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Dr. Michael Wessells†

Introduction

A useful way to begin is to examine the title of our session— *The Problem of Re-Acclimating Child Soldiers into Society Assuming Peacekeeping Is Successful.* Aside from the question of who decides when peacekeeping is successful, one might ask why the focus is not on child soldiers who need to be demobilized and reintegrated amidst an ongoing conflict. In northern Uganda, for example, children do not have the luxury of peacekeeping, a postconflict accord, or a viable peace process, but demobilization and reintegration is important nonetheless.

It is also important to think carefully about some of the key terms used in this discussion. Last night, Mr. Kargbo reminded us that many of the important terms have different meanings in different cultures. The term "child" is by no means universal, as views of childhood are culturally, socially, and politically constructed. For example, throughout sub-Saharan Africa, a young person who has completed a cultural rite of passage into manhood or womanhood is thereafter regarded as an adult. Typically, this occurs somewhere around the age of fourteen years, though it may also occur earlier or later, depending on the context. If an outsider comes in and expresses concern over the use of child soldiers, local people may reply that they have no child soldiers since in their view, a 15-year-old boy

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is no longer a child, provided that he has completed the pertinent ritual. Although these problems of terminology are significant, they are not insurmountable. In Angola, for example, Christian Children's Fund ("CCF"), the agency I work with, addressed this problem by referring to child soldiers as "underage" soldiers since local people agreed that under international law, people under eighteen years of age cannot be recruited legally.

In addition, the term "child soldiers" implies that the children chose to ally themselves with the armed forces. The Coalition to Stop the Use of Child Soldiers estimates that approximately 300,000 children are currently in armed groups worldwide. Highly accurate estimates are difficult to obtain due to the fog of war and the propensity of commanders to hide their exploitation of children. The best evidence available indicates that significant numbers of children join armed groups without explicit coercion, often to obtain security, health care, training, or to escape an abusive family situation. Some join to obtain the sense of power and prestige that wearing a uniform and carrying a gun provide. Still others, feeling alienated, join liberation struggles backed by ideologies that provide a sense of meaning and commitment to a higher cause. However, forced recruitment is very widely practiced as well. For example, the so-called Lord's Resistance Army ("L.R.A.") in Northern Uganda recruits almost exclusively by abducting children, and it is worrying to see the L.R.A. resort to younger and younger children. In Northern Afghanistan, the Northern Alliance commanders who fought against the Taliban often commanded young boys to come with them to fight, and refusal typically led to beatings or destruction of the refusing child's home. It would be damaging to imply that all child soldiers had joined armed groups voluntarily since this could trigger reprisal attacks when they return to the villages their units had attacked.

Finally, the definition of the term "child soldier" does not refer to a rigid category. Many children in armed groups serve not as combatants but as laborers, spies, cooks, or sex slaves. Implying that all child soldiers were combatants creates a security risk by triggering retribution from the community. To reduce this problem, many practitioners increasingly prefer to speak of "children associated with armed groups" rather than child soldiers.

The distinction between formal and spontaneous demobilization is a critical one: In many postconflict contexts, the peace construction process entails the formation of official Disarmament, Demobilization, and Reintegration ("D.D.R.") programs. Some people add rehabilitation on the end, changing the acronym to "D.D.R.R." What about the people who go home outside of official processes? Though we lack accurate statistics, we know that, in most war zones, a large numbers of people undergo a so-called spontaneous demobilization: They go home on their own. This happens in Northern Uganda with great regularity. There is no official D.D.R. process, yet young people who have been abducted by the L.R.A. often escape and find their way home. They fear that the communities in their villages will

seek revenge or that the Ugandan army will either re-recruit them or will catch and execute them.

In short, D.D.R. efforts are not always "post"conflict, nor are they invariably conducted in the presence of peacekeeping. We cannot assume that peacekeeping is always successful, and we cannot even assume that our definitions of "children" or "soldiers" or "child soldiers" are universal or uncontested. In working with child soldiers and D.D.R., we must be critically aware of language and framing.

