

**Interventions to Assist the Disarmament, Demobilization, & Reintegration of
Former Child Soldiers in Sub-Saharan Africa: A Systematic Review**

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ABSTRACT

The prevalence of child soldiers remains a constant feature in many of today's armed conflicts, specifically on the African continent. With the high prevalence of the use of children as soldiers in Sub-Saharan Africa, a major concern lies in how these child soldiers are to be assisted post-conflict, in transitioning from life as a member of an armed force or group, back to life as a regular civilian. This paper undertakes a systematic review of the evidence of thirteen studies based in five countries in Sub-Saharan Africa, studying the effectiveness of interventions undertaken to assist in the disarmament, demobilization, and reintegration (DDR) of former child soldiers returned from armed conflict. The literature commonly identifies four categories of interventions: psychosocial and psychiatric; creative-expressive; economic and educational; and community acceptance. Those categories of interventions that were reported to be the most effective include: economic and educational programming; elements of psychosocial and psychiatric interventions; and activities associated with community acceptance interventions. On the other hand, interventions that were reported to not be as effective included: certain elements of economic interventions; inadequate provision of economic and educational interventions; creative-expressive activities; and the improper use of certain elements of psychosocial interventions. Overall, the thirteen included studies in this systematic review indicate that there are many interventions to assist in the DDR of returned child soldiers that are generally effective in alleviating a variety of the multitude of ailments and issues faced by former child soldiers. However, it is clear that there is still not enough of a base of information to generalize a clear set of best practices for interventions that should be used in transitioning former child soldiers back to their previous lives.

ACRONYMS:

CAAFAG – Child Associated with an Armed Force or Armed Group

CAR – Central African Republic

CBR – Community-Based Reintegration Program

DDR – Disarmament, Demobilization, and Reintegration

DRC – Democratic Republic of Congo

ICC – International Criminal Court

ICCs – Interim Care Centres

IPT-G – Group Interpersonal Psychotherapy

MDRP – Multi-Country Demobilization and Reintegration Program

NET – Narrative Exposure Therapy

NGO – Non-Governmental Organization

OSRSG-CAC – Office of the Special Representative of the Secretary-General on Children and Armed Conflict

PTSD – Post-Traumatic Stress Disorder

RCT – Randomized Controlled Trial

SCR – Security Council Resolution

UN – United Nations

UNGA – United Nations General Assembly

UNCRC – United Nations Convention on the Rights of the Child

UNSC – United Nations Security Council

UNSG – United Nations Secretary General

UNICEF – United Nations Children’s Fund

1. INTRODUCTION

As of 2016, over 1 billion children now reside in countries affected by armed conflict.¹ Further, according to the United Nations Office for the Coordination of Humanitarian Affairs, up to half of the world's child soldiers are located in Africa.² Conflict environments have become even more dangerous for civilians today than in past decades, particularly for children. This shift is explained by UNICEF: "Why are children so brutally exposed during modern warfare – not just accidentally but as deliberate targets? The report points to the changing character of modern warfare. All of today's wars are being fought not between States but within them. [...] Battles are being fought from village to village and from street to street."³ In the post-cold war era, the nature of warfare has changed, with one general trend being a shift from inter-state to intra-state conflicts. With this change, more radical non-state actors and armed groups have become parties to the conflict in addition to conventional state actors, threats are asymmetric with the proliferation of light weapons, and unrest and instability within countries becomes more threatening. In this context, the prevalence of child soldiers remains a constant feature in numerous armed conflicts, most specifically throughout the African continent.

While, unfortunately, many child soldiers will be killed in the situations of armed conflicts they are coerced into participating in, there is also the issue of what to do with those who do return home. Children, who have taken on the role of adults, have witnessed unimaginable scenes of violence and trauma, had their existence altered drastically, must now find a way to fit back into their old lives once they are separated from the conflict. As Romeo Dallaire explains, this is an enormously difficult aspect of the child soldiering issue: "What I

¹ Jordans, Pigott, & Tol, "Interventions for Children Affected by Armed Conflict: A Systematic Review of Mental Health and Psychosocial Support in Low- and Middle-Income Countries," 1.

² UN Office for the Coordination of Humanitarian Affairs *News and Analysis*. December 2003.

³ UNICEF. "Press Summary: Wars Against Children." 1996. <https://www.unicef.org/graca/summry.htm>.

know for certain from studying child soldiers for the better part of a decade is this: picking up the pieces of broken children after a conflict is hugely difficult, the necessary and ongoing effort is hard to sustain, and success is unpredictable to gauge.”⁴ In addressing this complicated task, this paper will undertake a systematic review of the evidence from thirteen studies based in Sub-Saharan Africa, studying the effectiveness of interventions undertaken to assist in the disarmament, demobilization, and reintegration (DDR) of former child soldiers returned from armed conflict.

1.1 Objectives:

The aim of this systematic review is to evaluate the empirical research on the effectiveness of interventions to aid former child soldiers in Sub-Saharan Africa in their transition away from military life and back into civilian life. In particular, the review aims to address the following research question:

Which interventions designed to assist in the disarmament, demobilization, and reintegration of former child soldiers as they transition to civilian life are effective?

In relation to this research question, the review summarizes the data discussing the targeted participants, the key features of the discussed interventions, the outcome of these interventions according to the participants, and an assessment of their overall effectiveness for use in Sub-Saharan Africa, taking these findings into account.

⁴ Dallaire, *They Fight Like Soldiers, They Die Like Children*, 152.

1.2 Methods:

(1) Data Sources & Search Strategy:

The primary search strategy employed was an electronic search in the online library databases of the University of Ottawa and Western University. Literature relevant to the research question, ranging from dates between January 2005 to January 2017 was included in the search criteria. The key terms included in the systematic search were: (child OR youth) and (soldier OR combatant OR fighter) and (armed conflict OR war OR combat) and (intervention OR program OR strategy) and (Disarmament OR Demobilization OR Reintegration) and (Sub-Saharan Africa OR Africa). The electronic searches were supplemented with searches in databases of three international organizations that are involved in the area of children's rights and the use of children in armed conflicts: Child Soldiers International, UNICEF, and the Office of the Special Representative of the Secretary-General for Children and Armed Conflict. In addition, bibliographies of the eligible papers were manually examined for relevant citations in order to include studies that could have been missed or overlooked in the initial electronic searches.

(2) Study Selection Criteria:

Pre-specified inclusion criteria were systematically applied to the search results. The inclusion criteria for the research question included:

- **Dependent Variable:** The disarmament, demobilization, and reintegration of former child soldiers.
- **Independent Variable:** Interventions administered to former child soldiers.
- **Population:** Male or female children, under the age of 18, formerly associated with an armed force or armed group

- Period: Time frame included the past 12 years, from January 2005 to January 2017, a time frame chosen in order to assess more up to date studies and recently used interventions.
- Intervention: any intervention intended to assist in the DDR of former child soldiers, or to prevent their re-recruitment.
- Study Designs: Field interviews, randomized controlled trials, tracer study, review of empirical studies, and case studies.

(3) Data Collection & Analysis:

A multi-step process was employed in the collection and analysis of data. Data on the effectiveness of interventions from the included sources was extricated using a data extraction process designed to address the research question. The following types of data were taken from the included studies to answer the research question: details of the selected publication (author, title, year, source), study setting, population (age, gender, number), study design, intervention details, and results. The quality of the studies was also assessed in the data collection process. Quality of studies was not an exclusion criterion; rather, it was the decision for this review to set a lower quality threshold standard, in order to be able to draw on a broader range of evidence. Inclusion of studies in this review was based more so on the relevance of studies to the topic and context of this review, rather than on a consideration of high quality. While the majority of included studies are of good quality, it is recognized that the inclusion of certain studies of lower quality do pose a risk of bias.

The majority of studies included were qualitative studies, and as such single case study analysis was the main form of analysis employed. For the synthesis of the evidence on the

effectiveness of interventions, the studies were grouped by intervention type – psychosocial and psychiatric, creative-expressive, economic and educational, and community acceptance. In addition, the studies were also organized and analyzed chronologically, from most recent (2016) to oldest (2006). The key features of the interventions, as well as the populations of the studies, and the outcomes of the interventions are all described in Table 1.

(4) Strengths and Limitations of the Study:

This systematic review on the effectiveness of interventions to assist in the DDR of former child soldiers has both its strengths, as well as its limitations.

The literature search used to identify relevant studies was inclusive in order to capture all of the necessary evidence. As well, studies that were selected were quite relevant, reviewing interventions that had come from studies only published in the past ten years or so; this gives an up to date picture about the types of interventions that are and are not working currently, allowing us to apply this information to bettering current and future interventions. In addition, the qualitative field interview study design used by a majority of the studies selected provides an in-depth analysis on the opinions of the participants, indicating what they actually thought of the interventions in their own words, rather than providing quantitative statistics from which it would be necessary to attempt to infer meaning.

One aspect in which this systematic review is limited is in the choice of databases from which the studies were obtained, as only two electronic library data bases and three databases of international organizations were used. While they did generate numerous results for the searches that were performed, this did limit the scope of literature that could have been obtained, as there is the possibility that other electronic databases not used could have obtained additional useful studies. Further, the studies that were selected were only those which were available in English,

meaning that there could possibly have been other useful studies published in other local languages to the areas in these studies which were not analyzed. As well, while it was a strength that current studies were used in the systematic review, this could also be a weakness in that it does not study previous studies undertaken prior to 2006, which still could have provided some valuable insights. Finally, there is an additional weakness in the exclusion of in depth statistical analysis in calculating a quantitative measure to compare the effectiveness of different interventions. Rather than providing a clear numerical measure of interventions' effectiveness, the result of a qualitative analysis is that there is more room for debate and interpretation.

Overall, while with its advantages and disadvantages, this systematic review provides a comprehensive analysis of the various options available for interventions to assist former child soldiers, and those which are more effective and those which are not.

1.3 Results:

The electronic searches resulted in 8643 individual records, and an additional manual search of relevant bibliographies resulted in an additional 30 pertinent records. Of these, 13 studies were chosen for use in this systematic review. The results of the interventions that were studied in this systematic review show that there were overall more positive outcomes reported for intervention effectiveness than negative.

Those interventions that were reported to be the most effective include: (1) appropriate and sufficient education and economic assistance – with the outcome of positively improving socio-economic functioning; (2) psychosocial interventions & psychiatric interventions in the form of narrative exposure therapy and group interpersonal psychotherapy – observed to improve symptoms of mental health issues, including mood disorders, anxiety, PTSD, and depression; and (3) community acceptance interventions, specifically family sensitization campaigns and

traditional cleansing rituals – with the effect of building confidence in relationships, establishing understanding, and facilitating acceptance, improving the prospects for sustainable reintegration.

Those interventions that were reported to not be effective included: (1) government-led reintegration programs, including inappropriate monetary reinsertion packages – with the outcome of increasing resentment within communities, and leaving underlying issues unaddressed; (2) inadequate provision of economic & educational interventions – effectively contributing to an imbalance in education and economic prospects between former child soldiers and their non-combatant peers; (3) creative-expressive activities – found to have no overall effect on reducing symptoms of mental health issues, namely depression; and (4) the unsuitable use of ICCs, due to either only partial coverage or stays that lasted too long, impeding reintegration efforts that followed.

