Sierra Leone’s war-affected youth: A longitudinal study of risk and resilience

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Overview

- Background – RPCGA
- Sierra Leone Longitudinal study of war-affected youth
- Main findings
- Development of the Youth Readiness Intervention (YRI)
- Next steps
Research Program on Children and Global Adversity (RPCGA): Goals

- Identify factors contributing to **risk** and **resilience** in children, families, and communities facing adversity globally
  - Focus on capacities, not just deficits

- Contribute to an **evidence base** on intervention strategies:
  - Close the implementation gap
  - Inform development and implementation of high quality, effective services
Exceptions to recent improvements in global child health: Regions affected by armed conflict and/or HIV AIDS

**UNICEF/UNDP State of the World’s Children 2006**

- **Chad**: 200 (No armed conflict) / 219 (Major armed conflict)
- **Rwanda**: 203 (No armed conflict) / 204 (Major armed conflict)
- **Guinea-Bissau**: 203 (No armed conflict) / 205 (Major armed conflict)
- **Equatorial Guinea**: 225 (No armed conflict) / 219 (Major armed conflict)
- **Dem. Rep. of Congo**: 225 (No armed conflict) / 209 (Major armed conflict)
- **Mali**: 219 (No armed conflict) / 205 (Major armed conflict)
- **Somalia**: 204 (No armed conflict) / 225 (Major armed conflict)
- **Liberia**: 235 (No armed conflict) / 209 (Major armed conflict)
- **Afghanistan**: 257 (No armed conflict) / 205 (Major armed conflict)
- **Niger**: 259 (No armed conflict) / 205 (Major armed conflict)
- **Angola**: 260 (No armed conflict) / 219 (Major armed conflict)
- **Sierra Leone**: 283 (No armed conflict) / 219 (Major armed conflict)

**Impact of AIDS on child mortality 2002-2005**

- **Botswana**: 106 (With AIDS) / 41.9 (Without AIDS)
- **Kenya**: 118 (With AIDS) / 97.7 (Without AIDS)
- **Lesotho**: 123 (With AIDS) / 71.1 (Without AIDS)
- **Namibia**: 78 (With AIDS) / 42.6 (Without AIDS)
- **South Africa**: 74 (With AIDS) / 42.8 (Without AIDS)
- **Swaziland**: 143 (With AIDS) / 72.9 (Without AIDS)
- **Zambia**: 173 (With AIDS) / 142.1 (Without AIDS)
- **Zimbabwe**: 117 (With AIDS) / 78.3 (Without AIDS)
UNICEF* reports that conflicts in the last decade have:

- Killed more than 2 million children
- Permanently disabled or seriously injured at least 6 million
- Orphaned or separated from their parents over 1 million
- Inflicted psychological “trauma” or distress due to war on some 10 million children

The Nature of War itself has changed

- Increases in regional and intra-national conflicts
  - non-state actors
  - little regard for international conventions
- Civilians, particularly young people, are often the most vulnerable
- Wars of destabilization; infrastructure is undermined
- Implications for survival, but also trajectory of development
Risk and Protective Factors
after Bronfenbrenner, 1979; Betancourt & Kahn, 2008

**Society:**
- political & historical context; cultural beliefs about reconciliation & healing

**Community:**
- Community acceptance/stigma, networks, social services, school opportunities

**Family:**
- Family support, caregiver functioning, family resources

**Individual:**
- Intelligence, temperament, age, gender, exposure to violence, roles in armed group
Children Associated with Armed Forces and Armed Groups (CAAFAG)

- Over the past decade, children conscripted into armed forces and armed groups in 87 countries
- At any given time, approximately 250,000-300,000 children involved worldwide
“any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys, and girls used as fighters, cooks, porters, messengers, spies, or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities”

(The Paris Principles, 2007, p. 7)
Our Team & Collaborators

**Harvard University**
- Theresa Betancourt
- Julia Rubin-Smith
- Ivelina Borisova
- A’Nova Ettien
- Katrina Hann

**IRC**
- Marie de la Soudière
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- Jeannie Annan

**Harvard Catalyst**
- Yinka Akinsulure-Smith
- Nate Hansen
- John Weisz

**Funding Support**
- USAID/DCOF
- Lloyd Feinberg
- John Williamson
- USIP

**In Sierra Leone**
- PRIDE
- CAPS
- Ministry of Social Welfare & Gender
- DCI Sierra Leone
- UNICEF SL
- IRC Sierra Leone
- Moses Zombo
- Musu Jambai
Background

