



COALITION TO STOP THE USE OF CHILD SOLDIERS



**Returning Home
Children's perspectives on reintegration**

**A case study of children abducted by the
Lord's Resistance Army in Teso, eastern Uganda**

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Front cover: © Jonathan Hyams, Children's dresses made by former child soldiers who are now young mothers. 'Mother Daughter Project', Women's Development Centre, Gulu, Uganda 2006.

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EXECUTIVE SUMMARY

The research reported here was undertaken with the aim of allowing the voices of children and youth who had been abducted by the armed group the Lord’s Resistance Army (LRA) to be heard when planning takes place for the reintegration of future returnees from the LRA. One hundred and sixteen children and youth abducted by the LRA in 2003 from what is today called the Amuria district in the Teso region, eastern Uganda, were interviewed and participated in focus group discussions. In this way they informed us of their experiences during abduction and on return to their communities, and gave their views of how reintegration programs could be shaped so as to help future returnees.

The conclusions of the report are based on a relatively small sample of children, and the emphasis is on their views and perceptions rather than, for example, those of their families and communities. However, our findings agree in large part with some of the recommendations outlined in the Paris Principles (2007) – for example, the children’s expressed desire to be included in recreation projects aimed at all local children so as to enhance their community integration.¹ In addition, information gathered from key informants on reintegration programs in Teso is consistent with the views of the formerly abducted children.² Thus, while the findings are based on one particular region in Uganda, they are likely to echo the experience of other returning children, and may be used to inform reintegration planning in other parts of northern Uganda.

Some of the children in this study were with the LRA for a few weeks, while others were held for several years. All endured a great deal of hardship and violence during their captivity. In addition to experiencing physical, psychological and sexual abuse, they were forced to witness atrocities committed by their captors against their communities, families and friends. Under the threat of death, they were sometimes forced to commit atrocities themselves. That all the children were affected by their experiences, regardless of the length of time of their abduction, supports suggestions that provision for returning children should not be based solely on their length of time with an armed group. However, it may be that where children have actually grown up within the context of an armed group (as have some members of the LRA), and have strongly identified with them, special reintegration provision may be necessary.

The hardships of life in the bush, and the effects of armed conflict, took a toll on the physical well-being of the children, who continue to experience pain, disability and frequent ill-health as a result of their beatings, abuse or wounds. Girls in particular experience constant physical discomfort and distress as a result of sexual violence, and in addition have to cope with or worry about being HIV-positive or having sexually transmitted infections. The children’s physical symptoms make it difficult for some to work or to attend school. The majority of returnees report continuing symptoms of trauma which can take the form of extreme anxiety, visual and auditory hallucinations and suicidal thinking. Both our key informants and the children themselves report a lack of health services and specialized medical care in the extremely disadvantaged communities of Teso which have been so disrupted by war. This has resulted in an absence of the physical and

¹ UNICEF, *The Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups*, 2007, www.unicef.org

² These included professionals from Trans-cultural Psychosocial Organisation, Katakwi Children’s Voice, Action Against Child Abuse and Neglect, Christian Children’s Fund, and the Office for the Co-ordination of Humanitarian Affairs (Katakwi) and, in addition, the Resident District Commissioner Katakwi (responsible for both Amuria and Katakwi), the Amuria District probation officer, the Katakwi District probation officer, and the Amuria local council vice-chairperson/secretary for children’s affairs.

psychological care the children are seeking. Specialized provision for the emotional, physical and sexual or reproductive health of such children, based on an understanding of their rights to information and care, should be an integral part of future reintegration programs which exist in such contexts. How these services will continue to be provided subsequent to reintegration remains a challenge for such programs.

Once the children’s families had overcome their initial fear of the returnees, they welcomed them back, and the majority of the children were taken back into the family home. Their most difficult family relationships were reported to be with their siblings, who initially both feared and rejected them. Even though their parents were able to accept them, these formerly abducted children reported extensive and persistent stigmatization and rejection by their communities and constant bullying by their peers at school. While the children report difficulties in controlling their aggression when faced with insults or rejection, all expressed a desire for help in managing this and none had identified with the violent ways of their LRA captors. Faced with such community rejection, some preferred to socialize mostly with other formerly abducted children or spoke of the need to be educated separately from other children in the community.

Yet the children’s accounts also testified to their resilience. Their stories of how they were prepared to risk death in order to escape the LRA, their arduous and lengthy journeys home, their determination to return to education and to use skills acquired in the bush, and their patience in the face of their siblings’ rejection of them, all demonstrate persistence and courage. This picture of continuing vulnerability combined with resilience and a determination to readjust to life upon return, illustrates that it is an oversimplification to regard formerly abducted children as either traumatized or resilient. Their emotional outcome is more complex than that.

The children and youth in our study expressed articulately their ideas as to how communities could be prepared to welcome future returning children. Their accounts highlight the need for future reintegration programs to recognize that communities will vary in their readiness to accept returning children. They also highlight the need to seek an understanding of why particular groups of children may be seen as less acceptable than others. We found, as have others, that girls who have suffered sexual violence will be less acceptable, particularly if they return home with children born as a result of that violence. These infants are particularly vulnerable to rejection and stigmatization and, in the context of their mothers’ emotional distress at the lack of the acceptability of both themselves and their offspring, are particularly in need of programs to support their nurture, care and protection. In addition to gender, however, we found that the children’s age and stage of development was important in the eyes of the community and affected perceptions of their responsibility for actions committed by the LRA.

Our participants’ accounts illustrate how provisions made for them which set them apart from other war-affected children, who share many of their social and economic difficulties, led to jealousy from others. This underlines the recommendations contained within the Paris Principles that it is helpful if programs for returning children include all local children so as to avoid ‘privileging’ those formerly associated with fighting forces. The children and youth in our study themselves expressed a desire to participate in projects with other local children. School-based projects which tackle bullying, and are directed at all vulnerable children, could be one such example. The success of such mixed projects is likely to be facilitated where they fit into, or enhance, existing social structures and take account of local attitudes to and expectations of both returning and other children in that particular context.

The majority of returning children in our study went through at least one reception centre prior to returning home, although just over one third of our sample (39 per cent) did not do so. Those children who went through reception centres prior to returning home valued the care and support they received there. They emphasized that from their perspective a period of interim care prior to going home was an important provision for returning children. Their experience of such care had been that it enabled them to begin the process of adjusting to life outside the armed group. The children’s view that the reception centres were helpful to them accorded with the views of our key informants that where other particularly distressed children returned straight home without the benefit of some kind of interim support, their continuing emotional and behavioural difficulties then affected their ability to reintegrate. As a result, psychosocial support for them was subsequently sought from reception centres by their families and communities.

The children and youth in our study themselves stated that they particularly valued counselling directed at helping them to understand trauma and to acquire self-control, and thought that this should also be available to children on their return to their own communities, along with opportunities to talk about their experiences. Beyond this, their articulated needs were those which many war-affected children would share – a desire to be educated and to attend school, to have the opportunity to earn their own living, to be accepted by their communities, and to be allowed to contribute to the well-being of their families, communities and society.

INTRODUCTION

In the course of the 21-year armed conflict between the government of Uganda and the LRA, in northern Uganda, thousands of children and youth have been abducted by the LRA and forced to participate in violent and brutal acts. While many of these children were killed in battle or died at the hands of their abductors, many managed to escape, or were captured by government forces, and eventually returned home to their families and communities.

There have so far been few attempts to take a closer look at the experiences of formerly abducted children when they returned to their communities or to investigate how the children fared in the months and years that followed. Consequently, relatively little is known about the short- or long-term effects of their experiences.

This research project sought to contribute to the empirical knowledge base about these children, by asking some of them to describe their experiences in a range of areas relating to their return and reintegration – for example, their acceptance or otherwise by their families and communities, what problems resulted from their captivity and their coping mechanisms for dealing with any such difficulties. Background information on services for such children was gained via interviews with local key informants (see Methodology section). In all, 116 children and youth who had been abducted by the LRA in 2003 from the Teso region in eastern Uganda were interviewed about their experiences in captivity and their return to their families and communities. We also explored with these children and youth their views of the reception centres set up to facilitate their reintegration into their communities of origin, and what they would like to see future return and reintegration projects offer to returnees such as themselves. Although our research is based on a relatively small sample size, and is largely confined to ascertaining the views of the children and local key informants, it is hoped that the voices of these formerly abducted children will inform present and future return and reintegration initiatives in Uganda and other post-conflict areas where children have had their lives changed forever by involvement in armed conflict.

Given the potential future release of between 1,000 and 3,000 children and youth³ estimated to be still held by the LRA, we hope that this report will make a timely contribution to the future reintegration process.

³ Report of the Secretary-General on children and armed conflict in Uganda, UN Doc. S/2007/260, 7 May 2007; Berkeley–Tulane Initiative on Vulnerable Populations, *Abducted. The Lord’s Resistance Army and Forced Conscript in Northern Uganda*, Human Rights Center University of California, Berkeley, and Payson Center for International Development, Tulane University, June 2007.

