A Prospective Longitudinal Study of Children Associated with Armed Forces and Armed Groups (CAAFAG) in Sierra Leone

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Overview

- Background
- Sierra Leone
- Study design
- Findings
- Vignettes
- Implications for intervention, research & policy
Our Team & Collaborators

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In Sierra Leone
- PRIDE
- CAPS
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Growing attention to CAAFAG in the scientific literature

- Santacruz et al. (2002)
- Derluyn et al. (2004)
- Bayer et al. (2007)
- Annan et al. (2007)
- Kohrt et al. (2008)
- Boothby (2006) (longitudinal of N=39 males)
- Betancourt et al. (2008)
Policy reform and services implementation requires a strong evidence base.

Need rigorous research to build political will and ensure that effective child health services are implemented.
“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 form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and re-integration shall take place in an environment which fosters the health, self-respect and dignity of the child”
Risk & Protective factors:
developmental, ecological view

(after Bronfenbrenner, 1979; Elbedour et al., 1993; Betancourt & Kahn, 2008)

**Society:** political & historical context; cultural beliefs about reconciliation & healing

**Community:** community support networks, social services, school/opportunities

**Family:** presence of family support caregiver functioning, family resources

**Individual:** intelligence, temperament, age, gender, exposure to violence, roles in armed group

Intensity, Duration & Meaning of the Violence
Factors shaping psychosocial adjustment & social reintegration

DEMOGRAPHIC FACTORS
- Gender & age

CONFLICT RELATED FACTORS
- Exposure to war-related loss and violence
- Means of joining armed group (abduction, etc.)
- Roles within fighting forces
- Length of time with armed group

POST CONFLICT FACTORS
- Opportunities for livelihoods and education
- Personal responsibilities upon return
- Family acceptance/support following return
- Traditional healing ceremonies and efforts at atonement
- Community acceptance/stigma

* See 2008 report by RPCGA and Psychology Beyond Borders
  www.psychologybeyondborders.com
The prospective study
Sierra Leone in 2009

- **Population**: 5.87 million
- **Median Population Age**: 18 yrs
- **GDP**: $1.67 billion US dollars
- **Human Development Index Ranking**: LAST
- **57% of people live on less than $1 per day**
- **41% urban**
- **35% literacy**
- **60% youth unemployment**

(UN, World Bank Statistics)
Background

- **Civil War 1991-2002**
  - massive population displacement
  - An estimated 15,000 to 22,000 children of all ages were associated with armed groups (McKay and Mazurana 2004)
  - National Committee for Disarmament, Demobilization and Reintegration (NCDDDR) estimates that nearly 7,000 children were formally demobilized

- **Deliberate attempts** to sever familial/community connections

- **2002 peace accords**

- **May 2001:** over 4,250 formerly abducted children “officially” demobilized and reintegrated

“Mohammad is crying,” drawing by former child soldier, Sierra Leone
The Return Home
Demobilization, Disarmament & Rehabilitation (DDR) 2002

Interim Care Centers

- Care and support through care centers
- Psychosocial activities to prepare for reintegration
- Family tracing/reunification; Community Sensitization
- Community reintegration; follow-up support

*many youth returned home without formal DDR
Research Design

**STUDY AIMS:** Identify RISK & PROTECTIVE processes in children’s psychosocial adjustment and community reintegration to inform programming and policy

- Qualitative and Quantitative data collection
- *To ground this research in the local cultural context*
- Sierra Leonean youth, community representatives, caregivers, social workers & local staff involved in questionnaire development & research design
- Local research team
- Social work follow-up
The Sample

- Sampled N=260 young people served by the IRC’s interim care center in Kono district over an 8 month period in 2002 (11% female); Participants were 11-18 at first assessment; all were under the age of 18 when involved with the RUF and were reintegrated in 6 districts: Kono, Kenema, Bo, Pujehan, Moyamba and Bombali.

- Surveys and in depth interviews were conducted in 2002, 2004 and 2008 (69% retention in the ICC served sample).

- Caretakers and/or significant others were also surveyed in 2004 and 2008, with every effort made to interview the same caretaker at T3 that was interviewed at T2.

- At T3 significant others were also interviewed where appropriate if the participant had married or had a longstanding partnership.
Measures

- **Demographics**
  - Age, gender, SES

- **Psychosocial Adjustment** (depression, anxiety, hostility, prosocial behaviors/attitudes, confidence)
  - 52 Question scale (McMullin & Loughry, 2004)

- **War Experiences** (deprivation, witnessing, victimization, perpetration)
  - Columbia Child War Trauma Questionnaire (Macksoud & Aber, 1996)

- **Community and Family Acceptance**
  - Pilot measure of perceived acceptance by others in the family

- **Perceived Community Stigma**
  - Measure of *daily discrimination* (Williams, 1997)

- **Hopkins Symptom Checklist** (depression, anxiety), **PTSD-RI** (PTSD)

- **Access to Opportunities & Services**
  - Access to schooling, job skills training, social work, community services, healing ceremonies
Core measure of Psychosocial Adjustment was developed for use in Sierra Leone
(McMullin & Loughry 2004)

- Pilot tested and adapted through preliminary focus groups and interviews with 350 Sierra Leonean children and youth.
- Validated by surveying a group of 100 children identified as “normal” or “well-adjusted” and 101 identified as “poorly adjusted”.
- Measurement was altered as necessary to ensure that it was effective and culturally appropriate.

