

Reintegration Challenges of Former Girl Child Soldiers: A literature review on eastern Democratic Republic of the Congo

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Date of submission: August 13, 2014

Exam number 481

Word count 11.781

Declaration:

Reintegration Challenges of Former Girl Child Soldiers: a literature review on eastern Democratic Republic of the Congo

A thesis submitted in partial fulfilment of the requirement for the degree of
Master in International Health

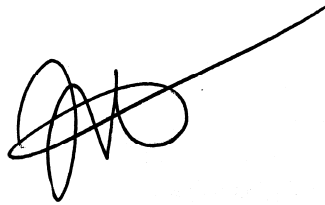
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Master in International Health (MIH)
September, 2009 – August, 2014

KIT (Royal Tropical Institute)/ Vrije Universiteit Amsterdam
Amsterdam, The Netherlands
August 2014

Organised by:
KIT (Royal Tropical Institute), Development Policy & Practice
Amsterdam, The Netherlands

In co-operation with:
Vrije Universiteit Amsterdam/ Free University of Amsterdam (VU)
Amsterdam, The Netherlands

Acknowledgment

Firstly, I greatly appreciate my thesis advisor, for her tireless guidance throughout this process. I have learned a lot from her knowledge on the topic of girl child soldiers and dynamics on several levels in society as well as the writing process for this thesis. Her encouragement and detailed feedback has given me the necessary support to complete this paper.

To my course coordinator and back-stopper, I offer my special thanks for his support and advice during my master program and the thesis process. I am thankful for his rapid responses to all my questions and the connections to his network of experts. He provided valuable and constructive suggestions during the development of my master program.

I wish to acknowledge the help provided by the course administrators at KIT office, Susan Huider and Kim Vandenberghe.

My sincere thanks go to my dear friend, Dr. Susie Dickson for her valuable advice, support and encouragements on this thesis process.

I am very grateful to Christine Kim for provided detailed advice in the final part of the process.

Special thanks to my colleague and friend, Petra Kuipers, who had a parallel study timeline. The thesis process is tough and sometimes seems unending. Thanks to Petra and her continuous support and belief in me as a person, by email or during a coffee meeting, always making me smile, putting everything into the right perspective and motivated me to steadily continue and to make this happened.

During my work for Médecins Sans Frontières (MSF) as a medical staff, I realized even more how unfair life can be and how much it differs in which cradle you are born and destined to live. As I am walking through life on the sunny side of the street, there are people living in the shadows who cannot and should not be ignored.

I want to thank my family and friends not only for their support during my studies, but also for always sharing their love and friendship while I am working in remote parts of the world. Thanks to my family and friends for making this possible.

This study is dedicated to the Congolese girls and all girls who suffer in life; I wish one day peace will come your way.

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Abstract

Introduction: This thesis explores the social and health-related challenges of former girl child soldiers, as they attempt to reintegrate into society in eastern Democratic Republic of the Congo (DRC).

Methodology: This thesis is a literature review. The geographical scope of this review focuses on eastern DRC. The ecological model of Bronfenbrenner is used in this thesis as an analytical guide on the dynamics between people, environment and social context.

Conclusions: This thesis concludes that each societal layer will affect the individuals' development and impacts reintegration efforts. Girl child soldiers suffer from long-lasting consequences of physical and psychological harm. The different reactions from their family and community will significantly impact the success of their reintegration into society. Within the Disarmament, Demobilization and Reintegration (DDR) process, complete and exact pitfalls or gaps specifically on girl child soldiers are hard to identify. So far, low attendance of former girl child soldiers (and women in general) has shown that the DDR process might not be the right or the only approach for former girl child soldiers to reintegrate. Therefore a conclusion on this topic is that the ideal method for former girl child soldiers to reintegrate has not yet been found or the proper support needed for girls has not been identified. .

Recommendations:

- Further research is recommended on girl child soldiers in eastern DRC.
- Physical and mental health programs in the DDR process should be more specialized and focussed on girl child soldiers and their specific needs.
- Community sensitisation campaigns should be of great value in creating a sense of community cohesion and collective responsibility for the returned girl child soldiers.
- Large-scale educational programs for all girls in the community also would help to address problems of social exclusion and the stigmatization.
- Greater pressure is needed against perpetrators that violate children's rights so they would be held accountable and prosecuted under international law.
- International and regional organizations and all others participating in peace processes should advocate for gender equality in eastern DRC.
- Public information, training and awareness efforts should be extended to public media outlets and specified for girl child soldiers.

Abbreviations and Acronyms

AFDL	Alliance des Force Democratiques pour la Liberation du Congo-Zaire
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CONADER	Commision Nationale de Desarmement, Demobilisation et Resertion
DDR	Disarmament, Demobilization and Reintegration
DRC	Democratic Republic of the Congo
FARDC	Forces Armées de la République Démocratique du Congo
GNI	Gross National Income
HDI	Human Development Index
IDP	Internally Displaced Persons
INGO	International Non Governmental Organisation
IRC	International Rescue Committee
LRA	Lords Resistance Army
MMR	Maternal Mortality Rate
MONUC	United Nations Observer Mission to Congo
SGBV	Sexual Gender Based Violence
PTSD	Post Traumatic Stress Disorder
STD	Sexually Transmitted Diseases
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund

Chapter 1 Introduction

The Congolese people live in a war-torn country, described by multiple international organisations as the 'rape capital of the world' and 'the worst place to be for girls and women'.¹ The Democratic Republic of the Congo's (DRC) active armed forces and groups are known for its use of children, boys and girls, in the armed conflict. Although reliable figures are not readily available, based on abduction or missing child figures, the country has one of the highest rates of child soldiers in the world.²

Using qualitative research, this thesis will explore the social and health-related situation of former girl child soldiers and its impact on their reintegration process after participating in an armed group.

1.1 Definition

The definition of child soldiers was determined at the 'Paris Principles on the involvement of Children in Armed Conflict' in 2007. The term is used by leading humanitarian actors in the field, defining child soldiers and children associated with armed forces or groups, equivalently, as: '*A child associated with an armed force or armed group refers to any person below 18 years of age who is, or who has been, recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls, used as fighters, cooks, porters, spies or for sexual purposes. It does not only refer to a child who is taking, or has taken, a direct part in hostilities*'.^{3,4}

1.2 Girl Child Soldiers

The reintegration process, context and challenges faced by girl child soldiers requires an understanding of the difference between the terms 'child soldiers' and a 'child associated with armed forces or groups,' due to the different roles and duties performed by children, especially girls, within the armed forces. However, the terms are often used interchangeably in literature. Throughout this thesis the term 'child soldier' or 'girl child soldier' will be used to represent 'a child associated with armed forces or groups' because of its ease of use and understanding. The focus is on all girls below 18 years of age in eastern DRC, who are associated with an armed force or group.