BACKGROUND TO THE ARMED CONFLICT IN UGANDA

The conflict between the Ugandan government and the LRA began shortly after the National Resistance Army (NRA), led by the current president, Yoweri Museveni, seized power in 1986. Defeated soldiers of the deposed government fled to their birthplaces in northern Uganda and in many cases continued to fight the new government. Others sought refuge across the border in Sudan. Once in power the NRA (which became the government army) committed widespread human rights violations throughout 1986, as well as forcibly displacing large numbers of the civilian population in the north.⁴

Alice Lakwena, of the Acholi ethnic group, created the Holy Spirit Movement in 1987 in response to abuses committed by the new government army in northern Uganda. The movement was able to attract support beyond the Acholi, from most tribes in northern and eastern Uganda and for a short time it was successful, coming within 100 km of Kampala before its defeat the same year.⁵ Joseph Kony’s LRA was formed shortly afterwards from Holy Spirit followers and remnants of the defeated government army. The LRA, which claims to seek a government based on the biblical Ten Commandments, carried out widespread human rights abuses against the northern Ugandan population, including killings, mutilation, rape and sexual enslavement, the burning and destruction of property and looting.⁶ Between 50,000 and 70,000 people, including thousands of children, were abducted and used in hostilities.⁷

LRA abduction and use of children began in the late 1980s, and peaked between 2002 and 2004. While it is difficult to obtain accurate figures, the UN estimates that some 25,000 have been abducted since 1986.⁸ Of these, UNICEF estimated that about 10,000 children were abducted between May 2002 and May 2003 alone. During 2003 and 2004 some 20,000 rural children, known as “night commuters”, sought refuge from abduction by travelling to towns each night.⁹

Once in the LRA children were forced to participate in combat, to carry out raids, to loot and burn houses and to kill and mutilate other child soldiers and civilians. They were trampled to death, beaten or mutilated, either as punishment or if they were physically unable to keep up with their unit. Girls were raped and many have borne children while in the LRA. While thousands of children managed to escape or were captured by government troops, large numbers of those abducted, and their children, remain unaccounted for. Many have undoubtedly died in battle, been killed by their abductors or died from physical injury or illness.¹⁰ In July 2005 the International Criminal Court (ICC) issued warrants against LRA leader Joseph Kony and four of its commanders for war crimes and other crimes against humanity, including murder, rape, sexual

⁴ Human Rights Watch (HRW), *Uprooted and Forgotten: Impunity and Human Rights Abuses in Northern Uganda*, September 2005, www.hrw.org.

⁵ International Crisis Group (ICG), *Northern Uganda: Understanding and Solving the Conflict*, 14 April 2004, www.crisisgroup.org.

⁶ HRW, above note 4.

⁷ *Abducted*, above note 3.

⁸ Report of the Secretary-General, above note 3.

⁹ Report of the Secretary-General on children and armed conflict, S/2003/1053, 10 November 2003, www.un.org.

¹⁰ HRW, *Stolen Children: Abduction and Recruitment in Northern Uganda*, March 2003, www.hrw.org; Coalition to Stop the Use of Child Soldiers, *Child Soldiers Global Report 2004*, and *Global Report 2008* (forthcoming), www.child-soldiers.org.

slavery and forced recruitment of children.¹¹ Abductions have decreased since 2004, only 200 being reported for the first six months of 2006.¹² While accurate figures are impossible to obtain, up to 2,000 women and children were estimated to remain in the LRA in mid-2007.¹³

The Ugandan government’s strategy of pursuing a military solution to the conflict contributed to humanitarian suffering and abuses against the civilian population. In 2002 the Uganda People’s Defence Force (UPDF) launched a major military offensive against the LRA in southern Sudan. Entitled “Operation Iron Fist”, it resulted in an escalation of the conflict, with the LRA intensifying its attacks and expanding into the south and east, into areas previously less affected by the conflict such as Lango and Teso regions.¹⁴ “Operation Iron Fist II”, launched in March 2004, again led to an upsurge in LRA attacks and abductions.

Throughout the conflict the UPDF and auxiliary local defence units (LDUs) committed human rights violations, including killings, beatings, rape and other crimes of sexual violence.¹⁵ The UPDF recruited and used children, including children captured in battles with the LRA. Such children were forced to take part in military operations. In some cases they were used as guides to indicate LRA positions or weapons caches.¹⁶ While child recruitment into the UPDF has decreased in recent years, children remain in the ranks and cases of recruitment continue to be reported.

The conflict has had a devastating impact on the civilian population across northern Uganda, with an estimated 1.7 million people – almost 90 per cent of the population in the north – displaced to towns or living in squalid, overcrowded camps for internally displaced persons (IDPs) characterized by acute overcrowding and lack of housing, medical care and nutrition.¹⁷

The LRA was sustained by support from the Sudanese government, which reportedly began in 1994, but this waned in early 2005 following the signing of the comprehensive peace agreement by the Sudanese government and the Sudan People’s Liberation Army, which officially ended southern Sudan’s civil war.¹⁸ Military pressure from the Ugandan armed forces caused the LRA partly to retreat to Garamba National Park in the Democratic Republic of the Congo (DRC) in September the same year. Peace talks between the Ugandan government and the LRA officially opened in July 2006 in southern Sudan and a cessation-of-hostilities agreement was signed in August by both parties. The talks stalled after three months of negotiations, but resumed in April 2007, and the cessation-of-hostilities agreement was extended until 30 June, following which remaining LRA combatants in Sudan crossed into the DRC and assembled in Garamba Park.

¹¹ International Criminal Court (ICC), Warrant of arrest for Joseph Kony, issued on 8 July 2005 as amended on 27 September 2005, ICC-02/04-01/05, www.icc-cpi.int.

¹² Report of the Secretary-General, above note 3.

¹³ Ibid.

¹⁴ HRW, *Stolen Children*, above note 10.

¹⁵ Ibid., and HRW, *Uprooted*, above note 4. See also Amnesty International, “Uganda: Doubly Traumatized. Lack of Access to justice for female victims of sexual and gender-based violence in northern Uganda”, 30 November 2007, AI Index: AFR 59/005/2007, www.amnesty.org.

¹⁶ *Child Soldiers Global Report 2004*, above note 10.

¹⁷ IRIN, Uganda, Humanitarian Country Profile, December 2007, www.irinnews.org.

¹⁸ HRW, above note 4.

Further agreements were reached in May and June 2007, on comprehensive solutions to the conflict and on reconciliation and accountability, although it remained unclear whether either side was fully committed to implementing the agreements and the judicial and other processes to address war crimes and human rights violations committed by both sides during the conflict.¹⁹

The Juba peace process and the withdrawal of the LRA from Uganda have brought welcome security improvements for the civilian population. No violent incidents attributed to the LRA have been reported in Uganda since mid-2007, and some 300,000 displaced persons have been leaving camps for areas closer to their places of origin in northern Uganda. Some 70 children, 15 per cent of them girls, returned from the LRA after escape or capture in southern Sudan in 2007. However, the LRA has yet to release any women, children or non-combatants from its ranks, claiming that those remaining are their wives and children. They have maintained this stance despite repeated pleas, including a request by the UN Secretary-General.²⁰

LRA incursions into the Teso region

The spread of LRA activities into the previously unaffected districts in the Teso region began in June 2003. As peace negotiations progressed in southern Sudan and a decline in support for his operations seemed likely, Kony may have intended to expand the territorial reach of the insurgency and further discredit the government army.²¹ The incursions also followed the government’s 2002 military offensive, “Operation Iron Fist”, to defeat LRA bases in Sudan, which forced the LRA to retreat further into Ugandan territory, away from government forces. As in other districts across northern Uganda, the LRA responded with increased attacks, involving killings, mutilations, rape and destruction of property. An estimated 2,500 to 3,000 children were abducted from Teso between June 2003 and April 2004.²²

LRA incursions occurred against a background of armed violence and armed cattle raids by Karamojong cattle rustlers. The Karamoja region in north-eastern Uganda, bordering the Teso region, is an area where the lack of central government authority and basic services has facilitated the proliferation of illegal firearms, looting and other acts of criminality, causing thousands to flee their homes.²³

Government forces, supported by local militias, forced the LRA to retreat from Teso in 2005, and Karamojong raids have also declined in recent years. However, fear of further attacks and the lack of basic services have prevented residents from returning home, and an estimated 110, 000 people remained in IDP camps in mid-2007.²⁴

¹⁹ ICG, *Northern Uganda: Seizing the Opportunity for Peace*, April 2007, and *Northern Uganda Peace Process: The Need to Maintain Momentum*, 14 September 2007, www.crisisgroup.org.

²⁰ Report of the Secretary-General, above note 3.

²¹ ICG, *Seizing the Opportunity for Peace* (note 19, above).

²² This figure derives from interviews for the purpose of this study with local government authorities and NGOs in Teso.

²³ Report of the Secretary-General, above note 3; see also HRW, “Uganda: Army abuses civilians in plan to secure Karamoja”, 11 September 2007, www.hrw.org.

²⁴ Inter-Agency Standing Committee Working Group in Uganda, “Update on IDPs movement”, May 2007, www.ugandacan.org.

Demobilization and reintegration of children abducted by the LRA²⁵

There is no official disarmament, demobilization and reintegration (DDR) program in northern Uganda. The vast majority of children leaving the LRA did so either by escaping or by being captured by government armed forces. Under military procedures, captured children should be referred to the UPDF’s child protection unit and released into the custody of civilian organizations within 48 hours. In practice children have frequently stayed for longer periods, sometimes because they were injured or too ill to travel. Information from our key informants indicates that the UPDF has held returning children in order to gather intelligence from them or to use them as guides to identify LRA positions.

