotherapies do the patient some good and all are potentially effective when embedded within social and cultural specificities. This may suggest that as psychotherapists, indigenous African healers may be at least as effective as modern medical specialists, especially among those who share a common African culture.

Anthropological research done in Mozambique and Angola shows that war-related psychological trauma is directly linked to the power and anger of the spirits of the dead. The impossibility of performing proper burials in times of war does not allow for these spirits to be placed in their proper positions in the world of the ancestors, so they are considered to be bitter and potentially harmful to their killers and passers-by. Social pollution may arise for being in contact with death and bloodshed. Individuals who have been in a war, who killed or were around killings are believed to be potential contaminants of the social body. Thus, cleansing and purification rituals are essential for their reintegration in the communities.

In 1994, during the first project in Angola specifically to help war-traumatized children, it was found that children were already being helped by indigenous psychotherapy, provided by indigenous healers in the form of ritual purification ceremonies. This was provided for both ex-combatants and children who had either participated in or witnessed bloodshed. The earlier Children and War project in Mozambique found similar treatments for children. In both countries, these therapies appeared to be effective, at least in the short term. Traditional healing for war-affected children in Angola and Mozambique seems to consist principally of purification or cleansing rituals, attended by family members and the broader community, during which a child is purged and purified of the "contamination" of war and death, as well as of sin, guilt, and avenging spirits of those killed by a child soldier. These ceremonies are replete with ritual and symbolism whose details are distinctive to the particular ethnolinguistic group, but whose general themes are common to all groups.

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*In the day of his arrival his relatives took him to the nhumba (the house of the spirits). There he was presented to the ancestral spirits of the family. The boy's grandfather addressed the spirits informing them that his grandchild had returned and thanked the spirits for their protection as his grandson was able to return alive (...). A few days later a spirit medium was invited by the family to help them perform the cleansing rituals for the boy. The practitioner took the boy to the bush, and there a small hut covered with dry grass was built. The boy, dressed with the dirty clothes he brought from the REXAMO camp, entered the hut and undressed himself. Then fire was set to the hut, and an adult relative helped out the boy. The hut, the clothes and everything else that the boy brought from the camp had to be burned. A chicken was sacrificed for the spirits of the dead and the blood spread around the ritual place. After that the boy had to inhale the smoke of some herbal remedies, and bath himself with water treated with medicine (Fieldnotes, Mozambique).*

This healing ritual brings together a series of symbolic meanings aimed at cutting the child's link with the past (the war). While modern psychotherapeutic practices emphasize verbal exteriorization of the affliction, here through symbolic meanings the past is locked away. This is seen in the burning of the hut and the clothes and the cleansing of the body. To talk and recall the past is not necessarily seen as a prelude to healing or diminishing pain. Indeed, it is often believed to open the space for the malevolent forces to intervene. This is also apparent in the following case from Uíge (Angola).

*When the child or young man returns home, he is made to wait on the outskirts of the village. The oldest woman from the village throws maize flour at the boy and around his entire body with a chicken. He is only able to enter the village after this ritual is complete. After the ritual, he is allowed to greet his family in the village. Once the greeting is over, he must kill a chicken, which is subsequently cooked and served to the family. For the first eight days after the homecoming, he is not allowed to sleep in his own bed, only on a rush mat on the floor. During this time, he is taken to the river and water is poured on his head and he is given manioc to eat. As he leaves the site of the ritual, he must not look behind him.*

This case emphasizes the non-interaction with family and friends before ritual cleansing. The child is kept out of the village until the ritual is performed, and cannot greet people and sleep in his bed until the ritual proceedings are over. As mentioned above, although children may be asked about war experiences as part of treatment, this is not a fundamental condition for healing. The ceremony aims at symbolically cleansing the polluted child and putting the war experience behind him, to 'forget' (note the symbolism of being forbidden to look back, in the example from Uíge). Food taboos and other kinds of ritual restrictions are applied. In the Uíge, for example, fish and fowl must be avoided by the cleansed person for 1-2 months, after which the person must be reintroduced to the food by the traditional healer who officiated at the ceremony.

