

Research Article

The Impact of the Paris Principles on Reintegration Processes for Former Child Soldiers in Northern Uganda

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Abstract

Background: During the prolonged civil war in northern Uganda, many children were abducted and trained to become militants by the Lords Resistance Army. Occasionally however, they were rescued at the battle front by the Uganda People's Army or escaped from their captivity. After their 'rescue', former child soldiers were rehabilitated and reintegrated, and these processes were influenced by the Paris Principles.

Objectives: 1. Analyse the influence of the legal framing of former child soldiers as traumatised and innocent victims on their reintegration, especially where the child returnees engage in criminal conduct.

2. Examine how communities' (notably the police and psychiatrists) responses to former child soldiers' behaviour are mediated by this legal framing.

Methods: Qualitative techniques, including participant observation, life histories, interviews and workshops, were employed over a twelve-month ethnographic study with 136 (N=136) former child soldiers, forty (n=40) of whom were child mothers and thirty (n=30) were assessed for criminal conduct.

Findings: Former child soldiers discussed experiences suggesting that they were not entirely innocent, immature and traumatised victims. They had committed war atrocities, looted property and abducted children. They freely discussed their atrocious pasts after reintegration. In the community, many remained violent after rehabilitation and reintegration and were disturbed by *cen* (haunting spirits of the people whom they had killed). When such former child soldiers were arrested, the child protection unit of the police presented the young person for assessment by psychiatrists to establish the link between their current offence and their previous traumatic experiences. In all 70 incidents observed, the regional psychiatrist found no link between the current offence and past traumatisation.

Conclusion: The emphasis on trauma-focused rehabilitation and reintegration has led to a neglect of behaviour change among former child soldiers, leading to the perpetuation of a cycle of atrocity and criminality. When child soldiers engage in criminal conduct after reintegration, police agents and psychiatrists differ in their reliance on war trauma as an explanatory factor. Confusion arises, which, in turn, fails to ground a cogent and coherent reintegration strategy.

BACKGROUND

The war in northern Uganda had already lasted twenty years and was still ongoing when I conducted an ethnographic study among adolescents who were born and raised in the context of the armed conflict. The warring factions were the Lord's Resistance Army (LRA) led by Joseph Kony and the Uganda People's Defence Forces (UPDF). During the armed conflict, the Acholi people living in the northern Uganda districts of Gulu, Amuru, Kitgum and Pader bore the greatest brunt of war. Many people were killed. Nearly two million people were displaced from their livelihoods and settled in protected villages (also called displaced person's camps). Women, men and children were exposed to gender-based violence, crime, and child abduction.

Because of the LRA's tactic of abducting and enlisting children in their armed group, [1] estimates that over 24,000 children between the ages of seven and 17 years were abducted by the LRA. Pursuant to the account of many former child soldiers, their

initiation into armed rebellion involved harsh and gruesome acts, including being forced to kill, walking long distances, drinking human blood and carrying heavy loads of looted commodities. These experiences, some former child soldiers argued, were meant to train them to become good combatants, a training that ultimately turned innocent child abductees into some of the most ruthless fighters in the LRA armed group and brought about a change in behaviour from innocent children to cruel militants [2].

Rescue of former child soldiers and the Paris Principles

During the armed conflict, the UPDF frequently rescued abducted children at the battlefield, while some children escaped LRA captivity independently and settled in displaced persons camps. Prior to aid agencies' involvement in rehabilitation and reintegration processes, displaced persons in northern Uganda displayed ambivalent responses to the returnees and rescued former child soldiers. For example, the UPDF frequently lined up the rescued children in one of the Gulu municipal streets

and made announcements that families whose child had been abducted should come, identify and take home their child. However, many war affected people were too afraid to do so. First, they associated the returnees with *cen* (vengeful spirits of murdered people). Believing that the former child soldiers had been involved in many atrocities, such *cen* could easily affect the entire family. People even avoided the streets in Gulu town where the returnees were lined up. Community members who had been exposed to violence snarled and uttered vengeful remarks toward the returnees. In addition, families feared vengeful attacks from people who had yet to come to terms with their exposure to severe forms of violence committed by LRA soldiers, including by the abducted children.