In the absence of an official program, during the 1990s non-governmental organizations (NGOs) and other agencies established a number of reception centres to respond to the needs of returning children. These include northern Ugandan centres run by World Vision, Gulu Support the Children (GUSCO) in Gulu and the Rachele Rehabilitation Centre in Lira. Such centres have assisted some 20,000 returning children and youth²⁶

NGO reception centres offered the children a variety of services, such as medical assistance, family tracing, recreational activities, counselling and psychosocial support. Some centres offered additional educational programs, mainly focused on life skills, and basic skills training. During the children’s time in the centres, social workers would visit their communities to prepare their families for their return, and to sensitize communities to the returnees’ needs and situation. The length of time children spent in reception centres varied, but on average most children stayed around three to four months before being reunited with their families. The length of stay in reception centres was in large part dependent on the time it took to trace the child’s family. On leaving the centres, children were usually given a ‘reintegration kit’. This consisted of some basic provisions such as clothes, a blanket and mattress, and a small amount of money (the equivalent of US\$5–10). It should be noted, however, that the support the children received from reception centres varied widely and was often inadequate, particularly in relation to health and trauma issues.

Following the LRA incursion into Teso in 2003, two reception centres for returning children were set up in that sub-region. One, based in Soroti, was run by a local NGO, Action Against Child Abuse and Neglect (AACAN), while the other was established by the national NGO Katakwi Children’s Voice (KCV). However, the latter’s location in an insecure location meant that it was little used in the early days of the children’s return. The location of reception centres resulted in a complex path of return for many Teso children, who would first go through one or more centres in the north of the country before being sent to AACAN in Teso and, when the security situation improved, from there to Katakwi. Thus a child could go to a centre in Gulu, then one in Lira before going to the AACAN centre in Teso and from there to KCV in Katakwi.

The total number of formerly abducted Teso children who have returned home is uncertain, although our key informants estimated that the number is in the region of 2,000, with some 500 to 1,000 still missing, most of whom are presumed dead.

²⁵ Details of former reintegration processes were obtained from key informants, as described in the Methodology section.

²⁶ *Abducted*, above note 3.

Interviews with our key informants revealed that longer term follow-up and support of returnees to the Teso region have been limited. Social workers from some centres were able to monitor and offer follow-up support to a limited number of children, and our key informants told us of one rehabilitation centre that sponsored boarding school attendance and/or provided educational materials for 115 Teso returnees. There have been several small-scale community reintegration projects, but these were available only to children who had been through reception centres and who were registered at the district level. The responsibility for longer term follow-up of these children belongs with district authorities and local child protection agencies. However, few of the latter are operating in the region, particularly in those areas most affected by the LRA incursions and abductions. Government officials and child protection agencies highlighted a lack of resources and services in the region which, when combined with its location, resulted in a general absence of family and community preparation for the children’s return, and little follow-up and support for the children themselves.

As a result of the improved security situation and ongoing peace talks, there are currently few, if any, former abductees staying at reception centres, and many are now closed. However, in anticipation of the release of children still held by the LRA, NGOs in charge of reception centres are preparing to scale up activities in order to accommodate children returning from captivity.

METHODOLOGY²⁷

Our research was set in the Teso region in eastern Uganda, which, perhaps because of the relatively late and time-limited incursion by the LRA, has been largely neglected by the international community and has benefited little from government support. Also, as most work on children associated with the LRA and on former abductees focuses on children abducted in the northern districts of Uganda, the experiences of Teso child abductees have previously been unexplored.

Participants in our study were 116 children and youth, now aged between 11 and 24, who had been abducted from the Teso region in 2003. Although we had originally aimed to include participants within a narrower age range, some older youth heard about our study and travelled long distances so as to participate. Nonetheless, approximately equal proportions of boys (85 per cent) and girls (82 per cent) were still under the age of 18 at the time of their participation in our study. When they were abducted, 108 (93 per cent) children were aged between 7 and 16, while only three were over 18. We had hoped to have equal numbers of boys and girls contributing to the study, but girls found participation more difficult due to their other responsibilities, such as domestic work. As a result, the final group of participants consisted of 49 girls and 67 boys.

In addition to the children and youth, we consulted with a number of key informants such as government officials, child protection and UN agency workers, and members of locally based NGOs. These informants provided us with background information on the Teso situation, on the structure and services of reception centres for returning children (as described above), and on the availability and type of follow-up services for these children. In this way we obtained information on previous return and reintegration processes and the challenges they had faced.

The information we collected in May 2007 from the former abductees was mainly qualitative and was gathered by means of individual interviews and focus group discussions held in five IDP camps in different Teso locations,²⁸ and in the Akore parish in the Acowa sub-locality. These camps and the parish were selected as being severely affected by LRA incursions, which had resulted in the abduction of large numbers of children in the region.

Individual interviews with the children provided us with basic demographic information about them: their age at abduction, their length of time with the LRA, their experience or not of a reception centre; the type of support they had received; whether the child lived with his or her family; details of their past and present education; and whether they were experiencing physical/health problems as a result of captivity.

Qualitative data was gathered via focus groups which were conducted in the local language (Ateso), attended separately by boys and girls, and with facilitators who helped the children address a series of questions designed to explore their experiences of capture, their time in captivity and their return and reintegration.

Our findings are divided into two sections. The first recounts the children’s experiences of their time with the LRA and their subsequent return and reintegration into their communities. The second presents their views on reception centres and their suggestions for future return and reintegration projects.

²⁷ More detail concerning the methodology employed in this study can be found in Appendix II.

²⁸ The five IDP camps were Morungatuny, Obalanga, Oditel, Kapelebyong and Adepar. The Akore parish is in the Acowa sub-county, Amuria District, Teso.

FINDINGS

PART I: CAPTIVITY, RETURN AND REINTEGRATION EXPERIENCES

Captivity and departure from the LRA

Experiences in captivity: The length of time the children were in captivity varied from a few weeks (5 per cent) to up to four years (2 per cent), but the majority (75 per cent) remained with the LRA for between one month and a year. Those who spent several years in captivity did not return to their communities until 2006–7.²⁹

The children recounted the horrors of their experiences in the LRA. Once abducted, they were subjected to extreme violence and sexual abuse. They were drugged and were forced to carry heavy loads and walk long distances. Their duties included armed combat, but also a range of other activities including, for example, cooking for commanders and gathering information on enemy or government troop movements. Trained in military tactics and taught how to use guns, they were forced to kill other children within the armed group, including their friends, and to participate in crimes and atrocities – both against government troops and their own communities. Their testimonies reveal how much they endured.

“I was raped twice in the bush by our commander and his bodyguard, in Pader, and I felt so bad because I was still young then and not ready for sex; worse, I am not sure to date if they were free from HIV/AIDS.” (Girl, 17)

“Sometimes in the bush, the rebels would beat us without mercy whether you made a mistake or not. We would also be made to carry heavy loads on our heads for long distances and made to assemble out in the cold each day as early as 5 a.m.” (Boy, 15)

“When I was abducted in 2003, we had no food for three days, we lived only on water. Then the rebels made us move and when we reached Asamuk the rebels decided that we should prepare some food. They told us to decide among ourselves who should be eaten. At first, we thought it was a joke until they decided themselves on a certain girl whom they slaughtered and cut into pieces. Then they told us to cook the pieces. When it was ready, the rebels forced us to eat the cooked girl. After that we were told to kill an old man who was helpless. After a week, the rebels brought us to Amaseniko camp [Amuria] where we had been abducted and told us to burn houses. I was told to kill my grandfather. When I tried to refuse, the rebels beat me hard until I accepted to kill him using heavy stones. Then we went ahead to kill two more people we came across.” (Girl, 13)

“The rebels forced me to cut off a child’s leg, but I didn’t manage completely, just the foot, so the rebels beat me and told me I would be killed next.” (Girl, 16)

²⁹ At the time of data gathering all 116 children and youth were staying in the same communities to which they had returned, either with their families, with relatives or on their own.

“The rebels cut our necks and put herbs inside to confuse our heads. This made me wanting to stay with the group. It makes you feel that you don’t want to go home. They also performed some rituals on us, every evening they smoked us with some herbs that make you go and kill somebody.” (Boy, 17)

Departure from the LRA: Given that the LRA have not demobilized and have not, with rare exceptions, released children from their ranks,³⁰ there were only two ways for the children to exit the LRA: by escape or by capture by government forces during an attack or a battle. Seventy-one per cent of the children told us that they had put their lives at risk by escaping from the LRA, either by themselves or with other abducted children, while the remaining 29 per cent returned home following capture by government forces during battles with the LRA.

“I was helped to escape by some boys who were also abducted. Immediately after we escaped, the rebels made a follow-up, they almost got me again but I hid in the bush near the road and the rebels passed.” (Boy, 15)

Those who managed to escape did so at night when the LRA members were asleep, or took advantage of being sent to get water, food or firewood to slip away. One, sent to spy on government soldiers, sought refuge in their barracks. Escapees endured difficult conditions in their flight through the bush, spending days travelling with little to eat and with the fear of being found and killed by the LRA.

“I travelled on foot for about ten days in the bushes, with no food apart from raw tomatoes, until I arrived in Lira town.” (Girl, 16)

Of the children captured by the UPDF, some were transported directly home while others were delivered to reception centres in Lira or Gulu in northern Uganda. Those most likely to be taken straight home were those captured by UPDF mobile battalions operating in remote areas far from urban centres. These children would most likely be handed over to district authorities or provided with transport back to their families.

Returning home to families and communities

The children’s perceptions: The children reported experiencing a variety of feelings, ranging from happiness to confusion and sadness on their return home. The general response by the girls in all locations and focus discussion groups was that they felt happy on return to their families and communities. This was primarily because they had managed to stay alive during their time with the LRA while so many of the other abductees were killed, and because they were no longer

³⁰ There may be individual cases of children who were released by the LRA, but little information is available. According to the May 2007 Report of the Secretary-General, above note 3, on children and armed conflict in Uganda, two children had recently been released from the LRA. Reportedly, these children had been detained by the UPDF in southern Sudan in order to provide intelligence information. Both children were later sent to a reception centre and registered as formerly abducted children.

confronted with “*troublesome life in the bush*”. They reported how they had lost hope of ever returning home and how lucky they felt at having escaped the frequent beatings and killings.