2. BACKGROUND

2.1 Working Definitions:

Armed Conflict: A resort to armed force between states or protracted armed violence between government authorities and organized armed groups or between such groups within a state.⁵

Armed Forces: The armed forces of a state.

Armed Groups: Armed groups that are distinct from the armed forces of a state.⁶

Community Acceptance (Intervention): Efforts to work with communities to address local concerns and aspirations for improvement.⁷

⁵ Jordans, Pigott, & Tol, “Interventions for Children Affected by Armed Conflicts,” 13.

⁶ "Optional Protocol to the Convention on the Rights of the Child." United Nations Human Rights Office of the High Commissioner. 2002, Article 4.

⁷ Trickett, Edison. "Multilevel Community-Based Culturally Situated Interventions and Community Impact: An Ecological Perspective," 257.

Child: Any person less than 18 years of age, in accordance with the United Nations Convention on the Rights of the Child.

Child Soldier: Any person under 18 years of age who is part of any kind of regular or irregular armed forces or armed group in any capacity, including but not limited to cooks, porters, messengers, and those accompanying such groups, other than purely as family members, as well as girls recruited for sexual purposes and forced marriage.⁸

Creative-Expressive (Intervention): The use of creative activities through which one can express oneself as a form of rehabilitative therapy.

DDR: The formal and controlled discharge of active combatants from armed forces or other armed groups.⁹

- *Disarmament:* The collection, documentation, control, and disposal of small arms, ammunition, explosives, and light and heavy weapons of combatants.¹⁰
- *Demobilization:* The removal of former child soldiers out of active service, and the initiation and assistance of their transition from military to civilian life.¹¹
- *Reintegration:* The process through which children transition into civil society and enter meaningful roles and identities as civilians who are accepted by their families and communities in a context of local and national reconciliation.¹²

Group Interpersonal Psychotherapy: A form of group therapy that focuses on social roles and relationships, evaluating problem areas in the patient's life. Past experiences of former child soldiers inform the process, while interpersonal therapy focuses on improving present relationships.¹³

⁸ "The Paris Principles." UNICEF. 2007.

⁹ Betancourt, Borisova, Rubin-Smith, Gingerich, Williams, & Agnew-Blais, "Psychosocial Adjustment and Social Reintegration of Children Associated with Armed Forces and Armed Groups," 11.

¹⁰ United Nations. "Integrated Disarmament, Demobilization, and Reintegration Standards." 2006.

¹¹ Ibid.

¹² Ibid.

¹³ Betancourt & Williams, "Building an Evidence Base on Mental Health Interventions for Children Affected by Armed Conflict," 8.

Narrative Exposure Therapy: A treatment for trauma-spectrum disorders in survivors of complex trauma. The patient, with the assistance of the therapist, constructs a chronological narrative of their life story with a focus on the traumatic experiences.¹⁴

Post-Traumatic Stress Disorder: A condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance due to constant recall of the experience.

Psychiatric (Intervention): Approaches that require identifying those with mental health disorders and focusing interventions on them specifically; one of the two main paradigms of mental health interventions.¹⁵

Psychosocial (Intervention): Approaches that focus on most or all of the affected population regardless of individual differences in war related exposure or traumatic stress reactions; one of the two main paradigms of mental health interventions.¹⁶

Recruitment: The compulsory, forced, or voluntary conscription or enlistment of children into any kind of armed forces or organized armed groups.

Release: Includes the process of formal and controlled disarmament and demobilization of children from an armed force or an armed group, as well as the informal ways in which children leave by escaping, being captured, or by any other means. It implies a disassociation from the armed force or armed group and the beginning of the transition from military to civilian life.

Sensitization Campaign: Programs which involve informing the community of what a returning former child soldier has experienced, and what to expect of them when they return home. Such programs are aimed at the reduction of stigmatization and discrimination of former child soldiers in the communities which they will return home to.

¹⁴ Ertl, Pfeiffer, Schauer, Elbert, & Neuner "Community-Implemented Trauma Therapy for Former Child Soldiers in Northern Uganda," 504.

¹⁵ Betancourt & Williams, "Building an Evidence Base on Mental Health Interventions," 2.

¹⁶ Ibid.

Unlawful Recruitment or Use of Child Soldiers: Recruitment or use of children under the age stipulated in the international treaties applicable to the armed force or group in question, or under applicable international law.¹⁷

2.2 Child Soldiers:

Defining a Child Soldier:

In defining who a child soldier is, this paper will adopt the definition accepted by UNICEF, given in the Paris Principles on the Involvement of Children in Armed Conflict (2007). This is also in line with the definitions accepted by the thirteen studies analyzed in this systematic review. As such, child soldiers for the purposes of this paper are considered to be: “Any person under 18 years of age who is part of any kind of regular or irregular armed forces or armed group in any capacity, including but not limited to cooks, porters, messengers, and those accompanying such groups, other than purely as family members. It includes girls recruited for sexual purposes and forced marriage. It does not, therefore, only refer to a child who is carrying or has carried arms.”¹⁸ Traditionally, child soldiers might be considered solely to be those children who are employed in a combat role; however, the more widely accepted categorization today encompasses additional non-combat roles filled by children associated with armed forces and armed groups. Some researchers and practitioners today prefer to use terms which reflect this broader definition, a popular designation being “Children Associated with Armed Forces and Armed Groups” (CAAFAG). For the purposes of this paper, the traditional term “Child Soldier” will be utilized, however it will incorporate this wider definition.

¹⁷ "The Paris Principles." UNICEF. 2007.

¹⁸ Ibid.

Prevalence of Child Soldiering:

As stated by Romeo Dallaire, “Thanks to a worldwide proliferation of light weapons and ammunition, combined with the limitless resources of children as a result of the overpopulation in developing countries in conflict, such as we see in so many cases in Africa, there is no more readily available, cost-effective and renewable weapon system in existence today.”¹⁹ This, Dallaire explains, “has made the child soldier the weapon of choice in over thirty conflicts around the world, for governments and non-state actors alike.”²⁰ As of 2006, UNICEF places the number of children employed in armed factions worldwide at approximately 250,000, including those used both by state and non-state actors.²¹ While the majority of nations globally have outlawed the use of children in military organizations, approximately fifty countries still allow the recruitment of children for military purposes as of the time of writing. Even in countries where the use of child soldiers is outlawed, many children are still used, especially by non-state armed groups.

From Child to Child Soldier:

There are multiple reasons for the recruitment of child soldiers by armed groups, ranging from social factors to practical factors to personal factors. According to Child Soldiers International, “Military organizations that recruit children find them easier than adults to entice or force into service. In general, children are more compliant and easier to manipulate.”²² In addition to being easier to recruit and manipulate, motivating factors for armed groups to use child soldiers include: social and economic factors, such as poverty & instability; demographic

¹⁹ Dallaire, *They Fight Like Soldiers, They Die Like Children*, 3.

²⁰ *Ibid.*

²¹ UNICEF. "Child Protection Information Fact Sheet - Children Associated with Armed Forces." 2006.

²² Child Soldiers International, "Who are Child Soldiers?" <https://www.child-soldiers.org/who-are-child-soldiers>.

factors, such as a high availability of children; tactical considerations, including the availability of light weapons, which are easier for children to operate; and so on.

Armed forces or armed groups which employ the use of children are composed of children who were either compulsorily recruited, or those children whose recruitment was not forced, joining as a response to their current living environment. Many armed groups with a preference for children in their ranks apply forced recruitment methods, including through violence, coercion, and most commonly abduction. For those children whose recruitment is not forced, there are various contextual push factors that might cause them to join an armed force or armed group. Graça Machel notes these, writing that “[the] children most likely to become soldiers are those from impoverished and marginalized backgrounds and those who have become separated from their families.”²³ Participation, in such cases, could be interpreted as not being completely voluntary. However, the method in which children come to be used in armed forces and groups is not the issue at hand. As explained by Romeo Dallaire: “Whether commanders abduct children or recruit them voluntarily, using children as combat troops is always a crime on the part of the leaders. The child in either case should be viewed and treated as a victim of this crime and not be held responsible for decisions made under extreme duress.”²⁴

2.3 International Norms and Standards:

Since the early 1990s, the issue of children’s human rights, especially as applied to children in situations of armed conflict, has become more prominent in focus. Over the past two and a half decades, various international norms and standards have emerged concerning the

²³ Machel, Graça. "Impact of Armed Conflict on Children," 1996.

²⁴ Dallaire, *They Fight Like Soldiers, They Die Like Children*, 27.

plight of children affected by armed conflict generally, as well as the issue of child soldiering more specifically.

United Nations Convention on the Rights of the Child:

In November 1989, the United Nations Convention on the Rights of the Child (UNCRC) was adopted, entering into force in September the following year. The UNCRC represents an agreement that all children everywhere in the world are entitled to certain civil, political, economic, social, and cultural rights and protections. The convention goes on to outline how it is the responsibility of adults and governments to ensure that all children are able to enjoy said rights.²⁵ With 196 parties ratifying the convention and being bound to it under international law, it is one of the most widely ratified human rights treaties to date.

Certain articles to the convention are especially relevant for children affected by armed conflict, particularly for the protection of child soldiers. Article 19 bestows the right of children to be safe from violence, placing the burden of carrying out this protection on the state.²⁶ Additionally, Article 38 of the UNCRC addresses the plight of children in conflict, outlining the need for their protection in subsections 1 and 4.²⁷ Further, in subsections 2 and 3 of this same article, the use of child soldiers under the age of 15 is specifically outlawed.²⁸ One of the most relevant sections of the UNCRC for former child soldiers comes in Article 39, recognizing their right to recovery and reintegration. In this article, the UNCRC requires that “States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other

²⁵ United Nations Security Council. "United Nations Convention on the Rights of the Child," UNICEF. 1989.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.”²⁹

The Graça Machel Report:

In 1996, the publication of a report by Graça Machel, entitled “The Impact of Armed Conflict on Children”, marked a landmark moment in the fight for the protection of children affected by armed conflict. Machel, the former Minister of Education in Mozambique, was appointed as the United Nations Secretary-General’s Independent Expert to undertake a study on this topic. In the report, Machel brings attention to the plight faced by children who are used by armed forces and groups, specifically discussing crucial aspects pertaining to the issue of child soldiering, including demobilization and reintegration. Machel called on the international community to make themselves aware of the realities experienced by children who are affected by armed conflict, necessitating an urgent response to end the exploitation of children as soldiers.³⁰ As a result of the ground breaking study, the next year the United Nations appointed a Special Representative for Children and Armed Conflict, with a specific mandate to promote the protection, rights, and well-being of children in every stage of conflict.

The Cape Town Principles and Best Practices:

The Cape Town Principles and Best Practices were adopted at the April 1997 Symposium on the Prevention of Recruitment of Children into Armed Forces and on Demobilization and Social Reintegration of Child Soldiers in Africa, and were widely recognized by child protection agencies, NGOs, and prominent UN agencies such as UNICEF. The Principles focused on three

²⁹ Ibid.