Turning to D.D.R. issues, I will proceed in three steps. First, I will provide some background on how being affiliated with armed groups impacts child soldiers psychosocially. It is only when we fully understand this aspect that we can design effective programs.

Second, I will set forth some typical elements of D.D.R. programs. They are prototypical, not universal, and definitely not prerequisite to a successful reintegration. In fact, some elements are problematic and may be inadvisable even though they are widely used in many D.D.R. programs. Which elements are successful and which elements are politically feasible vary with the situation.

Third, I want to elaborate on which issues need to be addressed in order to better assist young people in reintegrating into the community following the horrendous experiences of war. These critical comments are presented to improve programs, not in order to cast aspersions on those who work on D.D.R. and similar efforts. After all, I am one of those people.

I.   The Impact of War on Child Soldiers

Numerous misguided, oversimplified images have been constructed of child soldiers. One of the most prevalent images is that child soldiers are damaged goods. One sees images of a lost generation, of teenagers who not only lost their childhood and opportunity for education, but also their chance for proper moral development. These images portray youth as not just perpetrators but hardened killers who can never go home. The evidence now available, although it is not highly systematic, indicates the contrary. The majority of former child soldiers are resilient, not damaged, and able to reintegrate into civilian life with varying degrees of success. It is a disservice to these young people to suggest otherwise. Although there are dysfunctions that must be addressed, their resilience far outweighs any dysfunction. Reintegration, however, depends on particular factors, some of which I shall outline below.

When we discuss impacts, we must remember that these children have themselves been or seen others abducted, have been exposed to land mines, have been separated from their parents, and have witnessed death. In Sierra Leone, for example, some were forced to kill a member of their own family or village, thereby severing ties of trust between them and their primary support systems, the family and community. Such incidents can leave searing memories and emotional, psychological, and social scars.

II. Approaches to Healing Child Soldiers

When Western psychologists look at children who have had such experiences, they tend to look for and talk about trauma, in particular post-traumatic stress disorder (P.T.S.D.). A normal reaction to a life-threatening experience is to go into a state of heightened neurological arousal in which one plays back experiences either through nightmares or flashbacks, in which memories of the horrible events intrude upon one's ordinary daily experience. Typically, people suffering from P.T.S.D. experience numbing and avoid situations associated with the traumatic events. The children often experience hypervigilance, a heightened state of arousal that correlates with very poor self-regulation and that can lead to heightened aggressiveness, drug abuse, depression, and other problems.

Although trauma and posttraumatic stress disorder are important, they are not universal, and they do not serve as a useful starting point for analyzing the full range of emotional and social effects on child soldiers. For example, a boy from northern Uganda, whom I talked with recently, had just escaped from the L.R.A. He was in an interim care center and was due to be reunited with his family and reintegrated into his community. His biggest reported stress was not caused by trauma from his abduction or from seeing his friends killed. Nor was it the guilt associated with things he had done. Rather, he feared that he would be "slaughtered when he went back to his village." In contrast to Gulu, Kitgum, and Pader, regions of Uganda which have suffered the scourge of war for many years, the Teso region where I was working and where this boy was from did not know how to deal with former child soldiers returning to their villages because it was a new phenomenon. Community members did not know that the young people had been abducted and coerced into committing the wrongs they did. Therefore, reprisal attacks were not uncommon there.

A second story concerns Angola, which recently emerged from forty years of war. There, a ten-year-old boy soldier told me that his biggest problem was that he could not sleep at night. Hearing this, Western psychologists might think the boy was suffering from P.T.S.D., a symptom of which is sleep disturbance. However, when asked why he could not sleep, he said that, at night, the spirit of a person he killed was haunting him. The belief was that he was contaminated by the angry spirit of the person he had killed. He understood that problem not as an individual affliction to be addressed by counseling, but as a communal problem. He believed that, if he went home to his family, he would bring the bad spirit with him, thereby bringing misfortune, bad health, financial failure, crop failure, and related problems upon his family and possibly his community. The idea of using a Western-style talking therapy to try to help this young person would not be sensible and may endanger the boy. In fact, we learned that once a young person such as he has been cleaned through a traditional ritual of purification, he is told not to look back and not talk about the incident again. According to local beliefs, talking about the bad experience following the completion of the ritual creates an opening for the bad spirit to return. The act of talking itself can unintentionally cause damage under

particular circumstances. Thus, we must be mindful of these cultural differences before imposing Western practices.