“I was happy to be freed from the problems we had to go through in the bush and I was happy because I got rid of death.” (Girl, 14)

However, feelings of happiness at having escaped their suffering and at being back in their communities were then overshadowed by the immediate problems that the children faced on their return, as well as by their memories of their experiences in captivity and the problems stemming from their time with the LRA. These were revealed through statements made by individual girls.

“I felt bad because when I came back I saw the tree where I was beaten and abducted.” (Girl, 14)

These views emerged especially during the focus group discussion with boys. The majority of boys said they felt bad on their return and cited a variety of reasons, such as not finding their parents, lack of food and other support, sickness, psychological disturbances, lack of school fees and being charged with the responsibility of taking care of younger siblings in the absence of their parents. They found it extremely difficult to cope with the situation and conditions to which they returned, some even to the extent that they considered the option of rejoining the LRA.

“My mother was killed, so I felt it was better to go back to the bush, this way you don’t find anybody dead at home.” (Boy, 16)

The mixed feelings of many of the former abductees were summarized succinctly by one boy aged 15:

“You cannot be completely happy with all these wounds – both in your body and in your mind.”

Family responses: When discussing how their families responded to their return, the children differentiated between the responses of their parents and those of their brothers and sisters.

The majority of the children returned to find that their parents were alive (89 per cent) and happy at their return. Some were “*received in the traditional way*”, with their families initiating traditional spiritual or cleansing ceremonies which served both to cleanse them of evil spirits and to welcome them back into the community. While these ceremonies were meaningful and important to families and communities, their value to the children themselves varied. Some reported that the ceremonies did not “*prevent them from thinking about the bush*”, and many children reported that what helped them most was to be taken to church where pastors would talk with them and pray for them.

For a few children, mostly those who did not pass through a reception centre but returned on their own and suddenly appeared at home, the initial reception by their families was more problematic. It seems that the reluctance of some parents to take in their child can largely be explained by fear; they were scared that the children had come to kill or abduct them.

“My parents ran away when they saw me, I had to follow them, they thought I would abduct them.” (Girl, 15)

“My old mother got shocked, she got a heart failure. I was then taken back to AACAN for three days. When I came back home, I couldn’t enter the house because everybody was fearing me. So I sat by the church, some people brought water for me until finally my mother greeted me and expressed happiness that I returned.” (Male, 18)

It should be noted, however, that none of the children were rejected by their families. Despite some difficulties during the first encounter with their returned child, all parents ultimately accepted them back into their families.

Relationships with brothers and sisters appeared initially more problematic for returnees. Many of their siblings evinced fear in their presence and responded with name calling and rejection, causing them to feel isolated within their families. In a few cases, rejection was so complete that siblings left to stay with relatives rather than live alongside the returning abductees. Although the returnees were both hurt and annoyed by their siblings’ attitudes and behaviour, they predominantly chose to keep their distance and to minimize interaction with their brothers and sisters. However, they said that slowly, over time, relationships improved so that by the time of the study, no remaining major sibling problems were reported, although violence or aggression could occasionally surface.

While the majority of the children returned to their family homes, 13 children returned to find that their parents had died. As a result, the children were either living alone (4), with younger siblings (7) or with their extended family (2). Their adjustment to returning, therefore, occurred alongside the premature assumption of responsibility for themselves and/or their siblings, and in the absence of a protective family structure.

Community relationships: While parents welcomed the children home, their reintegration into the community was a slow and difficult process for the majority of children. Most encountered a great deal of hostility from community members, which took the form of isolation, stigmatization and the use of unfriendly and abusive language. Those who returned with scars and wounds or physical disabilities were particularly prone to being insulted, the visible signs of their abduction serving as a direct target for abuse.

“My head was cut by the rebels and I have a big scar on my forehead; children and elderly people always insult me.” (Girl, 14)

The rejection of returnees was, in some cases, extreme, the children reporting that they were characterized as “*Kony’s children*”, or informed that it was “*wished they had died in the bush*”, that they were mentally deranged, or even that they should be killed: “*they are useless, they learnt how to kill people so it is better to kill them also*”.

Young boys and girls aged 13 years or under, who could be perceived as “*innocent*” appeared to experience less hostility, although they, too, on occasion, experienced some difficulties.

From the perspective of the participants, community hostility stemmed predominantly from three causes. There was, first, their association with the looting, killing and other violence that occurred when the LRA attacked the civilian population in Teso, the local population now not being willing to accept those who had been involved in brutal violence against their own people. Second, there was a continuing fear that these children would continue to kill. This was, in part, evoked by the children’s own unmodulated or aggressive responses to those who insulted or abused them. For a large number such violence and aggression was a common way of handling the hurt they felt at their treatment by the community.

“I was so aggressive, anybody who insulted me I felt like I wanted to kill them. I also felt like going back to the bush, because I didn’t feel welcome at home.” (Boy, 17)

Finally, some parents whose abducted children had never returned showed particular hostility when they blamed those children who had returned for their own plight.

“Some were not happy because their own children had not returned. They tell us it is us who caused them not to come back and that we took their children.” (Boy, 16)

Over the longer term, the attitude of the community towards the returnees has moderated, with overt resentment being rare, but in the eyes of the children community hostility has not yet fully subsided. Older children and boys, in particular, continue to experience many problems with community members.

“They still call us rebels, even this morning when we came to the meeting. This is done by both adults and children.” (Boy, 16)

Peer relationships: Returning children came into contact with their community peers both as they went about the local community and at school when they returned to education. In both settings, they encountered a hostile reception, although some fared better than others.

Within the community, the extent to which they were accepted by their peers seemed to some extent to be influenced by their age on return. Those below the age of 14 at the time of interview (30), particularly younger girls, seemed to be able to play with, and interact easily and freely with, other community children, provided that they were not insulted or reminded of their

abduction. The 86 children aged 14 and over seemed to experience more difficulty, and even where they were able to mix with other children, they emphasized the need for caution.

“You have to be very careful. People say that we can easily kill them and sometimes children stay with us only for a short while and then disappear.” (Boy, 15)

Overall, the majority of both boys and girls, especially those of 14 and above, reported experiences of hatred, isolation and “*segregation*” between themselves and their peers.

“We feel different because of the way other children look at us; it seems as if we are not children born from this land. They view us as though we come from a different place.” (Boy, 17)

Although some older members of the community tried to support the children, this did not appear to be the norm, and usually few adults intervened or showed a willingness to support these children and aid their integration. Perhaps not surprisingly, therefore, the children preferred to interact with other former abductees where they felt free and accepted, and where they also could avoid tensions with the parents of non-abducted children.

“I feel easy with other formerly abducted, nobody insults me and we have all gone through the same trouble.” (Girl, 17)

Within the school setting, a similar picture unfolded, with the former abductees experiencing social isolation, teasing and bullying, which appeared to stem specifically from their capture and bush experiences.

“Other children insult me and when I try to fight them they run to the teacher’s office. The teacher says ‘If your head is confused because you were abducted, don’t come and disturb others’. Then the teacher beat me up. I went back with my parents and now it’s a bit better.” (Boy, 14)

The privileged position of some ex-abductees who had their school fees paid by one particular reception centre resulted in some facing continuous taunting and bullying.

“They always break my suitcase and take things from me, and then they tell me I shouldn’t complain because I get all my things for free from agencies.” (Girl, 16)

The amount of rejection felt by these children is to some extent reflected in their recommendations for future reintegration projects that formerly abducted children should be

educated separately, away from the community peers and adults who find it so difficult to accept them (see Findings Part II).

Physical, social, psychological, educational and economic challenges

The children were asked to discuss what kinds of problems impacted on their daily lives – on return and as the months and years passed – and how they coped with these. They cited problems related to their physical health and their psychological and social well-being, and economic and educational difficulties. In fact, the problems they reported that they are currently experiencing are not much different from those they were confronted with on their return. The only difference seems to be that their problems have diminished in intensity with the passage of time. For that reason, the children’s responses are summarized across both periods.

Both boys and girls reported similar problems with their health, and psychological and behavioural difficulties. In addition, the boys reported suffering much more from continuous stigmatization and resentment from community members at large. However, as outlined later in this report, the girls faced additional challenges, including community stigmatization as a consequence of sexual violence – and, as reported earlier, children of both sexes experienced stigmatization by their community peers.

Physical and health-related challenges: The children returned home in very poor physical condition due to heavy beatings, carrying heavy loads and walking long distances. Many had serious wounds and injuries, general sickness, stomach pains and sexually transmitted diseases. Some 13 per cent had very serious wounds, which included bullets which had not been removed and severe head injuries from beatings. A number of girls reported additional problems including HIV/AIDS infections and pain resulting from rape and sexual abuse, which are discussed more fully in a later section on girls’ experiences.

For the great majority (86) of children, these health problems continue. Their physical pain and difficulties are having an impact on their well-being, affecting both their performance and acceptance at school and in the world of work.³¹

“There is a big difference to the time before I was abducted, especially regarding my health. I used to be able to work hard in the garden but now I’m no longer strong and work looks so heavy for me. I can’t perform better yet I have to work hard to earn a living. I really feel weak and sickly, especially in my back and chest.” (Male, 18)

“When I try to study, my health affects me and I have to stop. I cannot go to school every day because my body pains.” (Girl, 15)

All affected children reported receiving either no medical treatment or insufficient and/or ineffective medical care on return home. This was not affected by whether the children had been

³¹ Following the focus-group discussions, six of the children and youth who reported that they still had severe medical conditions were referred to the Christian Children’s Fund (CCF) for financial support to meet the costs of treatment.

through a reception centre, or whether they had received medical care there. Their reports, therefore, agree with those from our key informants, which indicated that there was limited funding and organizational support available for medical services at the reception centres, which inevitably influenced the quality and scope of medical care available.