Exact numbers on girl child soldiers are not readily available. The global magnitude of girl child soldiers is not well understood due to the lack of this data. Estimates of child soldiers are around 300,000 children in 30 different conflicts in the world.^{3,5} The first observations of child soldiers in DRC were documented in 1996.⁶ The United Nations International Children's Emergency Fund (UNICEF) estimated in 2011 that the DRC had 30,000 children participating in armed forces or groups. An estimated 30 to 40 percent of these Congolese children are girls and mainly based in

the eastern part of the country where the conflict is most concentrated.^{7,8,9} Girl child soldiers mainly enter the armed group by abduction. A minority of the girls join 'voluntarily', but nuances in that word should be taken into account.^{7,9,10} In a country, such as DRC, afflicted with prolonged conflict and significant gender inequalities, the concept of choice to join an armed force or group should be understood within the context of survival or death.⁷

1.3 Roles of girl child soldiers

Recruited girls were initially 'only' seen as sex slaves for commanders, with domestic roles in cooking or water collection. Recently, it became more clear that girl child soldiers also fulfil other roles within the armed groups, as described by Gilbertson in 2008.⁷ Depending on the force and the region, girls can be involved as frontline combatants, spies, informants, combat trainers to new members, medical aid workers and workers for detecting and laying landmines.^{7,11} Both boy and girl child soldiers are involved in committing serious crimes and violent acts. These, mostly forced, violent acts include torture and killings of other combatants, community members, family and friends.¹⁰ Children are used more than adults in suicide attacks, because many children have less fear as foresight of consequences are limited.¹²

1.4 Disarmament, Demobilization and Reintegration

Disarmament, Demobilization and Reintegration (DDR) refers to the three step process needed to transition child soldiers from active engagement in conflict to their communities. Disarmament refers to the reduction or withdrawal of military forces and weapons.¹⁶ Demobilization relates to the process of former combatants registering to receive some acute basic needs (medical care, food and clothes) and adjustments to the new situation.¹⁶ Part of demobilization is for all former soldiers to receive a reintegration training on current society and appropriate civilian behaviour. Many former child soldiers only know the rules of the armed groups, rather than the roles and duties of a civilian especially when they are recruited as young children and have not necessarily been exposed to a routine civilian life. During demobilization, former child soldiers also receive vocational training prior to being reunited with their families.¹⁶ Reintegration assesses economic and social factors for the former child soldier and families to return to a normal and productive civilian life. Reintegration may involve employment and income generation projects, as well as cash or in-kind compensation.

Reintegration involves both the immediate family as well as the community in accepting the return of a former girl child soldier. Communities need to be prepared with the necessary support structures to accept the former girl child soldier through community based approach programs on the reintegration of ex-combatants.¹⁷ Reintegration is not easy and its effectiveness depends on several factors such as economic improvement at the community and national levels, rehabilitation of

infrastructure and reconciliation efforts. Capacity strengthening of communities is often the determining factor of successful reintegration in the longer term.^{9,16,17} Overall, the reintegration process is the acceptance of former girl child soldiers by family and community through facilitating the rebuilding of livelihoods and recovery from Sexual Gender Based Violence (SGBV), with specific protection from risk of related family and community rejection.^{16,17}

1.5 Disarmament, Demobilization and Reintegration process in eastern DRC

The ongoing conflict in DRC has been labelled as the 'Worst World Conflict' since the Second World War, because of its complexity, cruelty and high death toll by the New York- based aid agency, the International Rescue Committee (IRC).^{9,13} According to a United Nations (UN) report, the DDR process in DRC, remains one of the most complicated and difficult processes, with mixed results. The complex history, involvement of other parties in the conflict, corruption, unstable governmental structure, the scope of the region in need, poor infrastructure and deep-seated poverty contribute to the challenging DDR process.^{14,15} In eastern DRC, there are a few International Non Governmental Organizations (INGOs) amongst them: Save the Children, CARE, IFESH and IRC^I. The INGOs work together to implement child protection interventions for children associated with armed forces. The INGOs work under the coordinating national body called 'Commission Nationale de Desarmement, Demobilisation et Resertion' (CONADER), which receives technical support from UNICEF.¹⁴

1.6 Organization of paper

The next chapters aim to guide the reader through the thesis by clarifying the objectives and outcomes of the study. Although the existing DDR process has been briefly introduced in this chapter, most relevant characteristics of the eastern DRC will be presented in subsequent chapters. Chapter 2 provides the existing context in the eastern DRC. In this part of the country the conflict is still active, it is also where the majority of girl child soldiers live and where reintegration from armed groups to home community occurs. Chapter 3 describes the design of the study and a detailed explanation of the multi-layered conceptual framework. Chapter 4 presents the results of the literature review, with the guidance of the Bronfenbrenner ecological model and its three layers, micro level, exo level and macro level. The main focus of the study is described, including health related-problems, both physical and psychological, as well as the social challenges former girl child soldiers face with the effect on their reintegration process. Discussion of the findings are in chapter 5 using the meso level, the fourth layer in

^I Save the Children; is an international children's charity based in the UK which supports both emergency and long-term relief and development projects. CARE; is an originally American based international organisation, with the focus on human rights and reduction of poverty. IFESH; International Foundation for Education and Self-Help. The International Rescue Committee (IRC) is a global humanitarian aid, relief and development nongovernmental organization.

Bronfenbrenners model, to analyze how the different layers relate to each other and the difficulties seen in the reintegration of former girl child soldiers. Chapters 6 and 7 provide conclusions and recommendations regarding to specific social and health-related needs of former girl child soldiers who reintegrate into their society.

Chapter 2 The Democratic Republic of the Congo

In order to have a better understanding of the problem of girl child soldiers and the reintegration process in eastern DRC, it is important to have insight on the context of the living situation of girl child soldiers, as well as the existing conflict.

2.1 General information

DRC has one of the lowest Gross National Income (GNI) per capita in the world. In 2011, the World Bank estimated that 80 percent of the total population lived below the poverty line of US\$1 per day.⁶ In 2010, DRC was ranked the second least developed nation of the world, out of 169 countries in the UN Human Development Index (HDI).^{18,19,20} The life expectancy at birth is estimated to be 50 years.²⁰ Women have an average of 6.3 children.²⁰ The Maternal Mortality Rate (MMR) is 540 per 100,000 live births (2010). The under five mortality rate is 158 child deaths in 1,000 live births. Like many developing countries, the most common childhood diseases are malaria, respiratory tract infections, diarrheal diseases and malnutrition.^{18,20} The health system has been affected over years of poverty and conflict leaving less than a third of the health zones functional.¹³ Yet, of all government expenditures, less than 1 percent is allocated to health programs. Decades of conflict and poor governmental management has resulted in poorly operating health facilities, without medical supplies and inability to pay health workers.¹³

The literacy rate is 66.8 percent, defined by people of 15 years and older who can read and write in French, Lingala, Kingwana or Tshiluba.¹³ With significant internal migrations, systems for birth registration have been disrupted due to the many Internally Displaced Persons (IDP), leaving thousands of children unregistered.²¹ A 2003 UNICEF report showed only 34 percent of all Congolese children were registered after birth. Birth registration is a formal and continuous record of the existence of a child. Registration is necessary for enrolment into the educational system as well as for a number of human rights, such as access to health care and immunisation. Birth registration is also important to protect the trafficking of children, repatriation and reunification with family.^{16,20} DRC signed the "Convention on the Rights of the Child" and the "Convention on the Elimination of all forms of Discrimination Against Women" (CEDAW) in 1990.¹³ Children should be protected by law especially when living in a country in conflict, with protections from being forced into military force or participating in any kind of armed group.

Due to ongoing conflict and instability, especially in the eastern part of DRC, the United Nations High Commissioner for Refugees (UNHCR) calculated approximately 450,000 refugees from DRC were residing in neighbouring countries (Burundi, Rwanda, Tanzania and Uganda).

Ongoing conflict in the east of DRC has resulted in large-scale internal displacement of the population and is estimated to be over 2.6 million by 2013.²²

In DRC there are over 200 different African ethnic groups, the majority (45 percent of the population) are represented by the Bantu and the Mangbetu-Azande tribes. Government decision regarding eligibility of ethnic groups for citizenship is considered one of many factors contributing to the tensions between ethnic groups in specific regions.

