Sierra Leone's Former Child Soldiers: A Longitudinal Study of Risk, Protective Factors, and Mental Health

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Objective: To investigate the longitudinal course of internalizing and externalizing problems and adaptive/prosocial behaviors among Sierra Leonean former child soldiers and whether postconflict factors contribute to adverse or resilient mental health outcomes. **Method:** Male and female former child soldiers (N = 260, aged 10 to 17 years at baseline) were recruited from the roster of an non-governmental organization (NGO)-run Interim Care Center in Kono District and interviewed in 2002, 2004, and 2008. The retention rate was 69%. Linear growth models were used to investigate trends related to war and postconflict experiences. **Results:** The long-term mental health of former child soldiers was associated with war experiences and postconflict risk factors, which were partly mitigated by postconflict protective factors. Increases in externalizing behavior were associated with killing/injuring others during the war and postconflict stigma, whereas increased community acceptance was associated with decreases in externalizing problems ($b = -1.09$). High baseline levels of internalizing problems were associated with being raped, whereas increases were associated with younger involvement in armed groups and social and economic hardships. Improvements in internalizing problems were associated with higher levels of community acceptance and increases in community acceptance ($b = -0.86$). Decreases in adaptive/prosocial behaviors were associated with killing/injuring others during the war and postconflict stigma, but partially mitigated by social support, being in school and increased community acceptance ($b = 1.93$). **Conclusions:** Psychosocial interventions for former child soldiers may be more e ffective if they account for postconflict factors in addition to war exposures. Youth with accumulated risk factors, lack of protective factors, and persistent distress should be identified. Sustainable services to promote community acceptance, reduce stigma, and expand social supports and educational access are recommended. J. Am. Acad. Child Adolesc. Psychiatry, 2010;49(6):606–615. **Key Words:** child soldiers, internalizing problems, externalizing problems, prosocial behaviors, longitudinal study

Globally, an estimated 300,000 children under the age of 18 years are involved with armed forces and armed groups.[1,2] Despite the documentation of risks facing child soldiers because of war-related violence,[3] little is known about what influences long-term mental health trajectories and processes of social reintegration. Recent studies on former child soldiers from northern Uganda,[4] the Democratic Republic of the Congo,[5] and Nepal[6] have provided insight into the impact of war experience on reintegration and psychosocial adjustment. Research documents that witnessing, experiencing, and perpetrating violence, as well as younger age of involvement and longer engagement with an armed group all have negative consequences for the mental health and social reintegration of young people.[5-7] Although loss and displacement are common adversities confronted by all conflict-affected children,[8] child soldiers face additional risks such as exceptionally prolonged and intense exposure to violence.[9] This exposure can include being forced to kill or harm others[1,10] and repeated personal victimization, including sexual violence.[10]

Prior studies have documented high rates of mental health problems, such as PTSD and depression, among former child soldiers.[4,11] How-

ever, wartime exposures alone do not account for the elevated burden of mental health problems in these young people,[6,7,12,13] raising the question of how postconflict factors may contribute to varying degrees of vulnerability to adverse outcomes. One longitudinal study documented that postconflict experiences such as family support and economic opportunity played a role in the mental health of 39 Mozambican males reinterviewed 16 years after reintegration.[12] More recently, in northern Uganda, research by Blattman and Annan[7] emphasized that widespread educational and economic deprivation contribute significantly to adverse outcomes in former child soldiers. In Nepal, Kohrt et al. concluded that postconflict factors such as stigma might contribute to adverse mental health outcomes. Former child soldiers in his sample showed significantly higher symptoms of depression and PTSD compared with matched controls even after adjusting for exposure to traumatic events.[6] Similarly, Betancourt et al., in Sierra Leone, observed that postconflict experiences of discrimination may significantly explain the relationship between past involvement in wounding/killing others and subsequent increases in hostility. Stigma also mediated the relationship between being raped and increases in depression symptoms over a 2-year follow-up period.[13]

The present study builds on prior research by investigating the role of postconflict risk and protective factors in the relationship between war experiences and mental health in a cohort of male and female former child soldiers followed prospectively over three time points. We hypothesized that ongoing risk factors such as stigma and daily hardships would contribute to poor mental health outcomes, whereas protective factors such as being in school, working, or experiencing social support and community acceptance would contribute to improved mental health outcomes.

METHOD

Study Cohort and Procedures

This prospective longitudinal study was conducted in collaboration with the International Rescue Committee (IRC) and the Post-conflict Reintegration Initiative for Development and Empowerment (PRIDE). Survey interviews were conducted at three time points: T1 (2002), T2 (2004), and T3 (2008). Subjects were children who had been involved with the Revolutionary United Front (RUF) and who had then been referred to the IRC's Disarmament, Demobilization, and Reintegration (DDR) program in Sierra Leone's Kono District.[14] The IRC's Interim Care Center (ICC) served five districts of Sierra Leone; the sample was obtained by pooling IRC registries to create a master list of all youth (N = 309) assisted by the ICC from June 2001 to February 2002, the most active period of demobilization. Youth who were between the ages of 10 and 17 years in 2002 and who had contact information available were approached and invited to participate in the baseline assessment (N = 260). At baseline, no youth and no caregivers refused consent/assent. At T2, 56.5% of the sample (N = 147) had been reinterviewed when data collection was terminated due to the death of our collaborating non-governmental organization's (NGO) country director. At T3, we were able to recontact 68.8 % of the original sample, including many individuals whom we did not interview at T2. At T1 55.3% of the youth (N = 256) lived with at least one biological parent, whereas this percentage was 53.7% (N = 147) at T2 and 34.1% (N = 179) at T3. At all times of assessment, participants were in a home situation with an identified parent or guardian who was legally able to give consent for the child to participate. No children lived in institutionalized settings or situations in which additional consent from government guardians was needed. In all, 47.3% of the original sample were assessed at all three waves, whereas 30.8% of the sample was assessed at two waves (either at T1 and T2 or at T1 and T3), and 21.9% of the sample was assessed only at T1.

Trained Sierra Leonean research assistants conducted private face-to-face interviews, first with subjects and then with index caregivers. Because of low literacy in the population, all consents/assents and study protocols were administered verbally in Krio, the most widely spoken language in Sierra Leone. Interviews lasted 1 to 3 hours. Survey protocols were approved by internal review at the IRC (for T1) and IRB committees at the Boston University School of Medicine/Boston Medical Center (for T2) and the Harvard School of Public Health (for T3). Social workers traveled with the research team at all waves to respond to serious emotional or physical health needs. During T1 and T2, youth who showed signs of immediate risk of harm received visits from IRC social workers. At T3, 5% of those interviewed were determined to be at immediate risk for harm (mainly because of suicidal ideation) and were referred to mental health services via the Community Assistance for Psychosocial Support (CAPS) program in Kono.

Study Instruments

In diverse cultural settings such as postconflict Sierra Leone, the assessment of mental health outcomes remains a persistent challenge, as constructs must be identified, framed, and measured in culturally meaningful and valid ways.[15-17] We used a mix of standard measures

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