Those children with access to money cope with their physical difficulties by seeking out medical treatment. However, the medical care available is highly limited, as health centres in Amuria and Katakwi are lacking medical staff, drugs and the capacity to treat the types of wounds and injuries inflicted on these children. As a result, the care they receive is often ineffective. Thus the majority of children simply have to bear their pain, unless they are fortunate enough to receive financial support from an NGO to enable them to go for treatment to Mbale or Kampala.

Psychological and social challenges: All 116 participants, regardless of whether they went through a reception centre or not, reported social, psychological and/or behavioural problems on their return. Nightmares, flashbacks and hallucinations, occurring frequently and regularly, were reported.

“Someone comes with a big stick and beats me. This happens when I am awake and when I’m sleeping.” (Boy, 17)

“I had dreams about being caught by the rebels who cut off my head with a panga.”³² (Girl, 15)

“I had imaginations like still hearing gunshots. The noise I heard was like an airplane in my head.” (Boy, 14)

Many also suffered from extreme fear, reporting that they were unable to leave their homes out of fear of re-abduction, and were unable to interact with visitors whom they did not know. Whenever they heard unexpected noises, they would get *“an instant shock and start running”*. In general, the children preferred to be on their own or with close family members during the initial period of return and preferred to be in a quiet place.

“I didn’t want anybody strange in the house, whenever someone came I was hiding in the house and I felt like hitting them.” (Girl, 15)

Four participants reported such difficulty in dealing with bush experiences and their abrupt transition back to civilian life, that they contemplated suicide.

“When I came back I wanted to kill myself because I thought death is the best option. I felt so stressed.” (Girl, 17)

³² A *panga* is a Swahili term for a machete, a tool commonly used in rural areas in Uganda.

Aggression was also common. Sometimes this was in response to the behaviour of others, while at other times it came “*out of nowhere*”, on an impulse that the children felt unable to explain. They saw their aggressiveness as a direct result of the frequent beatings and killings experienced in the bush, where “*they were made to do things they didn’t want to do and if they didn’t follow they were killed*”.

As one girl put it,

“I was very aggressive, I felt like cutting any child.” (Girl, 16)

These initial difficulties have persisted over time for a number of these children, such that at the time of data gathering, one boy reported,

“Yesterday, my sister who is 15 called me a rebel, so I beat her with a stick and I felt like killing her.” (Boy, 17)

In addition, dreams about captivity, for example “*beating and killing people*”, remain common occurrences for most returnees, occurring on a weekly or monthly basis for most of them. For a very small number of children, such dreams occur several times a week. The children also report visual and auditory hallucinations (noises and violent imagery) and flashbacks to their time in the bush: “*Sometimes I even see Kony himself*”. Fear and anxiety are still reported by a large number of the children, who try to avoid noisy places and large gatherings of people and who are afraid when they hear the sound of an aeroplane or when they see soldiers. The fear of re-abduction remains a potent one, so that the children are afraid to walk alone in remote areas or to venture outside their village or camps. The tendency to get annoyed easily remains for many of the returnees, who report feeling or behaving aggressively in response to specific insults, during arguments and over minor incidents.

Educational challenges: The children attached a high value to education, all but one expressing a wish to be able to attend school; 79 per cent of them had achieved this by the time of this study. However, prior to their abduction, 97 per cent of the former abductees had been at school. This decline in school attendance is doubtless due in part to a number of challenges they faced, which included poor concentration, physical and mental health difficulties and, as described earlier, social isolation. The primary reason cited by the children, however, was their inability to pay school fees. Other factors included marriage and pregnancies among the girls, the health-related problems cited above, and the need to take on responsibility for younger siblings when parents had died. All of these factors would, of course, be common to many non-abducted children in war-affected communities. More specific to the former abductees were their experiences of peer rejection and social isolation at school, which made school attendance an unhappy experience for many and was a contributory factor to some of them dropping out. Nonetheless, the fact that 79 per cent remained in attendance, including those who had missed substantial education and were thus being educated with younger children, testifies to their determination and coping skills. Overall, the children were appreciative of the support, advice and guidance which teachers were able to give them, which was enabling the majority to remain in full time education.

Economic challenges: These were mainly reported by the 13 children who returned to find their parents dead and were left to provide for themselves and/or shoulder the burden of caring for younger siblings. Their need to survive meant that they had to abandon the hope of education and seek a way of earning a living. These difficulties continue to the present day, and are exacerbated by the lack of employment or income-generating opportunities existing in the current situation of persistent poverty. In this context, former abductees struggle daily to feed their family members and provide basic necessities. These difficulties, of course, are experienced by many other community children who are orphaned, head households and/or live in dire poverty.

Issues arising from girls’ experiences: During the girl-only focus groups, the girls spontaneously raised the additional challenges they face as a consequence of their bush rape and sexual abuse, and any resulting pregnancy, sexually transmitted diseases or HIV/AIDS. While rape was reported as most frequently occurring to those aged over 14, even younger girls reported that rape was common in the bush and that they had witnessed it many times.

The survivors of rape reported current pain and medical problems as a result of the assaults they endured.

“I feel pain from the rape, as if I have wounds inside, and I am afraid to have a disease. I would like to get tested but there is nobody to help me. I was tested in the reception centre in Gulu, but I was never told the result. The doctor said that it is better not to know the result.” (Girl, 17)

Some girls were known to be HIV-positive, while others suffered the anxiety of not knowing whether they were positive or not. Some girls were able to be tested in reception centres but not all reception centres could offer this service. With few health centres in Amuria and Katakwi able to offer a reliable HIV/AIDS testing service, and with costs of travelling to other facilities so prohibitively expensive, untested girls are likely to remain uncertain of their HIV/AIDS status.

The girls experienced community stigmatization as a result of the attacks upon them and reported feeling hurt that they were regarded as “*spoilt*” and no longer marriageable. Feelings of rejection were compounded by other psychological consequences of rape, including an adverse effect on attitudes towards relationships with the opposite sex.

“When somebody tells me about boy–girl relationships I get so annoyed and aggressive, I just want to fight them, because I cannot think about boys or even look at them.” (Girl, 17)

Earlier research undertaken in conflict-affected areas suggests that girls who return pregnant or with children are often rejected by their communities and their families.³³ Key informants in this study indicated that they had come across many cases of family and community rejection of such girls in Teso. In our sample, however, only three of the girls returned either pregnant or with children. All reported that their families, particularly their mothers, were positive and both

³³ S. McKay, M. Robinson, M. Gonsalves and M. Worthern, *Girls Formerley Associated with Fighting Forces and their Children: Returned and neglected*, Coalition to Stop the Use of Child Soldiers, 2006.

encouraged them to return to education and provided support for the children. This was in contrast to the negative responses from the community, with the girls describing rejection and hostility towards them.

“My parents were the only ones who welcomed me with the baby. The community told me to take my child back because it is a rebel product. I felt so bad. When staff from an NGO visited, they gathered the community and told them not to insult me and to accept the baby as their own. They encouraged me to stay at home. It helped me a bit but whenever I hear anything about rebels or insults, I start crying. I still cry all the time.”
(Girl, 17)

While the community attitude towards the girls moderated over time, moving towards more acceptance and inclusion of the girls, this did not extend to their children.

“The majority of people think this child will adopt the character of the rebels. They insult the child, they tell him he is a rebel and when he grows up he will also become a rebel.”
(Female, 18)

Coping mechanisms: Faced with the difficulties outlined above, the most common way for ex-abductees to cope was to seek strength and comfort in religion. Praying, reading and going to church were among the most frequent coping strategies cited by the children. Social interaction with others and recreational activities such as football, netball, singing or dancing also improved their sense of well-being. Acknowledging that they could experience anger and aggression when insulted or rejected, few children were able to report an effective way of dealing with this. The most frequent strategies included “*just keep quiet*” or reporting those who bothered them to teachers or other community members. Distancing themselves from potential targets for their aggression, and trying to keep control of their feelings, were other ways in which children tried to handle their negative responses to others. As outlined earlier, managing self-control and distancing themselves from their siblings had been effective in fostering better relationships over the longer term.

Their bush experiences, while negative in many ways, did nonetheless offer some children the chance to learn new skills. When asked whether they had acquired positive skills during their time in the bush, the children were able to name them and indicate whether they would be useful in civilian life, although their responses differed markedly according to gender. The boys cited a number of life and survival skills which they valued. Of particular use were marketable skills, such as learning how to repair radios, which could be turned into income-generating activities enabling them to meet their basic needs. Other boys learned useful leadership skills – for example one boy was chairperson of the disciplinary committee at his school, a position which raised his self-confidence and earned recognition and respect from others.

During captivity the girls were trained as combatants and taught to shoot, suggesting that their roles were similar to those of the boys. While a few mentioned the acquisition of useful skills such as learning to cook, or speaking Acholi, the majority emphasized that learning to kill others could not be regarded positively (a view shared also by the boys). One girl did acquire leadership skills but had no opportunity to use these in the community.

While the children showed resilience and adopted coping strategies where these were available to them, they highlighted the absence of an opportunity to talk with others or to receive advice and guidance which could foster their coping skills.