In another example, in Sierra Leone, a large number of girls were associated with armed groups, many serving not just as sex slaves but also as combatants. Some young women who had been commanders were quite proud of their military accomplishments. However, the young women who had become mothers often had problems marrying, a situation they described as tantamount to social death. Also, they wondered where they would get the money needed to buy medications for themselves and their babies.

Together, these examples illustrate that in analyzing the emotional wounds of war, we have to start with children's own understandings of how they have been affected. Although our preconceptions may lead us to look for P.T.S.D., the trauma framework is too narrow to embody adequately the emotional, psychological, social, cultural, and economic dimensions that are relevant to these children. Whereas the trauma idiom emphasizes the primacy of past violent events on one's psychological state, former child soldiers themselves often report that the most prominent stresses are associated not with previous violence but with their current living situation. If one talks with young people who are struggling to earn a living, who do not have a positive role in society, who wonder whether they will ever be able to marry, or who wonder whether they will be attacked by their communities, one learns that the current living conditions pose the greatest stresses. Too often, in the interests of evidence-based practice, psychologists impose their preconceived measures, disregarding local beliefs and practices, and failing to listen to how young people understand their situation. This causes damage by instilling in the children and the community a sense that their local culture is inferior when it is precisely the local culture and norms that can strengthen the community and empower the children to improve their lives.

A related point is that Western approaches to alleviating psychological effects of trauma do not include measures that would help former child soldiers to construct appropriate roles in civilian life in their communities. One of the main forces that drive young people into armed conflict to begin with is alienation. Too often, young people have no positive role models, few positive life options, little opportunity for education, no job skills, and no money. Their hopelessness with regard to the future is often the fundamental problem that drives them into armed groups. To enable young people to come out of armed groups and find their way into civilian life, we need to think very carefully about how to facilitate the process of constructing a positive role and enabling them to assume meaningful, functional lives as culturally constructed and defined in the local circumstances. A more holistic, culturally grounded approach serves as a better starting point than does the trauma framework for understanding the many ways in which child soldiers are affected by having been associated with an armed group and for creating a comprehensive support system targeted at

addressing not only the psychological but also the social and economic issues the children face.

III. The Disarmament, Demobilization, and Reintegration Process

I would like to begin my brief overview over the disarmament, demobilization, and reintegration process by emphasizing that D.D.R. programs are not generic but are tailored to the situation and to the politics of a particular setting. Typically, there is a political settlement that is part of a wider peace process, one element of which is the task of standing down the opposing armies and integrating and forming one army. Helping people transition from their lives as soldiers into lives as civilians is a key part of this effort.

Ideally, at a very early stage, a separate children's D.D.R. program is planned. Peace instruments should officially provide for children's disarmament, demobilization, and reintegration in order to promote child protection. Experiences from various D.D.R. programs indicate that when children are demobilized as part of adult D.D.R., they are often subject to abuse, exploitation, and re-recruitment.

In the disarmament process, ex-combatants typically are required to turn in their weapons. It may also involve mass destruction of weapons, which can have significant symbolic value. The very process of disarmament necessarily involves the concentration of arms in a few locations and thus typically occurs under close military control with extensive security preparation.

Following disarmament, children are demobilized, which often occurs through an interim care center. Although the use of these centers is not universal, they are used today on a widespread basis in Liberia, in the Democratic Republic of the Congo ("D.R.C."), as well as several other conflict areas. Young ex-soldiers typically stay in these centers for between two weeks to six months, although it must be noted that there is great variation in this respect from one setting to another. Typically, these interim care centers are designed to accommodate youths for a short period of time, perhaps a couple weeks, but nearly always, at least some former child soldiers end up staying for several months or longer.