³⁰ Machel, Graça. "Impact of Armed Conflict on Children," 1996.

main aspects of the child soldiering cycle: the prevention of recruitment, the demobilization of child soldiers, and reintegration into community life. The Cape Town Principles were also significant in that they expanded the definition of a child soldier to include: “any person under 18 years of age who is part of any kind of regular or irregular armed forces or armed group in any capacity, and does not only refer to a child soldier who is carrying or has carried arms.”³¹ The Cape Town Principles were significant in setting high standards for governments dealing with the issue of child soldiering, however there were issues with legal backing and enforcement.

The Rome Statute:

Adopted in July 1998, and entered into force in July 2002, the Rome Statute established the four core crimes under international law: genocide, crimes against humanity, war crimes, and the crime of aggression. Specifically, in Article 8 on War Crimes, the Rome Statute established as a war crime the conscription or enlistment of children under the age of 15, or their use in active hostilities in both domestic and international conflicts.³² As of 2016, 124 states are party to the Rome Statute, and an additional 31 countries have signed it, but not yet ratified it. The Statute incurs criminal liability to any individual perpetuating the international crimes, as long as the individual is a citizen of a state that is party to the agreement, including non-state actors. Overall, however, the mechanism has not been particularly successful in acting as a deterrent to this behaviour.

³¹ "Cape Town Principles and Best Practices." UNICEF. 1997.

³² "The Rome Statute of the International Criminal Court." United Nations, Article 8, (2)(b)(xxvi) & Article 2(e)(vii).

United Nations Security Council Resolutions 1261 & 1612:

Various resolutions have been passed by the United Nations Security Council concerning the issue of children affected by armed conflict in general, and the issue of child soldiering in particular. Two of the most prominent of these are Resolutions 1261 and 1612. Adopted in 1999, Resolution 1261 was the first resolution in the UN Security Council to address the issue of the recruitment of child soldiers. The resolution condemned the targeting of children in armed conflict, including the recruitment and use of child soldiers specifically as a violation of international law, and urged all countries to ensure an end to the recruitment and use of children in armed conflict.³³ UN Security Council Resolution 1612 – on the protection of children affected by armed conflict – was adopted by the UNSC in July 2005. The resolution recognized that in terms of actual outcomes on the ground, there was a lack of progress, and moved to set out advancements for the protection of children on the ground, and importantly for holding violators accountable.³⁴ This led to the establishment by the UNSC of the UN-led Monitoring and Reporting Mechanism (MRM) on Children and Armed Conflict, and to the establishment of the Security Council Working Group on Children and Armed Conflict.

United Nations Optional Protocol to the Convention on the Rights of the Child:

As a supplementary protocol to the Convention on the Rights of the Child, in May 2000 the United Nations General Assembly adopted the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict; the treaty agreement then came into force in February 2002. As of the end of 2016, the CRC Optional Protocol has been ratified by 166 states, and signed on to by an additional 13 others. Parties to the CRC Optional

³³ United Nations Security Council. "Resolution 1261." 1999.

³⁴ United Nations Security Council. "Resolution 1612." 2005

Protocol pledged to limit the use of children in a military capacity, as well as to raise the minimum age for compulsory recruitment in armed forces to 18 years old, specifying that non-state armed groups are prohibited from using those under the age of 18 in any capacity.³⁵ In addition, Article 6 of the Optional Protocol also requires states to take measures to ensure that if children under the age of 18 are used in hostilities contrary to the provisions of the Protocol, they are demobilized and released, and receive assistance for rehabilitation and reintegration into their communities.³⁶

The Paris Principles:

The Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups, adopted in February 2007, are widely considered to be the most significant milestone in international efforts to put an end to the use of child soldiers, taking a child rights-based approach to the issue of child soldiering. The Principles have been updated from the original Cape Town Principles, providing detailed guidelines to assist those who are implementing programs to address the needs of child soldiers, while drawing on lessons learned in this area from the previous two decades.³⁷ The Principles emphasize the necessity to pursue the release of children from armed forces or armed groups at all times, even during times of active conflict when peace has yet to be attained.³⁸ Additionally, the principles direct interventions that will facilitate the reintegration of all children associated with armed forces or groups back into their communities, and necessitate a protected environment for all children to

³⁵ "Optional Protocol to the Convention on the Rights of the Child." United Nations Human Rights Office of the High Commissioner. 2002.

³⁶ Ibid.

³⁷ "The Paris Principles." UNICEF. 2007.

³⁸ "The Paris Principles." UNICEF. 2007.

live in.³⁹ Certain standout Principles guiding interventions include: a situation analysis to inform all interventions,⁴⁰ a focus on the needs of *all* children affected by armed conflict,⁴¹ the necessity of a long term commitment,⁴² and the incorporation of family and community in all phases of interventions.⁴³

While international standards regarding the use of children in armed conflict have come a long way since the introduction of the CRC in 1989, as Janet McKnight observes, “The international laws as they exist currently are inadequate to protect all African children in conflict situations, and more effective means of enforcement are also needed.”⁴⁴ Relatedly, UNICEF states that “The most important challenge ahead for all actors is translating the international standards into national action that can make a tangible difference in the lives of children affected by war.”⁴⁵

2.4 Interventions to Assist Former Child Soldiers:

The literature commonly identified four general typologies of interventions used to assist in the DDR of former child soldiers. In this paper, these are categorized as: psychosocial and psychiatric interventions; creative-expressive interventions; economic and educational interventions; and community acceptance interventions. My thirteen studies cover all four typologies of interventions. I will now give a general overview of the stages of DDR

³⁹ Ibid.

⁴⁰ Ibid, 1.7.0

⁴¹ Ibid, 1.7.1

⁴² Ibid, 1.7.3

⁴³ Ibid, 1.7.4

⁴⁴ McKnight, "Child Soldiers in Africa: A Global Approach to Human Rights Protection, Enforcement and Post-Conflict Reintegration," 125.

⁴⁵ UNICEF, "Machel Study 10-Year Strategic Review: Children and Conflict in a Changing World," 64.

programming, following which I will describe how the four specific categories of interventions are, theoretically, supposed to work.

Disarmament, Demobilization, and Reintegration Programming:

Disarmament, Demobilization, and Reintegration (DDR) programs encompass the formal and controlled discharge of active combatants from armed forces or other armed groups.

Typically, DDR programs take place in the context of a wider peace process, and assist former soldiers in transitioning from their lives in the military back to civilian life. Over the past two and a half decades, the increase in the use of children in wars has necessitated the need for programs to be tailored to assist in their disarmament, demobilization, and reintegration.⁴⁶

The first stage of DDR programs begins with the disarmament of former child soldiers. The process is initiated when participants who have turned themselves over to the government, NGOs, or implementing actors are transported from pick-up points to disarmament centres. Here, they return any weapons which they may be in possession of; in some cases, former child soldiers may not be in possession of a weapon, depending on their role within the armed force or group.⁴⁷ It is an important step of the process that former child soldiers are separated from the armed force or group that they were associated with as soon as possible. Following disarmament, the participants are transported to a secure civilian location for the next phase of the program.

Demobilization is the second stage of DDR programming, where a more detailed documentation of the child's identification and history is collected, and the process of preparing the former child soldier to be relocated back with their families and communities is initiated. At this stage, it is common for former child soldiers to be placed in interim care centres (ICCs), with

⁴⁶ Wessells, "Psychosocial Issues in Reintegrating Child Soldiers," 518.

⁴⁷ Ibid.

the purpose being to provide care and protection during the transitional phase – disassociated from the armed force or group they were previously with, but not yet reunited with their family or community.⁴⁸ The main goal of most ICCs is to complete the process of: (1) identification – the verification of age and armed group association; (2) documentation – the registration and photographing of children for identification cards; (3) family tracing; and (4) family reunification.⁴⁹ Short-term programming to prepare for reintegration into the community is often provided, with the purpose of rehabilitating former child soldiers both mentally and physically. Where interim care is used for demobilization, it should be for as short of a period as possible; typically, most former child soldiers stay in ICCs anywhere from 2 weeks to 6 months, but there can be considerable variation dependent upon context.⁵⁰

The third, and often most difficult, phase of DDR interventions to assist former child soldiers is that of reintegration. Following the process of the former child soldier's demobilization, the children are subsequently reunited with their family or community. The process of reintegration is a long-term operation; while there is no specific time-frame for completing the reintegration phase, most practitioners would estimate in terms of years rather than months.⁵¹ The reintegration process does not end just with reuniting a former child soldier with their family, but involves various interventions to prepare the community for reunification, to provide follow-up programming and treatments for former child soldiers, and to ensure a secure environment in order for reintegration to be sustainable and for re-recruitment to be prevented.⁵²

⁴⁸ Ibid, 518-519.

⁴⁹ Ibid, 519.

⁵⁰ Boothby, Crawford, and Halperin, "Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts," 94.

⁵¹ Wessells, "Psychosocial Issues in Reintegrating Child Soldiers," 520.

⁵² Ibid, 520-521.

(1) Psychosocial & Psychiatric Assistance:

As mentioned, the provision of psychosocial and psychiatric assistance is one of the policy areas that DDR programs for former child soldiers tend to focus on.⁵³ This particular form of assistance is most often provided during the demobilization process, implemented while in ICCs, and then sometimes followed-up with family-based care afterwards. The provision of these types of mental health interventions in particular are necessary to assist former child soldiers, as their mental well-being is commonly threatened in environments where armed conflict is prevalent. In particular, with child soldiers their mental health is affected by their exposure to violence, increased poverty, and a general lack of access to basic services, such as healthcare, education, and housing. The focus of these types of interventions is on assisting the participant to allow them to reduce the prevalence of their own mental health struggles.

According to Betancourt and Williams, the psychosocial approach to the mental health of conflict-affected children focuses on the relationship between psychological and social effects and how they influence one another, paying attention to the affected population as a whole, ignoring individual differences in conflict exposure or experiences.⁵⁴ These psychological effects are considered to be those that impact on emotion, behaviour, thoughts, memory, ability to learn, as well as understanding. Social effects, on the other hand, might include altered relationships due to estrangement, separation, death or other losses, family and community breakdown, damage to social values and customary practices, and also the destruction of social facilities.⁵⁵ The focus of psychosocial intervention activities is on the restoration of the physical and social environment – putting things back together after traumatic events, and reinstating as much

⁵³ Banholzer & Haer, "Attaching and Detaching: The Successful Reintegration of Child Soldiers," 112.

⁵⁴ Betancourt & Williams, "Building an Evidence Base on Mental Health Interventions," 2.

⁵⁵ Ibid.

normalcy into day to day life as possible. From this perspective, restoring as much of the prior environment as possible, providing routines and predictability, is viewed as important for establishing the foundation for improved mental health.⁵⁶ In this process, local participation and community engagement is emphasized. Examples of psychosocial interventions to assist former child soldiers include: building infrastructure, restoring shelter and health services, improving security, skills training, accountability measures, and spiritual support by religious leaders.

Psychiatric interventions also assist in the bettering of mental health of former child soldiers, however in a more individual-level manner rather than a community-level approach. Instead of aiming to restore the pre-conflict environment, as is the case with most psychosocial interventions, psychiatric interventions identify individuals with mental health disorders, providing them with treatments that are tailored to them specifically, in order to help reduce their individual symptoms.⁵⁷ Interventions are designed to target a particular mental health problem, looking to evidence-based treatments for the problem identified.

