



Coalition to Stop the Use of Child Soldiers
International Secretariat
2-12 Pentonville Road, 2nd floor, London N1 9HF
Tel: +44 207 713 2761 Fax: +44 207 713 2794
Email: info@child-soldiers.org Web: www.child-soldiers.org

Registered as a limited company (no. 4411965) in England

This document is part of the Coalition's psychosocial web page. For more information on the psychosocial impact of armed conflict upon children go to:
www.child-soldiers.org/resources/psychosocial

Psychosocial web page Editor's introduction:

Sierra Leone and Civil War: Neglected Trauma and Forgotten Children by Nick Heeren

The Psychological Impact of Civil War in Sierra Leone by Victor E.M. Gbegba and Hassan Koroma

We present in this, our 6th issue, two papers on children who have been left with disabilities as a result of armed conflict. The needs and rights of children with disabilities can easily be overlooked – both in society in general, and also in the aftermath of armed conflict. We are pleased, therefore, to publish two papers written by members of Handicap International (HI), an organisation devoted to the rehabilitation and inclusion of disabled individuals.

In his article, Nick Heeren draws on HI's extensive expertise in the area of children with disabilities, gained whilst working in Sierra Leone. In the Sierra Leonean armed conflict (1991-2002), thousands of men, women and children were deliberately maimed by means of the infamous 'short' or 'long' sleeve limb amputations. Nick Heeren outlines the work of HI in Sierra Leone between 1996 and the present day, but begins by outlining the historical context of Sierra Leone and its' subsequent decline which culminated in armed conflict and the exodus of thousands of Sierra Leonean refugees.

In seeking to help us understand the psychological impact of amputations, Heeren describes the social consequences of a conflict in which family ties and cultural taboos were deliberately broken in order to enable violence to be committed by and against child soldiers and other children. The subsequent consequences of these contraventions, he asserts, were traumatic at the individual, familial and societal level.

The psychological intervention programme run by both international and Sierra Leonean staff, seeks to place the individual within their cultural and social context, and to gain an understanding of what amputation means uniquely for each one of them. It is the individual's own story and understanding which is the starting point for interventions. Heeren discusses the links between somatic bodily complaints and their psychological manifestations, and also the impact upon staff of working with those amputees who do not appear to 'heal' in spite of their best efforts. Finally, the author suggests that a fundamental humanitarian question is what will happen to this generation of Sierra Leonean children as they struggle to understand, and come to terms with, the consequences of what has happened to them, their families and their society?

Gbegba and Koroma, who also work for HI, base their article on a report submitted by HI to the Truth and Reconciliation Committee (TRC) in Sierra Leone -a report requested by the TRC in recognition of the psychological expertise of HI's team in Sierra Leone. Although the work of Handicap International in Sierra Leone is described briefly; the main focus of the

The Coalition to Stop the Use of Child Soldiers unites national, regional and international organisations and Coalitions in Africa, Asia, Europe, Latin America and the Middle East. Its founding organisations are Amnesty International, Defence for Children International, Human Rights Watch, International Federation Terre des Hommes, International Save the Children Alliance, Jesuit Refugee Service, the Quaker United Nations Office-Geneva and World Vision International.



paper is a consideration of the psychosocial effects of armed conflict upon adults and children in the particular social and cultural context of Sierra Leone.

As with Heeren, Gbegba and Koroma discuss the impact of deliberate maiming upon self perception and society's attitudes and responses to the victims. They, too, draw links between the soma and psyche. Case histories poignantly illustrate the points the authors make. In contrast to Heeren, however, the authors set their deliberations within the context of changes to the traditional family system within Sierra Leone which resulted from the armed conflict.

The extent of social and familial upheaval during and after the conflict has severely challenged the ability of the traditional extended family system to support vulnerable children. Customary practices of placing orphaned children with the extended family were hitherto supported by emotional ties between family members. Following the conflict, however, the need to reintegrate so many displaced or orphaned children resulted in them being placed with families with whom they had genealogical ties, but with whom there was no pre-existing emotional bonding. Well intentioned, but hasty, reintegration programs had concentrated on the material and physical wellbeing of the children, rather than on their emotional needs. The absence of secure attachment relationships between the children and their adoptive families resulted in many unsatisfactory placements. Additionally, the damage to the extended family system, combined with the psychological impact upon adults of the high levels of violence they had experienced during the conflict, has markedly increased intra-familial violence towards children. As a result, vulnerable and abused children – whether displaced, orphaned or former child soldiers - have increasingly sought refuge in the streets of Sierra Leone.

The two articles offer complementary views on the aftermath of the conflict in Sierra Leone and remind us all of the need to respect the dignity and rights of those with disabilities, in addition to recognising the potential psychosocial impact of disability.

