5. MEETING THE MENTAL HEALTH NEEDS OF CHILDREN WHO HAVE BEEN ASSOCIATED WITH FIGHTING FORCES
Some lessons from Sierra Leone

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Ibrahim is 12 years old. He was abducted in the east of Freetown in January 1999 at the time of the incursion of the RUF. According to him, he is from the North of Sierra Leone, but at that time he was staying in a displaced persons’ camp with his parents, who were murdered at the time of his abduction. Ibrahim was discharged from the military three weeks ago and is now in the ‘interim care center’ managed by COOPI. There, he spends long periods in solitude, separated from his friends. He seems very anxious and unwell. He complains that he was drugged by his captors and that he now suffers severe after-effects. He has terrible headaches which he attributes to the drugs administered to him through an incision in his temple, and to the imminent justice awaiting him for the bad things he was forced to do by his captors. Sometimes afraid, he talks mystically about things that he saw or sees; rather as though he was having hallucinations.

1. CHILDREN AND WAR IN SIERRA LEONE

The civil conflict in Sierra Leone lasted twelve years. Like many other wars in Africa, it was a complex one. For much of the time it was low-keyed, but its intensity fluctuated, as uneasy periods of peace gave way to new rounds of fighting, as new power groups emerged to replace old ones, and as existing factions realigned into new alliances. The war has left little room for a clear division between soldier and civilian, child and adult. Much of the population has found itself at some time or another bound in service to fighting factions, including many children, some lured with promises of reward, others drawn in because they no longer had family to support them, and yet others forcibly abducted by fighting factions as a mark of their domination over town and village.

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It can be said with some confidence that more than 10,000 children served under the command of fighting forces in Sierra Leone. The exact figure will never be known, since many children never underwent any formal process of demobilization, and families would be unlikely to give honest information about the involvement of their children at any census. Based simply on numbers of children reported by their families as missing in 2001, it was estimated that some 5,400 children still remain mobilized with fighting forces. The figure was at the very best approximate, since there was no obvious way to make the necessary correction for the number of families that did not – or could not – report that their children were missing. Nor was it possible to estimate the proportion of missing children who were dead or living with other relatives, rather than in active service. Nevertheless, if to this figure is added the 2,500 children that were released from service with fighting forces during the previous 18 months, and the many more children released in earlier cycles of demobilization, it becomes clear that many thousands of children must have experienced life in the service of armed factions in Sierra Leone. What have been the experiences of these children, and how have their experiences impacted on them in their formative years? What are the mental health issues raised by these experiences and what kinds of psychosocial programs are needed to address them?

2. IDENTIFYING THE RIGHT FORMS OF MENTAL HEALTH INTERVENTION

Policies for demobilizing children associated with fighting forces in Sierra Leone placed considerable stress on the mental health care of recently released children. Guidelines established jointly by the Ministry of Social Welfare, UNAMSIL and UNICEF emphasized the need for careful monitoring of mental health both prior to and after reunification with the families. Support programs were also required to help children come to terms with experiences of the past and readjust to civilian and family life. Many of the children released by fighting factions following the Lome Peace Accord in 1999 were reunified with family in the Freetown area where much of the country’s population were sheltering in displaced persons’ camps. Upon their release most children were cared for in reception centers run by the Italian NGO Cooperazione Internazionale (COOPI) and the local NGO Family Homes Movement. These agencies documented the children, traced their families, and arranged for their reunification. The same NGO’s were also responsible for following the children up after they had been reunified with their families – or in some cases, after they were placed in alternative care. Drawing on information obtained by these agencies through the use of questionnaires, behavioral rating scales, structured interviews and observational schedules, it is possible to obtain some useful insights into the mental health needs of these children.

Mental health professionals are inclined to approach the problems of children who have been caught up in war with concepts like trauma, stress and distress. Most usually they work with the assumption that such children have been through events that they have found highly frightening and difficult to comprehend. Persisting memories of the events continue to distress them for some time afterwards, and may disrupt behavior, thought and capacity to live a normal life. Among the behaviors that are often associated with such reactions to trauma, are episodes of weeping, isolation, sleep disorders, nightmares, enuresis.