Each domain is represented by a set of questions that inquires about specific behaviors particular to that domain, For example:

- “Do you cry easily?” [depression] (8 items)
- “Do you become scared easily?” [anxiety] (8 items)
- “Do you get into fights?” [hostility] (12 items)
- “Do you share with others?” [prosocial] (10 items)
- “Do you feel you can do things as well as other kids your age?” [confidence] (8 items)

For each question responses were scored on a 1-4 scale
- never = 1, rarely = 2, sometimes = 3, always = 4
Wave 3

- Repeated Measures from Waves I & II
- Added new Wave III measures

- Many of our sample are young adults now: examine how they function as parents, partners, adult contributors to society
- Economic self sufficiency, educational attainment, relationships (marriage, parenting), risk behavior, civic participation
Findings
War Experiences

- Average age at abduction 10.3 (SD=3.0) years
- Average length of time with fighting forces was 4.2 (SD=2.4) years
- Nearly all ex-RUF reported joining by force 98.8% (N)
- 50% of former RUF youth reported being forced to use drugs or alcohol. Most common were a mixture of gunpowder and marijuana (58%) and a mixture of marijuana and cocaine (17%)
Compounded Risk Faces Girls During and Post-Conflict

- In this Sierra Leonean sample, girls face comparable levels of exposure to violence, including being involved in fighting, but report even higher rates of rape and sexual abuse (Betancourt et al, in press, *Child Development*).

- Like boys, girls face societal stigma upon return (Wessells, 2006; McKay, 2005); our data indicate that they may also be viewed as sexually “defiled” or “loose” regardless of what they experienced during the war (Betancourt et al, 2009).

- Girls reported higher levels of stigma and were less likely to be in school (possible barriers: care for children, household responsibilities, views of gender and schooling etc.) (Barth, 2002).

- As in other research, we see higher rates of psychosocial distress (depression & PTSD) in females (Peterson, 1991; Durakovic-Belko, 2003).
What shapes trajectories of psychosocial adjustment over time?
Factors of Interest

War experiences
- Years in fighting forces
- Age involved with armed group
- Witnessed violence
- Injured/killed others
- Survived rape

Post conflict experiences
- Stigma
- Post-conflict daily hardships
- Social Support
- Working
- In school
- Change in community acceptance
Despite sensitization programs, many CAAFAG faced stigma 2yrs later.

**Protective factors:**
- Family acceptance associated with decreased hostility;
- Community acceptance associated with adaptive attitudes & behaviors.

**Risk factors:**
- Discrimination associated with family & community acceptance.

Post-conflict experiences of discrimination largely explained relationship between past involvement in wounding/killing others and increases in hostility over time and between surviving rape and depression.

Implications: formal monitoring and services for those with severe trauma hx who are not helped solely by indigenous mechanisms; "booster" sensitization to galvanize community and family supports.

Research explicitly on stigma (representative samples, intervention studies).

Importance of longitudinal research to unpack mechanisms over time.

Citation: Betancourt*, T.S., Agnew-Blais, J., Gilman, S.E., Ellis, B.H. Social Science & Medicine (2009)
In their own words
Qualitative Data (2004 & 2008)

- In-depth key informant interviews with CAAFAG and their caregivers
- Focus group interviews with CAAFAG, caregivers and community members
- Key informant interviews with GoSL staff, NGO workers, local leaders
Effects of the war linger, seen as linked to high risk behavior

“Some are still on drugs and their attitudes are different … their actions and the way they interact are aggressive … A majority of drug addicts now were with the fighters [at the time of the war].” (CAAFAG male focus group, Kenema)

“It is the women who are affected the most … There are some of our peers who go into the streets and sleep with men just so they can survive.” (CAAFAG female focus group, Makeni)
Return home usually involved a period of testing or “provoking”

With the return of those children, people were disgruntled about them because according to the popular opinion these children have destroyed our lives, houses and property. Therefore these ex-child combatants were called different names. There was total rejection of them, some people even disowned their own children (caregiver, Makeni).