2.2 History

After 100 years of Belgian colonisation the DRC, formerly Zaire, became independent in the 1960's and has remained in constant conflict since.¹ In 1965, Joseph Desire Mobutu became the head of the country after staging a coup against the elected president Joseph Kasavubu.³⁰ During Mobutu's 32 years of dictatorship; corruption and human rights abuses were rampant.²³ Much of the conflict in the eastern part of the country results from the aftermath of the Rwanda Genocide in 1994,¹ when the Hutu-led Rwandan government induced the massacre of approximately 800,000 - 1,000,000 Rwandan Tutsis and moderate Hutus.²⁴ When the government and its troops were overthrown, they found their refuge in former Zaire, now DRC.²³ Shortly after resettlement of the new Tutsi-led Rwandan authorities, in 1996, they sent military forces for the protection of Tutsis and began attacking the Rwandan Refugee camps in eastern DRC. Rwandans, in collaboration with Alliance des Force Democratiques pour la Liberation du Congo-Zaire (AFDL) and its local ruler Laurent Kabila, killed more than ten thousand mainly non-military civilians. In May 1997, Kabila committed a coup and defeated Mobutu.¹³ Fighting continued with various parties with different interests, compounded by the number of different ethnic militias involved in the conflict. DRC and especially the eastern part of the country is rich with natural resources such as diamonds, copper, coltan, cobalt, gold, coffee, and oil. Exploitation of DRC's natural resources in the mines has financially fuelled this civil war.¹³ Unfortunately, the country's long history and ongoing conflict combined with years of corruption and economic crises have meant that these recourses have not benefited or improved the quality of life for most Congolese.²⁰

2.3 Current situation

The United Nations Security Council created the UN Mission in the Democratic Republic of Congo ('MONUC') from 1999 and forward and is the most visible international actor and largest peace keeping operation in the world.⁶ Authorized peacekeeping forces in the DRC were supposed to supervise cease-fire agreements and demobilization.^{25,26} In 2001 Laurent Kabila was murdered and succeeded by his son, Joseph Kabila. Still there are several militia groups and other armed forces dominating the five provinces in the eastern part of DRC where fighting continues.²⁷ The approximate number of active armed forces in eastern DRC is about two

dozen, most of which have committed serious human rights abuses and recognized for engaging children in violence, including the 'Forces Armées de la République Démocratique du Congo' (FARDC), the national army and counterpart in the DDR process.²⁷²⁸

Chapter 3 Set up of the literature review

This chapter presents the problem statement followed by a justification of the study. The study objectives, the methodology, and the conceptual framework are also presented in this chapter.

3.1 Problem statement

Armed conflicts combined with poverty, disrupted health care-, and educational systems result in an environment in which children pay the highest price. Engagement in armed conflict makes children, especially girls, more vulnerable.³¹ If the girl child soldiers manage to escape from the armed group alive, returning to society is another challenge on its own. Girl child soldiers suffer from mental health problems such as Post-Traumatic Stress Disorder (PTSD), as well as physical problems such as disabilities, unwanted pregnancy and unsafe deliveries, complications of SGBV, HIV, and other sexually transmitted diseases (STD). Girl child soldiers may also have social problems due to cultural beliefs on sexuality, stigmatization and exclusion.^{31,32} Because of these problems former girl child soldiers not only have difficulties returning back to their home community, but also find it more difficult to return to their usual societal roles of being a wife, mother, care-taker and the pivot of the family. These roles are no longer applicable for many former girl child soldiers, especially after traumatic experiences of single motherhood from rape, as well as disability, and mental health disorders. No solution has been found at the community level creating problems mainly for the girls themselves but also for society.³² Blattman and Annan explains the economic consequences of child soldiers referring to a UN conference where child soldiers were described as 'a large group of traumatized youth, violent, social pariahs', 'a time bomb that threatens stability and growth' and 'Lost for peace and lost for the development of their countries'.³³ The New York Times called former child soldiers in particular 'damaged and uneducated pariahs'.³³

Literature does not provide an exact number of girl child soldiers and the estimated numbers seem to be mere assumptions.¹⁷ Verhey and other researchers assume this number will probably never be exact because many child soldiers will never be counted, especially girls who are by locals only considered as just 'rebel wives'.¹⁷ Alongside the problems seen with the birth registration, numbers of child soldiers who died as a direct result of war or violence or indirectly because of malnutrition or other preventable causes is hard to calculate.²¹ Children abducted to serve the armed forces, escaped or died during captivity or found refuge in other places than their original home are difficult to account for. Research and calculations of girl child soldiers are done around the DDR process, giving an unreliable calculation because not all child soldiers and especially girls will go through the formal reintegration process. Later on there will be

more details why girls are not able or choose not to pass through the official DDR process.¹²

3.2 Justification

There is no doubt that all children participating in armed groups suffer because of violence and other forms of traumatic experiences. The main difference and reason for focusing on former girl child soldiers is because of the health and social problems during reintegration. These problems differ from challenges other ex-combatants face; for example, the physical consequences of sexual violence and the need for specialized surgical procedures. Another difference is the social consequences the girls experience in their society after participating in armed forces. This is a complex problem which plays a crucial part in all layers of society, for example anecdotal evidence has shown that in health care clinics former girl child soldiers are stigmatized, not only by other patients but also by health care personnel^{II}. When a girl child soldier doesn't manage to reintegrate into society both, individual and society suffer. Therefore reintegration in society of girl child soldiers is an important element for national recovery.

Reintegration cannot take place properly without understanding the health and social problems faced by girl child soldiers during reintegration in society. The importance of analyzing problems and identifying weaknesses in the existing system can play an important role for ongoing research in several areas to place a special focus on this vulnerable group of people.

There are studies describing specific health or social problems faced by girl child soldiers in the eastern DRC. However these studies/reports tend to look mostly at and isolated factors as SGBV or mental health. This thesis aims to fill this gap while describing and presenting in an integrated way the social and health-related challenges of former girl child soldiers and the impact of this on their reintegration process. All girls who participated in armed conflict under the age of 18 years will be assessed regardless of different hierarchical status or roles fulfilled within the armed forces. The eastern part of DRC where the conflict is still ongoing and the use of girl child soldiers is a daily affair has limited detailed research and attention to this area.

^{II} Personal experience

3.3 Objectives

3.3.1 General objective:

To explore the social and health-related characteristics of former girl child soldiers, as they attempt to reintegrate into society in eastern DRC and assess the impact of the social and health-related challenges during their reintegration process. This will enable recommendations to be provided on rehabilitation needs of former girl child soldiers in eastern DRC.

3.3.2 Specific objectives:

1. Describe and analyse the social and health-related characteristics of former girl child soldiers;
2. Describe the existing reintegration process for former girl child soldiers in eastern DRC;
3. Identify gaps and weaknesses in the existing reintegration process of former girl child soldiers; and,
4. Provide recommendations on specific reintegration needs of former girl child soldiers both social and health-related.

3.4 Methodology

This thesis is in the form of a literature review. A literature search was performed through the online databases: Scopus, PubMed and Web of Science, using the words or combination of the terms using logic connectors (and, or): "*children, girls, armed conflict, child development, girl child soldiers, health problems, reintegration, Democratic Republic of Congo, eastern DRC, Bronfenbrenner, ecological model, reintegration.*"

References of key documents were screened to identify additional sources. Online website publications, reports and briefing papers of some leading INGOs working with child soldiers were reviewed and included as grey literature. The time period was restricted to articles from 1985 until the beginning of 2014 because of DRC's history and the involvement of child soldiers throughout that period with an increase during the Rwanda Genocide in the 1990's. Key articles identified were in English. French articles were excluded, four of them, which is a limitation of the study.

The geographical scope of this review focuses on eastern DRC with its five provinces; Maniema, North Kivu, South Kivu, Orientale and Katanga.

3.5 Conceptual Framework

The ecological model of Bronfenbrenner, shown in Figure 1, is used as a guide throughout this thesis to analyze the dynamics between people, environment and social context. This conceptual framework is chosen for this thesis because it is a social model and has the diversity of different layers which is also seen in the chosen topic.