Dr. Linda Dowdney
Editor



Coalition to Stop the Use of Child Soldiers
International Secretariat
2-12 Pentonville Road, 2nd floor, London N1 9HF
Tel: +44 207 713 2761 Fax: +44 207 713 2794
Email: info@child-soldiers.org Web: www.child-soldiers.org

Registered as a limited company (no. 4411965) in England

This document is part of the Coalition's psychosocial web page. For more information on the psychosocial impact of armed conflict upon children go to:
www.child-soldiers.org/resources/psychosocial

The Psychological Impact of the Civil War in Sierra Leone

By Victor E.M. Gbegba¹ and Hassan Koroma²

ABSTRACT

This paper is based on a report submitted by staff of Handicap International to the Sierra Leonean Truth and Reconciliation Commission which was set up in December, 2002. Although the work of Handicap International in Sierra Leone is described briefly, the main focus of this paper is a consideration of the psychosocial effects of armed conflict on adults and children in the particular social and cultural context of Sierra Leone.

BACKGROUND TO THE CONFLICT:

Sierra Leone is situated on the west coast of Africa. Bounded by the Republic of Guinea on the north-east, Liberia on the south-east and the Atlantic ocean on the west, it is a former British colony endowed with many natural resources including gold, diamonds and rutile.³ The country gained its independence in 1961 and subsequently was ruled by successive governments which were characterised by misrule, corruption and mismanagement. However, in 1991, a group of disgruntled and aggrieved Sierra Leoneans launched an armed rebellion against the then ruling All Peoples Congress (APC) government. Launched from neighboring Liberia, which itself was facing an armed rebellion, this Sierra Leonean rebel movement - the "Revolutionary United Front" (RUF) - justified their attack on the grounds of the long-term misrule of the country and the accompanying lack of a democratic process. This rebellion was, however, very difficult for the government to contain and, as a result, civil war reigned for some ten years before the ceasefire was declared in 2002.

The signing of the "Lomé peace agreement" in April 2000 brought about relative security. The armed forces and the police – restructured, trained and equipped by the international community – gradually resumed responsibility for security and law

¹ Victor Gbegba is a Project Officer at the Handicap International Psychosocial Unit, Sierra Leone

² Hassan Koroma is a facilitator at the Handicap International Psychosocial Unit, Sierra Leone

³ For a fuller description of the history of Sierra Leone, see Heeren, 2006, www.child-soldiers.org/resources/psychosocial

The Coalition to Stop the Use of Child Soldiers unites national, regional and international organisations and Coalitions in Africa, Asia, Europe, Latin America and the Middle East. Its founding organisations are Amnesty International, Defence for Children International, Human Rights Watch, International Federation Terre des Hommes, International Save the Children Alliance, Jesuit Refugee Service, the Quaker United Nations Office-Geneva and World Vision International.



enforcement in areas previously affected by conflict, supported by the United Nations Peace Keeping Force (UNAMSIL) and international staff in the country.

The Lomé Peace agreement also created the independent Truth and Reconciliation Commission (TRC). The TRC was mandated to create an *impartial historical record* of violations and abuses of human rights and international humanitarian law related to the armed conflict in Sierra Leone, from the beginning of the conflict in 1991 to the signing of the Lomé Peace agreement; *to address impunity; to respond to the needs of the victims; to promote healing and reconciliation and to prevent a repetition of the violations and abuses suffered.* The TRC also had to report on whether or not the human rights violations and abuses were the result of deliberate planning, policy or authorization by any government, group or individual. The TRC was also charged with investigating and reporting on the role played by both internal and external factors in the conflict. In this respect, it was mandated to investigate the role that foreign individuals, groups or government might have played. Between December, 2002 and August, 2003, the TRC held public hearings, collecting statements from both victims and perpetrators, and produced its report in 2004.⁴

By contrast, the Special Court for Sierra Leone was mandated to prosecute those “bearing the greatest responsibility” for crimes against humanity, war crimes and other serious violations of international law. The court has indicted and arrested some of those associated with the various fighting forces, including the former Head of State of Liberia, who are presently facing trials. Even though more are to be arrested, this move is seen by many Sierra Leoneans as a positive step in forestalling any future armed crisis and increasing the possibility of lasting peace.

A BRIEF OVERVIEW OF WORK UNDERTAKEN BY HANDICAP INTERNATIONAL IN SIERRA LEONE:

The assessment of the psychological and social impact of the civil war in Sierra Leone provided by Handicap International (HI) to the Truth and Reconciliation Commission was based on their work with survivors of violence and atrocity. This work is described briefly here. Those interested in learning more of the psychological interventions offered by Handicap International can read the accompanying paper by Heeren (2006 op cit).