When the former child soldiers come to the interim care center, the first step is verifying the children's identification and status as a member of an armed group. Next they are issued an identification card—a key step in providing protection. Young people in countries such as the D.R.C. are very eager to get these cards because they perceive themselves to be better protected when they hold these cards. Whether or not it decreases the risk that they will be re-recruited, however, is an issue still open to debate.

In the center, typically there is an orientation that introduces young people to their new environment and tries to begin the transition process from military life into civilian life. There is usually some form of psychosocial counseling that involves group discussion of past, present, and future. Group dialogues often center on the new civilian roles of for-

mer child soldiers, their fears and concerns, and possible solutions. In addition to counseling or peer-group discussions, psychosocial support is often provided in the form of expressive activities, such as drawing, song, dance, storytelling, and other activities that are tied to local usage. The emphasis is frequently on enabling people to express their feelings openly and to begin the process of coming to terms with difficult experiences.

Further, the child soldiers usually go through a health screening process to detect and provide initial response to the damage they have suffered during soldiering. A key health issue is the high incidence of sexually transmitted diseases among members of armed groups, who are highly mobile and have often had sexual contact with people from many areas, not just with people in their own armed groups. Finally, child soldiers are often assigned to task groups, through which the children take care of various chores such as cooking and cleaning that need to be done around the interim care center. This helps the children acquire a sense of responsibility and become accustomed to performing civilian tasks, thereby aiding transition from a military to a civilian life.

Sometimes, vocational training is provided, although the humanitarian community increasingly realizes that this is not always a good idea. Short periods of vocational training can raise expectations but also create frustration because they may not prepare children to earn a living. Further, child soldiers are not necessarily the most vulnerable children in the villages where armed conflict is occurring—it is vital not to extend to them privileges denied to other needy children. The biggest difficulty concerning the provision of vocational training is that it makes the center a magnet for other needy children such as orphans, separated children, and very poor children. They may choose to come to the center and claim untruthfully that they too were combatants in order to obtain vocational training.

The main goal of many interim care centers is identification, documentation, tracing, and family reunification. The basic idea is that merely separating former child soldiers from other ex-combatants is insufficient and that they will be best cared for and protected in their families. Thus, after the soldier is identified and documented, efforts are made to locate the family members and reunite the former child soldier with them. Before reunification, the family must be prepared for the return of the young person to the family and the community. To appreciate the magnitude of the challenge, consider the case of a fifteen-year-old who left home at the age of ten, at which time he may have been quite obedient and subservient. During his time in the armed forces, he became a military commander, overseeing the deaths of hundreds of people. When he comes home the family will expect him to be subservient again, while the former child soldier and military commander probably feels aggression and defiance for traditional authorities. Unable or unwilling to assume the typical role of a teenage boy, the family and the community will have to deal with a variety of issues.

Turning next to reintegration, consider some of the key functions and elements: Reintegration is a long-term process taking much longer than a

few months. Although no blueprint exists for the time frame over which this extends, most practitioners think in terms of years, and it requires extensive preparation and follow-up support. One cannot deliver a young person to his village and consider the job done. In the same way that family preparation is needed, so too is community preparation needed. At the district level, local leaders and even traditional leaders may fear that young people are going to be troublemakers or criminals. They will remember that the same children once burned huts and killed citizens in the community, and they know that as leaders, they are going to be held accountable for avenging the community and for bringing the children to justice.

Community leaders and citizens must be engaged in a dialogue so that they can understand that the children are not inherently bad, that they were politically manipulated in a war created by adults, and that these children now need to and can assume more positive roles in the community and are capable of reentering civilian life. Further, local people need to understand that the children too have suffered enormously and that their entry into soldiering, even if it was in fact "voluntary," was triggered by a life of depravity and suffering. Generating empathy is an important part of the foundation for community reconciliation.