Uri Bronfenbrenner, a 'Professor of Human Development, Family studies, and Psychology' at the University of Cornell, developed the ecological model in 1979, with the idea that the social and cultural context has significant influences on child development. The ecological model provide a framework for addressing the complex context of former girl child soldiers when they are reintegrating into the community.^{34,35} In social science this framework is used often to also look at other problems besides the young child development.^{34,35}

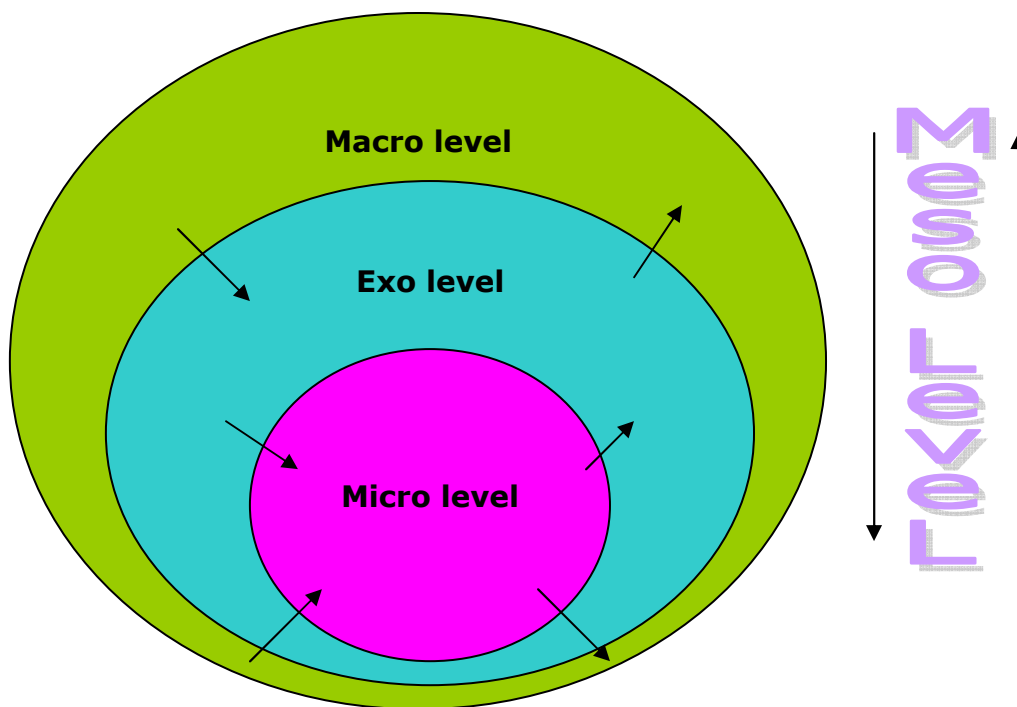


Figure 1 Ecological model

Represents the four layers as shown in the figure (the Meso level is shown by the arrows)

The ecological model is designed in four layers which represent the essential developmental factors in terms of micro-, meso-, exo-, and macro level.

- The micro level is the layer closest to the person. This is linked with the social environment directly around the former child soldier such as parents, grandparents and siblings, but also friends and peers from school or church.
- The exo level is a setting in which not all children are directly part of but can influence their development. This can be more formal structures like industry or local politics, or more informal such as neighbours.
- The macro level consists of all the systems within society with a direct connection to other layers in the model. Covered by the macro level are certain political, cultural, religious and historical systems, such as laws, certain values and (religious) beliefs of the society.^{70,76}

The first three layers will be used in the findings section. All factors that influence the social and health-related problems of former girl child soldiers and the impact on the reintegration process will be systematically represented.

- The final layer in the framework is the meso level which concerns the connections between the different levels and layers in this model. The discussion in chapter 5 will include the fourth layer, the meso level.

Again to emphasize the use of this ecological model, it has to remain clear that reintegration influences the former girl child soldiers, as well as the reverse, making it a circular process and not linear. Due to the generic nature of the model, a large number of factors can fit under each of its levels. Keeping in mind the objectives and the scope of the thesis, three key aspects have been selected as central elements for this study. The focus therefore will be on physical, psychological and social factors faced by former girl child soldiers during their reintegration process.

3.6 Limitations

The search for literature revealed a clear limitation of this study as there was a lack of specific research on the social and health-related situation of former girl child soldiers in eastern DRC and the challenges seen in the reintegration process. It is possible that more information could have been found by including the four sources published in French language, which are not also translated in English. Reasons for this apparent lack of information can be related to the characteristics of the ongoing conflict; the areas of interest for this topic are unsafe for all people including researchers. Limited infrastructure and unstable government also restricts further investigation.

To compensate for the lack of specific information, research from other countries experience with reintegration processes of former girl child soldiers was also reviewed. Experience from reintegration processes of former girl child soldiers in Liberia, Sierra Leone, Mozambique and Sri Lanka was also reviewed.

Articles from male child soldiers were used whenever specific information about girls was missing with the assumption that some existing (health) problems could be transferred or provides the possibility to define the problems for former girl child soldiers. A differentiation was made between the peer review/ academic articles and program evaluation reports.

Chapter 4 Findings

This chapter describes the findings of the literature review, beginning with the micro levels. This is the layer closest to the girl child soldier, the individual herself and is linked with the environment directly around her such as parents, grandparents and siblings, as well as, friends and peers from school or church. Health related challenges; both physical and psychological are described with the consequences for the reintegration process.

4.1 Micro level

4.1.1 Physical health-related challenges of former girl child soldiers and consequences for reintegration

Girl child soldiers go through experiences which will leave lifelong scars either physical, mental or both. Evidence shows numbers of girl child soldiers are tortured, hit with sticks or other materials, beaten up, shot at and cut with knives, and forced to perform heavy manual work.^{7,13,36,37} Girl child soldiers are forced to perform excessive manual labour or carry food, ammunitions, or injured and dead comrades for long distances, which may cause exhaustion and long term physical problems on the overall development of the body, or neck and back problems.^{12,37} This will have serious consequences on longer term reintegration when the former girl child soldiers are unable to perform daily duties and unable to take care of a family.

Girl child soldiers are made to be dependent on drugs and alcohol by the commanders of the armed force, to make them fearless, dependent on the armed force and not likely to escape.⁷ Other common physical injuries in child soldiers are loss of limbs, complications after being shot at (untreated bullet wounds), bullets remaining in the body or joint, joint destruction and loss of hearing or sight due to close artillery firing and bombings.¹² Disabilities are highly stigmatized in the DRC, especially for former girl child soldiers. Girls are seen as the care takers in the family, so if she is the one in need for care, she has to stay with her parents, unable to get married and maintain a livelihood. This results in possible perceptions of being a burden to her already impoverished family.

Lack of food and other basic needs is common in many armed groups. This is especially true in eastern DRC where the armed groups are roaming through areas and incapable of self-sufficiency in the food supply.¹³ This leads to malnutrition among the soldiers, and girls being often on the lowest rung of the hierarchical ladder suffer as much or even more.¹³ However, studies show that once the girl child soldier gets

married to one of the rebel commanders, she is protected and she is entitled to have more access to basic needs such as food.⁷ Other physical health related problems are due to poor hygiene and the lack of medical care for various diseases and common in the eastern DRC.¹³

4.1.2 Physical consequences of SGBV

SGBV is a common crime in eastern DRC.^{9,13,38} Many physical health problems occur for the girl child soldiers due to sexual abuses, such as,⁷ genital injuries and infections, swelling in the vaginal and anal areas, fistula, vaginal discharge, genital itch and pain in the pelvic lumbar and abdominal region are caused by the vagina being torn during forced sex.^{1,7,38} Trauma to vaginal, urinary and anal regions can increase vulnerability to STDs (chlamydia, gonorrhoea, syphilis, HIV).^{1,39} These can easily cause pelvic inflammatory disease, if untreated, can lead to future reproductive problems such as infertility and premature delivery.^{1,7}

Rape can weaken the body and cause lifelong disabilities. Amnesty international described more physical traumatic consequences for girls due to rape: uterine prolapse, fistulas and other injuries to the reproductive system or rectum, often accompanied by internal and external bleeding, urinary or faecal incontinence, a broken pelvis, infertility, difficult pregnancies and births, prolonged menstrual periods accompanied by severe pains.^{13,16} Consequences for former girl child soldiers who try to reintegrate back to their society are comprehensive. Women themselves are blamed if they are reproductively challenged, and may be excluded from their marriage and sent away.^{7,13} General hospitals in the eastern DRC have studied physical health-related issues including the consequences of SGBV on former girl child soldiers. However, no inclusion of the background of the women admitted to the hospital has been described - if they are girl child soldiers or civilians. This type of information is important but may be restricted due to do security reasons, and to protect patients and health staff from being blamed as helping the enemy. Former girl child soldiers who receive treatment in the hospital would reflect those who were able to escape and access health services. But excludes girl child soldiers who cannot access health facilities due to death as a result of their injuries or captivity which will make the girl child soldiers has to live with life-threatening conditions, pain and discomfort.