The psychosocial and psychiatric approaches to assisting with the mental well-being of former child soldiers are actually most effective when used to complement each other.⁵⁸ In situations immediately following a conflict, the psychosocial approach is more suitable, as it purposes to restore a stabilized environment for conflict-affected children, aiming to restore security, routines, and day to day life. Psychosocial interventions act as an initial step in promoting mental health during humanitarian situations, as their provision may lead to improvements in general symptoms among persons without specific disorders; this may reduce symptoms enough for some such that they do not require further psychiatric interventions.⁵⁹

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid, 15-20.

⁵⁹ Ibid.

Once these “front line” psychosocial interventions are initiated, those individuals whose needs have yet to be met can be identified, and those who require additional, higher levels of mental health assistance can be provided with psychiatric interventions.⁶⁰

(2) Creative-Expressive Interventions:

Creative-expressive interventions are commonly used by practitioners to assist in the demobilization and reintegration of former child soldiers, using creative activities in which one can express oneself as a form of rehabilitative therapy. Creative-expressive interventions are implemented both through ICCs during the demobilization process, and during reintegration in community settings. These interventions complement psychosocial programming, with the aim of recreating social networks, building better connections to families and communities, and through this improving overall well-being of the individual and the community.⁶¹ Emphasis in this category of interventions is placed on interactive activities and physical activities, which are believed to improve self-esteem and social interaction. The most common of these creative-expressive interventions used to assist former child soldiers include group activities such as role-playing, drama activities, drawing or painting, as well as singing and performing music.⁶² Such activities are also intended to lower levels of depression and anxiety for former child soldiers.

(3) Economic and Educational Integration:

A child’s education, and consequently their ability to be economically independent in earning a livelihood, is one of the major aspects of daily life that is interrupted by a conflict environment, often a driving factor for children who are recruited by armed forces and groups. In

⁶⁰ Ibid.

⁶¹ Jordans, Pigott, & Tol, “Interventions for Children Affected by Armed Conflicts,” 4.

⁶² Ibid.

order for former child soldiers to be reintegrated into their communities as productive members, interventions addressing access to education as well as economic opportunity are crucial.

Access to both formal, school-based programming, and informal, community-based education can be provided for former child soldiers through good quality reintegration programs. In order to be effective, education interventions must be tailored to address the causes of child soldier recruitment. Educational activities should take into account the child's lost educational opportunities, tailored to their age and stage of development, as well as their experiences with armed forces or armed groups. Education interventions can also involve accelerated catch-up programs or informal home-based learning, depending on the needs of the individual.⁶³

Livelihood support is also given to former child soldiers in order to assist those who return home to their communities with a lack of economic opportunities – interrupted due to the presence of conflict as well as the time spent away with an armed force or group. These types of interventions include: the provision of vocational and life-skills training, access to income-generating activities, opportunities for apprenticeships, the provision of micro-loans, as well as other forms of assistance to pursue entrepreneurship.⁶⁴ In addition, former child soldiers are also sometimes given reinsertion packages, which may include a variety of items intended to assist child soldiers to become able to sustain themselves, including clothing, seeds to grow food, tools, and sometimes money – although it has been shown that the inclusion of money in reinsertion packages often causes more issues and as such is not commonly recommended.⁶⁵

⁶³ Ertl et al., "Community-Implemented Trauma Therapy for Former Child Soldiers in Northern Uganda," 505.

⁶⁴ Blattman & Annan, "Child Combatants in Northern Uganda," 20.

⁶⁵ Ibid, 11-12.

(4) Community Acceptance Interventions:

The sustainable reintegration of former child soldiers is dependent upon the community's acceptance of these individuals. As such, interventions to facilitate and assist in the granting of this acceptance is a crucial portion of DDR programming to assist in resettling and reintegrating former child soldiers. If former child soldiers are reinserted into their communities with no preparations made within the communities for their return, these children are almost certain to face discrimination and stigmatization, preventing their successful reintegration in the long run.

Family tracing, as well as family and community mediation are the first steps in interventions to successfully reintegrate former child soldiers with their home communities. Family tracing is the process of searching for family members or primary caregivers of the identified child.⁶⁶ Sometimes this process can be relatively short, while at other times it can take months to locate a child's family, due to the confusion and displacement caused by the conflict. Where family tracing has a positive result, the willingness of the child and family member to be reunited has to be verified with both parties.⁶⁷ If tensions exist within the family and community about the return of the former child soldier home to the community, mediation may be necessary between the returning child and the family and/or community, especially where negative stigmatization is common.⁶⁸

Sensitization campaigns are both a common and necessary intervention to ensure community acceptance, typically performed while children remain in an ICC, prior to their return to the community. Such programs are aimed at the reduction of stigmatization and discrimination of former child soldiers in the communities which they will return home to. In order for

⁶⁶ UNDDR Resource Centre, <http://unddr.org>

⁶⁷ Ibid.

⁶⁸ Ibid.

reintegration to be sustainable, it is imperative that local community members understand that the returning former child soldiers are, at their core, children who have also suffered, and that their recruitment into an armed force or group, even if it was voluntary, was triggered by their poor living conditions and lack of opportunity. Further, communities need to be made aware that the children are able to assume more positive roles in the community and are capable of re-entering civilian life.⁶⁹ Such community sensitization interventions can be implemented through the dissemination of testimonies and educative information about the return process of former child soldiers, using platforms such as radio programs, or through broader community group discussions, engaging community leaders and members in dialogue.⁷⁰

An additional tool that may be used to assist in the acceptance of a former child soldier back into a community is that of a traditional cleansing ceremony. According to Derluyn et al., “[C]ollective trauma destroys the connection between human beings, thereby fundamentally affecting the core social fabric of families, kinship, and communities through which individuals give meaning to their life experiences. Through separation, violation, and repression, personal and community bonds are pervasively disrupted, rendering it a powerful weapon of destroying human connectedness and a sense of future.”⁷¹ In many traditional cultures, it is believed that actions committed by child soldiers bring collective trauma back to the community, disrupting the bonds and social fabric of the community.⁷² Such bonds must be restored through the use of traditional purification mechanisms which cleanse the returnee as well as the community of the child’s previous actions. In this manner, traditional ceremonies can assist children in re-entering

⁶⁹ Boothby & Halperin, "Mozambique Child Soldier Life Outcome Study," 97-98.

⁷⁰ Ibid.

⁷¹ Derluyn, Vindevogel, & De Haene. "Toward the Future: Implications of Research and Intervention with Traumatized Former Child Soldiers," 875-876.

⁷² Ibid.

into their communities.⁷³ Not only members of the communities, but also the children themselves often state that they experience relief following these types of interventions.

Finally, the use of transitional justice measures to deal with disciplining former child soldiers can also be helpful in facilitating community acceptance. According to the United Nations, wherever appropriate, non-judicial and restorative alternatives to prosecution should be pursued, promoting mediation, truth-telling, and reconciliation.⁷⁴ Transitional justice measures employed can include more traditional measures, such as the use of truth and reconciliation commissions, or less traditional initiatives, such as participation in activities with a focus beyond the individual, involving former child soldiers in performing services for the well-being of the community.⁷⁵ Transitional justice mechanisms can assist in the rebuilding of community relationships with returned former child soldiers, and as a result assist in their reintegration back into these communities and their homes.

3. RESULTS

3.1 Results of the Search:

The electronic searches resulted in 8643 individual records, and an additional manual search of relevant bibliographies resulted in an additional 30 pertinent records. After titles and abstracts were screened, 8603 publications were excluded. Following this, 40 potential studies were read and screened in full text. Of the 40 of studies read in full text, 13 studies were included in this systematic review.

⁷³ Ibid.

⁷⁴ UNICEF. "Children and Truth Commissions." 2010.

⁷⁵ Jordans, Pigott, & Tol, "Interventions for Children Affected by Armed Conflicts," 11.

Thirteen studies on the effectiveness of interventions to assist former child soldiers were included from the thirteen publications chosen. (Child Soldiers International, 2016; Borisova et al., 2013; Guven et al., 2012; Kolln, 2011; Ertl et al., 2011; Jordans et al., 2011; Ainebyona, 2011; Betancourt et al., 2010; Denov, 2010; Annan et al., 2009; Betancourt & Williams, 2008; Blattman & Annan, 2008; Boothby et al., 2006). The findings from these studies are presented in Table 1.

Table 1 shows that the thirteen included studies involved a total of 23, 272 participants ($N = 39 + 741 + 667 + 23 + 80 + 260 + 24 + 643 + 1113 + 21,827 + 282 + 150 = 23,372$). The age range of participants in these studies was from 6 to 30 years old. Further, in terms of gender, there were more male former child soldier participants than female. These studies were included from five different countries in Sub-Saharan Africa: Democratic Republic of Congo (2), Sierra Leone (3), Uganda (5), Burundi (1), and Mozambique (1). In addition, one of the included publications did not specify the location of their study.

Of the various types of interventions available to assist in the DDR of former child soldiers, all four categories of interventions were used in the thirteen studies. In terms of mental health and well-being, four studies used psychosocial counselling interventions, while an additional four used psychiatric counselling interventions – this includes two studies using general one-on-one counselling, one using narrative exposure therapy, and another one using group interpersonal psychotherapy. Three studies mentioned the use of interim care centres specifically; (while it is possible that other studies also used interim care centres, they were not specifically mentioned in ten of the studies). Four studies used creative-expressive interventions, including the use of psychosocial activities such as sports, music, art, and drama. In terms of economic and educational interventions, seven studies mentioned the use of education

programming, three indicated the use of economic support programming, while two mentioned the inclusion of reinsertion packages and monetary stipends. In order to facilitate community acceptance, five interventions involved sensitization campaigns, four studies used traditional cleansing and healing rituals, while two specifically mentioned family reunification; (it is likely that other studies also were centred around family reunification, however the remaining 11 of these studies did not specifically include a discussion of the family reunification process in their analyses). An additional study also discussed the use of informal, self-imposed reintegration strategies, which was included in the results.

3.2 Results - Intervention Effectiveness:

Overall, the results of the interventions that were studied in this systematic review show that there were more positive outcomes reported for intervention effectiveness to aid the DDR of former child soldiers than negative. Those interventions that were reported to not be effective included: certain economic interventions, namely government-led reintegration programs, including monetary reinsertion packages given to former child soldiers; creative-expressive activities; as well as the use of ICCs in certain psychosocial and psychiatric interventions, due to either only partial coverage or too long of stays. In addition, family sensitization campaigns were reported by one study not to be completely effective, but were also reported by alternate studies included in this review to have been effective. Where provided, those interventions that were reported to be the most effective include: education and economic assistance – positively associated with a sense of optimism, the prevention against re-recruitment, and more generally with a positive increase in socio-economic functioning; psychosocial interventions – more effective for improving the well-being of males in particular than that of females – and psychiatric interventions in the form of narrative exposure therapy and group interpersonal

psychotherapy – found to be effective for addressing the symptoms of mood disorders, anxiety problems, PTSD symptom severity, and depression-like problems; and community acceptance interventions, such as family sensitization campaigns and traditional cleansing rituals – critical for building confidence in relationships, and overall found to improve community acceptance and reintegration.