HI has been working in various areas of Sierra Leone since 1996. At that time, HI was working in Bo and Kenema in the east of the country, with displaced persons and war victims who were fleeing rebel onslaughts in the eastern diamond mining regions. HI’s multi-disciplinary intervention team was made up of rehabilitation, orthopaedic and psychological care professionals. However, the work of this multi-disciplinary team came to a halt following a coup d’état in May 1997. This led to the temporary evacuation of the international staff, who returned in 1998 following the reinstatement of a democratically elected government. The impact of the war on the civilian population had been so profound and extensive, however, that in April 1998, the World Health Organisation (WHO) called on HI to provide care to amputees and war wounded patients. The psychological suffering identified by those working in the

⁴ Witness to Truth: Report of the Sierra Leone Truth and Reconciliation Committee, October, 2004. See <http://www.trcsierraleone.org/pdf/FINAL%20VOLUME%20ONE/VOLUME%20ONE.pdf>



field, led to the opening of a of psychological support unit within the Waterloo camp in the Eastern suburbs of Freetown, which was home to the displaced, wounded or those with amputations.

Sierra Leoneans were recruited to organise various levels of care. These included: child expression groups, adult discussion groups, and therapeutic groups for teenagers and children who had the greatest need of help. Intrinsic to the support HI offered was the recognition that individuals live in a social and cultural context. Thus the focus of support was not only on those who were direct victims of the conflict, such as amputees, war wounded, child soldiers and war orphans, but also on their families as a whole. As such we targeted adults, teenagers, and children.

In December of the same year (1998), the gradual advance of the dissident troops on Freetown forced the camp residents to flee. International staff were evacuated to Conakry in Guinea. During this time, HI Sierra Leonean staff organised the repatriation of the Waterloo camp amputees to the Freetown national football stadium and later to Murray Town, an area safe and close to the Ministry of Health's Limb Fitting Center. Even though in a situation of extreme violence, the Sierra Leonean teams ensured continuity of care despite the reigning uncertainty and insecurity. In response to the environment in which they were working, the psychology team adopted a community focus, working both with victims and their families, and also community members, in order to implement the sustained integration of programme beneficiaries into their communities. In this way, the follow-up programme which had begun in Waterloo camp continued and was able to include new people who presented with psychological suffering following the events of January 1999 in Freetown.

The need for psychological support was extensive. Different non-governmental organisations were by now referring patients to the team for support. For example, a request was received from UNICEF for a follow-up on the ex-soldier children in the Lakka transit center. The main focus of the psychological support team at this time was on children and teenagers, who were considered the more vulnerable. So a space was given to them in which they could express their difficulties through a variety of activities. For those who could not be reached directly, the team supported the social workers and caregivers who worked with the children and young people by providing Practical Elaboration Groups. These aimed to help caregivers understand and face the psychological difficulties of children affected by the conflict. They also provided these carers with a space to reflect on the violence they could face as professionals in order to gain a new perspective in which the violence directed at them could be seen as understandable - and perhaps symptomatic of psychological distress - given the experiences of those they were caring for.

In recognition of HI's provision of professional psychological expertise within Sierra Leone, which included Sierra Leonean professionals able to adapt the psychological care they provided to the Sierra Leonean context, TRC contacted the team on consultancy basis to analyse the psychological impact of the war base on their practice. The aim of this project was to produce a report which would help TRC to make appropriate recommendations to the government and the international community on reparation.



COLLECTIVE TRAUMA:

The civil war has created collective trauma in the population, with the amputation of hands and arms being a symbol of the conflict. The complex nature of the trauma experienced in such a context will be briefly looked at through the equivalence between physical and psychological trauma and their impact on the individual. Amputation can result from several causes: e.g. accidents, land-mines and the consequences of an operation etc. But a great majority of the amputations in Sierra Leone are as a result of the 11 years of conflict that has ravaged the country.

There were two categories of amputation in the conflict, each of which has very different psychological impacts. One category, where amputation was usually of the lower limbs, was mostly due to the effects of bullets or gunshot wounds. In this case, amputation was necessary for the wound to heal satisfactorily. The other category is the use of amputation as an intentional act of maiming. Here, amputation was located in the upper limbs. Victims were asked to choose between the “*long or short sleeves*”. In other words, victims were asked to choose whether they wanted their limbs amputated below (long sleeves), or above (short sleeves), the elbow. There was also the act of physical torture and laceration leaving the victims hopeless and unconscious.

These acts of torture were specifically perpetrated by rebels/Juntas as a way of sending a political message. This makes it even more difficult to understand why they choose to practice this particular mutilation, as it alienated the population at large.