4.1.3 Forced mothers

Girl child soldiers in eastern DRC who are forced to marry commanders or other combatants will inevitably face pregnancy. Women are not allowed to use contraceptives without the permission of their husbands and the availability of contraceptives is a problem. Abortion is illegal and the lack of medical services in the area may result in unsafe and self-induced abortions resulting in serious consequences for the mother and child. Other health issues are observed during and after delivery because young girls might not be physically ready to carry and deliver a baby.^{7,40} The

eastern DRC has one of the the highest MMR, with pregnancy resulting from rape of young girls as a likely contributor.¹³ If the forced mother and her child survive pregnancy and delivery, they face other social problems, which will be discussed in one of the next chapters.^{7,40}

4.1.4 HIV

Another physical impact on girl child soldiers, which in itself has many psychological and social implications, is HIV infection, including physical harms of opportunistic infections as well as economic and social harms. Although the rate of HIV is approximately 6-7 percent in DRC nationwide, it is estimated to be much higher in the conflict zones of eastern DRC. HIV is highly stigmatized in eastern DRC and will have a negative influence for former girl child soldiers' reintegration process.¹³

4.1.5 Experiences of former girl child soldiers

Literature shows a wide range of events girl child soldiers face during her time in the armed forces, depending on the region and armed group. To show the magnitude of the problem, the most common are listed below. In a group of 479 former child soldiers, boys and girls, associated with the Lords Resistance Army (LRA), the children reported experiencing: 'human suffering such as carry heavy loads and being deprived of food (100%), physical assaults including beatings and torture (90%), assault with a weapon (77%), forced to loot property and burn houses (48%), experience of sexual assault (45%), causing serious injuries or death to someone (44%), forced to beat injure or mutilate someone (38%), kill someone (36%), forced to abduct other children (30%), were forced to skin, chop and cook dead bodies (8%), forced to eat human flesh (8%)'.⁴² Consequences of witnessing or (forced) participation in cruelties like murder and torture makes their own development and the ability to raise their own children later in life very difficult.^{12,41,50}

4.1.6 Psychological health-related challenges of former girl child soldiers

Alongside physical health related problems girl child soldiers face, experiences during their participation in armed groups effect their mental health and may lead to the development of mental disorders like PTSD.^{7,42} According to the American Psychiatric Associations, PTSD can be seen in individuals who experienced or witnessed at least one traumatic event in life.⁴² Child soldiers, both boys and girls, experience many traumatic events in their young lives.⁷ Psychosocial consequences are cited in different studies such as, shock, loss of dignity, fear and shame, low self esteem, concentration disorders, insomnia, memory loss, persistent nightmares, anxiety, aggressive behaviour, self-loathing, sense of dread, excessive sweating, nightmares, withdrawal into themselves and other symptoms of PTSD.^{11,12,41,42}

In some regions, cultural explanations are given, for example nightmares or flashbacks are supposed to be spirits of killed people who are haunting former girl child soldiers.¹¹ During the reintegration process the former girl child soldiers are caught in between victim of abduction and abuse and perpetrator of cruelties. This has an effect on the former girl child soldier and the community that may have been the victim of the violations, making forgiveness difficult.^{42,43} This can cause anxiety on both sides. Former girl child soldiers can have depressive feelings like hopelessness, worthlessness and despair. Also rage and other forms of anger are observed.⁷ Recruited or abducted girls who were gang raped or kept as sex slaves are more likely to report psychological symptoms.^{11,13}

4.2 Exo level

The exo level looks at the influences from other groups or individuals on girl child soldiers. This influence can be direct or indirect by armed groups, industry or local politics or more informally by neighbours or community. It is important to understand these influences from communities in order to understand what girl child soldiers have to deal with on a daily basis.

4.2.1 Social support

According to Annan, the most vulnerable group of war-affected people are girl child soldiers who have been sexually abused, who were forced into marriage, and became pregnant and delivered one or more children to rebel commanders. Reasons for this increased vulnerability are because of the problems faced by these former girl child soldiers in the reintegration process.¹⁰ In eastern DRC, where war is long-lasting, girl child soldiers who attempt to reintegrate into their community of origin often find themselves in a completely different context to how they left it behind when participating in the armed groups. Parents and siblings may have died due to the conflict or because of other direct or indirect impact of war or the family may have been internally displaced. These former girl child soldiers, with or without children, have to rely on extended family; most commonly it is the family of her father's brother.¹¹ Not all families are able to feed another child who sometimes comes with a baby, while they already have already difficulties to survive themselves.¹¹ The effect might be that the former girl child soldier will be rejected completely or, the former girl child soldier may be physically supported in terms of receiving shelter but will be isolated and excluded from food and the family's social interaction. In some cases there will be a foster family for the former child soldier.⁴⁴

4.2.2 Socio-cultural judgments

Verhey conducted focus-group discussions with community members in the five different eastern DRC provinces and composed a list of socio-cultural judgments on former girl child soldiers.^{9,17,41} The following difficulties are seen in the community setting and represent some of the preconceptions or judgements community members have towards former girl child soldiers:

- The former girl child soldiers are seen by men as a loss of value, because they already have had children and are no longer virgins, making the possibility of marriage slim. This means no dowry will be paid to the parents of the girl and she has to remain living with her parents.
- Because most former girl child soldiers experienced SGBV, community members see this as dishonour for the family. Also because of the reputation of the armed groups, there is a fear for spread of infections as HIV, STD and tuberculoses.

- Communities and families fear violence from the armed groups. When a girl child soldier runs away it is likely she will be searched for in her home town. The village can be attacked and not only the girl child soldiers are taken back in to the armed force, but also the rest of the village will be looted, set on fire or involved in active fighting.
- Former girl child soldiers are seen as girls with behaviour problems and who have learned a 'military-mentality'. For boys it is more acceptable to have behaviour issues but when girls are aggressive, being brutal and impolite can be a real obstacle. In some communities this is described more gently, as the inability for community and family to take care of the special needs of these former girl child soldiers. Girls who have a behaviour that is different from cultural standards violates gender norms and set values.
- In some cases, girl child soldiers were sent back from the armed group to their home community as spies or to recruit other girls to become a girl child soldier. Communities are afraid to loose more girls and to become the target of attacks for looting and violence. Although a realistic fear by communities, having happened on several occasions, not all former girl child soldiers fall into this category when they return to their hometown.
- Former girl child soldiers are presumed to have learned bad behaviour, including having multiple sexual partners (even though this might have been rape) so they often become prostitutes, avoided by rural communities.^{9,17,41}

4.2.3 Basic and practical needs

Annan describes the most prominent issues seen are the provision of practical and basic needs for girl child soldiers returning home in Northern Uganda. This may be due to the poverty but also the absence of the father of the child who should provide income for his family.^{9,11} Most studies showed the pressure and difficulties of finding the means to live as a common challenge.

4.2.4 Marriage: again forced or not?

Research shows that girls who did come back after participating in armed conflict with a child or children, in some cases, where forbidden to return to school or just had no possibilities, due to lack of school fees and child support. Most of the girls were in some way pressured and forced to get married to a community member, which creates additional problems. Men do not want to marry a girl who is not a virgin as her value is less and she is stigmatized as a used product. The possibility to be 'taken' into a polygamous marriage is common, so the former girl child soldier will become second or other lower ranking wife.⁷ This happens not only to former girl child soldiers, but also other girls in the community who have similar experiences in cases of rape.