“This is the first time anybody gathers us to talk to us and to share our experiences, we are so happy about it and you should continue coming and giving us advice. Also, nobody ever came to talk to us individually.” (Boy, 17)

Outlining their need for support *“since we all still have stressful moments”*, some said that their parents had on occasions tried to help and talk to them, but it was not effective and *“not serious”*. In situations where they need support, there is nobody to turn to and this, they said, makes them feel *“alone and neglected.”*

FINDINGS PART II: RECEPTION CENTRES AND REINTEGRATION PROVISION

Passage through reception centres

Thirty-nine per cent of our participants did not go through reception centres, but returned home straight after their escape or capture from the LRA. A small number of these children were later referred to either the AACAN or KCV reception centres by the local authorities. The remaining children who did go through reception centres followed the complex path through various centres outlined previously. For some, this turned into a lengthy odyssey.

“After I escaped I was captured by UPDF soldiers who took me to the barracks in Sudan where I stayed for one week. I was then taken to Kitgum where I stayed for one month with other formerly abducted children. Then I was taken to Lira where I stayed for one year. Then I was brought to Soroti where I stayed for one month, then I came home to Obalanga camp.” (Girl, 17; the Obalanga camp is in the Amuria district)

The time in reception centres varied from a few weeks to more than a year, with the length of time being largely determined by the degree of difficulty in tracing the children’s families.

Children’s views of reception centres

Valued services: All children, regardless of their path home, were overwhelmingly positive about the need for reception centres, stating that it was better to have an interim period in such centres prior to returning to their communities. The services most frequently cited as valuable can be found in Table 1. Most often cited was the provision of advice, guidance and counselling, which was mentioned by 46 per cent of participants, closely followed by medical attention (41 per cent) and family tracing (35 per cent).

The children who had not been through reception centres were unequivocal in their support for a transitional time in a reception centre before returning home. Their views were based on the difficulties they encountered on their return. They particularly mentioned the lack of medical attention and psychosocial support. Without reception centre support, they had *“nobody to give them advice and talk to them, and there was no money for treatment.”*

Table 1. Reception centre services valued by returning children

Frequency (%) ¹	Service	Illustrative quotes
53 (46%)	Advice, guidance, counselling	<p><i>“When I came from the bush I wasn’t OK mentally, but the centre helped me to recover.”</i></p> <p><i>“They counsel you until you settle your mind.”</i></p> <p><i>“There are professional people who counsel you. You are very aggressive when you come home and your parents cannot help you.”</i></p>
47 (41%)	Medical services	<p><i>“My parents wouldn’t be able to give me medication.”</i></p> <p><i>“When you return immediately nobody at home can take care of you, especially when you are sick.”</i></p>
41 (35%)	Family tracing	<i>“It is good because they trace your family. If you come home directly, you may not find them.”</i>
33 (28%)	Transport	<p><i>“You get transport, which is good, because if you go home on your own you might meet a rebel.”</i></p> <p><i>“I couldn’t walk because my leg hurt from the wounds.”</i></p>
31 (27%)	Clothes provision	<i>“When I came to the centre I only had army clothes, so they gave me civilian clothes.”</i>
25 (22%)	Food provision	<i>“Feeding is difficult because you don’t find your people and food back then was very scarce.”</i>

¹Children could give more than one response.

Thus these returnees’ views are positive towards reception centres. Some support for their views derived from our key informants. While aware of the limitations in the services which reception centres were able to provide, our key informants told us of some other returning children who had gone straight home without going through reception centres and who had continued to evidence emotional and behavioural difficulties within their communities as they strove to reintegrate. For this reason, their community leaders (with the support of the children’s families), had sought psychosocial assistance for the children from a reception centre.

The children in our study also indicated envy of those who had passed through reception centres. In particular, they envied the provision of longer-term educational support with school fees and materials (received by 14 children and youth) and the receipt of ‘reintegration kits’, which were valued by both returning children and their families. These kits consisted of various items such as

clothes, blanket, mattress and so on. Some children received also a small amount of money (10,000–20,000 Ugandan shillings, equivalent to US\$5–10). The reality of a returned child in the context of a severe humanitarian crisis and dire poverty is that an extra child needs to be fed, clothed and sent to school. The basic necessities contained in the ‘reintegration kits’ thus added to the family’s overall well-being, and were valued by the children and their parents.

However, this uneven provision of services left some returnees with feelings of envy and bitterness, wondering why some children had been singled out when all had gone through similar experiences.

“We all deserve such support because we were all captured. I feel unhappy because some were received differently.” (Boy, 15)

While highly positive about the reception centres in general, two caveats were expressed. First, the geographical location of the reception centres made family contact difficult for the children. Second, one particular centre treated the children badly, although it should be noted that the funding agency stopped funding the NGO running the centre when this was discovered.

Desired services: Perhaps not surprisingly, when discussing their recommendations for services which should be provided in future return and reintegration projects, the children cited the services which they had themselves valued, such as psychosocial provision and medical care, or had envied others (the provision of educational and non-food items). Remaining services can be found in Table 2. Also stressed was the need to have reception centres in place at the time of return, so that returning children could have immediate access to services and support. The difficulties these children had in reintegrating into their communities is reflected in their recommendations for education in different or distant schools due to insults and social isolation, community awareness-raising and recreational activities in a youth centre where they could interact with other children.

Length of time in reception centres: The children varied in their views on the appropriate length of time which should be spent in reception centres, although between two and four months was the predominant view. Former abductees thought that this period was both necessary and sufficient to help them to distance themselves from their experiences, to reflect on their past and future, to treat their physical and psychological wounds, and to prepare them for life in the community. The fear of re-abduction led some children to endorse longer time periods in centres, while those whose parents had died and who were currently living on their own or with younger siblings, indicated a preference for staying permanently in centres. They thought that in such centres they would receive more protection and support, and encounter less community stigmatization and resentment.

Table 2. Services valued for future return and reintegration projects

Advice, guidance and counselling
<p>Specific areas of counselling mentioned:</p> <ul style="list-style-type: none"> • How to deal with aggressiveness and arguing with others; helping them to reflect during stressful moments. • Talking with them • Helping them not to think about stressful things and to forget about their experiences • Encouraging them to express their own views and feelings, <i>“because in the bush we were not able to do that, we had to always do what we were told”</i>. • Advising them so that they could mix freely with other community members, e.g. <i>“not to be rude to other people who insult them, but instead keeping quiet”</i> and <i>“telling them to change their attitudes and that life must go on”</i>.
Medical services
<ul style="list-style-type: none"> • Providing them with medical attention since they have wounds and many come back with a lot of pain
Skills training (vocational/agriculture)
<ul style="list-style-type: none"> • Skills training such as carpentry, tailoring, etc. • Animal rearing • Provision of cows and goats
Education
<ul style="list-style-type: none"> • Take them to school • School fees and scholastic materials • Opening a separate school for formerly abducted children, or sending them to distant schools. <i>Separate schools: “they would be more settled and peaceful to study. Also because they understand each other.”</i> <i>Distant schools: “because people in the community don’t like them. First they should stay in a distant place, then when they return to the community people will have forgotten”</i> about their past.
Preparing the community and social integration
<ul style="list-style-type: none"> • Preparing the community to welcome returnees • Radio programs to raise awareness among the public • Receiving them warmly and making sure that nobody labels them <i>“returning children and community should be gathered together, and the community should be warned that if anybody abuses them they will be punished.”</i> • Showing them love • Being free with them • Being friendly and kind to them and not harsh
Recreational activities
<ul style="list-style-type: none"> • Interacting with others • Playing football • Watching films • Creating a youth centre for recreational activities
Encourage them to go to church
<ul style="list-style-type: none"> • Encourage them to go to church and pray to thank God for bringing them back • Take them to Sunday school to pray and sing • Reading the bible for them
Provision of non-food items
<p>Making sure that they have some basic necessities for starting life.</p>

DISCUSSION AND CONCLUSIONS

Returning home – vulnerability and resilience

The children and youth who participated in our study gave moving accounts of their experiences both while they were abducted and on their return home. There is no doubt that their horrific experiences during captivity had profound and long-lasting consequences, the implications of which need consideration.

The children reported many difficulties spanning the physical, psychological, social, behavioural and economic domains. All were in extremely poor physical condition when they returned and they continued to suffer serious medical problems stemming from their brutal treatment in the bush two or three years earlier.

Girls particularly suffered from medical conditions and frequent physical pain stemming from their violent sexual abuse, including HIV/AIDS and sexually transmitted infections.

All the children reported symptoms of psychological trauma on their return. These included nightmares, suicidal thinking, extreme fear and anxiety which pervaded their daily lives as they tried to adjust back into their families and communities. For a number of the children these difficulties have persisted, and many reported continuing nightmares of the violence they experienced, visual and auditory hallucinations, flashbacks and fear. They also reported difficulties in controlling their behaviour and aggression, particularly when insulted or rejected.

At the same time, the children’s accounts of how they coped with their difficulties and their determination and persistence under extremely difficult living conditions testify to their resilience. Indeed, the children’s accounts of how they risked their lives to escape from the LRA and the fact that they did not become, as is so often claimed, ruthless killers, is further testimony to their resilience. However, the mixed outcome – resilient while remaining distressed by their experiences – illustrates the complexity of their situations and underlines the need to avoid characterizing war-affected children solely according to one dimension, as either traumatized or resilient.

An additional complexity arises from the already recognized need to take into account the characteristics of individual children when evaluating the outcome. Our findings confirmed other reports that outcomes are highly likely to differ for boys and girls, with girls who have been sexually violated, particularly if they return pregnant or with children as a result of their experiences, finding reintegration more difficult.

