

Child soldiers as zones of violence in The Democratic Republic of Congo: three cases on medico-legal evidence of torture

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Abstract

This article sets medico-legal light on torture of three former child soldiers by comparing torture methods, consequences of torture and medical observations.

It is focused on these child soldiers as representatives of the many abuses of children as soldiers in armed groups.

The three persons were child soldiers during 12 years in The Democratic Republic of Congo (DRC) as members of three different armed groups. They were exposed to armed conflict events, experienced torture, and participated in atrocities, sexual abuse and traditional rituals during their role in armed conflict. They were psychologically distressed with unhealthy physical and mental states.

The principles for working with child soldiers are described. The model addresses basic items: The confluence of the dimensions of the items will determine the specifics of medico-legal evidence of torture in child soldiers, taking into consideration inputs that are required at the macro, community and individual levels. A primary goal is to prevent violence from occurring in child soldiers. Thus, much more deliberate effort is made to address the underlying causes of recruitment of children in armed groups in

DRC and to invest more resources in conflict resolution before there is an outbreak of violence. Peace education tends to be introduced too late and does little to alleviate the use of children in armed conflict in DRC.^a

Keyword: violence, torture, child soldiers, armed conflict experiences, physical and mental states, medico-legal documentation, Democratic Republic of the Congo (DRC)

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Case stories

In Article 1 of the United Nations Convention on the Rights of the Child, “child” is defined as “every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier”. The definition of violence is that of article 19 of the convention: “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual

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a) The three former child soldiers participating in this study are in accordance with the ethical standards of the regional committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 1983.

abuse". It also draws on the definition in the 2002 World Report on violence and health: the intentional use of physical force or power, threatened or actual, against a child, by an individual or group that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity.¹

All parties to the armed conflict in DRC recruited and used children. Widespread human rights abuses have been committed by armed groups in the DRC in recent years. All parties to the conflict have been responsible for violations. Among the worst violations are killings of civilians, forced recruitment of child soldiers, destruction of villages, internal displacement, cannibalism, rape and torture.

This study engages directly and consistently three children who participated in armed groups. The three persons, aged 13 to 15 before being recruited, are two boys and one girl who were child soldiers during 1996 to 1997 and 1998 to 2008 in The Democratic Republic of Congo DRC as members of three different armed groups: the Congolese government army, the Movement for the Liberation of Congo (MLC) and the Mai-Mai militia. They were exposed to armed conflict events, experienced torture, and participated in atrocities, sexual abuse and traditional rituals during their role in armed conflict. They were psychologically distressed with unhealthy physical and mental states.

The study builds on the background of the armed conflict in DRC involving the Congolese government army, MLC and the Mai-Mai militia, and describes both the torture and the ill-treatment methods, that the three children experienced, as corresponding to effects and impact of armed conflict on children in general.

Medical evaluation

In order to produce valid documentation of torture inflicted on child soldiers, medical doctors and psychologists from SAVE CONGO examined the three child soldiers in December 2008, comparing methods of torture and ill-treatment, physical and psychological complaints and observations. The examinations were conducted in accordance with the standards principles for examinations of evidence of torture as declared in the Istanbul Protocol. All three former child soldiers described in this article have given their written permission to publish their torture and ill-treatment history and medical reports.

The three children in DRC were physically and psychologically well functioning before the wars. At the time of their recruitment they were trained to kill the enemy, rape women, and commit harassment, intimidation, and destruction of property.

Information on the health situation of the children was obtained by anamnesis, physical examination and tests, made by physicians working with SAVE CONGO together with consultants (psychiatrists, physiatrists and ophthalmologists) of the University Clinic. The three child soldiers were in good health prior to their recruitment in armed groups.

After examinations, a child soldier had been diagnosed with visual and auditory problems, memory impairment and irritability. The two other child soldiers had been diagnosed with sleeping disorders, headaches, oro-dental problems, musculoskeletal system disorder and disability.