4.2.5 Domestic violence

The status of former girl child soldiers in a polygamous marriage remains low and problems are seen with co-wives who discriminate and stigmatize the former girl child soldiers through bullying and forcing heaviest domestic tasks on her. This can also result from a broader regional context such as the status of the women in general, experiences of attacks by armed groups on the villages and violence, constant fear, anger, stress and poverty.^{7,11,45} When the former girl child soldier is treated badly by her new husband or community members, her illegitimate children from the rebel commander also suffer due to different patriarchal lineage.¹¹ These children are often labelled as undesired, children of bad luck, hate or bad memories.⁷ Some communities described in Verhey's study denied and rejected the children and the forced mother/former girl child soldier.¹ Other parents wanted their daughter back but not the children of a rebel father.⁴⁶ Children of the forced mother were stigmatized because of having no father. Ethnicity also plays a role in this eastern DRC complex context, because there are so many different ethnic communities and usually the armed groups are not from the same ethnic background as the girl child soldier. There is also a fear of future ethnical cleansing that these children will grow up with community support and later turn their back on them to become the enemy.⁹

4.2.6 Children of bad luck

Because of many different ethnic communities, the armed groups are usually not from the same ethnic background as the girl child soldiers. In some communities, the former girl child soldiers are seen as bad luck and are blamed for all that is wrong; they are seen as impure after rape, contaminated with bad influences and are abominated by community members.^{7,37} Examples of arranged marriage which did succeed were seen in for example, men being injured or disabled and dependent on the former girl child soldier for her care and income.¹¹ Alcohol abuse and especially the consequences of aggressive behaviour after drinking, is a problem for many women and girls in this region, but if the former girl child soldiers is seen as the person to blame for all problems she might be the one taking most of the violence.³⁷

4.3 Macro level

The macro level contains the larger cultural context. It includes cultural systems, politics, economics and also cultural beliefs, opinion and religion. For the reintegration process of former girl child soldiers it is important to know what context the former girl child soldiers are from and what context they have to reintegrate to. When the DDR process is outlined well, the specific pitfalls and gaps of reintegration processes for former girl child soldiers can be discovered. This chapter looks at the existing DDR process of eastern DRC and its cultural system.

4.3.1 DDR process in eastern DRC

As described in the introduction, the DDR process^{III} in eastern DRC has been ongoing since 1999 and is still active. While multiple peace or ceasefire agreements have been signed with the different armed forces, groups and neighbouring states, peace remains far from reality.⁶ In all reports found, little is known about former girl child soldiers in the reintegration process. An overview of the existing process is provided with more details on girl child soldiers.

4.3.2 General overview of the existing process

Conoir published in 2012 a World Bank evaluation report on the existing DDR process in DRC. The World Bank is one of the main donors and leading actors in this DDR process.¹⁴ A major concern highlighted in the World Bank report was that the DRC government, seems to be more concerned about mobilizing ex-combatants into the government force than reintegration back into society.^{14,17} The DDR was initiated from 2004 until 2011, evaluated, extended for longer period and is still ongoing. This report claims to have demobilized and reintegrated approximately 5000 child soldiers, per year over 7 years.¹⁴ There is no clear insight on the effectiveness of the reintegration process after 5 years or more longterm, and on how many children were actually re-recruited. DDR played an active role to demobilize children by setting up meetings with high ranking military commanders to discuss DDR processes and to emphasize the demobilization of child soldiers. There was no mention of a focus on girls.¹⁴ Unfortunately, only very few children, and especially girl child soldiers, have been demobilized in eastern DRC.

4.3.3 Attend to the DDR process?

Reasons for low attendance of former girl child soldiers in the DDR process are that there is still no peace in the area and the recruitment and re-recruitment in the region is ongoing.⁶ The government army, FARDC, is a counterpart in the DDR process and responsible for the disarmament of ex-combatants, has shown recruitment activities during process, mainly

^{III} In DRC and in French the DDR process might also be referred to as Programme Nationale Désarmement, Démobilisation et Reinsertion (PNDDR).

for male combatants, but with the consequence that the combatants would take their forced wives (girl child soldier) with him. Another reason might be that civilian life is not as appealing especially for the girl child soldiers, so they hide or lie about their age.¹⁴ In this male dominated society where women are seen as an object of possession, girl child soldiers are viewed in the same way. Where there is an obligation for military forces to send child soldiers to the DDR process, girl child soldiers are seen as 'wives,' not child soldiers and therefore are not identified as such.⁸² Little is known about mortality rates of girl child soldiers in the armed force who suffer significantly from SGBV and reproductive health problems.⁴⁷ These obstacles and the hiding of girl child soldiers prevents proper identification and protection under international rules.⁹ For girl child soldiers, this means no protection is provided and the perpetrators who abuse them by abduction, physical and sexual abuse remain unpunished.

4.3.4 Reasons to remain in the armed group

For many girls in the in eastern DRC, decision-making or speaking out is not common. Girls do not have the choice to leave their husbands even when the marriage was illegal and forced, with extreme mistreatment.⁹ Culturally, divorce is not possible and a girl has to stay with her (sexual) partner. When the girl child soldier does escape from the armed group and returns to her home town, in many communities in eastern DRC, she will be seen as disloyal spouse. Most girls have been forcibly recruited or abducted and have been indoctrinated with fear. Interviewed former girl child soldiers shared stories of executions of other child soldiers, who tried to escape.⁹

Some other reasons for not returning to their home town are described by Schauer (also described in chapter 4 on the psychological consequences of participating in armed groups), where several child soldiers had to harm or even kill one of their parents, siblings or for example their neighbours and are indoctrinated with the idea that their community will never forgive them.⁴² As mentioned before, life in DRC is hard for all people, and some girls find a benefit in being part of an armed conflict. When married, this can also be a way of protection, which is not guaranteed when the girl child soldiers reintegrates back into the home community. This is also seen by observers of the Verhey research group when they were identifying and tracking the armed groups and observed girl child soldiers moving just behind them, in need of protection.⁹ A clear lack of understanding by girl child soldiers exist in their options to demobilize and potential benefits for future life.^{9,42}

4.3.5 Former girl child soldiers in the DDR process

The average length of stay for demobilized former soldiers in the transit centres is 3 months. During this period, activities for the former child soldiers include catering for basic needs such as health, clothing and food

but also focus on social, culture, education and psychosocial needs.¹⁷ These transit centres focus on social, cultural or 'life skills' activities. During evaluation, staff expressed the urge for training and activities on conflict management, peace education, co-habitation and respect for human rights. Classes to create awareness on self-respect are held and the need for training and activities on sexual health and relations (including awareness of HIV and other STD), and training on the effects of the use of drugs were identified. In such activities, some centres draw on partnerships with other local organisations rather than provide all activities themselves. Educational activities prioritize literacy and require an informal schedule mixed with social and cultural activities. The majority of the former child soldiers seen in the transit centres described by Save the Children's 'Going home' report is either illiterate or has very low education levels. Classes include reading, writing and basic numeracy and have been able to draw on fairly well established pedagogy and materials.¹⁷

Not all former soldiers who are demobilized wait for the reintegration or the reunification of the DDR process; especially with women the ratio is lower than with men. One of the pitfalls in the DDR process was seen in the food program, where former combatants received three meals per day which is more than they ever had. It is a very basic need and for children a great selling point and became the main attraction of the DDR process. It is not necessarily a problem in itself because of most child soldiers are malnourished but it becomes a pitfall when former child soldiers are not willing to demobilise but want to stay in the transit centre to regain their strength and return to the armed force.¹⁷

The low numbers in the demobilization of women may be due to the lack of specific female activities or a consequence. As described by Conoir, the funds available for supporting former female soldiers, adult and child, were even reallocated due to the low attendance.¹⁴

4.3.6 Norms and values

DRC and especially the eastern part has been in conflict for many years that normative norms and values in society have shifted. The lack of norms and values are not only seen in the armed groups but also in communities and within families. Domestic violence is more common in areas of long-lasting violence, poverty and hopelessness. SGBV is not only war-related but also occurs in the communities, (e.g. at schools and in households), which might relate directly to the 'voluntary' joining of girls to the armed group. Efforts to escape an abusive life creates serious consequences for the reintegration processes for the already vulnerable and traumatized former girl child soldiers.^{1,11} Alongside this, harassments, and sexual violence towards women and girls are also seen in camps for IDP's as well as in transit centres. UN peacekeepers have also been involved in the rape of local women and girls.^{46,48,49}

Chapter 5 Discussion

This study aims to understand the social and health-related challenges former girl child soldiers in eastern DRC face and the impact of these on their reintegration process. The results of the objectives are discussed in this chapter, guided by Bronfenbrenner's ecologic model where the interrelatedness between all layers becomes clear with the use of the meso level. The social process of development is a circular process, which has no beginning and no end, but is ongoing during a lifetime.