Yet the children’s accounts added another layer of complexity, as they reported that their age at the time of return was also important – for example, younger children (both boys and girls) reported finding reintegration easier than older boys and girls. Thus pre-adolescent girls found reintegration easier than older girls who had suffered sexual abuse, while older boys in our study reported longstanding suspicion and hostility towards them. One explanation for differences in attitudes could be that older boys were regarded by their communities as more culpable for their actions than younger boys. What does seem apparent is that factors such as the age, gender and the stage of development of the children need to be taken into account in a way that reflects possible interactions between them.

The length of time these children were with the LRA varied from a few weeks to two or more years. This is likely to have contributed to the fact the children varied to some extent in the type of abuses they report experiencing in captivity. It has been suggested that those most likely to be adversely affected in the longer term by experiences of such violence and abuse will be those children who spend longest with their captors.³⁴

However, in our study all the children were affected by their experiences, and continue to be so. It may be, therefore, that how long children stay with armed groups is not *by itself* a sufficient indicator either of the level of impact such experiences will have, nor of the children’s recovery process. Other contextual and individual factors (such as developmental stage, age and gender) may also be important.

It needs to be acknowledged, of course, that we did not systematically examine the effect on the children of their length of time in captivity and, therefore, our finding in this respect needs to be regarded as tentative. On the other hand, it has been reported that LRA violence towards abductees, along with their forced participation in human rights atrocities, is likely to be at its greatest during the initial time of their abduction – the time when the LRA seeks to isolate and intimidate them, and to ensure that they will be socially ostracized should they seek to return to their communities.³⁵ This would be consistent with our finding that the children and youth in our study were seriously affected by their experiences even when their abduction may have been relatively short-lived. To this extent, therefore, our findings support suggestions that it is not helpful when planning for reintegration to make distinctions between children based on their length of time with an armed group.

At the same time, it is important to bear in mind that when children remain with an armed group such as the LRA for very long periods and grow up within that group, with some even assuming leadership positions, their identification with the group can become strong. For such returnees it will be important for reintegration programs to recognize and understand that the strength of their allegiance to the group may well affect the reintegration process and the community’s reaction to them. Such children and youth may well need specific provision and will need careful monitoring over the longer term to ensure their successful transition back into civilian life.

Against a backdrop of continuing health and psychological difficulties, the children reported an absence of, or inadequate, medical treatment which stemmed primarily from their difficulty in accessing services due to a lack of funds and/or an inadequate local provision of specialized services. The long-standing and specialized nature of the children’s medical difficulties, along with their reports of the limited medical care which reception centres were able to provide, concurs with reports from our key informants that such centres did not always receive adequate support or finance for this aspect of their services. The subsequent absence of local community medical services, along with the value the children attached to the medical care some reception centres were able to provide, suggest that specialized and continuing medical care is an important part of any future return and reintegration programs. In our study girls who had experienced sexual violence worried frequently about their sexual health in relation to sexually transmitted diseases and their possible HIV status. Some also reported that sexual violence had negatively affected their relationships with men post-return.

³⁴ N. Boothby, J. Crawford and J. Halperin, “Mozambican Child Soldier Life Outcome Study: Lessons learned on rehabilitation and reintegration efforts”, *Global Public Health*, 1(1) (2006).

³⁵ For example, see *Nowhere to Hide – Humanitarian Protection Threats in Northern Uganda*, Civil Society Organisations for Peace in Northern Uganda, 2004.

It has been recognized that the emotional, physical and sexual/reproductive health needs of sexually abused returnees require specialized provision based on an understanding of their rights to information and care. However, this had not been systematically or consistently provided to girls in this study. Our findings indicate that major demands are likely to be made on future reintegration programs in contexts where existing medical infrastructure is weak and relevant expertise may be lacking. There will be a need for the provision of wide-ranging specialized medical and psychosocial care and for liaison with, and, where possible, a strengthening of, existing children’s health services.

Of course, while it is important to recognize the negative impact of their experiences, it is equally important to recognize not only that these former abductees showed resilience and coping skills when faced with the problems associated with their return, but that some also report learning some positive skills whilst in captivity. Where these were appropriate to their daily lives, they were employed by the children so as to enable them to earn their living, or to exercise leadership skills in, for example, the school setting. Enabling returning children to use skills learned within the context of an armed group in such a way that they are of benefit to their communities should serve to enhance their acceptability and reintegration.

The children’s resilience and determination to recover from their experiences was also shown in their persistence in attending school even when they were behind their own age group due to missed schooling, and/or were encountering consistent bullying and hostility from their peers.

Returning home – facilitating familial acceptance

On their return, the majority of former abductees found their parents to be welcoming and happy to see them. This was the case also for the girls who returned with children. However, this parental acceptance occurred in a context of sibling and community rejection which led to social and emotional difficulties for the returning children of both sexes.

Our participants reported that their relationships with their brothers and sisters were often characterized by fear and hostility and rejection, particularly in the initial stages of their return. In spite of their difficulties in self-control, the children were able to show restraint in the face of this rejection by their siblings and the result was that relationships improved substantially over time.

Our findings are a reminder that children return not just to parents but also to other members of their immediate and extended families, who may also experience fear and/or demonstrate rejection of them. This suggests that efforts to prepare families for returning children could usefully include active steps to ensure that siblings and other important relatives are included in these efforts.

Returning home – facilitating community acceptance

Also worrisome were our findings relating to the persistent stigmatization of these children and the resentment shown towards them by community members, including their peers in school and community settings.

While their parents were able to accept back those girls who had suffered sexual violence, their social status within the community was affected as they reported that being regarded as “*spoilt*” by their experiences rendered them less socially acceptable and marriageable.

Familial support also extended to accepting the children born as a result of LRA abuse, but, worryingly, these infants were regarded as unacceptable by their communities. Characterized as “*Kony’s children*”, the future for these offspring of the LRA looks bleak, underlying the need for future reintegration programs to address positively and inclusively the medical, physical and emotional needs of these stigmatized children.

Older boys in particular appeared to experience long-term and continuous stigmatization and resentment from the community. Perhaps it is not surprising, therefore, that given these experiences, many of these children prefer to interact with other former abductees where they felt accepted and not stigmatized.

Reintegration programs in Uganda have included elements of community awareness-raising prior to the return of children from armed groups and, indeed, such preparation is generally regarded as essential if these children are to be successfully reintegrated. Some two-thirds of the children in our study went through such programs, but nevertheless experienced considerable difficulties and rejection by their communities. It could be that a lack of an existing structure of reintegration programs in the Teso region when the children in our study began returning, resulted in community awareness-raising being more limited here than elsewhere. Whatever the reason, our findings highlight that adequate community preparation and involvement in reintegration programs is essential if returning children are to stand a chance of avoiding widespread stigmatization, bullying and rejection.

The children and youth in our study informed us that the distress felt by parents whose abducted children had not yet returned was sometimes manifested as rejection of returning children, who were scapegoated as being responsible in some way for the missing children. Reintegration programs which include a component aimed at helping these parents to deal with their loss and sorrow could be helpful not only to these parents, but also to the well-being of both returning children and the communities involved.

The children’s own suggestions on dealing with their rejection by the community included community awareness-raising, opportunities to discuss their experiences in community meetings, counselling to enable them to handle hostility and rejection and to deal with their aggression/behavioural difficulties, and inclusion in community recreation projects where they could interact with community children.

While the detail of a prospective community awareness-raising program was not, of course, fully explored in the discussion groups, the children’s requests seemed to encompass the community being made aware of the negative physical and psychological effects of their abduction and captivity, and of how changes in community acceptance, attitudes and behaviour could enhance their reintegration.

The children’s suggestions seemed eminently sensible as our findings indicate just how difficult it can be for communities to accept children who are associated with LRA violence. They also suggest that preparation and awareness-raising efforts may need to be sustained over time as the process of reintegration unfolds. Including returnees’ peers and school staff in such preparation programs seems essential, given just how rejected and socially isolated these children report themselves to be. Indeed, peer rejection, along with an absence of money for school fees, are important factors in some of these children dropping out of school.

Community acceptance is vital to the psychosocial well-being of these children. Where community preparation efforts are unsuccessful, then there is a risk that the returning children themselves may end up seeking separation from their peers and community – as when in our study they suggested a need to be educated separately from hostile peers.

While broadening reintegration programs so that they include all local children affected by armed conflict would meet the children’s request for inclusion in community recreation projects, it is clear that local risk assessments at the planning stage to highlight potential difficulties would be helpful. For example, a knowledge and understanding of the local educational culture in relation to social relationships within the school setting would facilitate effective efforts to tackle bullying by either staff or peers and increase the chances that activities which include *all* children will successfully aid integration.

These suggestions from our research arise out of the children and youth’s reported experiences and their perceptions of the communities’ attitudes and behaviour towards them. Future research projects would benefit from learning also how the communities themselves view returning children and youth, on what basis they distinguish between different groups of returning children, and how the children’s reintegration could be facilitated, whatever their experiences or previous actions during their abduction.

Reception centres were valued by returning children

The majority of returnees went through a reception centre prior to returning home. However, those who went directly home (39 per cent) were left largely without any form of support. Both groups of children regarded reception centres positively, and saw them as being part of a helpful transition and support mechanism, especially for the psycho-social support, medical assistance, family tracing and education that centres could offer.

With time to plan ahead for future returnees, it is to be hoped that the unusually lengthy and complex paths home which these returnees experienced will be avoided by the provision of appropriately equipped reception centres based locally. This would address the one major concern of the returnees concerning reception centres, namely the difficulties in maintaining regular contact with their families due to the initial location of such centres in northern Uganda.