The perpetrators also forcefully abducted and enlisted children into the fighting forces. This was specifically done to transform the individual from a passive to an active position – that is, they were made to choose between being a slave and victim of atrocities, or becoming an active member of the fighting force concerned. Some of the initiates were made to believe that they were chosen due to their bravery and physical fitness. As a matter of fact, some were also chosen because of their psychological vulnerability. In these cases, the recruits have a stronger urge to perpetrate the act of violence and to adhere to the group’s belief. Sometimes the desire to demonstrate that they had successfully completed their ‘training’ effectively pushed initiates to their own deaths.

As outlined in more detail later in this paper, individuals were also targeted through the destruction of the collective group and the resulting disintegration of the social structure. In this sense, we can talk of a ‘national trauma’ – the violent, sudden destruction of culture, daily life, social structure and family and community affiliations, all compounding individual loss. The magnitude of the consequences of such sudden and extreme violence was so overwhelming that it remains difficult to fully describe or comprehend their enormity. When such destructive consequences cannot be articulated and considered, they remain an unhealed open wound, leaving the national psyche vulnerable to other threats to its existence.

The physical marks of amputation always remind each Sierra Leonean of what has passed, and the scar of the conflict, therefore, continues to remain unhealed. This can, for example, be seen in the various responses to one of the main symbols of this conflict: the upper limb’s amputation. The state tried to facilitate the rehabilitation



process and to repair the physical damage by putting in place access to prosthesis⁵. Yet, despite the best efforts of the technicians, some patients rejected their prosthesis at first sight. This rejection can be for several reasons. For example, there are those whose response to the offered prosthesis can be seen as the beginning of the mourning process for that which has been lost, as well as the beginning of facing the reality of the loss. The prosthetic limb directly confronts the patient with the loss which s/he is sometimes trying to psychologically avoid. Alternatively, for others the amputation is a traumatic reminder of what they have been through and the prosthesis is accepted as it serves to mask and heal this reminder. Yet, still others choose not to wear their prosthesis and exhibit their scar, sometimes begging in the street. Begging in this way can be seen as a call for the recognition of the individual by the population at large. There is a certain amount of distress and sympathy on the part of the population towards the victims of amputation. There is recognition that the consequences of the amputation will remain with victim - the physical limitation will remain and full functioning will never be regained no matter what kind of effort is made.

At the same time, the amputation serves to represent the scars of the country, and reminds people of the atrocities, the intense moments when each member of the nation can picture him or herself in the midst of their worst experiences. The scar is then associated with the uncontrollable representation of these times and can provoke frightening reminders of the dead and of those who were victims either directly or indirectly, but anyway in their national identity.

THE PSYCHOLOGICAL IMPACT OF VIOLENCE AND ARMED CONFLICT:

Acts of extreme violence can result in a disorganization and disintegration of links within families and communities, which will in turn have additional destructive consequences. In the Sierra Leone civil conflict, the entire population, directly or indirectly, went through extremely violent experiences which deeply affected their ability to be linked to other people, including members of their family and community. The conflict disrupted the stability that previously existed by cancelling all the fundamental laws and symbols that govern society. Death, terror, torture, murders and extreme violence became the norm. Owing to the loss of fundamental social and cultural landmarks, the role and social place of everyone was disrupted. This deeply impacted upon the individual's psyche, with consequent repercussions at the family and community levels.

Normal family and community structures in Sierra Leone:

In order to fully understand the social and psychological impact of the civil war in Sierra Leone, it is necessary to gain an understanding of the pre-existing family and community structures in that country. Briefly, these are as follows:

The family setting in Sierra Leone is based on extended family system. The organization of the family is *patriarchal* whereby the father protects, guides, and contributes greatly to the upkeep of the family. In the rural traditional setting, the

⁵ National Rehabilitation Centre, funded by Handicap International, located in the amputee camp of Freetown. It is an open place where patients suffering from physical disabilities (amputation, Polio...) can have an access to appliances and physical rehabilitation.



father therefore has absolute control over decision-making on behalf of the family. Traditionally, the wife also contributes as a guarantor of certain services such as getting water, taking care of children and contributing to the upkeep of the family. The family plays a major role in child development by ensuring the child's attachment, security and protection, and by providing physical and psychological support, all of which constitute the basic needs of life. The family is also the primary institution for the socialization for the child (by imparting the norms and values of the society). It is the foundation of the community upon which it relies for its smooth functioning. The biological, social and psychological interrelationships between different families in each community increases community cohesion..

In Sierra Leone, communities can be large or small, and are structured at different levels – in descending order: provincial, district, chiefdom, town and village levels. At each level there are different heads of any given community. The community has the following roles in Sierra Leonean traditional society:

- To formulate and implement the rules and regulations that guarantee the smooth functioning and well-being of the people in that community.
- To maintain and preserve the customs and traditions of that community in line with its norms and values.
- To guarantee the safety of lives and property, and the territorial integrity of that community from external aggressors.
- To undertake development activities geared towards the provision of necessities and infrastructure for the well being of its members.
- To respect and maintain the dignity of the heads of the community.
- To enhance and maintain good relationship/ links among members of the community and other larger communities.
- To respect individual rights to freedom of expression and association.