The Okupohssa ritual from Huila in Angola clearly shows the active participation of the community in these rituals, and stresses the idea of cleansing from 'impurities'.

*The community and family members are usually excited and pleased at the homecoming. Women prepare themselves for a greeting ceremony (...). Some of the flour used to paint the women's foreheads is thrown at the child and a respected older woman of the village throws a gourd filled with ashes at the child's feet. At the same time, clean water is thrown over him as a means of purification (...). The women of the village dance around the child, gesturing with hands and arms to ward away undesirable spirits or influences. (...) they each touch him with both hands from head to foot to cleanse him of impurities. The dance is known as Uluulo-xe-xe-xe. When the ritual is complete, the child is taken to his village and the village celebrates his return. A party is held in his home where only traditional beverages (...). The child must be formally presented to the chiefs by his parents (...). The child sits beside the chiefs, drinking and talking to them, and this act marks his change of status in the village.*

These cleansing and purification rituals involving child soldiers have the appearance of what anthropologists call rites of transition. That is, the child undergoes a symbolic change of status from someone who has existed in a realm of sanctioned norm violation or norm-suspension (i.e., killing, war)

to someone who must now live in a realm of peaceful behavioral and social norms, and conform to these. In the case presented above from Huila, the purified child acquires a new status which allows him to sit besides the chiefs and interact with them. Until the transition is complete (through ritual performance), the child is considered to be in a dangerous state, a marginal, "betwixt and between," liminal, ambiguous state. For this reason, a child cannot return to his family or hut, or sleep in his bed, or perhaps even enter his village, until the rituals have been completed.

Manifest symptoms associated with PTSD and related stress disorders reportedly disappear shortly after these ceremonies, after which the family, indigenous healers and local chiefs direct attention toward helping to establish an enduring, trusting relationship between the traumatized child and family members, and with adults of good character. These ritual interventions are also intended to re-establish spiritual harmony, notably that between the child and its ancestor spirits. The re-establishment of normal relationships and activities with other children may not be part (or a major part) of these indigenous healing rituals. But healers, village elders, teachers and other child caregivers readily understand this when presented with the idea during project-supported training seminars in both Angola and Mozambique. Play therapy, drawing, drama, dance and story-telling are some of the techniques introduced in these seminars.

There is no doubt that these rituals are instrumental in building family cohesion and solidarity and in dealing with the psychosocial and emotional side of these children's problems. The fact is, however, that they return to an impoverished countryside struggling with basic survival needs, and many with no schools, hospitals, no vocational training or job opportunities which would allow them to envisage the prospects of a better future. Thus, while these rituals are important they need to be complemented by community develop-

ment programs to sustain the gains achieved in the psychosocial and emotional sphere, and which cannot be dissociated from the rest.

Therefore, the approach of donor organizations, NGO and other organizations involved in humanitarian aid for war-affected children should take into account local understandings of war trauma and indigenous strategies for dealing with it. They should work towards promoting stable, secure, culturally-familiar environments in which children can gain a sense of competence and security in a more predictable world by encouraging self-reliance through reliable community development projects, their families, or with appropriate foster families if necessary.

The project of the Christian Children's Fund in Angola tries to build upon existing indigenous healing practices and strengths, and complementing these with its psychosocial interventions such as those just described. Evaluations of this project and the earlier "Children and War" project in Mozambique have shown that such an informal partnership between indigenous healers, with their ritualistic therapies, and donor-assisted programs, with emphasis on the family and social adjustment of the child, may provide a model of how indigenous and Western-scientific approaches can be pursued together to provide maximum benefit to children in need. Furthermore, such a model of cooperation and sharing of responsibility serves to validate indigenous healing and beliefs, which tends to energize and mobilize local people who, ultimately, need to develop sustainable, culturally acceptable solutions to help themselves.

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