- Civil War 1991-2002
  - Massive population displacement (75%)
  - 15,000 to 22,000 associated with armed groups (McKay and Mazurana 2004)
  - Nearly 7,000 children formally demobilized (estimates from National Committee for Disarmament, Demobilization and Reintegration (NCDDDR))
- Deliberate attempts to sever familial/community connections
- 2002 peace accords

“Mohammad is crying,” drawing by former child soldier, Sierra Leone
The Return Home
Demobilization, Disarmament & Rehabilitation (DDR) 2002

Interim Care Centers
- Care and support
- Psychosocial activities to prepare for reintegration
- Family tracing/reunification; Community sensitization
- Community reintegration; follow-up support

*many youth returned home without formal DDR
**Research Design**

**STUDY AIMS:** Identify **RISK & PROTECTIVE** processes in children’s psychosocial adjustment and community reintegration to inform programming and policy

- Qualitative and Quantitative data collection
- To ground this research in the local cultural context
- Sierra Leonean youth, community representatives, caregivers, social workers & local staff involved in questionnaire development & research design
- Local research team
- Social work follow-up

(Betancourt et al, Comparative Education Review, 2009; Social Science & Medicine, 2009; Child Development 2010; J of the Am Acad of Child & Adolescent Psychiatry 2010)
LONGITUDINAL STUDY: METHODS AND FINDINGS
## The Sample

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<tbody>
<tr>
<td>ICC-served Group</td>
<td>N = 259 (11% female)</td>
<td>N = 151</td>
<td>N = 183</td>
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<td>Comparison Group</td>
<td>N = 136</td>
<td>N = 58</td>
<td>N = 87</td>
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<tr>
<td>Self-reintegrated</td>
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<td>N = 127</td>
<td>N = 117</td>
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Caretakers and/or significant others were also surveyed, with every effort made to interview the same caretaker at T3 that was interviewed at T2.
**Measures**

**Demographics**  Age, gender, SES collected via youth self-report

**Psychosocial Adjustment**  (Depression, anxiety, hostility, prosocial behaviors/attitudes, confidence)  Oxford Measure of Psychosocial Adjustment (McMullin & Loughry 2004)

**War Experiences**  (Deprivation, witnessing, victimization, perpetration)  Columbia Child War Trauma Questionnaire (Macksound & Aber 1996)

**Community and Family Acceptance**
- Inventory of Socially Supportive Behaviors (Barrera and Ainlay 1983)
- Family & Community Acceptance

**Perceived Community Stigma**  Everyday Discrimination Scale (Williams 1997)

**Standard Scales of Depression, Anxiety, PTSD**
- Hopkins Symptom Checklist (Derogatis et al 1974)
- Child Posttraumatic Stress Disorder Reaction Index (Pynoos et al 1996)

**Access to Opportunities & Services**  In School, Working

**Post-War Adversities Index**  (Layne et al 1999)

**Daily Functioning**  Inventory of Functional Impairment

**Civic Participation**  Participation in local associations, voting behavior

**High Risk Behavior**  Alcohol and drug use, HIV risk behavior

**Intimate Partner Violence**  Perpetration, victimization

**Parenting Behavior**  Harsh parenting behavior, positive attachment behaviors
Findings: War Experiences
(Betancourt et al, JAACAP 2010)

- Average age of abduction was 10.3 years (SD = 3.0)
- Average length of time with fighting forces was 4.1 years (SD = 2.4)
- Participants had witnessed an average of 6.2 war-related violent events
- Violence exposures similar in males and females apart from sexual violence: 45% of female ex-RUF and 5% of male ex-RUF reported rape/sexual violence
- More than a quarter of the sample (26.9%, n=70) reported having killed or injured others during war
- 50% of former RUF youth reported being forced to use drugs or alcohol.

Painting of rebels using drugs, child in ICC Sierra Leone
### Internalizing

<table>
<thead>
<tr>
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<th>War experiences</th>
<th>Post-conflict hardships</th>
<th>Protective Factors</th>
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### Longitudinal Analyses of Outcomes among Ex-CAAFAG (N= 260)

**Internalizing (anxiety & depression)**

**Baseline higher internalizing:**
- Longer with armed group
- Victim of rape
- Stigma

**Increasing internalizing:**
- Young age at time of first involvement
- Many daily hardships

**Protective factors**
- Higher community acceptance at baseline
- Community acceptance improves over time
## Longitudinal Analyses of Outcomes among Ex-CAAFAG (N= 260)

### Externalizing (hostility)

<table>
<thead>
<tr>
<th>Baseline higher externalizing:</th>
<th>Stigma</th>
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<tr>
<td>Increasing externalizing</td>
<td>Killed/injured others</td>
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### Protective factors