This framework challenges the user to define the disparate relationships between health and the factors that may influence health outcomes such as interpersonal relationships, contextual and cultural factors, as well as the reintegration process. The literature shows that the former girl child soldiers are vulnerable at all levels, hugely impacting their physical and mental health and their ability to reintegrate into their communities. In other words, an individual is imbedded in the dynamic processes of context and time, relationships and personal interactions. In order to improve the health situation and the reintegration of the former girl child soldiers it is important to give attention to the entire cause-outcome sequences of the observed problems, because reducing psychological stress is not possible only from a single level. This point of view provides information for a multi-disciplinary approach of the observed problems.

The first three specific objectives listed in chapter 3 are repeated below and used to guide the discussion:

- Analyze the social and health-related problems former girl child soldiers face.
- Explore the existing DDR process for former girl child soldiers in eastern DRC.
- Identify gaps and weaknesses in the existing reintegration process of former girl child soldiers.

As described at the micro level, girl child soldiers face many challenges regarding their individual health. The results of the analysis show that former girl child soldiers suffer both mentally and physically during their time in the armed group. The health system in DRC is not prepared to provide tailored health services to former girl child soldiers.

The devastating effects of war on the country at the macro level have resulted in poorly functioning or non-functioning health services and education programs. Furthermore, looking at these services at the exo level, it is noticed that healthcare workers are afraid or have normative judgements regarding the girl child soldiers^{IV}. Lack of a well functioning health system at macro level and the negative social cultural judgments at

^{IV} Personal experiences

exo level have huge consequences on the micro level because it will prevent the former girl child soldiers to seek help and receive adequate medical assistance despite their desperate need in the cases of SGBV and for example suffering from genital injuries or other illness as described earlier. The lack of access or availability of these services prevent former girl child soldiers from seeking help and receiving adequate medical assistance despite their suffering with the consequences of sexual violence, genital injuries or other illnesses as described earlier. Former girl child soldiers also fear the spread of HIV to their new husband (if they are able to marry in spite of their experiences) or unborn child. For former girl child soldiers who were sexually abused marriage is difficult because they are non-virgins, and gender inequality and stigma present challenges to establishing livelihoods. These processes on the exo level; such as experiences of violence in the community, community stigma and lack of family support contribute to the increasing problems on the on the micro level such as mental health problems of former girl child soldiers.

Not only has the health system influenced the girls on the micro level, but also, the described processes on the exo level have a negative influence on the reintegration of the former girl child soldiers. The literature shows that society does not support former girl child soldiers to cope with individual trauma but instead exert social-cultural judgements and stigma. The former girl child soldiers are not only stigmatised and violated by the community, but the community in return fears the girls for the atrocities they might have done. They are afraid that the armed group will return to claim former girl child soldier and destroy the village. They fear that the girl child soldier has brought dangerous diseases to the villages. All these dynamics makes it very difficult for the former girl soldiers to reintegrate, while supportive environments are proven to foster the reintegration of individuals who have gone through traumatic experience as formers girl child soldiers do.^{12,41,50}

Another aspect that occurs on different levels and that that influences the girl on the micro level is the gender inequality in DRC in all levels of society and with very diverse effects. Culturally, at the macro level, girls and women are not considered to be equal to men and are not treated with respect. In many communities, due to the ongoing conflict, the cultural norms have deteriorated and rape or other forms of violence, like abduction and torture are not perceived as a crime or wrong. The perpetrators are not condemned or brought to justice. This not only results in obstacles and difficulties to rebuild cohesion and strength in the communities and societies who all have to deal with the devastating effects of long-lasting conflicts at the macro and exo level, but it also results in that the girls are the ones who are blamed and stigmatised, which again influence the mental health status of the girls and their social integration. These notions have also affected how girl child soldiers are perceived: girls are not seen as child soldiers but 'only' as commanders' wives or possession to some of the soldiers or armed group.

Not only do the former girl child soldiers have to face these problems, but also the effects are circular and in return. At the exo level, the former girl child soldier has not only lost her own honour because she was raped or is seen by the community as a prostitute, but also she is considered the reason for loss of family honour by the community. Thus, the larger impacts of SGBV go even to the level of the family. This loss of honour and status can easily result in domestic violence by relatives. Furthermore, the family and community structures are affected by the poor health and poor reintegration of the girl child soldiers. If the former girl child soldier has physical or mental problems or if the girl is not treated well, it will influence the siblings, parents and also the children of these former girl child soldiers. When the former girl child soldier for instance is disabled, she will be considered a burden for the family in several ways. Economically, she is not able to contribute because she cannot earn income on the field yet she is an extra mouth to feed. If she can not take care of herself by fetching water and gain employment, her 'value' declines significantly. If a large group of girls are not able to perform their duties, a possible consequence might be that on the macro level the rebuilding of a society, in a post-conflict situation, will be more difficult. These dynamics shows the complexity of the reintegration of these former girl child soldiers and continues interaction between the different levels.

The issue on forced mothers brings another complexity and as described in the previous chapters per different layer in the ecological model of Bronfenbrenner the consequences are widespread. Girl child soldiers who bear children for rebel commanders will not be able to hide their lost virginity and a child without a husband who can provide for the family. So this idea of 'self demobilizing' of girl child soldiers might be more difficult when the girl brings home a child. Also the family of the former girl child soldier is affected when they do not receive any dowry for their daughter due to her inability to marry and her value declines significantly. When a community member wants to marry this non-virgin with children of another patriarchal lineage there is a possibility no dowry will be paid or only a very low amount as is can be seen as a favour from the man to take the former girl child soldier. Besides, when the former girl child soldier returns home with a child and the whole community is in fear, social-cultural judgments will not be easy for the family to support their daughter when she is not accepted, resulting in the whole family being rejected or expelled from the village. When looking at the existing DDR process no specific programs are found to support the former girl child soldiers on these specific and complex issues. There might even be a reverse tendency: in one of the evaluation reports, it was explained that because of the low numbers seen of the demobilization of women, in many programs there were no specific female activities present, and even funds were getting allocated.

Former girl child soldiers often remain an invisible and marginalised group frequently neglected from the DDR process. Reintegration of former girl child soldiers is highly complex because of many different factors influence this process, such as the fact that the commanders of armed groups select soldiers for the demobilization process. If they do not consider the girl child soldiers as soldiers, they will never attend the DDR process. There is a possibility that a girl child soldier escapes the armed group and voluntarily tries to join the DDR process. However, if the girl child soldier does not have a weapon to show, which proves that she is a combatant, or any other means of identification, it is unlikely that she will be seen as a girl child soldier. Therefore, girl child soldiers experience few benefits from the DDR process. Besides the lack of specific programmes and real benefits for the former girl child soldiers, the DDR process, in some cases, seems to do more harm to the already vulnerable former girl child soldiers. Several studies show that harassment and sexual violence often occur in transit centres. The DDR process, unintentionally, may contribute to the stigmatization of former girl child soldiers. In that case it might be better for the girl child soldier (as well as for the family) not to go through the DDR process but bypass this and 'self demobilize' to avoid the possibility of stigma.