However, in the case of these studies, it is not just the effectiveness or ineffectiveness of the interventions that were provided that is significant, but it is also what has not been provided for in terms of interventions to aid former child soldiers that is necessary to analyze. While many of these studies reported satisfaction with the outcomes from many of these interventions carried out, there were also numerous reports about inadequate provision of interventions. These include: inadequate access to education opportunities (3), inadequate access to economic interventions (3), insufficient prevalence of family sensitization campaigns (1), inadequate follow-up monitoring (1), inadequate accessibility to traditional rituals (1), and insufficient formal disarmament and demobilization programs (1).

Table 1: Studies that Estimate the Effectiveness of Interventions to Assist Former Child Soldiers

Study	Location	Population (Age, Gender, Sample Size)	Study Design	Intervention(s)	Results
Child Soldiers International - <i>If I Could Go to School</i> (2016)	Democratic Republic of the Congo (DRC)	Age = 12-19; Gender = all female; N=150 former child soldiers <i>Additional consultation:</i> 80+ members of community-based child protection networks; 30+ child protection actors; 10+ gov't officials	Field interviews + analysis	<i>Economic & Educational:</i> • Education programming	<i>Result:</i> effective, positive impacts of education <i>Outcomes:</i> prevention against (re)recruitment, provision of economic opportunities, promotion of social acceptance *However, found insufficient access to education for former girl child soldiers
Borisova, Betancourt, & Willett - <i>Reintegration of Former Child Soldiers in Sierra Leone</i> (2013)	Sierra Leone	Youth (no age specified); no gender specified; N=282 former child soldiers	Observation & Field interviews + analysis	<i>Community Acceptance:</i> • Family/community sensitization campaign	<i>Result:</i> effective, positive impacts of family sensitization programming <i>Outcomes:</i> a range of positive child outcomes, *However, found insufficient prevalence of family sensitization programming
Guve, Kapit-Spitalny, & Burde - <i>The Education of Former Child Soldiers</i> (2012)	Location not disclosed	N = 55 publications; published 2000-2012	Review of empirical studies	<i>Economic & Educational:</i> • Education programming • Vocational training	<i>Result:</i> effective, positive impacts of education & vocational training <i>Outcomes:</i> short-term *However, found contextual factors that impeded long-term results (e.g. inadequate capacity for follow-up monitoring & coordination, difficult economic climate)

Table 1 (Continued)

Study	Location	Population (Age, Gender, Sample Size)	Study Design	Intervention(s)	Results
Kolln - <i>DDR in the Democratic Republic of the Congo: An Overview</i> (2011)	Democratic Republic of the Congo (DRC)	Youth (no age specified); No gender specified; N = 21,827 former child soldiers	Review of empirical studies (4 DDR projects for child soldiers within Multi-country Demobilization and Reintegration Program)	<p><i>Psychosocial & Psychiatric:</i></p> <ul style="list-style-type: none"> • Temporary residency in ICCs • Psychosocial counselling • Skills-oriented training • Sports & religious activities <p><i>Community Acceptance:</i></p> <ul style="list-style-type: none"> • Family/community sensitization campaign <p><i>Economic & Educational:</i></p> <ul style="list-style-type: none"> • Socio-economic reintegration programs 	<p><i>Result 1:</i> effective and ineffective, mixed results of psychosocial and psychiatric interventions</p> <p><i>Outcomes 1(a):</i> psychosocial and psychiatric programming itself helpful with achieving widespread demobilization of former child soldiers; program implementers assessed as competent</p> <p><i>Outcomes 1(b):</i> insufficient planning — issues with length of stay in ICCs & long delays for family reunification (some stays more than 3 times the length of planned stay); limited planning for post-family reunification follow-up</p> <p><i>Result 2:</i> effectiveness inconclusive, impact of community acceptance training unsure in short-term</p> <p><i>Outcomes 2:</i> inconclusive, sensitization of community difficult to evaluate in the short-term, need to evaluate in the future; issues identified sensitization campaign programming, including lack of clear tasks, definitions, and work plans</p> <p><i>Result 3:</i> ineffective, economic and educational programming carried out in an inadequate manner</p> <p><i>Outcomes 3:</i> former child soldiers unable to benefit from interventions due to implementation of activities being delayed; found major issues with political commitment and post-intervention follow-up in rural areas; government reinsertion payments received late due to lack of functioning banking system (payments initially to be “in-kind” benefits, but altered due to insufficient time & simplified resources)</p>

Table 1 (Continued)

Study	Location	Population (Age, Gender, Sample Size)	Study Design	Intervention(s)	Results
Ertl, Pfeiffer, Schauer, Elbert, & Neuner - <i>Community Implemented Trauma Therapy for Former Child Soldiers in Northern Uganda (2011)</i>	Northern Uganda	Age = 12-25; no gender specified; N = 1113 former child soldiers	Field interviews + analysis + randomized controlled trial 2 waves of data collection (t1 initial + t2 follow up)	<i>Psychosocial & Psychiatric:</i> <ul style="list-style-type: none"> Community-implemented trauma therapy Narrative exposure therapy Counselling <i>Economic & Educational:</i> <ul style="list-style-type: none"> Academic catch-up program 	<i>Result 1: effective</i> , positive impact of psychosocial and psychiatric programming <i>Outcomes 1:</i> superiority of narrative exposure therapy in treating PTSD symptom severity; symptoms of depression, suicidal ideation, & stigmatization; & functional impairment <i>Result 2:</i> effective, positive impact of economic & educational programming <i>Outcomes 2:</i> superiority of combination academic catch-up program + of narrative exposure therapy in treating feelings of guilt
Jordans, Komproe, Tol, Ndayisaba, Nisagwe, & Kohrt - <i>Reintegration of Child Soldiers in Burundi (2011)</i>	Burundi	Age = 14-30; Males = 470, Females = 173; N = 643 (452 former child soldiers + 191 non-recruited peers)	Tracer study (measurement before support, immediately following support, and follow up years later)	<i>Economic & Educational:</i> <ul style="list-style-type: none"> Economic support program 	<i>Result:</i> effective, positive impact of economic and educational programming <i>Outcome:</i> improvement on all socio-economic indicators; socio-economic functioning positively related with intervention satisfaction

Table 1 (Continued)

Study	Location	Population (Age, Gender, Sample Size)	Study Design	Intervention(s)	Results
Ainebyona - <i>The Reintegration of Female Ex-Abductees of the Lord's Resistance Army of Northern Uganda</i> (2011)	Gulu District, Northern Uganda	Age = 15-26; Gender = all female; N = 24	Field interviews + gender analysis	<p><i>Psychosocial & Psychiatric:</i></p> <ul style="list-style-type: none"> • Psychosocial interventions (ex. counselling, engagement in team/ sports activities) <p><i>Economic & Educational:</i></p> <ul style="list-style-type: none"> • Education assistance <p><i>Community Acceptance:</i></p> <ul style="list-style-type: none"> • Ritual cleansing 	<p><i>Result 1:</i> effectiveness of psychosocial and psychiatric programming conditional on combination with other interventions</p> <p><i>Outcomes 1:</i> females less resilient & do not fully heal with only psychosocial interventions; assist with mental healing when supplemented with community acceptance interventions</p> <p><i>Result 2:</i> ineffective, impact of economic and educational programming insufficient, due to inadequate access</p> <p><i>Outcomes 2:</i> Limited accessibility to interventions for former female child soldiers (e.g. donor policies, caveats on education assistance scholarships)</p> <p><i>Result 3:</i> effective, positive impact of community acceptance intervention; most effective when supplemented by psychosocial & psychiatric interventions</p> <p><i>Outcomes 3:</i> ritual cleansing helped to heal social suffering and heal emotional wounds</p> <p>*However, found insufficient accessibility to ritual cleansing (i.e. fees)</p>

Table 1 (Continued)

Study	Location	Population (Age, Gender, Sample Size)	Study Design	Intervention(s)	Results
Betancourt, Agnew-Balis, Gilman, Williams, & Ellis - <i>Past Horrors, Present Struggles</i> (2010)	Sierra Leone	Age = 10-18; more than 50% male, less than 50% female (gender not specified); N = 260 former child soldiers	Field interviews + analysis 2 waves of data collection (t1 initial + t2 follow up)	<i>Economic and Educational:</i> • Education programming <i>Community Acceptance:</i> • Nation-wide family & community sensitization campaign	<i>Result 1:</i> economic and educational intervention <i>Outcomes 1:</i> 72% in school at t1, & 63% in school at t1 + t2; level of education as potential reason for perceived discrimination <i>Result 2:</i> effective & ineffective, modest positive impact of community acceptance interventions, but not sufficient <i>Outcomes 2(a):</i> modest increase in family acceptance due to sensitization campaigns - associated with reduced hostility & depression in former child soldiers, and with higher levels of adaptive & pro-social behaviours <i>Outcomes 2 (b):</i> despite sensitization programs 71% of sample still report some form of stigma (i.e. family & community acceptance alone not sufficient to completely mitigate relationship between war-related events & stigma)
Denov - <i>Coping with the Trauma of War</i> (2010)	Sierra Leone	Age = 14-21; Gender = 40 males + 40 females; N = 80 former child soldiers	Field interviews + analysis 2 waves of data collection (t1 initial + t2 follow up)	Informal, self-imposed reintegration strategies, including: <i>Psychosocial & Psychiatric:</i> • Formation of peer-support structures <i>Community Acceptance:</i> • Community rituals	<i>Result 1:</i> effective, positive impact of psychosocial & psychiatric strategies <i>Outcomes 1:</i> informal peer support networks decreased isolation & distress <i>Result 2:</i> effective, positive impact of community acceptance strategies <i>Outcomes 2:</i> community cleansing rituals contributed to successful community reintegration * However, all "informal" strategies, found that improvement needed in availability of formal interventions

Table 1 (Continued)

Study	Location	Population (Age, Gender, Sample Size)	Study Design	Intervention(s)	Results
Annan, Brier, & Aryemo - <i>From "Rebel" to "Returnee"</i> (2009)	Northern Uganda	Age = 15-30; Gender = 23 males; N = 23 former child soldiers [Chosen from representative quantitative survey sample of 741 regional abducted + non-abducted youth] Includes interviews from 30 family/community members	Semi-structured field interviews + analysis Review of empirical studies	<i>Economic and Educational:</i> • Education programming <i>Community Acceptance:</i> • Family/community sensitization campaign • Cleansing rituals	<i>Result 1:</i> effective, positive impact of economic and educational programming <i>Outcomes 1:</i> participation in education positively associated with sense of optimism <i>Result 2:</i> effective, positive impact of community acceptance interventions <i>Outcomes 2:</i> sensitization campaigns increased trust and confidence in child soldier - community relationships; cleansing rituals reduced stigmatization and increased community acceptance
Betancourt & Williams - <i>Building an Evidence Base on Mental Health Interventions for Children Affected by Armed Conflict</i> (2008)	Northern Uganda	<i>Part 1:</i> Age = 10-17; conflict affected youth + caretakers; no gender specified; no N specified <i>Part 2:</i> Age = 14-17; no gender specified; N= 667 CAAFAG <i>Part 3:</i> Age = 13-17 conflict affected youth; no gender specified; no N specified	Case Study - 3 part study (1) Field interview using free listing and key informant methods (2) Screening process for final phase - survey (3) 3-arm randomized controlled trial for treatment of depression-like problems + exit interviews	<i>Psychosocial & Psychiatric:</i> • Adapted group interpersonal psychotherapy <i>Creative-Expressive:</i> • Arts and recreation activities	<i>Results 1:</i> effective, positive impact of psychosocial and psychiatric interventions <i>Outcomes 1:</i> adapted group interpersonal therapy improved symptoms of mood disorders, improved symptoms of anxiety problems, and successfully treated depression-like problems (especially effective in females) <i>Result 2:</i> ineffective, no positive impact of creative-expressive intervention <i>Outcomes 2:</i> Arts and recreation activities did not reduce symptoms of depression compared to the controls