Reintegration requires extensive work to facilitate reconciliation and tolerance. One cannot expect children who have attacked their own village to be able to walk back in and have the citizens accept them without hesitation. In Sierra Leone, it has been impressive to see the extent to which people in the district of Koinadugu have created an extraordinary discourse of unity among all Sierra Leoneans. This discourse decreases social divisions, builds a common sense of identity, and helps people to look past the fact that some had been members of the Revolutionary United Front ("R.U.F.") while others had been associated with the Sierra Leone government army or the civilian militias aligned with it. This helped immensely in the reconciliation between the young people and their villages.

Traditional mechanisms can also help children reenter their communities. The Angolan boy mentioned earlier who believed that he was haunted by the spirit of a man whom he had killed, believed that a rite of purification conducted by a local healer would purify him and enable his return to his community. In Angola, extensive ethnographic research has documented that when these kinds of purification rituals are conducted, the young people subjectively experience tremendous relief. Furthermore, there is evidence that some rituals help communities to view former child soldiers as purified and acceptable, thereby aiding the reconciliation process. On the other hand, it is important not to romanticize local practices, as some can be quite harmful. Additional research on these practices will have to be conducted to show which approaches work best.

A common practice to aid reintegration is to give young people so-called reinsertion packages that may include clothing, seeds, tools, and even money. However, these are insufficient by themselves. For example, former child soldiers in Sierra Leone contended that if, after using up the reinsertion package, they were unable to earn a livelihood, they would

return to fight in the bush. Aware of this, reintegration assistance pro-
grams attempt to teach former child soldiers vocational and life skills that
will assist them in finding employment and earning an income. Quality
reintegration programs also emphasize access to both formal and informal
education, both of which are key to the development of the skills that
enable people to function as citizens in positive social roles. In places like
Sierra Leone, many former child soldiers say that they joined the R.U.F.
because they were promised they would receive training, which the govern-
ment had never provided. Thus, to be supportive of reintegration, educa-
tion must be tailored to address the causes of child soldier recruitment.

Further, psychosocial supports are necessary to provide the follow-up
that reintegrated former child soldiers need. Often, a failure to provide
adequate follow-up jeopardizes the reintegration process, a problem I will
speak to below.

Advocacy and legal protection must also be given high priority. To
enable a sustainable return, children must be in a secure environment. In
turn, this requires strengthening legal protections and continuously moni-
toring this protection at the local level. In the primarily Tajik and Uzbek
northern provinces of Afghanistan, for example, young people spontane-
ously demobilized following the defeat of the Taliban. However, many of
them continue to carry a gun, wear a uniform, and work in the security
forces under the control of the commanders, otherwise known as warlords.
Those warlords can re-recruit people at a moment's notice. To build peace
and sustain the reintegration process, it is vital to have a workable mecha-
nism for monitoring and preventing re-recruitment.

IV.   Critical Issues in Disarmament, Demobilization, and Reintegration

The first issue in the D.D.R. process that I would like to address is the
exclusion and marginalization of children in D.D.R. processes. There
ought to be built into the peace processes instruments that ensure chil-
dren's effective D.D.R., but this is often not done. Even where it is done,
children's D.D.R. is treated as less important than adult D.D.R. and is
underfunded as a result.

Second, child protection should be built into all phases of the D.D.R.
process. In Angola, the first three hundred young people who were demo-
bilized following the signing of the Lusaka Protocols in 1994 were released
from the containment area and promptly disappeared. It is widely sus-
pected that the National Union for the Total Independence of Angola
("U.N.I.T.A.") re-recruited them. Thus, protections need to be provided at
each step along the way; otherwise, the process will ultimately damage the
children. Strengthening protections requires a mixture of advocacy and on-
the-ground readiness.