- Increases in community acceptance

### Baseline

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### Change over time

<table>
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<th>Intercept</th>
<th>Age first involved in fighting</th>
<th>N of years in fighting forces</th>
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<td>0.04</td>
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<td>1.16*</td>
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<td>0.51+</td>
<td>0.38</td>
<td>1.15+</td>
<td>-0.60+</td>
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### In school at time of assessment

| Intercept | 1.01 |

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<th>Level of community acceptance at time of assessment</th>
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<tbody>
<tr>
<td>Intercept</td>
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### Adaptive/Prosocial Behavior

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<tr>
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<td>59.32***</td>
<td>59.33***</td>
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<td>1.50**</td>
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<td>-0.89**</td>
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<tr>
<td>N of years in fighting forces</td>
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<td>-0.09</td>
<td>-0.15</td>
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<tr>
<td>Witness violence</td>
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### In school at time of assessment

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### Level of community acceptance at time of assessment

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<tr>
<td>Intercept</td>
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<td>1.93***</td>
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LINKING THE STATISTICS TO LIFE STORIES
Sahr

- Male, 17 years old and living in provinces
- Abducted by RUF at age of 7 years
- Spent 4 years with RUF witnessing massacres, bombings, amputations and shootings. Tasked with spying and information gathering.
- Fed food laced with drugs by RUF
- After war, first spent 2 years with foster mother, then reunited with mother, grandmother and uncle
  - Mother and grandmother love him dearly: “He came back to us because he loved us,” they say.
  - Mother struggled with mental health problems (likely depression)
- In following years, Sahr had difficulties reintegrating with community
  - Considered to be “troublesome” by uncle
  - Little community acceptance (community members called him names, beat him in attempt to “correct” him)
  - Stole things
- He also had difficulty coping with everyday stress
- He dropped out of school and remained unemployed
- His mother says he was an agreeable boy before being abducted. Now he sometimes threatens others by pulling a knife
- Currently mother does not know of his whereabouts
How is Sahr’s experience reflected in the data?

**Psychosocial outcomes at Waves I, II, and III - Sahr**

![Graph showing psychosocial outcomes at different waves for Sahr and mean RUF (Male)]
Amina

- Female, 23 yrs old, living in provinces
- Abducted at age 10
- Spent 2.5 years with RUF as a supply carrier and cook. While with the RUF, she was beaten frequently and now has lasting deformity. She was also forced to take drugs and commit violence.
  - Took part in amputations
- Went through DDR, now lives with mother, grandmother, and her child (has no partner).
  - Received a lot of comfort and understanding from her mother who is a teacher
- Faced difficulties on first return to community
  - Experienced torment after returning
  - Called a rebel by other students
  - Has adjusted well over time
  - Reports no community problems
  - Mother says most do not know she was with RUF
  - Feels good about the future
- Continues school and is a determined student
- Thinks the people who committed violence need to be punished more, that wrongs have not yet been set right
How is Amina’s experience reflected in the data?

**Psychosocial outcomes at Waves I, II, and III - Amina**

![Bar chart showing psychosocial outcomes for waves I, II, and III with data for Amina and mean RUF (Female).]
Using Prospective/Longitudinal Research to develop interventions

**Longitudinal study illuminates targets**

- Revealed factors shaping most risky and most resilient trajectories
- Risk profile: high “toxic stress” exposure, ongoing problems with aggression, social deficits, foreshortened sense of future, poor family support/social support, community stigma, poor school access
- There is an evidence-base of intervention components that target many of these key deficits in coping, interpersonal skills, anger management
Dissemination: Research meeting in October 2009 (in partnership with Ministry of Social Welfare & Gender, UNICEF, Sierra Leone)

- Address by First Lady of Sierra Leone, Sia Koroma
- More than 100 attendees, local academics, researchers, youth, NGO workers, Ministry officials
- Discussing of links to National Strategic Plan
- Research has contributed to discussions around Sierra Leone’s MH policy
  - Example: Ministry of Social Welfare, Gender and Children’s Affairs annual operating budget:
    - $759,000 for 2009
    - $476,212 for 2010
Community Association for Psychosocial Support (CAPS)
Sierra Leone
Youth Readiness Intervention
2011
The Youth Readiness Intervention: Addressing the Past, Facing the Future

- **Evidence-based intervention** informed by longitudinal study and intended to link employment and educational programs (“readiness” concept)

- **Group-based** model designed to be administered by a *wide range of providers* (task shifting)

- Focuses on *increasing adaptive skills and prosocial behaviors* of youth who are managing stressors due to past traumatic experiences