Table 1 (Continued)

Study	Location	Population (Age, Gender, Sample Size)	Study Design	Intervention(s)	Results
Blattman & Annan - <i>Child Combatants in Northern Uganda</i> (2008)	Northern Uganda	Age = 14-30; Gender = 741; N = 741 conflict affected youth (462 former child soldiers) Includes interviews with community leaders, clan leaders, & former rebel commanders	Quantitative data + qualitative field interviews For 40 surveyed youth, follow-up by the counselling psychologist multiple times for semi-structured, in-depth interviews Results of analysis reviewed with aid agencies, psychosocial counsellors, community leaders, & youth in surveyed displacement camps	<i>Psychosocial & Psychiatric:</i> <ul style="list-style-type: none"> • Temporary residency in ICCs • Counselling • Psychosocial care • Medical care • Mild follow-up care from NGOs within camps <i>Economic & Educational:</i> <ul style="list-style-type: none"> • NGO community reinsertion package (household items) • Government reinsertion packages (substantial cash payment + household items) <i>Community Acceptance:</i> <ul style="list-style-type: none"> • Traditional cleansing ceremonies 	Result 1: effective, positive impact of psychosocial and psychiatric interventions Outcomes 1: Psychosocial and psychiatric programming carried out in ICCs instrumental in successful reinsertion of youth into families & communities *However, found issue of insufficient/partial coverage (i.e. rate of former child soldiers passing through an ICC is low & many do not receive NGO assistance) Result 2: ineffective, absence of adequate economic and educational interventions Outcomes 2(a): community resentment over cash payment reinsertion packages, disproportionate targeting of aid to perpetrators over victims) Outcomes 2(b): slow provision of resettlement services & reinsertion packages, most payouts not receive until years after return Outcomes 2(c): lack of educational programming in interventions results in persistent gap between former child soldiers and non-combatants (i.e. in terms of education level and earning potential) Result 3: effective, positive impact of community acceptance interventions Outcomes 3: traditional cleansing ceremony improved family acceptance and community reception of returned child soldiers

Table 1 (Continued)

Study	Location	Population (Age, Gender, Sample Size)	Study Design	Intervention(s)	Results
Boothby, Crawford, & Halperin - <i>Mozambique Child Soldier Life Outcome Study</i> (2006)	Mozambique (Lhanguene centre)	Age = 6-16; Gender = 39 males; N = 39 former child soldiers	<p>Non-random selection (brought to Lhanguene centre for political reasons)</p> <p>Observation + field interviews</p> <p>Continued follow-up with sample for 16 years (analysis of psychological, social, & economic functioning)</p>	<p><i>Psychosocial & Psychiatric:</i></p> <ul style="list-style-type: none"> • Temporary residency in an ICC • Peer-adult monitoring system • Activities to re-establish self-regulatory processes • Activities to promote security-seeking behaviour • Activities requiring group-oriented behaviours (ex. team sports) • Activities to support meaning-making (ex. use of personal, narratives, & child-adult discussions) <p><i>Economic & Educational:</i></p> <ul style="list-style-type: none"> • Economic programming (livelihoods and apprenticeships) • Education stipends (fees, books, clothes) <p><i>Community Acceptance:</i></p> <ul style="list-style-type: none"> • Community sensitization campaigns • Traditional healing ceremonies 	<p><i>Result 1:</i> ineffective, psychosocial & psychiatric programming & creative-expressive activities at ICCs not productive</p> <p><i>Outcome 1:</i> residency of former child soldiers at ICCs prolonged return to home communities where critical social learning takes place</p> <p><i>Result 2:</i> effective, positive impact of community acceptance interventions</p> <p><i>Outcome 2:</i> community sensitization campaigns improved community acceptance of former child soldiers; traditional healing ceremonies helped former child soldiers return to civilian life & fostered forgiveness;</p> <p><i>Result 3:</i> effective & ineffective - positive impact of economic programming; negative impact of education stipends</p> <p><i>Outcome 3(a):</i> apprenticeships contributed to the ability of former child soldiers to increase earnings & helped ease reintegration, supported long-term reintegration & self-sufficiency</p> <p>*However, found issues with accessibility (e.g. not feasible for program to be expanded in the region beyond the sample group)</p> <p><i>Outcome 3(b):</i> monetary education stipends caused family tensions in singling out former child soldiers over other family members in need</p> <p>** Found that interventions that support normative life cycle milestones were essential (e.g. employment, housing, farming, marriage)</p>

4. DISCUSSION

The purpose of this systematic review has been to summarize the effectiveness of interventions undertaken to assist in the disarmament, demobilization, and reintegration of former child soldiers. Within the context of Sub-Saharan Africa, the studies analyzed in this systematic review have shown which interventions have worked well in which locations and with which populations, and as well demonstrated which interventions have been more ineffective at assisting this particular group of people affected by armed conflict. This final section will discuss the evidence obtained through this review, as well as contextual considerations which might account for certain results, followed by a discussion of implications that these findings have for the future of such interventions.

4.1 Summary of the Evidence on Interventions:

This systematic review has shown that while there has been a decent amount of evaluations on the effectiveness of interventions to assist in the DDR of former child soldiers, there has still not been enough progress made in this area in order to establish any form of best practices document pertaining to how the plight of former child soldiers should best be dealt with in conflict or post-conflict environments. This review has included thirteen studies assessing the effectiveness of four general categories of interventions – psychosocial and psychiatric, creative-expressive, economic and educational, and community acceptance. It takes its information from these thirteen studies set in five different countries in Sub-Saharan Africa, as well as one whose location is undisclosed.

In studies where these interventions were provided to the former child soldiers participating, there were three categories of interventions in particular that were the most prevalently reported as being effective in assisting former child soldiers in the DDR process:

Firstly, while there continued to be a major issue with education and economic assistance not being widely available to those that want it and need it, this particular intervention was found to be especially effective in situations where former child soldiers did have access to such programming. The purpose of economic and educational interventions is to provide access to educational programs to catch returnees up on missed schooling, as well as programs to assist them in catching up on missed economic opportunities due to their time spent as soldiers. The intended effect of such interventions is that former child soldiers will be enabled to thrive economically, becoming self-sufficient and able to earn a livelihood. This allows them to become contributing members of society, easing their reintegration, as well as mitigating conditions which could lead to their re-recruitment. The observed outcome of participation in economic and educational interventions was a positive improvement in the socio-economic functioning of former child soldiers, an increase in their sense of optimism, and a decrease in the likelihood that they would become re-recruited, as they had a way to provide for themselves in the present and in the future.⁷⁶

Secondly, it was found that various psychosocial and psychiatric interventions were found to be generally effective for treating former child soldiers. The purpose of such interventions is to provide for the care of former child soldiers, while preparing them for their return to their families and communities. In doing so, the intended effect of these interventions is to assist former child soldiers with improving their mental well-being by reducing the prevalence of their symptoms associated with mental health struggles. Psychosocial mental health interventions were generally observed in the included studies to be effective, with outcomes including decreases in the sentiments of distress and isolation, and an overall improvement in the

⁷⁶ Annan et al., "From "Rebel" to "Returnee," 648-650.

mental well-being of former child soldiers. In one study, however, this outcome appears to be gender-dependant. Ainebyona (2011) found that for returned female child soldiers, the effectiveness of psychosocial interventions – generally believed to be effective in treating male former child soldiers – was conditional upon the female participants also receiving supplementary community acceptance interventions, such as traditional cleansing ceremonies.⁷⁷ Further, psychiatric interventions, in the form of narrative exposure therapy and group interpersonal psychotherapy, were observed to improve the symptoms of mood disorders, anxiety problems, PTSD, and depression-like problems in former child soldiers.⁷⁸

Thirdly, community acceptance interventions were especially important in multiple studies performed throughout Sub-Saharan Africa. Interventions within this category are intended to have the following effects: to increase understanding on the part of local communities, families, authorities, teachers, and peers of the situation of returning former child soldiers and their reintegration needs; to reduce discrimination against and stigmatization of former child soldiers; and to facilitate the overall acceptance of former child soldiers by their communities to prepare for their sustainable reintegration. Outcomes of family and community sensitization campaigns in particular were found to be a crucial component for building confidence in relationships, as well as establishing an understanding of what the former child soldier went through and experienced, and how to treat them once they make their return.⁷⁹ However, while these sensitization campaigns were helpful in many cases, they did not serve as a quick fix to ease the way for an easy reinsertion and reintegration. There did remain a few

⁷⁷ Ainebyona, "The Reintegration of Female Ex-Abductees of the Lord's Resistance Army of Northern Uganda: A Case of Gulu District," 53.

⁷⁸ Ertl et al., "Community-Implemented Trauma Therapy for Former Child Soldiers in Northern Uganda," 2011; Betancourt & Williams. "Building an Evidence Base on Mental Health Interventions," 2008.

⁷⁹ Annan, et al., "From "Rebel" to "Returnee"," 643.

cases reported where, despite the efforts of sensitization campaigns and community engagement, former child soldiers did still face stigmatization and discrimination in their communities.⁸⁰ These campaigns are an effective part of reintegration efforts, but they cannot completely eliminate all ill-will manifest in communities to which former child soldiers will return. Additionally, traditional cleansing rituals were observed to be greatly helpful in improving community acceptance and reintegration.⁸¹ Particularly in Sub-Saharan Africa, the role of cultural beliefs plays an important part in the dynamics of the community. While some Western practitioners might not believe that such interventions are effective in helping to alleviate mental health issues, the beliefs of former child soldiers and their communities that they had been purified and their soul had been cleansed did facilitate their acceptance back into the community. These interventions helped to alleviate the suffering of many returned former child soldiers.

In addition, there were certain intervention programs that were reported to be ineffective by the participants in the various studies:

Firstly, government-led reintegration programs containing reinsertion packages – a specific type of economic intervention – were reported to have been inadequate, specifically with assisting in the reintegration of former child soldiers.⁸² This is largely due to the fact that a central feature of many of these government packages are monetary “cash-outs”, which do not work in principle. Often monetary compensation for returned soldiers is a quick-fix economic intervention pursued by governments; such packages, however, cannot replace other types of interventions that could be needed to address underlying issues related to experiences of child

⁸⁰ Betancourt, et al. "Past Horrors, Present Struggles: The Role of Stigma in the Association Between War Experiences and Psychosocial Adjustment Among Former Child Soldiers in Sierra Leone," 24.

⁸¹ Denov. "Coping with the Trauma of War: Former Child Soldiers in Post-Conflict Sierra Leone," 802.