Third, there is too much separation between demobilization and rein-
tegration. On paper, most D.D.R. plans look excellent. In theory, the
entire process is to be driven by reintegration because the desire is to get

young people home and to help them function, feel hopeful, and be competent as civilians. In the field, however, the seamless connection between demobilization and reintegration frequently breaks down. Often there is a lack of robust coordination between demobilization and reintegration, as separate technical staff work on each element in isolation. A significant contributing factor to this breakdown is that the politics often put the spotlight on demobilization. For example, if the Karzai administration in Afghanistan wants to claim that movement towards peace is occurring, he needs to be able to show the actual demobilization of former troops. That wins more credibility than does the longer and slower process of reintegration, even though the reintegration process arguably has a bigger impact on the peace of the country in the long run. In general, the pressures are so great for demobilization that this aspect of the process moves forward before the former child soldiers, their families, and their communities have been adequately prepared for reintegration. In fact, the demobilization process should not begin until the structures and processes that support reintegration are in place.

Heightened attention to demobilization often leads to greater funding for demobilization and underfunding of reintegration. This problem is exacerbated by the practice of allowing targeted funding: Some donors will fund only demobilization, whereas others will fund only reintegration. Sadly, the reintegration funding is typically far too low to meet the needs, as is evident in Afghanistan today.

Fragmented approaches can also stem from fragmentation within the UN system and interagency rivalries. In many cases, the United Nations Children's Fund (UNICEF) oversees D.D.R. for children, but this group is often marginalized within the UN system. In Afghanistan, for example, a decision was taken by the United Nations Assistance Mission to Afghanistan, which oversaw the wider D.D.R. process, to split off and provide no funding for a children's D.D.R. process, creating difficulties implementing the children's process.

The fourth issue I would like to address is that of female child soldiers. Women and girls have been invisible and marginalized at almost all levels. For example, in the Sierra Leone peace process, qualifications for D.D.R. benefits included that one turn in and demonstrate ability to disassemble and reassemble an automatic weapon. Most girls did not have an automatic weapon, since, as mentioned earlier, many had not been in combat roles. Neither did members of the civilian defense forces and many of the commanders who had fought with shotguns and *pangas* (machetes). That means that women were discriminated against since they lacked access to the same privileges that men received. Assisting women who were associated with armed groups is complicated since the women often prefer to stay invisible in order to avoid stigmatization, shame, and dishonor. When the Lusaka Protocols were signed in 1994, many practitioners believed that there were no girl soldiers in Angola. In fact, several thousand girls were part of the *União Nacional para a Independência Total*

de Angola (UNITA) forces. It is essential to provide equal support to women and to do so with extra sensitivity.

Fifth, there must not be excessive support targeted at former child soldiers. In Northern Uganda, for example, extensive reintegration support is available for children who were abducted by the L.R.A. but not for other children in the villages. Although child soldiers are vulnerable and need support, they may in some cases be better off than other children such as displaced children who are also returning home. It makes little sense to target child soldiers exclusively. A better strategy would be to support all children seeking reintegration into the community. In fact, targeting may put former child soldiers at increased risk. The provision to child soldiers of dispensation kits containing clothing, seeds, and tools, for example, may evoke powerful jealousies from other village youth. In addition, villagers may feel that it is unjust that those who attacked their villages are "rewarded" while the citizens of the villages who had been attacked have so little. Thus the targeting of children can increase social divisions at exactly the moment when community solidarity and unity are needed. Further, the targeting of children is particularly problematic with regard to cash payments. In Liberia, for example, children who demobilized receive cash payments. Although well-intended, this practice is likely to harm children by giving very poor children who see their peers receiving cash at demobilization an incentive to join the armed group in the hope of obtaining the same reward. Also, it is now recognized that commanders take cash back from demobilizing child soldiers and use the money to recruit additional child soldiers.

Sixth, long-term projects are being operated with short-term funding. In complex emergencies, most agencies such as the United States Agency for International Development ("U.S.A.I.D.") provide funding for periods typically of one year to eighteen months. Then, when the next crisis erupts or donor fatigue sets in, the funding dries up. However, the problems these programs are targeted at have histories of decades or longer and require longer-term solutions. It is crucial to restructure the humanitarian enterprise to include the longer-term funding that is needed to create durable solutions.