“That time was a particularly difficult period for them... Some people called them names and even fought them physically. [And when these things happened], they felt sad and stayed by themselves alone.” (caregiver, Kono)

In the face of “provoking,” family support and guidance critical

“When my child returned, I advised him not to think of doing anything evil and that he should try by all means to live peacefully with others. Since he came he has caused no problems. Although people were afraid of him and called him funny names he never did anything to retaliate. Now he plays peacefully with other children.” (caregiver, Bo)
“Some of these children committed hideous crimes that were not their fault. But when we took them to their communities, in some cases they were rejected… So we used these community structures [Child Welfare Committees] ... to mediate for us.” (NGO worker)

“The child welfare committees are community based organizations, groups sort of, that were set up to deal with the protection issues of all children, but it was born out of the reintegration of both former child combatants and separated children…some families were very cruel to their children, so these were the local response groups.” (NGO worker, Makeni)
What youth do: Prosocial/positive “effort” (agency)

“Even though you are called a rebel if your attitude is good they won’t hold anything against you. They would want to make friends with you.” (female CAAFAG)

“Since I came back I have not caused any problems for my family. I have not fought or quarreled with anybody within and out of the family. I have always been peaceful.” (male CAAFAG)
Agency: The Desire to Study

Most participants expressed a desire to continue studies; many faced financial constraints:

“When I was promoted to form one, my parents couldn’t pay our school fees any longer for my brother and I.” (male CAAFAG, Bo)

Personal agency was one way forward:

“…there was a certain year that my father was unable to pay my school fees. I had to try hard to raise the money myself so I could go to school again.” (male CAAFAG, Kono)

“For us whose parents are poor it is really hard. For example it, right now it hurts me so much because I am not in school because my parents cannot afford it. It is because of this reason that I enrolled in some skills training with CARITAS center.” (older female CAAFAG, Makeni)
Agency: The Desire to Work

A male adolescent from Kono who started a car wash business with a friend describes how they proactively pursued support for their initiative —

“…after school I had no tasks to occupy me, so I decided not to be idle so my ideas would not run to other things that would be bad things…we saw.. this Fullah man working there. So we called and told him that ‘Father, we want you to help us. We are students and our families are not here. But we don’t want to return from school and be idle and go cussing and doing bad things in the street. So we want you to engage us so we would learn and we would be able to buy small things like books and pens.’ So he allowed us. So that is how we are here now.”
Do families and the community always take care of their own?

“…they [community members] used to disturb him; beat him saying they were reforming him…There was a time when everybody gathered around him, wanting to beat him up. They said they wanted him to change, I don’t know which change they wanted. I had to come and fight them off for the sake of my son. I didn’t see any sense in beating a child in the name of correcting him.” (mother, village x)
Some youth don’t have advocates

“Things are difficult for me, the caretaker that I am with is not treating me well, he always tells] me of my attitude…of that of a rebel…it makes me think of my mother and father who up till now [I have] not seen…I feel sad and resort to doing things I’m not supposed to do.” (older male ex-RUF, Bo)

“For me it is not easy. When I came back, I told my aunty that I want to go back to school. She became very angry and drove me out of her house, saying I should be thinking of raising money. After a couple of days she called me back but the topic of education didn’t go any further.” (female ex-CAAFAG, Makeni)

“When I came and stayed with my cousin. She wasn’t willing to put me back in school because she said I had known the world (no more a virgin) and I have stayed with the rebels. She said it would be a waste of time and money.” (female adolescent, Makeni)
Is there a system in place to help?

“…Right after the war, there were child welfare committees .. in each and every part of the country. But now, the structures are there but they are not very effective… we must ask ourselves – are these child welfare committees effective? Are they as effective as they were directly following the war? And definitely, the answer to that is ‘No.’” (NGO worker, Freetown)

“It is not fair to judge if they [the child welfare committees] are effectively working or not, because they don’t have funding.” (NGO worker, Makeni)

“There is a child rights act and there is a plan for that act to be implemented. When you look at that act, the force is on local structures that will take care of children because if you have effective local structures at that community level, then child protection would be maximized. [Those local health structures] are not existing at the moment. .. If we have child welfare committees in as many communities as possible, believe me, things would be different.” (former employee of MSW, now NGO worker, Freetown)
Many CAAFAG stable

Risk factors operate in a similar way among all study groups, but may cluster among a subset of CAAFAG:

- War Experiences: surviving rape, participation in injuring/killing others
- Post Conflict Experiences: stigma (manifest differently for boys & girls)

Predictors of good psychosocial adjustment include variables that can be leveraged via interventions:

- Community acceptance/reducing stigma
- Social support
- School access

Evidence of individual, family and community strengths which should be tapped by evidence-based interventions
Looking ahead: Research

**Plans:**

- **Validity:** Delve into indicators of functioning using qualitative and quantitative data
- **Longitudinal analyses to identify subgroups of youth and determining how many are on a worsening trend vs. an improving trend**
- **Multiple informants analyses**
- **More refined analyses of other outcomes:** i.e. economic self sufficiency, education, civic participation, parenting
- **Build on these findings to develop and rigorously evaluate interventions (build the evidence base)**
Looking ahead: Policy

Key policy questions remain

- Key issues: Implementation, Sustainability, Systems of Care

- How might post conflict reconstruction present an opportunity to “do better,” develop adequate and sustainable supports/opportunities for youth affected by human/child rights violations?

- How could we arrive at systems of care to assist all children and youth who need them -- as opposed to services just for certain “labels” of youth?
“I think about what I have been through and this gives me more determination to do well in life.”

19 year-old male CAAFAG from Kono (just promoted to his final year of secondary school)


Thank you!