⁸² Blattman & Annan, "Child Combatants in Northern Uganda," 2008; Kolln, "DDR in the Democratic Republic of Congo," 11-12.

soldiering in order to facilitate sustainable reintegration. Generally, this practice of monetary provision by governments for former child soldiers is accompanied by high resentment amongst the non-combatant population, coming across as disproportionately targeting aid to perpetrators over victims and rewarding them for taking part in the war, even if this is not the intention of the intervention.⁸³ As Blattman and Annan note, there are complaints that such interventions suffer from a dearth in transparency, in terms of the targeting and appropriateness of compensation packages.⁸⁴ Amongst the studies included in the review, there was a general consensus that monetary reinsertion packages given to former child soldiers was a particularly ineffective intervention which should be discontinued.

Other than these ineffective monetary reinsertion packages, government-led programs in these studies were generally lacking sufficient economic and educational interventions. This lack of adequate educational and academic programming in certain locations studied tended to result in an imbalance between former child soldiers, and non-combatants whose education or economic prospects had not been disrupted by the armed conflict. As discussed above, in situations where sufficient programming of this type was offered – usually carried out by non-governmental actors – the results were found to be more promising.

In addition, another type of intervention found to be ineffective was that of creative-expressive programming. The intent of creative-expressive interventions is to use such types of artistic activities as a form of rehabilitative therapy, allowing former child soldiers to come to terms with their experiences in various forms of expressions, while also building connections to the community around them. The believed effect is that levels of depression and anxiety will be lowered. However, while such creative-expressive activities are generally thought to be helpful

⁸³Blattman & Annan, "Child Combatants in Northern Uganda," 12.

⁸⁴ Ibid.

for former child soldiers in restoring their day to day life, in the study carried out by Betancourt and Williams in Northern Uganda it was found that this form of intervention involving arts and recreation was not effective for reducing symptoms of depression, compared to a waiting list control group.⁸⁵

Finally, while psychosocial and psychiatric interventions themselves were found to be useful, the setting in which these interventions are often initially carried out – that being the interim care centre – was found to be ineffective in certain cases. This was identified either in locations where there is only partial coverage provided by ICCs, or in situations where former child soldiers spend much longer than they are supposed to in the ICCs and are not reunited with their family or community, as the process is supposed to go.⁸⁶ Where ICCs were available and used as prescribed, however, there were no indications in other studies that ICCs were ineffective in carrying out DDR programming.

4.2 Contextual Factors:

While this systematic review thus far has discussed the issue of child soldiering and the interventions which are or are not effective to assist former child soldiers, it has not yet gone beyond the “individual unit analysis” – that being the individual child. It is important now to discuss the broader impact that armed conflict has on communities and societies; as a result of these impacts, a variety of contextual factors come into play that can have a significant impact on the effectiveness of the interventions that have been discussed. This notion is further explained by Ilse Derluyn et al.: “Contextualized approaches in research are therefore absolutely indispensable to understand the nuanced and complex realities of young people’s entry into

⁸⁵ Betancourt & Williams. "Building an Evidence Base on Mental Health Interventions," 15.

⁸⁶ Boothby et al. "Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts," 94.

fighting forces, including underlying root causes and local views on child soldiering, involvement in the armed groups, and the trajectories from the armed faction to civilian life.”⁸⁷

Regional Insecurity:

In particular, in Sub-Saharan Africa, child soldiering is a regional problem. With easily penetrable borders, cross-border armed conflicts and resulting mass population displacements, many regions are left in the context of an unstable security apparatus and government.

Conducting interventions to assist former child soldiers in such an environment makes it more difficult for such interventions to be effective.

Firstly, regional insecurity makes the demobilization and reintegration phases of DDR interventions much more complicated. In such a context, child soldiers can often be used to fight in conflicts that displace them far from their home region or even end up in neighbouring countries, and often their families and communities can also become displaced from their localities as well. This makes it much more difficult for identification to be proven, and for family tracing and reunification to take place, as well as for interventions such as community acceptance programming to be carried out. All of this prolongs the time that a former child soldier remains separated from their families and communities, ultimately prolonging their recovery.

Additionally, the negative impact of regional insecurity on intervention effectiveness is also evident in terms of the sustainability of DDR efforts. Living in an environment of regional insecurity makes it easier for children to become recruited as child soldiers in the first place. If the same factors are still present upon the return of child soldiers, in order to mitigate their possible re-recruitment any interventions will have to integrate efforts to overcome said factors

⁸⁷ Derluyn et al. "Toward the Future," 881.

in addition to carrying out their planned DDR programming. One example of this can be seen in efforts of educational and economic interventions. In most of the locations studied in this review, regional insecurity is often accompanied by a poorly working or even devastated post-conflict economy. Even where helpful economic interventions are available for former child soldiers in relevant fields of work, there are limited economic opportunities for the community as a whole in such poverty-stricken environments. This limits their opportunities to earn a livelihood, which could make them more susceptible to re-recruitment.

State Capacity:

Another important contextual factor impacting the effectiveness of interventions in assisting former child soldiers is the capacity of the state. In the Sub-Saharan African countries in this systematic review, many of the societal structures and facilities have been destroyed by the situations of armed conflict, leaving many people in need of state assistance. Unfortunately, in most of these countries, state capacity to deal with such situations is diminished, leaving governments without the necessary funding or resources to sufficiently address all areas of need. With limited capacity, state assistance becomes prioritized for areas which will benefit a greater portion of the population, while the provision of assistance for smaller sub-groups of the population, such as former child soldiers, becomes a lower priority. The result is often that states do not allocate sufficient resources for their programming to assist former-child soldiers, providing only for short-term fixes rather than sustainable, long-term solutions; this reduces the likelihood that such interventions to assist former child soldiers will be effective.

It has been noted in multiple studies included in this systematic review that in cases where the state was able to run DDR programming, it was considered to be ineffective.⁸⁸ In

⁸⁸ Kolln, "DDR in the Democratic Republic of Congo: An Overview," 10; Blattman & Annan, "Child Combatants in Northern Uganda: Reintegration Myths and Realities," 11.

particular, the ability for economic and educational interventions to be effective suffers as a result of insufficient state capacity. For example, where educational opportunities for former child soldiers are provided by the state, major issues related to insufficient investment are abound; such interventions are plagued by poorly trained and paid teachers, deficient school infrastructure, a lack of learning materials, and poor access for girls in particular.⁸⁹ Further, many former child soldiers also cannot afford to pay the additional school fees not covered by the state, such as those for school supplies, uniforms, and transportation. The inability of the state to provide the necessary resources and political will to implement effective interventions for sustainable DDR can leave former child soldiers at a higher risk for re-recruitment.

Personal & Collective War Experiences:

Furthermore, personal and collective war experiences are contextual factors which are relevant to the effectiveness of interventions to assist former child soldiers. The outcomes of psychosocial and psychiatric interventions, as well as community acceptance interventions are particularly impacted by such factors.

Psychosocial and psychiatric interventions aim to improve the overall mental well-being of former child soldiers. The extremity of a child soldier's personal war experiences determines how extensive psychosocial and psychiatric interventions must be in order to provide them with effective treatment. Such factors in determining this include: the age that a child was when they were recruited into an armed force or group, the duration that child soldiers spend with that armed force or group, as well as the events that they witnessed during their time spent as a child soldier. If the available resources do not provide for more extensive mental health assistance, the presence of more extreme personal war experiences could reduce the effectiveness of

⁸⁹ Child Soldiers International. "If I Could Go to School". 2016.

interventions. Likewise, the presence of less extreme personal war experiences can increase the likelihood of effective psychosocial and psychiatric interventions, as less substantial mental health programming may be required.

Not only do former child soldiers have to cope with their own wartime experiences, but also with those of the communities to which they will return. The experiences of a community during conflict, particularly those involving child soldiers, are likely to have an impact on the effectiveness of community acceptance interventions. The communities themselves are affected by collective trauma, often with prevailing stigmatization and discrimination against former child soldiers, whom they may perceive as being responsible for their suffering. Similar to with individual war experiences, the success of community acceptance interventions can be impacted by the severity of the community's wartime experiences. If a community experienced less extreme hardship, or that which was not done at the hands of child soldiers, they may be more receptive to community acceptance interventions advocating for their return. However, the more extreme and traumatizing collective war experiences may have been, particularly involving harm done by child soldiers, the more difficult it will be for community acceptance mechanisms to be effective in diminishing community stigmatization of returned former child soldiers. Where this is the case, more extensive and longer-term interventions in the community could be necessary. If such interventions do not effectively take into account these contextual complexities in the design of their programming, this can negatively impact the ability of former child soldiers and communities to reunite. As outlined in the Paris Principles, assessments for program planning need to acknowledge the changing roles and social dynamics that may occur in a community as a

result of the disruption caused by the conflict, and how this will affect their reintegration process.⁹⁰

Cultural Beliefs & Attitudes:

Finally, prevailing cultural beliefs and attitudes play a large role in more traditional communities, such as many of those impacted by armed conflict in Sub-Saharan Africa. When implementing interventions to assist former child soldiers, it is necessary to undertake a contextual analysis prior to the design and implementation of such programming. If important cultural differences and meanings are not accounted for, interventions viewed as appropriate by program implementers may not actually be helpful in addressing the issue as it is perceived by the local community. The result is that the likelihood of an intervention being successful in assisting former child soldiers is reduced.

The way in which Western psychologists and practitioners may interpret behaviours may often differ from the way in which traditional communities might understand a situation. For example, the behaviours that a former child soldier may exhibit if suffering from psychological issues associated with perpetrating violence are likely to be interpreted by Western practitioners as PTSD. Likely this would be deemed an individual ailment to be treated with psychosocial and psychiatric interventions. In many traditional African communities, however, such behaviours are interpreted differently, believing that if somebody is responsible for killing another person, they become contaminated by the vengeful spirit of that individual. The presence of a “contaminated” former child soldier in a community is believed to taint the community as well. These communities understand the situation as a communal problem, not one that can be

⁹⁰ "The Paris Principles." UNICEF. 2007.

addressed by individual counselling alone. In such cases, then, it could be more effective to treat the former child soldier with community acceptance interventions, such as a traditional cleansing ritual, in addition to psychosocial and psychiatric interventions.

If local culture and norms are accounted for in interventions that are undertaken to assist former child soldiers, the interventions are more likely to be effective, in that they incorporate actions that are perceived to be most appropriate and helpful for the local population.⁹¹ An informed understanding of cultural meaning is necessary before initiating programming to assist former child soldiers, and can be the difference between an effective or a fruitless intervention.

4.3 Implications for Current & Future Interventions:

The lessons taken from both the effective and ineffective interventions, as well as the opinions about those interventions gained from the field interviews of participants in the studies, have outlined various prescriptions which can be taken into account for both current and future interventions to assist in the DDR of former child soldiers.

Extending the Reach of DDR Interventions:

DDR interventions need to be extended in order to ensure that programming is available for all children who need it. This includes reaching children who often are left out of the formal DDR process, including escaped or informally released children, as well as stigmatized female former child soldiers. Preparations for DDR interventions need to include a strategy to meet the needs of children who enter a formal release process as well as those who do not go through any kind of process, but leave armed forces or armed groups and return to their communities. For

⁹¹ Wessells, "Psychosocial Issues in Reintegrating Child Soldiers," 516.

children who do not wish to join formal processes, programming should be developed for community-based mechanisms, where children can be supported without being stigmatized.