Seventh, communities, economies, and government and civil authorities must be prepared for reintegration. Typically, D.D.R. plans assume that demobilization will be followed by reintegration into families and communities, as if it were a simple two-step process. But what happens if one is dealing with a situation like the current Liberia? What will young people return to? The families have all been disrupted. In Tubmanburg, one of the cities where CCF is involved in implementing a number of interim care centers with UNICEF, the town was under the control of a fifteen-year-old commander. Families were dispersed, most people were displaced, schools were closed, and livelihoods were disrupted. What does reintegration mean in this context? We have to think about transforming an entire system rather than plugging people back into what is there. We must create community structures and processes that embody nonviolent values, fur-

ther economic stabilization, create new opportunities, build the capacity of government and civil authorities, provide services, and develop social capital at all levels.

Eighth, there is too much focus on individual rehabilitation. Western psychologists and practitioners carry an innate world view based on the values of the Enlightenment that emphasize individual freedom, rights, and well-being. A natural extension of this perspective in the field is to examine and support individuals who, in the case of child soldiers, surely need support. The difficulty, however, is that in many war zones, people have a collectivist view of life that puts the well-being of the group above that of individuals. Viewing the world through a collectivist lens, they understand the wounds of war as communal rather than individual. For example, in the case of the Angolan boy soldier who believed he was haunted by the spirit of the man he had killed, the local belief was that this problem was profoundly communal. Although the boy believed himself to be spiritually contaminated, the community believed that this contamination had ruptured the bonds between the living and ancestral communities, putting the entire living community at risk. Materially, too, local people understand the wounds of war to be communal. They realize that although child soldiers have suffered, the entire community has suffered, as is visible in the acute poverty, inadequate housing and sanitation, and lack of functioning health posts and schools. To single out child soldiers for assistance under such conditions is damaging. D.D.R. programs must strike a balance between supporting highly vulnerable individuals and supporting the wider community. D.D.R. programs that take a case-based approach and focus only on child soldiers are too narrow and socially divisive.

Ninth, we must work to end harmful demobilization practices. Repeatedly, one sees an overemphasis on interim care centers, as short-term stays become long-term stays and young people become dependent on external supports. In cases such as Liberia, so much attention gets poured into the centers that little attention is given to the wider process of community reintegration and the extensive follow-up reintegration entails. The centers often become magnets that attract poor children in the neighborhood who are desperate for a meal or health care. In countries such as Angola, where a decision was taken not to use interim care centers but to focus on getting children back into their communities, reintegration efforts have gone relatively well. These considerations lead to the conclusion that centers are not necessary in all situations and should be viewed as a last resort. Another harmful demobilization practice is the provision of cash allowances to demobilizing minors, as is occurring in Liberia. This practice tacitly rewards children who have soldiered. It also increases the risk of child recruitment since poor children may choose to join armed groups out of desire to obtain cash when they demobilize. It is time for the international community to end such practices, which run counter to the best interests of children.

Tenth is the issue of research. At this point, no longitudinal studies exist on the well-being of former child soldiers, and no comparison studies

have been done on spontaneous versus programmatic demobilization and reintegration. Also, the effects of war on girls are different than the effects on boys, and too little research has examined the situation of girls and which support mechanisms would be most useful to them. Few studies have compared the efficacy of different reintegration program approaches, making it difficult to construct a foundation for evidence-based practice. The need for research is at least as great and perhaps greater in regard to preventing child soldiering. The issue of research deserves careful attention by the international community. Action research is necessary to create a systematic approach, to document which measures are effective, and to continue to improve D.D.R. programs.

Conclusion

In closing, it is useful to note an issue that cuts across those identified above—children are not involved in designing D.D.R. programs. Former child soldiers are treated as beneficiaries. Adults plan, set up the demobilization centers, and oversee the reintegration process. This approach marginalizes young people at a moment when they need to feel empowered to assert their rights and to achieve their well-being. It also denies young people full participation, which is essential for protection. Young people have tremendous creativity and capacity, and we have to find a better way of working with them and learning from them how to create hope. Humanitarian intervention is about creating hope for the future and enabling young people to play a constructive role in converting cultures of violence into cultures of peace.