Methods of torture

The three child soldiers were recruited individually by armed groups' officers. "When they came to my village, they asked my older brother whether he was ready to join

Table 1. *Common observations of trauma on child soldiers (observations from the Save Congo Program).*

Physical signs	Character	Behaviour
Strange appearance, ill-health, thinness, too small for their age, pot-bellied stomach, scabies on their head, dirtiness, red eyes, deafness, ugliness, young body but old face	Aggressive, untidy, disobedient, sad, mentally retarded, impolite, full of hatred, mysterious, disrespectful, quick-tempered, unruly, liar, hypocrite, provocative, courageous, jealous, too fearful, stubborn, incomprehensible, solitary, too clever, weak, naughty, violent, fearless, quiet, rude, curious, incredulous, selfish, insensitive, wants to be superior, creative and full of initiative, ungrateful	Steal, never look people in the eyes, transform themselves or their toys, do not sleep at night or sleep badly, eat a lot, practice sexual abandon, do not hear or do not listen to what is being said to them, talk to themselves, don't study, go out even when they are ill

the militia. He was just 17 and he said no; they shot him in the head. Then they asked me if I was ready to sign, so what could I do, I didn't want to die," as said by the first former child soldier recruited in 1996. The second child soldier recruited in 1998 said "They gave me a uniform and told me that now I was a new girl in the army. They even gave me a new name: 'Mimi'. They said that they would come back and kill my parents if I didn't do as they said. So I was frequently raped by officers".

During daily examinations, the last former child soldier recruited in 2000 confirmed that "Being new, I couldn't perform the very difficult exercises properly and so I was beaten every morning. Two of my friends in the camp died because of the beatings. The soldiers buried them in the latrines. I am still thinking of them". The three children confessed to having participated in the killing, rape and cannibalism of thousands of civilians in ethnically targeted violence in Eastern DRC, particularly in Kivu and Ituri.

All of them were exposed to torture. The girl was exposed to rape, sexual harassment and insulting. The two boys were subjected to systematic beatings and to various forms of ill-treatment including being forced to perform excessive physical activities, to obey

nonsensical orders and to wear uniform clothing.

The three former child soldiers suffered severe trauma resulting in physical and psychological problems. The observation states it as different problems and different degrees, but they are not impacted in the same way nor to the same degree.

Common factors of trauma

The common factors that affect the degree of trauma in child soldiers include:

- the nature, duration and intensity of the event
- the child's age and personal characteristics
- socio-cultural factors as socialization practices and beliefs
- strength of affective ties between the children, their family and community
- the degree to which the culture is disrupted
- the actions of the armed groups' officers and the reactions of the child soldiers.

After-effects to torture and traumatic experiences

The nature, duration and intensity of the event
Because of the nature, intensity and duration of the armed conflicts during 1996 to

1997 and 1998 to 2008, these children were severely traumatized and experienced nightmares, difficulty in concentrating, depression and a sense of hopelessness about the future. Children living in families and communities without a history of violence react quite differently from the three former child soldiers whose whole life has been dominated by violence.

Age and personal characteristics as mediators

The age and characteristics of the three former child soldiers have a mediating effect on how well they survive and thrive. Also important is the children's previous experience with violence, their degree of resilience, and their knowledge, skills and abilities. In response to organized violence, they demonstrate regressive behaviour. They showed evidence of anxiety, fear, restlessness, irritability, and dependent and demanding behaviour. This may be explained by the fact that their "cognitive immaturity is an obstacle to finding ways to avoid the impact of traumatic events." Evidence of their trauma

is seen in their lack of ability to concentrate, memory problems, learning difficulties, lack of spontaneity, passiveness, depression and/or aggression, and demanding behaviour. But age alone does not determine their reaction. To overcome adversity, children draw upon three sources of resilience – I Am, I Have, and I Can.

Variable factors of trauma

Variable factors in the way the three child soldiers react to violence as the result of how those around them act and react. In the psychological examinations, psychiatrists from SAVE CONGO found that the three former child soldiers divide into two groups. The boys were pupils of war/armed conflict and the girl a victim of war. All three came from the same population groups, yet because of experiences immediately after the violence they had different responses and were engaged in opposite kinds of activities. As a victim of war the girl remained in her village immediately after it was attacked. Subsequently

Table 2. Sources of resilience in child soldiers (categories used in the Save Congo Program).

The "I Am" category describes who the three former child soldiers are in terms of their internal sense of self and how they present themselves to the world	I AM: – a person people like and love; – willing to be responsible for what I did; – glad to do nice things for others and show my concern; – respectful of myself and others; – sure things will be all right
The "I Have" category represents the external supports that provide children with security and feelings of safety	I HAVE: – people around me that I trust and who love me, no matter what; – people who set limits for me so I know when to stop before there is danger or trouble; – people who show me how to do things right by the way they do things; – people who want me to learn to do things on my own; – people who help me when I am sick, in danger or need to learn
The "I Can" refers to the ways in which the three former child soldiers relate to the world. This dimension includes the child's social and interpersonal skills	I CAN: – talk to others about things that frighten me or bother me; – find ways to solve problems that I face; – control myself when I feel like doing something not right or dangerous; – figure out when it is a good time to talk to someone or to take action; – find someone to help me when I need it

she showed little sign of aggression and expressed few wishes for revenge. She did not identify with the armed group officer, but rather, saw herself as working toward peace.