That the children were so generally positive about their time in reception centres attests to their seeing them as a place of care and safety, which suggests that the training received by reception centre staff on the psychosocial and educational needs of these children was helpful to both staff and children. The children’s report that in one reception centre children were treated badly emphasizes the need for staff working with such children to receive adequate training and monitoring.

The children’s views that the reception centres were helpful to them accorded with the views of our key informants that where particularly distressed children returned straight home without the benefit of some kind of interim support, their continued emotional and behavioural difficulties then affected their ability to reintegrate. As a result, psychosocial support for them was subsequently sought from reception centres by their families and communities.

While the aim of reintegration programs should be to reunite children and youth with their families as soon as possible and extended periods in interim centres should be avoided, the children saw an interim period between demobilization and return to their families as helpful to

them, given their physical, psychological and emotional state on return. They varied in their views about the appropriate length of time to spend in reception centres, although between two and four months was the predominant view.

Our small-scale study did not attempt to assess in any systematic way whether children who went through reception centres were less traumatized on return, nor whether they found it easier to reintegrate than children who did not experience these services. Indeed, our findings suggest that time spent in reception centres did not free the children entirely from their experiences with the rebel group or the behavioural, psychological, physical, social, economic and other problems associated with and/or resulting from abduction and captivity. Our key informants highlighted the fragmented nature of reintegration services, and the limited nature of medical and psychological help they were able to provide. Nonetheless, in spite of the limitations imposed on reintegration programs by the funding and local infrastructures available to them, our participants valued them highly and advocated that they be included in future reintegration programmes.

The children and youth were well aware of their own strengths and difficulties when they went home, and it was this recognition which influenced their views on what provision would usefully be provided in future return and reintegration programs. For example, their difficulties in handling their own aggression, anxiety and fear were associated with a high value being attached to counselling and advice sessions, and a recommendation that these were available in future.

Although non-harmful traditional cleansing practices are increasingly regarded as helping returning children to free themselves from their past and ease their reintegration into the community, the returnees in this study reported that local cultural practices did not particularly help them to deal with their emotional or behavioural difficulties. Instead, this group of children reported that religion and their local pastors were helpful and did offer them some relief. For this reason, they recommended similar activities for other children.

The children’s reports suggest that the local context is important in deciding which particular culturally appropriate local practices, leaders and organizations it would be useful to include in preparation and awareness-raising programs. This is something on which returning children and their families and communities can provide guidance.

Children who became heads of households on their return owing to the death of their parents had a particularly difficult time. Charged with the responsibility for providing for themselves and younger siblings, they faced severe economic challenges and were unable to return to education. The returnee children’s recommendations for future programs to include skills and vocational training components would help to address the needs of those returnees with a need to earn their own living.

Both the children and their families who were living in poverty and with few economic resources valued and welcomed the provision of reintegration kits. The children also valued and requested educational and vocational support. However, it was clear from the discussion groups that such support could engender envy among the children themselves, and among their community peers. Clearly, this type of envy can be minimized if provision for returning children does not privilege them relative to other war-affected children in the eyes of the community.

Many issues faced by the former abductees, such as the premature acceptance of adult responsibilities, a lack of money for medical care and/or education and persistent bullying at school, are faced by other community children who are orphaned, are socially isolated, head

households and/or live in dire poverty. This would suggest that while the former abductees’ requests for material support may well be appropriate to their needs, their reintegration is likely to be facilitated by programs which do not target them exclusively.

Both the type of support provided to returning and other vulnerable children and its equitable distribution will remain an important issue for future reintegration programs. Its form will need to be appropriate to the local context and the needs of affected children. Non-privileging types of provision can be envisaged – for example, recreation programs which include all community children, or school-wide programs which suggest culturally appropriate ways of tackling bullying, social exclusion and poor pupil–teacher relationships. As outlined earlier, however, such interventions need to recognize that simply including all vulnerable children may not be sufficient. An awareness of pre-existing fears and prejudices attaching to returning children will need to feed into the design and delivery of such programs.

Our study has certain limitations. For example, our sample included only three girls who returned with children born as a result of their abduction. We did not attempt to ascertain systematically the extent of sexual violence suffered by either girls or boys, believing that focus groups facilitated by skilful and sympathetic adults would enable the children to discuss matters important to them. In spite of these limitations, the accounts of the girls who did have such experiences are in accordance with other reports of the sexual violence inflicted on abducted children by the LRA.

We could have gained more insight into some of our findings – for example the prolonged and widespread community rejection of this group of children – had we interviewed their families, their peers and other community members. Certainly, where other information was available to us from key informants we found that there was agreement between what they and the children reported – for example, the potential usefulness of a period in interim care, and the previous lack of reintegration provision for girls.

In spite of its limitations, a major strength of this study is that it has enabled the views of more than 100 children and youth who had been abducted by the LRA to become accessible. The girls included in our study confirmed what is now generally accepted, namely that girls have particular needs relating to their experiences which need to be taken into account in reintegration programs. We are encouraged, too, by the fact that the findings emerging from our study broadly concur with the Paris Principles which represent the totality of the thinking and experience of a very wide range of disarmament, demobilization and reintegration (DDR) practitioners worldwide and which will be used as the template for DDR processes in future.

Our findings also suggest that community acceptance is vital to the psychosocial well-being of all children – both boys and girls. Consideration will need to be given as to how best to foster community acceptance of children in such a way as to minimize gender discrimination. Additionally, community views of child/youth culpability seemed to fuel rejection of returning children, and these views remain targets for effective intervention.

This particular group of formerly abducted children had clear views on appropriate provision for needs of future returnees, and their own particular situations highlighted the need for follow-up visits to themselves and their families and for longer-term community-based support of the kind outlined above.

However, what also clearly emerged from our findings was that future reintegration program planners seeking to foster the successful reintegration of such returnees will face the difficult task of providing varied and appropriate care for children whose needs appear to differ according to their particular experiences in the bush, their age and gender, the skills which they may or may not have not acquired, their coping skills and resilience, and whether they return with offspring or are themselves orphaned. Thus the application of the accumulated expertise in the field of reintegration will benefit from a detailed appreciation of the local contexts which will, of necessity, influence programme development and delivery.

APPENDIX II – DETAILS OF METHODOLOGY

The key features of our methodology are outlined in the main body of the report. Further details are provided below for readers who are particularly interested in this aspect of the research.

Participants

Participants in our study were 116 children and youth abducted from the Teso region in 2003 by the LRA. Potential participants were identified by local Child Protection Committees, who approached formerly abducted boys and girls between the ages of 13 and 21 and invited them to participate. In the event, a wider age range of children and youth (11–24) was included, as some youngsters who were outside the criterion age range heard about the study and travelled long distances in order to be able to participate. Nonetheless, approximately equal proportions of boys (85 per cent) and girls (82 per cent) were still under the age of 18 at the time of their participation in the research. There were 108 participants (93 per cent) who were between 7 and 16 when abducted, while only three were over 18. It was hoped to have equal numbers of boys and girls contributing to the study, but girls found participation more difficult due to other responsibilities such as domestic work. As a result, the final group of participants consisted of 67 boys and 49 girls.

In addition to the formerly abducted children, a number of key informants were consulted with a view to gaining information on previous return and reintegration processes, and on any challenges facing these local processes. These key informants included professionals from Trans-cultural Psychosocial Organisation, Katakwi Children’s Voice, Action Against Child Abuse and Neglect, Christian Children’s Fund, and Office for the Co-ordination of Humanitarian Affairs (Katakwi), and, in addition, the Resident District Commissioner Katakwi (responsible for both Amuria and Katakwi), the Amuria District probation officer, the Katakwi District probation officer, the Amuria local council vice-chairperson/secretary for children’s affairs.

Data gathering

Our data was mainly qualitative and, as outlined in the main report, it was obtained from child/youth participants by means of individual interviews and focus group discussions held in IDP camps in five different Teso locations and in one village in the Amuria district. We met all potential participants as a group in each location to explain the purpose of the study and the procedures to be employed. Ethical guidelines to safeguard the children were followed and included informing all children that their participation was voluntary; that they could withdraw at any stage; that they did not have to answer questions which made them feel uncomfortable; and that the anonymity and confidentiality of all participants would be maintained. Once the children had agreed to participate a signed consent form was obtained. At each location participants were divided into boy and girl groups across the age range. While one group (e.g. boys) participated in a focus group, the other (e.g. girls) underwent individual interviews. The procedure was then reversed.

Focus groups. Focus group discussions were guided by a series of questions formulated to elicit the children’s experiences on returning home; what problems they had encountered and whether and how they had resolved these; the quality of their peer relationships; and any benefits they had derived from their captivity. In addition the children were asked for their views on reception centres and how they would design a project to benefit future child/youth returnees from the LRA.

The boys’ groups were facilitated by a male (AA), while VC took notes. Facilitators for the girls groups were a female (VC) and a local aid worker, Josephine Amaro. In order to ensure that each child could participate, groups were conducted in the local language (Ateso) and facilitators made sure that each child in the group had the opportunity to address each question. Detailed written notes of the discussion were kept for the purpose of subsequent analyses.

Interviews. Each child was also seen individually in order to gather basic demographic information: age at abduction; the length of time with the LRA; whether or not they had been through a reception centre; the type of support given on return; whether they now lived with their family; details of past and present education; and whether there were any physical/health problems as a result of captivity.

Analyses. Extensive notes on the children’s views were taken by the authors during the focus groups, and the analyses are based on these. Any quantitative findings reported are based on the factual information provided by the children during their individual interviews (e.g. their age, sex and length of time in captivity), or, when proportions of responses are cited, are based on the children’s responses during the focus groups. As outlined above, all questions were posed to each participating child. The qualitative analyses also derive from the focus group discussions.



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