At the community level, the chiefs are assisted by a council of elders who normally advise and help them in the day-to-day activities of that community. The elders by definition are the most senior people in the family circle; they are therefore reference people who transfer and preserve culture, tradition and knowledge to younger generations. They are highly respected in the family and the community. The elders also represent the family at the community level. They assist in formulating rules and regulations in consultation with the head of the community (the Chief of the village). They are the guarantors of the community and regulators of the group. The community also has the function of protecting its members against external forces and the regulation of excessive demands. In addition, *the community takes the role of parental figures by providing protection and security to its members.*

The attack on genealogy and the loss of affiliation:

Within Sierra Leonean society prior to the conflict, all individuals belonged and were affiliated to groups. These groups formed the corner-stone of the individual; all community life was based on collective responsibility and therefore every individual in the community had a group identity, i.e. an identification with his community group. These mutual relationships, or collectivism, among members of the community was totally shattered during the war. As a result, the community fragmented in such a way that today, every individual and family is regarded as a separate (individual) entity. This individualism is totally the opposite of the community feeling and identity of Sierra Leoneans prior to the war. Children who were usually seen to belong to the



whole community were cut off from this group identity. The protection given to children, which used to be the responsibility of every community member no longer holds. We can observe how the spirit of the group's responsibility for children has disintegrated into their collective exploitation, maltreatment and disregard in various communities. This intentional destruction of family and community links was achieved through the transgression of cultural taboos, so provoking a rupture with the universe of normal referents for the individual. The individual's affiliation to his family and community were totally attacked, therefore obstructing his/her position in his/her own genealogy.

The destructive impact of violence and war upon families and communities:

We generally observed that following the war, there was an increase in violence within communities. The violence that individuals demonstrate could be a consequence of their war-time experiences which have had a deep-seated impact upon them. One aspect of psychological trauma is the repetitive reliving of life threatening or traumatic events when individuals are confronted with an unexpected event or symbol which reminds them of their experiences. When this occurs, violence, and emotional disturbance, can result. We think that such trauma can explain a lot of violent symptoms occurring in different communities. The destruction of psychological, social and familial links, mentioned earlier, can interact with the effects of trauma. This combination of effects can be seen in the large increase in maltreatment meted out to children by parents or care takers. Because of this maltreatment, a great number of these children are found roaming about the streets⁶. Although, some may interpret the phenomenon of street children as a consequence of poverty, our survey suggests that children flee to the streets as a result of the violence and maltreatment meted out to them by their caregivers/parents. The fear experienced by maltreated children can be seen in their eyes when interacting with them. The strength and violence of the maltreatment they receive, is in our view an effect of trauma. The way that their maltreatment is executed seems more like a defensive response on the part of the adult against their own internal suffering that the child has, in some way, come to represent. Such child maltreatment includes hanging up the children to the wall, chaining their hands before they are flogged with canes, wires, cables or clubs. Even if the practice of the physical chastisement of children has always been a habit in Sierra Leone, the methods of punishment have become more extreme, and the violence and the frequency of punishment have increased greatly since the war. It seems that parents or adults in general are themselves so busy with their own suffering or mourning that it is difficult for them to cope with the suffering of their children and they seem totally overwhelmed by it.

Another aspect of this situation is the loss of direct attachment figures linked with the traditional notion of extended family system in Sierra Leone. Within this traditional system, the 'family' means not only the nuclear family, but also includes the links with all the different members of the wider group while it remains connected in some way to the nuclear family. Therefore, when a dramatic event or economic problems occur, there is always a member of the nuclear or extended family who will take care of the situation and the child or needy person. However, the war has made a lot of people victims, broken up families and killed a good number of people. Consequently, one difficulty in the post-war situation was that many children had lost

⁶ (2003) "*Survey on the street children of Freetown*" p15, led by the Psycho-unit of Handicap International Sierra Leone.



so many direct attachment figures that they had to be taken care of by distant, extended family relatives who were part of their own 'genealogy' Thus, the wider family unit had to accept the child, in accordance with traditional custom, even if they themselves were not in a position to do so. While it is the responsibility of the extended family to care for the child when the family system has been attacked or is in difficulty, the needs of the child are not simply economic – i.e. to have a place where they can live and be fed. Children also have a need for an attachment to the family they are placed with, to be well integrated within that family and to experience mutual affection. Unfortunately, for certain children, when their parents and/or family figures went missing, they were referred to "extended" family members whom they did not even know or were only loosely connected to. This is illustrated in the following case:

K a 6-years-old boy was playing with friends in the neighbourhood when his village was attacked. He was shot but another family took care of him until they arrived in Freetown. The boy never set his eyes on his parents again because the entire family was set on fire. The caretakers adopted him and they showed a lot of concern over his upbringing.