In terms of the affect, this child was characterized as evidencing an overwhelming sadness. She also suffered anxiety, depression and grief. She was able to express her horrors of war and also was able to work through her sadness and grief after loss of significant group members. The two male child soldiers became ultimately “adopted” by “dads” in the army. Through their relationship with older men they were “socialized to violence and aggression and taught the power of the barrel of a gun. They had been taught that they could solve conflicts through brutality.” They were aggressively sought out to become fighters. One of the main strategies of the armed groups’ officers was to “burn the bridges” between child soldiers and their families. One way of doing this was to force these child soldiers to be part of a group that attacked and looted their village and possibly killed their own family members. They were highly traumatized as a result.

Alleged physical torture methods

- Beating (3)
- Blindfolding (1)
- Cell isolation (3)
- Pressurized/cold water (3)
- Restricting food and water (3)
- Forcing to wait on cold water (2)
- Sexual harassment (1)
- Rape (1)
- Forcing to perform extensive physical activity (3)
- Continuously hitting on one part of the body (3)
- Medical intervention without consent by force (3)

- Pulling out hair (3)
- Wounding with a gun (3)
- Other positional torture methods (3)

Alleged psychological methods

- Insulting (3)
- Death threat (3)
- Humiliation (3)
- Forcing to witness torture of others (3)
- Application of chemical substances (3)
- Torturing in the presence of others (3)
- Asking to act as an informer (3)

Medical complaints

All of the three former child soldiers had physical and psychological complaints. In total, 403 complaints had been diagnosed. The most common among psychological complaints are those related to sleeping disorders and these are experienced by all of them. The most common physical complaint is headache. The most common 10 physical and psychological complaints are presented below.

Ten most common physical complaints

- Headache
- Visual impairment
- Low back pain
- Discoloration of the skin
- Fatigue, weakness
- Indigestion
- Prickle
- Low back pain together with pain in legs
- Back pain
- Stomach ache
- Other

Ten most common psychological complaints

- Sleeping disorders
- Nightmares
- Anxiety
- Concentration difficulties
- No enjoyment of life

- Feelings of detachment from others
- Flashbacks
- Irritability
- Urge to weep
- Amnesia
- Other

Findings of the physical examinations

The total number of physical findings amount to 275. It appears that findings in connection with the musculoskeletal system (30.5%), neurological system (25.3%) and oro-dental findings (18.2%) are the most common.

Psychiatric symptoms and findings

All three former child soldiers had an interview with a psychiatrist from SAVE CONGO. The interviews with these demobilized child soldiers revealed psychiatric symptoms and findings. Regarding the distribution of these symptoms and findings, it appears that all three child soldiers had anxiety, difficulties in falling or staying asleep, concentration difficulties, memory impairment and irritability, intense physiological reactions to stimuli associated with the trauma, feelings of detachment from others, increase/decrease in sleep duration, weakness/fatigue, markedly diminished interest

and participation in significant events, sense of foreshortened future, hypervigilance, depressive affect, exaggerated startle response, efforts to avoid activities, places or people that arouse recollection of the trauma, flashback experiences and acting as if the traumatic event were recurring, responses of intense fear to the traumatic events experienced or witnessed, change in appetite/weight, efforts to avoid thoughts, feelings or conversations associated with the trauma, diminished psychomotor activity, decrease in sexual interest, depressive mood, suicidal thoughts or attempt, obsession, dysphoria, dysphoric mood, compulsion and delusion.

Discussion and conclusion

The in-depth medico-legal examinations of the three former child soldiers by anamnesis, physical examination and other tests made by physicians working with SAVE CONGO together with consultants (psychiatrists, physiatrists and ophthalmologists) of the University Clinic in DRC have demonstrated that all three demobilized are victims of torture as defined in the United Nations Convention against Torture (CAT).

Of foremost concern for child soldiers during and following armed conflicts is that something has happened to their family members/parents and/or significant caregivers.² To the extent that it is possible to keep families together, it will help lessen the trauma. Unnecessary separation and other dramatic changes should be avoided.