- Furnishes youth with *strategies for coping, emotional regulation, addressing distorted cognitions* and *problem solving*

- **Engages families and communities** to support care for vulnerable youth
The Youth Readiness Intervention (YRI): Intervention Plan

- **Level 1: Education & Outreach**
  - Community Meeting
  - Invitation to join & screening
  - Family Focus

- **Level 2: Skill Building**
  - Engagement
  - Education (trauma, loss)
  - Keeping Your Cool
  - Relating to Others
  - Setting and working towards goals
  - Choosing Wisely
  - Staying Busy & Having Fun
  - Focusing on the Positive
  - Closure: Celebration
Interactive, group-based activities

Wan tik broom noh dae sweep
Community Meeting

Community consensus on intervention & psycho-education

Potential Activities:
Consider the use of an introductory bonding activity to help community members become acquainted with one another and with the facilitators. For example, you could have a calabash that people hold as it is passed around.

“We get for tek tem tok word nah lek wata, if yu troway, you no go a ble gedar am.”

Set an agenda
1. Provide an overview of what will happen at this meeting. Each topic will be expanded later in the meeting; this is merely a list of the topics to be covered.
   - Discuss general ways that people react after upsetting experiences
   - Discuss how these reactions may look in youth
   - Facilitators describe in general how skills can be built to manage these problems and reactions
   - Discuss how community members can provide support for youth in their community.
2. Ask for suggestions from community members for other topics they would like to add to the agenda to be discussed at this meeting.

Identify areas of concern
1. Facilitators should begin a discussion about how people may feel and react to upsetting experiences. Use open ended discussion, with probes like:
   - When something painful has happened to you, how do you feel?
   - How do you find yourself interacting with others?
2. Youth are important as they are the future of our community. Thus, it’s important to think about how we can help them to find...
### Evidence-based modules

#### Module 6: Put u yai dong so u go si u nos

**Choosing Wisely**

- Problem solving
- Setting goals

| Discuss problems youth face | - Everyone has problems, big or small.  
- What are some of the problems that group members face in their everyday lives? Make sure to query for small, daily hassles as well as major problems youth face.  
- Note any problems that group members have in common. |
| Problems we can and cannot control | Some problems are beyond our immediate control, such as rules or laws we don’t agree with, illnesses, or decisions other people make. However, we can control our own reactions to problems even when we cannot objectively change what is happening. |
| Why solving problems is important | 1. We all have problems or are faced with difficult choices.  
2. Often we make decisions quickly, or based on strong feelings or impulses, without carefully considering the consequences of our actions.  
3. Sometimes acting without fully considering all the options and the consequences can lead to difficulty. Carefully considering our options when facing challenges can help us achieve our goals successfully. |

### Example Script:

All of us have or will experience problems in our lives, or will have to make difficult decisions. Lots of times we act quickly without carefully considering all of our choices, or we make a choice because of a feeling we have but don’t really consider how it will affect us down the road. Have you ever looked back at a problem you faced and thought, ‘I really wish I’d handled that differently?’

By using a problem solving tool, we can try to think about it in advance, so we don’t make the wrong choices.
Summary

**Key issues: Implementation, Sustainability, Systems of Care**

- **Costs of war reverberate** across the social ecology, from the individual, to family to community factors.

- Poor outcomes greatest in those with significant breakdowns across the layers of the social ecology: particularly those with accumulation of **war-related exposures and post conflict risk factors (including few protective resources)**:

- Important role for **evidence-based services, systems strengthening, integration of services** within primary care, education and development initiatives.

- **Ultimate Goal**: Prevention of further instability, intergenerational effects of violence, maximizing the potential and success of violence-affected youth.
“I think about what I have been through and this gives me more determination to do well in life.”

19 year-old male former child soldier from Kono (just promoted to his final year of secondary school)
Thank you!


References

Reports, Books, and Chapters


### Longitudinal Findings
(Betancourt et al, JACAAP 2010)

| **EXTERNALIZING PROBLEMS** | • Killing/injuring others  
|                          | • Stigma (due to being a former child soldier) |
| **INTERNALIZING PROBLEMS** | • Surviving rape  
|                          | • Young involvement  
|                          | • Stigma  
|                          | • Social and economic hardships |
| **ADAPTIVE/PROSOCIAL**    | • Killing/injuring others  
|                          | • Stigma |
| **ADAPTIVE/PROSOCIAL**    | • Social support  
|                          | • Remaining in school |
| **ALL OUTCOMES**          | • Community acceptance |

** Implications for functioning and ability to benefit from job skills training and education