This did not go down well with the other children in the family who felt jealous. A dynamic of maltreatment, and viewing the child as a "bad object" gradually came into effect. The other children never missed the opportunity to tell the boy that he was not one of them. This made the little boy miserable. During an activity, the purpose of which was to help him integrate with other children, he was quiet and withdrawn. He found it hard to understand how friends could become enemies overnight. He found it hard to put words to feelings. The adopted parents were in a difficult position. They were attached to their adopted child, and wanted to ensure that he did not feel abandoned, but their attachment to their own children was stronger. It was observed that K was bottled up with anger and fear. Whenever he felt that he was unwanted or not appreciated in this family, he had the fear that Death would soon come for him as it had done to his parents.

Indeed, hasty reunifications between children and extended family members who were almost strangers to them, led in practice to the failure of the extended family system which could no longer meet the goal of providing emotional support for these parentless children. While 'packages' of used clothes, food, some educational materials and non-food items were provided as a financial aid to the extended family, the children's emotional needs went unrecognized by those implementing the reunification process. The weakness of the attachment link between the children and their new caregivers, with its implication for the emotional well being of both child and family went unheeded. This lack of close emotional bonding, and the fact that the wider family sometimes took children from a sense of obligation rather than affection, also contributed to the increase in the maltreatment of children. In some families, the children became scapegoats, or bad objects, targeted as the ones responsible for all the difficulties of the family at different levels. But, in reality, were there other choices? Or should we view this situation as a necessary coping strategy for survival?

Sierra Leonean society also seems much more aggressive than before. We observe it in the bitter quarrels and fighting among the members of the community, which



sometimes degenerates into bloody acts like stabbing and wounding. Arguments over trivial matters can easily result in a fierce battle, and this is much more frequent. One of the effects of the de-linking process was the destruction of the community as a parental figure. The community used to be a guide and protector for children, but often no longer functions as such. This can be illustrated by the case example below.

“S” is 12 and a half years old. He is from the Northern district of Sierra Leone. He was staying with his family when the rebels attacked his village. He was abducted. He often talked about his brother who was killed during this attack. He has a grudge against his family for not protecting him. He was very worried and eager to find them again. He was afraid that they might have forgotten about him and that they no longer loved him. He wanted to leave the center where he was staying because he found it difficult to obey the rules and regulations. This boy had difficulty in living in his community of origin because there was a law that anybody who has been away for so long should be presented to the chief as soon as he arrived. On his arrival, his family was happy to receive him but they did not present him to the chief. There was a theft case one day and he was accused. When he was taken to the chief all the elders blamed his old father who had violated their law. The father was asked to pay a big amount for not presenting his son to the community and moreover he was asked to leave the village until he had paid the fine.

Another day, the boy was accused of another theft case and all the villagers took sticks and ran after him on to another village where he was rescued by some social workers. These social workers calmed down the villagers and asked them to return to their own village. “S” was obliged to live with these social workers for several months while they tried to settle the matter. In this case, the rejection of S “who has been in the bush”, as we often hear meaning we do not know what he did, he is now a stranger to us, or at least he is not affiliated to our village and community anymore. We fear him so we have to protect the group from this threat.

It is also interesting to see that S and his family's community feeling were attacked as they did not follow the “law” or the norm/rite put in place within the group. Do they themselves feel strongly affiliated to the group? But do they have any opportunity to strengthen this feeling?

Today the loss of links within the community has led to individualized interactions where every child belongs now to his parent or caregiver. There is often mistrust towards children outside the nuclear family, who can be looked upon as “strangers” by the family group and in some cases seen as a threat. Instead of the community taking care of children, they are exposed to risks and hazards by exploitation, abandonment or rejection.

The rejection of children and the severing of social and psychological links between victims and society:

One of the main reactions towards children which we have noted has been their rejection by the family and/or the society. This was the case of M, which is described below:



M is a teenager who was gang raped by rebels and later became pregnant. When this girl was released after the civil conflict was over, she had already given birth to a baby boy in captivity. On her return to the family house, her reception was ambivalent in so far as the family members were happy that she was back alive, but were less happy to receive the child. As a result, the mother and her little child were to an extent psychologically marginalized by the other family members. This situation was so intense and difficult for the mother that she herself transferred this negative feeling and anxiety onto her little child. As a result, the attachment between her and the child deteriorated to such an extent that the child became critically malnourished.