With the help of Bronfenbrenners' ecological model, the interrelatedness between the different influences and interactions within the environment with the former girl child soldiers becomes clear. As described, the ecological system is an ongoing process and needs to be seen as a circular process. The dynamics in the DDR process have serious consequences for the girl child soldiers and their reintegration process. The literature on the DDR process emphasise that girl child soldiers need to be demobilized but at the same time there is no specific attention for the difficulties the girl child soldiers come across. While girl child soldiers could not only benefit from the DDR process from food provision, basic needs and health care, educational and vocational training (which is currently not specified for girls) but also they could receive support from the DDR programme to reintegrate for better life with their families and communities, resulting in a positive effect on the personal and social health.

Chapter 6 Conclusion

The application of Bronfenbrenner's ecological model to the health and social problems of former girl child soldiers and the impact on the reintegration process shows that every layer in society will affect the development of the individual, and in return influence the family and community. This dynamic affects the reintegration of the former child soldiers.

6.1 The social and health-related problems of former girl child soldiers

Psychological and physical consequences of participating in armed groups are seen in all girl child soldiers in the eastern DRC. Different intensity of cruelties exists in each armed group, region or country, which can lead to a different outcome on the health-related consequences for girl child soldiers. Personal experience and individual characters also influence outcomes. The use of SGBV as a weapon of war by armed groups as well as in the community, and different reactions from the family and community will impact the success of reintegration. The lack of health care facilities and the negative cultural notions about former child soldiers contribute to ill physical and mental health. These cultural notions are related to the stigmatisation of these girls and their families that results in social isolation and can also result in domestic violence. Violent acts towards the girl child soldiers in eastern DRC, committed by commanders or other people, as well as by armed groups in the community, are seldom convicted. The lack of legal process not only affects the individual in terms of processing traumas, but also affects other levels of society. As described previously, there is a lack of norms and values in all layers of society. The status of all women in the country is low, making justice and equality for girls or women difficult to obtain.

6.2 Existing reintegration program for former girl child soldiers in eastern DRC

Literature on the DDR process in eastern DRC show that girl child soldiers do not always get the attention needed, especially when looking at advocating the human rights of girls. On one hand, the girls are not always considered as child soldiers and will therefore have difficulties reaching the DDR process and on the other hand there are no specific programs to address the need of the former girl child soldiers. Support for this vulnerable group of girl child soldiers in the eastern DRC is needed to help prevent that former girl child soldiers are harmed physically, psychologically and socially with long-lasting consequences. When looking at the existing reintegration process, the complete and exact pitfalls and gaps in the DDR process specifically on girl child soldiers are difficult to identify. Alongside the difficult external factors preventing the girl child soldier to join the DDR program there are also more internal or individual factors preventing girl child soldiers in the eastern DRC to join the DDR.

For instance, there are hardly any benefits girls gain during the DDR program, while the consequences of participating can create stigma for the girl child soldier and her family.

6.3 Gaps and weaknesses in the existing reintegration process of former girl child soldiers

Due to the lack of data and understanding of the situation girl child soldiers face, the most appropriate intervention to support the reintegration of girl child soldiers remains elusive and under studied. Low attendance of former girl child soldiers (and women in general) shows that the current DDR process may not be the most effective approach for former girl child soldiers to reintegrate. This is likely related with the social consequences the former girl child soldiers have to deal with once they have been labelled as girl child soldiers. It is estimated that thousands of former girl child soldiers tend to self-demobilise and return home after escaping from the armed force and try to reintegrate on their own, with the help of their family. True figures remain unclear also because many former girl child soldiers remain invisible and keep their time in the armed force a secret within the family to avoid stigma and abuse within the community. In some cases this invisibility is a solution for the former girl child soldier, as well as the family, to avoid stigma and abuse.

Chapter 7 Recommendations

7.1 Further research

There is a lack of research on the social and health-related situation of former girl child soldiers in the eastern DRC and the challenges seen in the reintegration process. Research on this topic is recommended on the long term health related and social consequences of former girl child soldiers, as well as the different problems faced between former female adult combatants and former girl child soldiers in the relation to reintegration and outcomes. Other pressing research questions include: what happens with the former girl child soldiers who do escape from the armed force but do not participate in the DDR process experience “self-demobilization”? What are their needs? Is there a difference in outcomes on successful reintegration between former girl child soldiers who will go through the DDR process compared to those who ‘self-demobilise’?

7.2 Physical health

When former girl child soldiers attend the DDR process, the medical program is basic. The results on health related problems amongst former girl child soldiers show a clear need for specialized care. The DDR process should include a physical health screening and treatment, preferably by female health care workers trained to address this particular vulnerable population with the appropriate knowledge and skills. If needed, former girl child soldier should be referred to specialized medical aid for recovery surgery and/or support services for girls with disabilities. Where health care workers are trained and aware of the challenges the former girl child soldiers face. A special focus should be on services for reproductive health, HIV and other STD’s counselling testing and treatment, antenatal care, care for pregnant former girl child soldiers and care for the child including vaccination. An overall awareness amongst health care workers and community health workers on girl child soldiers would be beneficial for better health outcomes.

7.3 Psychosocial health and community support

Psychological health might be more challenging to screen, with limited expertise on treatment and services that are culturally considerate and acceptable and not western prescriptions.

The specific culture should be recognised and the most appropriate methods of support in eastern DRC should be studied on and applied. More research is needed to understand the role of traditional support systems and rituals about forgiveness from community to the former girl child soldiers so she can reintegrate on satisfactory psychosocial level. Alongside the community or family participation should be looked at in these kinds of support. Context specific support may benefit the former

girl child soldiers' reintegration process as well as the community in its regaining encouraged to regain trust and acceptance.

Family and community acceptance is a key aspect to successfully reintegrate former girl child soldiers and specific effort needs to be found to work on traumatic events happening in the community which are related to the former girl child soldier. Reasoning from the ecological model community sensitisation campaigns should be of great value in creating a sense of community cohesion and collective responsibility for the returned girl child soldiers. Community sensitization efforts are long-term and intensive commitment is required to change existing social norms. Specialized aid workers are needed to build equivalent relationships with the community leaders, teachers, local authorities, religious leaders and families of former girl soldiers for a community-wide holistic approach to the reintegration of former girl child soldiers. With this extra effort put in the community we still cannot ignore the fact this part of the reintegration is both very important as it is extremely difficult when you also take the fear from the community towards the former girl child soldiers as well as the armed group into account.

7.4 Special services for former girl child soldiers in the DDR

Understanding the context of where the former girl child soldiers are from is important to have a broader approach for identifying appropriate and needed services. As said before long lasting conflict in eastern DRC makes life difficult for all, especially for girls. Education and vocational training are regarded as important services in many of the reintegration process evaluations. In these programs there must be a special focus on the social challenges for former girl child soldiers in the community. Family members should be involved in the DDR process early on to create cohesion in the community. Large-scale educational programs that focus on access to education and livelihoods for all girls in the community would also help address problems of social exclusion and stigmatization.

7.5 DDR policy and laws

Greater pressure is needed against perpetrators that violate children's rights so they would be held accountable and prosecuted under international law. Monitoring and reporting by local communities, government, UN agencies, NGOs and the international media should all play a part to pressure government and non-state actors to adhere to international standards to protect girls from recruitment. Girl child soldiers often do not feel safe enough to escape from armed groups and to participate in DDR processes because security is not guaranteed, and essential health services and childcare services are not available. Taken into consideration, these recommendations on a macro level might be ambitious; pressure on this level and advocacy should only increase. Girl child soldiers should always be on the political agenda and never be invisible.

7.6 Gender equality

International and regional organizations and all others participating in peace processes should advocate for gender equality. Women's needs in the DDR process in DRC should be taken into account and specifically addressed in all such agreements. In addition, women should be appointed to the policy making process of the DDR program. Women's expertise and information should be recognized and valued on topics such as tactics of war and war criminals.

7.7 Media attention

Public information, training and awareness efforts should be extended to public media outlets. There must be thought of a way to provide specific information for girl child soldiers in the armed groups on where to demobilize and what the benefits will be, and also on children's rights and peace negotiations.

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