

The political and cultural background for using child soldiers

Kitwe Mulunda Guy, Mental Health Professional (MA)*

The political and cultural background

In 2006 the Democratic Republic of Congo (DRC) held its first multiparty elections in 40 years, marking the end of a difficult three year transition period that followed nearly a decade of war. Two successive wars, the first from 1996 to 1997 and the second from 1998 to 2005, left DRC devastated and at least five million of its citizen dead, some due to disease and starvation but many as a result of torture and ill-treatment.

Cultural factors play an important role in the origins of conflict in DRC. In contrast with the past, when conflicts were ascribed mainly to political or economic motives, conflicts today are localized and have ethnic, civil and/or religious causes. They stem from longstanding intergroup rivalries that often lead to political instability. A second characteristic is the increased intensity of the violence and the seemingly irrational behaviour typical of people involved in ethnic and civil conflicts in the DRC. For example, civilians are increasingly the specific targets of armed conflicts as evidenced by the rising number of civilian casualties in proportion to the

total. Women and children in particular are now more likely to suffer casualties. Families and communities are now more likely to disintegrate and lose their cohesion. While young children play no part in negotiations or even the conduct of war, they are subjected to severe injuries, visible and invisible. They experience destitution, abandonment, neglect, abuse, exploitation, and long-term emotional and psychological effects.

Of all the weapons of modern warfare, the landmine is one of the most lethal to children. Mines are not only a common cause of mortality, injury and disability, but also the cause of widespread social and economic disruption and psychosocial distress in child soldiers. Land mines threaten not only individual survival, but the survival and continuity of whole communities. They are forced to leave their lands and seek work in urban areas, increasing the number of displaced persons. In most cases there are no maps indicating where mines are laid. In some parts of DRC, child soldiers are mutilated for life because of the thousands of mines strewn over the countryside and are abandoned to their fate and forced to eke out an existence as best they can.¹ Anti-personnel mines often look like brightly coloured toys, but when mines are picked up or stepped on, they maim and kill indiscriminately. In some places

* Executive Director for SAVE CONGO and IRCT Council member
kitwemulunda@yahoo.fr

troops send child soldiers on ahead, thereby testing the route. A third characteristic of conflict today in DRC is the significant involvement of children and young persons as participants in the conflict.

The problem of using children in war situations

There are increasing numbers of child soldiers in DRC. Furthermore, most of today's conflicts can be categorized as complex emergencies. What this means is that two or more of the following elements are a part of the event: civil strife, armed conflict, migration of the population, internally or across neighbouring borders, collapse of the economy, scarcity of food and water, and famine. In reality, most of these conditions exist as a part of the majority of today's conflicts in the DRC. The Impact on Child soldiers by organized violence at its best interrupts a child's healthy growth and development, at its worst it debilitates children physically and/or emotionally. The physical impact of organized violence on children, in terms of mortality, disease, injury, disability and malnutrition is dramatic. In most conflicts more child soldiers in DRC die as a result of malnutrition and disease, an indirect consequence of the violence, than the violence itself. This is directly related to the fact that during times of war health systems collapse and living conditions deteriorate.

There is a lack of clean water and waste disposal systems are nonexistent. As a result, the incidence of epidemic diseases generally increases during conflict, sometimes dramatically.² Moreover, diseases that in many regions may have been under control prior to the onset of fighting, such as malaria or small pox, may be reintroduced as a direct result of conflict. Preventable diseases such as cholera, dysentery, acute respiratory infection, and malaria are also common. Dis-

abilities among child soldiers are common in many conflict zones in the DRC. These result from injury, lack of immunization services, Vitamin A and iodine deficiency. Simple eye and ear infections can lead to blindness and deafness due to a shortage of basic drugs. Amputations are common in conflict zones, and lack of emergency care contributes to the large number of deformities.

Disabled child soldiers face bleak prospects, rehabilitative services are entirely absent in most conflict areas and the demand for artificial limbs far outweighs supply.

Situations in war time described by child soldiers

Human Rights Watch estimates that at least 5,000 civilians died from the violence in the area of Ituri between July 2002 and March 2003, in addition to the 50,000 civilians the United Nations estimates died there since 1999.³ In April 2003, in Drodro and its surroundings, militias allegedly massacred at least 300 civilians, both Lendu and Hema, with machetes, knives and guns. Torture and killing have also been attributed to the Congolese army or to government-backed militias, who are alleged to have committed massacres in Ituri, Kivu, North Katanga and Maniema. In 2002, at least 68 persons were killed and 3,500 houses were burnt down at Ankoro by the government armed forces.⁴

Elsewhere in North Katanga, Mai-Mai militias supported by the government are responsible for acts of cannibalism as well as looting and burning houses, and constantly harassing civilians. Torture and other forms of brutality have characterized the armed conflict on both sides. On the government side, military, police and security services are reported to torture detainees. Common methods include being whipped, beaten with belts or metal tubes, burnt by cigarettes

or otherwise assaulted. On the rebel side, women and girls are particularly exposed to sexual violence including mass rape, mutilation of sexual organs and sexual slavery. Women are abused by both sides, either by members of the Congolese armed forces and police who are alleged to rape women working in the fields, or by rebels. Sexual violence has become a particular feature of the conflict. A peace accord in 2003 ended a vicious civil war that claimed the lives of more than three million people.⁵ However, armed conflict has continued in pockets of the country, especially in the East. Severe poverty, insecurity, lack of basic social services and sexual violence all continue to take a heavy toll on child soldiers.