It seems that after the war, one of the reactions of the society was to deny and to avoid any connection with what could have reminded people of this “national trauma”, for instance, a rejection of children born during captivity as was M’s child in the example above. A denial of such connections can provide a way of coping with the suffering that is associated with the war and its’ after effects. Every symbol associated with the suffering is ignored or rejected often either by the family and/or the community/society. It has to be understood as an effect of psycho-trauma: the unconsciousness of the traumatized group tries to control its’ environment and to avoid situations where its’ psyche would be overwhelmed, as it was during the traumatic events. Consequently, Sierra Leonean society polarized what they considered to be ‘good’ and ‘bad’ objects, with ‘bad’ objects being symbols which reminded them of the war and ‘good’ objects being those which did not. This polarization effectively divided the society in two groups: the general population, who were indirect victims of the conflict, and the direct victims of war who came to symbolize the violence and trauma of the conflict (the abducted children, ex-combatant children, or those who were used as slaves, were raped or suffered amputations and so forth). Their rejection or non-acceptance can be illustrated by the problem of the children living on the street⁷ and the failure of the reunification process. A significant number of street children are direct victims of the war and correspond to the type of victims we have just described. The war also had direct effects on the country. Our experience clearly shows that the children in the street are also coming from families who suffered from the “de-linking process” of the war, which had an indirect impact on them and their ability to cope with their difficulties.

Because the situation of separated families and children was a painful and traumatic problem, the country tried to cope with these victims of the war, as outlined above, by a process of hasty reunions. It was difficult to pay attention to the links that were broken on both sides, after years of painful events and separations, or to the fears or anguishes that were re-awoken by the presence of these lost, abducted or abandoned children. It seems that the country tried to erase the scars/wounds/symbols that acted as reminders of the war as fast as they could. We call this particular defense mechanism a ‘denial of reality’, which means a process whereby the person rejects a representation of something unbearable by repressing it and denying that it belongs to him/her⁸. Even with the passage of time, the emotional, social and psychological wounds remain, and manifest as violence within

⁷ (2003) “Survey on the street children of Freetown” p15, led by the Psycho-unit of Handicap International Sierra Leone.

⁸ A.de Nijolla et S. de Nijolla Nellor (1996), *Psychanalyse*, PUF, Fundamental.



relationships and with clashes between victims and non-victims. This can be seen in the large numbers of street children, some of whom end up on the streets following unsuccessful reunifications, or who have fled difficult relationships (maltreatment, conflicts...) with their parental figures. They had no other alternative but to search for a more satisfying environment, so they end up in the streets.

In the same way that the victims of amputation refuse to cover up the psychological pain of their wounds with prosthesis, these children and their broken families also were unable to ignore and hide their wounds. We can also analyze this incapacity to deal with these child symbols of the conflict as a consequence of a separation from, and a rejection of, the victims. Similarly, we can also understand the lack of success of the reunification process as the result of an unconscious (and sometimes conscious) desire to reject what is associated with pain and, thus, a revival of trauma. By regarding the child victims as 'bad' objects, and projecting their negativity into them, adults can deny their own painful and distressing emotions which are evoked by the presence of these children. It could also be understood, as we said earlier, as the difficulty of the families and the children in dealing with their feelings of guilt and responsibility for the situation. For example:

A middle-aged woman was living peacefully and taking care of her children in her village when the village was attacked. Her husband ran away to protect his life while the children went their own way and ended up in Guinea as refugees. This woman was, however, unfortunate and fell into the hands of the rebels. She was tortured many times and in the end she suffered amputation of the upper limbs before being released. She was rescued by ECOMOG forces and hospitalized for some months before she was discharged and sent to one of the refugee camps where her children came to meet her. Living with them in this camp, she had difficulties in building relationships with others. She was also highly irritable and depressed. She expressed feelings of being abandoned by her husband and of guilt for not doing enough to protect her children. She was very aggressive, quarrelsome with neighbours and often beat her children. Technicians prepared a prosthetic appliance for her, but she prefers exposing her stump especially when wanting to beg.

CHALLENGES FOR THE FUTURE:

The degree of psychological suffering experienced by those with amputations necessitates thinking about the deliberate maiming of one individual by another. Of course, very many individuals did not survive these amputations. Those who, against all the odds did so, however, bore an indelible bodily reminder of the power of their aggressors – which in a sense acts to keep this power relationship alive and present. This has, to some extent, been reinforced by the amnesty and the absence of retribution. In this context, which is objectively traumatic, amputation takes on the value of castration. It can damage the subject's core sense of self, ostracizing him or her from the human community, unable to identify with other people. Their psychological apparatus is thus confronted by an event which cannot be symbolized and the effects of which cover a broad field (psychological break-up, loss of the barrier between the inner and outer world, concentration difficulties, loss of memory, and so on). The subject experiences a psychological catastrophe resulting from the de-humanization he or she has been the victim of – particularly where they were sometimes faced by a non-choice situation, forced to take part in his or her own



amputation by, for example, drawing lots to choose the level of amputation or choosing the limb which would be cut off.