If separation occurs, then an attempt should be made to reunite the former child soldiers with close relatives as soon as possible. It is also important to realize that several relatives may have had a father or mother role in the child's life and as such they can be important to the child until reunification with the primary caregiver or biological parents can be completed.³ If possible, unac-

Table 3. *Physical findings.*

Systems	Number of findings
Musculoskeletal	48
Neurological	41
Oro-dental	36
Ear, nose and throat	33
Cardiovascular	32
Endocrinological	27
Auditory disabilities	20
Visual disabilities	18
Respiratory	12
Urogenital	5
Ophthalmological	3
Digestive	1
Total	275

accompanied former child soldiers should be linked to an older youth or adult with whom they can become acquainted and who they can rely on for support and protection. Demobilized child soldiers should feel safe and protected because they have been confronted with losing their lives and are more traumatized than children who were a reasonable distance from the violence. Situations that put children in direct confrontation, even if it is not more dangerous than the situation they have already faced, should be avoided.

In addition to knowing something about the nature of the violence, it was important to find how former child soldiers are likely to react. The ways in which this study was implemented – the goals, activities and resources available – depended on the evolution or progression of the trauma in the three former child soldiers. The interventions developed while violence is occurring are not necessarily the same as those that should be undertaken when they were living in armed groups and/or when they are being demobilized. We have defined three stages in relation to trauma: Intensity, Transition, and Rehabilitation/Reconstruction. Intensity is when the violence is actually occurring.

One of the characteristics of this stage (which can last from a few hours to several years) is that there is a breakdown of all systems.⁴ During the intensity phase there are few assistance agencies or mechanisms in place to address the situation. The activities that do exist in relation to the three former child soldiers are likely to focus on basic survival – providing food, water, shelter – and trying to ensure that they are with parents and/or other family members.

Medical documentation of alleged exposure to torture and ill-treatment is based on the reporting of the degree of consistency between torture and ill-treatment history, symptoms as explained by the former child

soldiers and findings of physical and psychological examinations. In this presentation of three former child soldiers alleging exposure to torture and ill-treatment during armed conflicts in 1996 to 1997 and 1998 to 2008 in DRC, there was a high degree of reliability between the allegations of physical and psychological ill-treatment. Also there was a high degree of consistency between allegations of violence and the findings at medical examinations of these former child soldiers. Before their recruitment in armed groups all the three were physically and psychologically well functioning. Psychological symptoms were all typical reactions to stress and torture is directed towards the musculoskeletal system.

Organisations committed to child soldiers' protection must aim to achieve the highest level of protection for children with whom they come into contact and work towards achieving the standards outlined in this document in the CRC.⁵ We affirm our belief in the right of all former child soldiers to be protected from all forms of abuse, neglect, exploitation and violence, as set out in the UN Convention on the Rights of the Child 1989. We recognise that all organisations coming into contact with children have a fundamental duty of care towards them, and we acknowledge our responsibilities to keep children safe in both relief and development interventions.

Services at SAVE CONGO recognize and support the family as well as a range of non-traditional family units, and support the many and varied relationships that provide support, comfort, and protection to former child soldiers. Key relationships vary depending on the ages and circumstances of the child. Parents are the primary support system for demobilized child soldiers. However, at times of disruption, war, and violence parents are not always available;

children seek others adult who can provide them with nurturing, guidance, and direction. They may find this in a member of the extended family or perhaps in a person from the same community or armed group. Key relationships can also be found among peers. These relationships should be recognized and supported. If children are exposed to violence over a long period of time and there appears to be no likelihood of it stopping, child soldiers are likely to be worn down by the constancy. They lose hope. On the other hand, even if the violence they experience is intense, if it comes to an end rapidly, and if there are people and services on hand to address the issue with them, the trauma is likely to be less severe. In sum, there are a numerous diverse variables that affect how child soldiers are impacted as a result of organized violence, including the fact that the justice system in the DRC violates ethical standards and are involved in the participation of torture and ill-treatment of child soldiers in DRC.

Notes

1. Boothby N. Children in emergencies. In: Ressler ME, Boothby N, Steinbock DJ, 1988.
2. Grotberg E. A guide to promoting resilience in children: strengthening the human spirit. Den Haag: Bernard van Leer Foundation, 1995.
3. Report: Interagency meeting on humanitarian assistance and refugees. International Bureau of Education, 1996.
4. Meeting held at the International Bureau of Education, Geneva, 9-11 May 1996.
5. Pigozzi MP. Emergency programming guidelines-education-draft. New York: UNICEF, 1994.