In order for this extension of DDR interventions to occur, demobilization sites need to be both mobilized, as well as decentralized, in order to reach as many child soldiers as possible, not just those near the main cities or towns.⁹² In addition, related to the plight of female former child soldiers, conditions throughout the release process need to be more inclusive of the specific needs of girls, otherwise they will continue to detour the formal release process, and instead travel prematurely to their communities, with a lower chance of successful reintegration, or a higher chance of returning to an armed group. Eligibility criteria and screening procedures for the inclusion in release and reintegration processes need to recognize that girls may not have the same roles such as boys do within armed groups, and instead may be performing domestic roles or be considered “wives”; however, this does not mean that they are any less entitled to participation in these interventions.

Engaging Communities in the DDR Process:

While communities which former child soldiers will return to are often engaged just prior to the final reintegration phase of DDR programming, with interventions such as family and community sensitization campaigns, these communities need to be engaged in the entire DDR process, starting from the beginning of the process when the programs are being designed. DDR programs that focus only on the individual former child soldiers are too narrow; they do need to support these individuals, but at the same time they also need to provide support to the wider community which will be taking these former child soldiers back in. In many traditional cultures

⁹² Coalition to Stop the Use of Child Soldiers. "Child Soldiers and Disarmament, Demobilization, Rehabilitation and Reintegration in West Africa," 18.

in Sub-Saharan Africa, people tend to have a collectivist view of life that puts the well-being of the group above that of the individual, and as such they understand the suffering from war as a communal issue to be addressed.⁹³ In addition to involving the community in the planning of DDR processes at an earlier stage, one way in which this community engagement can be pursued is in providing assistance to other children that need it who have also been affected by armed conflict, but were not recruited as child soldiers. Support should be provided to former child soldiers, however, it should also be provided to other children in the community in need. Further, direct monetary support solely to child soldiers in these situations should be limited, as it has been shown that these monetary reinsertion packages are not effective interventions; not only do they cause jealousy and tensions in the community, but they are also unsustainable, in the sense that after using up a reinsertion package, the former child soldier once again becomes unable to provide for their own livelihood.⁹⁴

Commitment to Donor Reform:

Just as is the case with development funding in general for post-conflict environments, there needs to be a commitment by donors to more flexible and long-term funding and programs for former child soldiers. One of the most prominent issues with interventions to assist former child soldiers is the fact that the long-term funding and programming does not exist to continue the necessary programs and treatments to ensure that their reintegration is sustainable. In many cases, this issue of a lack of long-term funding is related to the fact that more focus is often put on the demobilization phase of DDR interventions than on the reintegration phase.⁹⁵ Portraying

⁹³ Wessells, "Psychosocial Issues in Reintegrating Child Soldiers," 524.

⁹⁴ Blattman & Annan. "Child Combatants in Northern Uganda," 11-12.

⁹⁵ Ainebyona, Gerald. "The Reintegration of Female Ex-Abductees of the Lord's Resistance Army of Northern Uganda," 53-54.

the actual demobilization of former troops often wins more attention, as it provides immediate and visible results. On the other hand, reintegration is longer and slower, and even though it has a bigger impact on stability in the long run, reintegration does not provide quick results, and as such it is often overlooked and underfunded. Just as heightened attention to demobilization often results in greater funding for demobilization, a lack of attention for the longer-term reintegration phase also results in a lower amount of funding, typically too low to meet the long-term needs of the participants in the programs.⁹⁶ In addition to this, interventions specifically designed for the DDR of former child soldiers are often either grouped in with DDR for adult soldiers – which is counterproductive, as children need specific activities and attention catered to them – or they are treated as less important than DDR programming for adults. As a result, the DDR for children as a whole is also underfunded. Overall, more funding needs to be provided for children’s DDR interventions, and particularly a commitment to long-term funding for the reintegration phase. As a guideline, in 2009 UNICEF argued in favour of UN agencies and international NGOs advocating for funding commitments to last a minimum of 3 years.

Promotion of a Long-Term Vision:

Related to the issue with long-term funding, there is also a need for long-term programming strategies for DDR interventions with former child soldiers in Sub-Saharan Africa. When interventions are implemented, there needs to be a longer-term vision that is made clear at the beginning of the project, in order for the intervention to be seen through to the very end of the process, to have the end result be the successful reintegration of former child soldiers. Longer-term programs are necessary to keep interventions functioning until the community has the ability to continue to function on its own; this requires longer term on the ground programs

⁹⁶ Ibid.

and longer term dedicated funding. In addition, there needs to be a limit in staff turnover during programs, as a constant re-training of staff and rebuilding of relationships is counter productive. Further, DDR interventions must have an exit-strategy, making sure that local capacities are maintained and developed; in the case of programs being implemented by international actors, these actors should use and develop local structures throughout the preparation and implementation of DDR interventions.⁹⁷ The monitoring and follow-up of these interventions to assist former child soldiers are key in order to ensure long-term reintegration, and to prevent the re-recruitment of former child soldiers.

Increased Support for Economic and Education Interventions:

Additional supports and commitments in particular needs to be directed towards economic and education interventions in assisting former child soldiers in their transition back into civilian life. There is a general agreement in many of the studies included in this systematic review that education is essential for reintegration of child soldiers, as well as in preventing their re-recruitment in armed forces or groups. While the long-term success of reintegration programs depends greatly on the availability of education and economic opportunities, the current programs in place are often too limited in their reach, as was made evident by comments on the lack of educational opportunities in numerous of the studies included in this review. As well, as already mentioned, the education systems in many Sub-Saharan African countries were poor to begin with, and even more so after being affected by armed conflict. The education and skills training should be more tailored to those children who have been affected by armed conflict and as a result require extra help to catch up to where they would have been had the conflict not

⁹⁷ Betancourt et al., "Psychosocial Adjustment and Social Reintegration of Children Associated with Armed Forces and Armed Groups," 6.

occurred. Alternative or tailored forms of education, such as adult literacy classes or evening classes should be made more widely available to all children who would benefit from them. As well, additional economic assistance and vocational training for jobs are needed in these communities, in order to provide an alternative means to provide for themselves other than re-joining another armed group.

A Participatory Approach:

As previously mentioned, the community needs to be given more of a participatory role in the entire DDR process. In addition to involving the community in program planning and implementation, the children themselves also need to be involved in consultation, taking into consideration their needs and opinions of what will be the most beneficial activities and outcomes for them. Children themselves are often excluded and marginalized in the DDR processes. It is more often the case that child soldiers are treated as beneficiaries of these interventions, while adults plan and initiate the various stages and processes, without any input from the former child soldiers themselves. The consultation of children in the implementation of DDR interventions in the future could be implemented as part of the peace process, in order to address this matter.

While the original Machel study in 1996 did not give much attention to the concern of children's participation in the design and implementation of DDR interventions, a 10-year strategic review on the Machel study that was presented to the UN General Assembly in 2007 recognized the need for a children's participatory approach. The review implored UN member states to make a better commitment to facilitating the participation of children in decision-

making in areas pertaining to their own lives, including their participation in peace processes, as well as in justice mechanisms and truth and reconciliation processes.⁹⁸

Justice and Former Child Soldiers:

One area that interventions to assist in the rehabilitation and reintegration of former child soldiers have yet to pay significant attention to is that of reconciliation and transitional justice.⁹⁹ Former child soldiers should not be prosecuted by an international court or tribunal – in fact the Rome Statute disallows the ICC from having any jurisdiction over someone who was under the age of 18 at the time of alleged commission of a crime.¹⁰⁰ However, context-specific possibilities for transitional justice or reconciliation could be incorporated into the DDR process. The United Nations defines transitional justice as the “full range of processes and mechanisms associated with a society’s attempts to come to terms with a legacy of large-scale past abuses in order to ensure accountability, serve justice and achieve reconciliation.”¹⁰¹ One form that this transitional justice could take could be in the form of a truth commission, as was the case in Sierra Leone in 2002-2003. A study undertaken by UNICEF on children and truth commissions contends that this could be a viable option for pursuing justice while also promoting community acceptance and reintegration: “Greater understanding of the complex circumstances surrounding the participation of children committing serious offences can help foster a willingness to accept children back into society. While the appropriate form of accountability for children who have been recruited or used in hostilities is a source of ongoing debate, there are strong indications

⁹⁸ UNICEF. "Machel Study 10-Year Strategic Review.," 2009.

⁹⁹ Derluyn, Vindevogel, & De Haene. "Toward the Future," 877.

¹⁰⁰ "The Rome Statute of the International Criminal Court." United Nations.

¹⁰¹ UN Secretary-General, Report: “The Rule of Law and Transitional Justice in Conflict and Post Conflict Societies,” paragraph 8.

that truth-telling and other transitional justice processes can help facilitate reintegration.”¹⁰²

Transitional justice mechanisms for reconciliation, and in particular truth commissions, might be something to consider to include more in DDR interventions to assist former child soldiers.

5. CONCLUSION

Overall, the thirteen included studies in this systematic review indicate that there are many interventions to assist in the DDR of returned child soldiers that are generally effective in alleviating a variety of the multitude of ailments and issues faced by former child soldiers. However, it is also evident that effectiveness of many of these interventions is dependent on the contextual factors in place.

Based on the studies included in this review, there are certain considerations that can be helpful for those implementing DDR programming for former child soldiers. Firstly, a contextual assessment needs to be carried out in order to determine appropriate interventions for the local environment and needs. In doing this, interventions should adopt a participatory approach in program planning, involving the local community and former child soldiers themselves. In terms of type of intervention, it is clear that the most successful DDR programs involved a combination of psychosocial and psychiatric, economic and educational, and community acceptance interventions. Creative-expressive interventions were found not to have a great impact on their own, but it would do no harm to potentially use such activities in combination with these other interventions. Further, issues with capacity need to be addressed in the program planning stages of DDR interventions, in order to avoid the many reported issues in these studies of either poorly carried out interventions, or the lack of accessibility to interventions for former child soldiers. Finally, a long-term approach needs to be taken for DDR interventions; programming can take

¹⁰² UNICEF. "Children and Truth Commissions." 2010. x-xi.

years to complete, as a variety of underlying issues need to be addressed. As such, “quick-fix” programs, such as monetary reinsertion packages, are not effective in assisting with reintegration in the long-run. In order for DDR efforts for former child soldiers to be sustainable, a long-term outlook in program planning is necessary.

Overall, the evidence presented in this systematic review has been helpful in establishing generally which types of interventions are more effective than others, and in identifying issues with DDR interventions that need to be addressed. However, it is clear that there is still not enough of a base of information to generalize a clear set of best practices of interventions that should be used in transitioning former child soldiers from participants in armed conflict back to participants in their communities. As summarized by the United Nations, “[The] [u]ltimate objective of programming for children should be the enabling of children to move forward with their lives as peaceful and productive members of society, integrated into the community, and reconciled with their family where possible.”¹⁰³ If an intervention is able to achieve this goal, then it can ultimately be deemed to have been effective.

¹⁰³ UNDDR Resource Centre. "Children Associated with Armed Forces and Armed Groups: Key Non-Negotiables."

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