The links between psychological suffering and physical trauma come into play over and over again: therapeutic work on the body calls up again by association the trauma undergone; or the first prosthesis fitting session confronts the subject with the real absence of the amputated limb. Physical absence evokes experiences of separation, loss and mourning which have not been worked through.

Conversely, and at the same time, the mutilated body, representing as it does what the individual has been through (and lost), can become a vehicle for their expression of distress. Thus, bodily complaints, concerning either the body itself or the appliance, are often the person's only way of talking about their psychological suffering. Over and above the bodily complaint, the body acts as a screen, and simultaneous listening to body and psyche (be it during simultaneous physical/psychological care, or via work with the rehabilitation assistants and orthotist-prosthetists) enables the person's psychological suffering to be heard, despite their inability to speak of it directly, and further enables the care teams to be supported in their caring relationship.

Thus the importance of the articulation between psychological and somatic cares equally lies here, in the help which the "psychologists" can provide to help a care-person think and consider him or herself in relation to a patient, so that the physical treatment may also serve as a place where the patient can once again experience his or her membership of the human community, despite (or with) amputation.

We have emphasized that the process of destruction that took place in the Sierra Leonean conflict had a deep impact on the basic life of each Sierra Leonean. Both internal and external links were attacked and sometimes broken. Taking into consideration that they are both inter-related, our recommendations will embrace these two aspects as they are integral parts of every individual

We observed during and after the conflict that a lot of interventions (at a national or international level) were focusing purely on physical needs. Those which were not, tended to provide educational interventions in order to prepare youth for their future. A few interventions included some support from a counselling perspective. By and large, however, these advised the individual on what s/he should or should not do. They emphasized the norms and values which the therapist/carer believed should be respected, but without trying to understand either *why* they were no longer being respected, or what was happening in the beneficiaries' minds. Therefore, our general position is to emphasize the need to take into consideration the specific psychological needs of the individual in the current situation, and not simply to repeat what has been in place for centuries; that is to reduce Sierra Leoneans to the basic needs of their physical survival and not considering their psychological need to live.

The post conflict reconstruction process has many challenges. In order to have a clear vision of these, the following visions and tracks could be supported: strengthening social and internal links by creating an opportunity and a specific space where people can be allowed to express their psychological suffering at national and local levels in their communities and families. This would be the beginning of the mourning process for both Sierra Leoneans and the nation. This process could be about both the eleven years of atrocities, but also the centuries of traumatic experiences endured by the Sierra Leoneans which they never had the



possibility to elaborate and to integrate them as they were suppressed. But this process is always associated with pain and suffering which is always difficult to accept and to go through for human beings. As we explained earlier on, individuals who went through painful or traumatic experiences tend to put in place defense mechanisms, such as denial or rejection of reality, in order to avoid going through a process associated with pain and anguish which is difficult to cope with.

How can others help the individual, if the latter denies his/her own difficulties and need for support? How can one expect the nation, which can be regarded as a symbolic parental figure, to be able to stand, listen and support the psychological suffering of her children, if she is too busy and overwhelmed by her own pain? She may hear it but not be able to listen to it. The general suffering could also be reflected in the act of begging by some amputated persons whose maimed limbs exhibit the symbolic wound of the country. Aren't they begging the nation to recognize the suffering at all levels? From our observations, it seems that these dynamics are in place at every level of the society and result in an expression of these suppressed feelings through a great increase in violent acts within the home (fights, maltreatment, etc as outlined previously).

There is, therefore, an urgent need to create a space at all the levels whereby mourning and grief can be expressed and worked on. Psychological suffering has always existed in every country of the world and each country has its own traditions and rites, and its own way to analyze it and to approach it. However, difficulties appear when the suffering is too much or takes specific forms like widespread trauma in specific contexts such as wars. In civil wars, the traditional settings and healing mechanisms are overwhelmed, as the guarantors of safety, protection and psychological wellbeing have themselves also been victims of this violence. This makes it, in fact, very difficult for them to be able to effectively handle meaningful projects meant to repair their communities.

In the light of the above, the National Staff of Handicap International thought it necessary to put in place a local association (The National Network of Psychosocial Care) which could become a place of reference for all psychosocial network services in the country. This association has now been formally registered with the Ministry of Social Welfare Gender and Children's Affairs and is attracting members from all parts of the country. The initiative is seen as a way forward in addressing post war psychosocial traumatic challenges.