

Rehabilitation and reintegration of children affected by armed conflict

Centre for Children in Vulnerable Situations

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Your majesty, Excellency, Colleagues, Ladies and Gentlemen

Let me first express my thankful words to you, your Majesty, for your large engagement in the theme of children affected by war and violence. Also my thanks to the Belgian government that have initiated the work of our centre, both in Belgium as worldwide.

Psychological problems in war-affected children

War and armed conflicts have a detrimental impact on the psychosocial wellbeing of children and young people. A study I published in the Lancet in 2004 showed how almost all northern Ugandan former child soldiers I interviewed largely suffered from symptoms of posttraumatic stress.

But not only child soldiers are affected by war and violent conflicts. The report of Unicef estimated that **one in ten children** live in conflict-affected areas. If we hereto also add the numbers of refugee children, fleeing from war and ravage, from problems or familial violence, many of them also fleeing without the protection of their parents, we need to acknowledge that the war, armed conflicts and societal violence impact a very large group of children and young people.

The mental health impact of these experiences of war and violence is far-reaching and extended, and unfortunately does not stop when the conflict has officially ended or when one has fled to safer areas. Several studies, also some of my own research group, have shown that these psychological problems continue, also **years after the war** has stopped.

Traumatic experiences and daily material and social stressors

These studies also show that the difficult events children encountered during the conflict, such as fleeing from home, separation from parents, war-related sexual violence or experiences of child soldiering, are only one element contributing to their wide and varying psychological problems. The **current difficult living circumstances** in the aftermath of the war or in the host country where they have fled to also largely contribute to the severe mental health problems, sometimes with an even bigger impact than the war-related stressors.

These current difficult living circumstances in post-conflict contexts are twofold: first, there is the negative impact of the broad **material stressors** these young people and their families encounter, such as the lack of food, lack of housing, lack of access to health care or to schooling.

Second, there are also the large **social stressors** that impact children's mental health. These social stressors are directly connected to the war, as current warfare often directly targets the social networks in society: social networks are destroyed because people need to flee and got separated, but also because people are killed, sometimes even by their own neighbours or friends, or children are forced to commit cruelties against their own family or community members, for example as child soldier. War thus destroys social networks directly. But also indirectly, the social fabric is broken by armed conflicts: a study from one of my PhD students showed that girls raped by soldiers in Eastern Congo are often frequently stigmatized or even expelled from their family. But also former child soldiers, although often forced to commit those atrocities, face for many years extended stigmatization, also aggravating their psychological stress.

Rehabilitation, recovery and reintegration

These study findings do learn us a lot about how we can support the rehabilitation, recovery and reintegration processes of children affected by armed conflicts.

Three main elements need to be considered here:

First, rehabilitation and recovery, as also reintegration, are **long-lasting processes**, which means that psychosocial interventions need to be put in place for many years, also when the first needs of survival are met. Yet, what we often notice is that humanitarian organisations leave a war-affected country once these first urgent needs are met, leaving a large part of the mental health problems unaddressed. We also know, out of several studies and experience in the field, that reintegration processes of for example former child soldiers can take long, and that a short-term stay of a couple of weeks in a rehabilitation centre often does not suffice for a successful reintegration in the own community.

This clearly urges for long-term interventions, which unfortunately are rather unattractive for funders.

Addressing mental health problems, but also promoting the reintegration of particular groups, such as victims of war-related sexual violence or former child soldiers, urge for a **social approach**. A social, systemic approach means that mental health interventions pay large attention to rebuilding the social fabric and reducing the social stressors.

This is also the main focus that we have chosen with our centre, the **Centre for Children in Vulnerable Situations**. Supported by the Belgian Government, Ministry of Foreign Affairs, Service of Peace-Building, we initiated an interuniversity research cooperation between three Belgian universities, Ghent University, KULeuven and Vrije Universiteit Brussels. Our main aim is to improve the psychosocial wellbeing of children living in vulnerable situations in Southern countries, through linking research, with practice and with large dissemination activities.

As part of the 'practice component', we have created **two centres**, one in Northern Uganda and one in Eastern Congo, where we provide psychological support to war-affected children together with local staff members. In the psychological support we provide, we work in a context-oriented way, which means that we always involve members out of the children's context in the therapeutic process, to help supporting the child in his emotional wellbeing.

Additionally, we have created therapeutic groups in communities, so-called **community therapy**, where groups of community members talk about psychosocial problems and try to find out how they can support each other in solving these problems.

The research we have executed on these interventions has shown that this support does not only lead to a reduction of the psychological problems, but also to an increase in the social support available in groups and communities.

The systemic, context-oriented approach also means that we try to emphasize the **strengths** in children's contexts. So despite the recognition of the psychological suffering of these children, we largely acknowledge, also in research, that these children and their contexts keep on showing many strengths and a high resilience. We need to document this resilience, also strengthen children's resilience and the strengths in their contexts in our interventions, yet this focus on resilience should not draw away our attention from the psychological problems these children *also* have, something that is a major risk in current policies and research.

This systemic approach also urges to frame our approaches and interventions in the **particularities of the specific contexts** or relate them to the specific target groups we are working with. When supporting refugee children, for example, we need to relate to their specific views on psychological suffering and the way they believe this suffering can be alleviated. This however does not mean that other approaches or input cannot be very valuable, as we see for example in the training we provide to other organisations in Uganda and Congo, together with Western-based trainers. Mutual

exchange in a basic standpoint of equality and respect is then extremely valuable for all parties involved.

The large impact of social stressors on children's mental health leads to a third and last vital element in the reintegration and rehabilitation processes of war-affected children. Several of our studies have shown that particular groups of children that are used in the armed conflicts, such as former child soldiers or girls victims of war-related sexual violence, keep on being **stigmatized** in the communities where they return to, even if it is widely acknowledged that the experiences they went through were beyond their own will. Instead of ignoring these ongoing underlying feelings of revenge and hatred in the public discourse towards these 'forced perpetrators', we need to recognize these feelings and create context-specific process of **reconciliation**, which can lead to reconciliation between groups of civilians that have caused large harm one against the other, and as such to increased social support, less stigma and a better mental health.

To conclude, successful rehabilitation and reintegration processes of children affected by armed conflicts, and also other vulnerable groups, such as refugee children, thus urge for a broad focus, whereby not only material needs are met, but also large attention is given to their psychological wellbeing, through realising long-term interventions embedded in the specific contexts and with emphasis on the rebuilding of the social fabric. These interventions also need to be documented and researched, as in our centre's unique combination between research and practice. This is vital to learn what works and what doesn't work in different contexts all over the world.

As such, we can support children worldwide in their re-remembering, in their dealing with the memories of the past, but also in them becoming part again, member again of strong social networks in peaceful societies.