To date, very few human rights abuses have been documented, prosecuted or even investigated by the Congolese government. In government held territory, the judiciary remains under-funded, inefficient and corrupted. Lawyers are often denied access to their clients and are given no time to prepare their defense. They are often threatened and sometimes kidnapped and tortured. Corruption remains pervasive in the court and lawyers often provide illusory observations regarding the situation of child soldiers in the DRC. In the rebel held territory, the judicial system hardly functions. Most courts simply do not operate and the judges fled to government controlled territory during the war.⁶ The trial of a group of rebel officers belonging to the Movement for Liberation of Congo (MLC), who are accused by the United Nations of atrocities against civilians and the group of cannibalism, whose trial was to open in February 2003 in northern town of Gbadolite in the DRC but the lawyers said they had found no evidence to support these allegations and no-one has been charged with cannibalism.

Socio-cultural factors – socialization practices and beliefs. Strength of affective ties between child soldiers, their family and community
Cultures in DRC have different ways of socializing children and have different attitudes and beliefs about what constitutes appropriate behaviour.

These attitudes and beliefs contribute to former child soldiers' ability to cope with stress and violence. Some cultures in the DRC rely more on faith than on problem solving in facing adversity. Some cultures are more concerned with punishment and guilt while others discipline and reconciliation. Some cultures expect children to be more dependent on others for help in adversity rather than becoming autonomous and more self-reliant. The parents in some regions in the DRC maintain a close relationship with their demobilized child soldiers, while others 'cut off' their relationship. The resilient child soldiers manage this rejection; but non-resilient child soldiers withdraw, submit and are depressed. Former child soldiers feared they could be 'caught' by international workers and thus denied themselves the support that might have been provided.

The degree to which the culture is disrupted
There is a sense of continuity and security that child soldiers are able to maintain if familiar structures and practices are maintained, even though the setting may have changed. But when armed groups officers force changes in rites and ceremonies, when they prohibit practices that once brought the community together and introduce alternative schemes, whether they are in the form of schooling or religious practice or ways of earning a living, then child soldiers were left without familiar supports and were more traumatized. When child soldiers are separated from their families and found refuge in an armed group where customs and foods

are different, then there is greater disruption and trauma.

DRC has a population of 65 million. War and armed conflict had been going on for the past 10 years. During that time more than 2 million people have been killed; 4 million people have become refugees and one million have been displaced internally.⁷

Most of the schools and hospitals have been destroyed. While there are groups/organisations attempting to meet the needs of former child soldiers, the war continues.⁸ During this stage, trauma is still in force but structures are being instituted to address needs.

During the second half of 2008, SAVE CONGO and a series of local NGOs in DRC came together to discuss how best to respond to the trauma of former child soldiers affected by war and violence. The Convention on the Rights of the Child (CRC) provides an affirmation by the international community that all rights for all children must be universally recognized and protected including in DRC.⁹ The CRC is a powerful document that should be used for advocacy and as a legal framework for specific interventions aimed at the protection of children's rights. With the approval of the CRC, followed by the Declaration and Plan of Action from the Summit on Children, there is affirmation of a commitment to provide for children in war. These declarations are the result of an understanding of the importance of early experiences in relation to children's later development.

All the principles and provisions of the Convention are relevant in times of war when all the rights of children are at risk. Articles that are especially important during wartime include § 22, § 37, § 38, and § 39, which relate to survival, family support, education, and health care and adequate nutrition.¹⁰ While the CRC and the Dec-

laration and Plan of Action are genuine landmarks that can and should be used to advocate for attention to children who are affected by organized violence, at this point these principles and other international laws are being ignored in the DRC. Clearly what is lacking in the DRC are the mechanisms and the will for enforcement. Enforcement requires systematized monitoring, but it also requires a determination to prosecute offenders and rehabilitate torture victims including former child soldiers. In December 1993, the General Assembly passed a resolution by consensus calling on the Secretary General to appoint an Expert Committee to carry out a study on the impact of armed conflict on children. The resolution was a clear recognition by the international community of the catastrophic conditions to which children have been and continue to be exposed, both as targets and as perpetrators of the atrocities of war.¹¹ Further, it called international attention to the ever-increasing number of conflicts involving and adversely affecting civilian populations. In keeping with the principles of the CRC, the humanistic value of the child assumes a central pervasive position in the conceptual framework for the survival, protection and development of the child in an emergency situation.¹² In the 1980s, the concept of children as conflict-free zones – Children as Zones of Peace – was first put forward. The notion was that children, who are neither the proponents nor the perpetrators of war, should have their rights protected. They should neither be the victims of war nor called upon to wage war.¹³

In the horror of war it is vital that children be protected from harm and provided with the services essential to ensure their survival and well-being. Thus children, as zones of peace, can be an organizing factor in the development of interventions.¹⁴

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