National and international humanitarian agencies, including World Vision, pioneered the process of mediating reinsertion and reintegration processes. Humanitarian agencies' activities were strongly informed by the Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups. I argue, however, that the Paris Principles discourage any form of meaningful acknowledgement of wartime violence committed by formerly militarised youth (Table 1), and that this ultimately leads to problems in the reintegration process.

Later, I will show how the Paris Principles guided rehabilitation and reintegration processes for former child soldiers, and ultimately how they impacted communities' responses toward them. I will then argue that trauma-focused interventions neglect the idea that even though it is a child that is abducted, a rebel comes back. I will first present the methodology. Thereafter, I will present and analyse different cases of former child soldiers arrested due to involvement in criminal activities

after reintegration (70 incidents, five repeat cases). I will then examine the implications of the legal guidelines/Paris Principles in reintegration processes, while presenting alternative approaches that take into account both communities' and former child soldiers' needs.

Methodology

During my ethnographic study in northern Uganda, the focus was on wartime children's illness experiences and quests for therapy. Children who participated in this study were between the ages of nine and 16 years. The fieldwork was conducted over a twelve-month period. In addition to undertaking participant observation and interviews in the homes of former child combatants, at the World Vision Rehabilitation Centre for former child soldiers, and in the outpatient unit at Gulu Regional Referral Hospital, I also observed how the police – jointly with staff at the psychiatric unit – dealt with arrested and incarcerated former child soldiers. Over a one-year period, I observed 70 incidents (five of which were repeat cases) involving arrested young people between the ages of 13 and 28 years. I interviewed thirty of the returnees at the World Vision Rehabilitation Centre, and the remainder in Limu, Kanyagoga and Pece, all suburbs within Gulu Municipality.

All of the juveniles brought for assessment were returnees, recently reintegrated in the camps or in Gulu Municipality suburbs that provided cheap huts for rent. These suburbs were congested. They lacked basic amenities such as water and access to sanitary facilities. People who had been displaced from their homes and livelihoods in other parts of the country and who sought the relative safety of Gulu Municipality and the displaced

Table 1: Legal provisions for reintegration processes.

Incident involving a former child soldier	Paris Principles provisions
Rehabilitation	Paris Principle 1.5 affirms that the Paris Principles “tak[e] a child rights-based approach to the problem of children associated with armed forces or armed groups, [and] underscore the humanitarian imperative to seek the unconditional release of children from armed forces or armed groups at all times”.
When a former child soldier commits crimes	Principle 3.6 urges that “[children who are accused of crimes under international law allegedly committed while they were associated with armed forces or armed groups should be considered primarily as victims of offences against international law; not only as perpetrators”. Wherever possible, Principle 3.7 mandates alternatives to judicial proceedings. Principle 3.8 emphasises that “[w]here truth-seeking and reconciliation mechanisms are established, children’s ... participation must be voluntary and by informed consent by both the child and her or his parent or guardian where appropriate and possible”.
Where former child soldiers are stigmatised, there is a provision to sensitise communities about their innocence	Principle 7.39 mentions stigma, return and reintegration and notes that “Children are frequently perceived initially as troublemakers prone to aggressive behaviour or criminal activities. The preparation of communities and on-going support to communities needs to address these perceptions and to help communities understand that the children are primarily victims”. Rather than turn to transitional justice as a device to address these negative perceptions, the expectation is to sensitise members of the community to overcome their bad feelings. Principle 7.42 advances risk assessments “where it is likely that children will be feared, become targets of hostility for having been in enemy groups or be ostracised or neglected”. In these cases, Principle 7.42 pushes “intensive community sensitisation” to be “undertaken before children return”.
Justice for former child soldiers	Principle 8.11 states that “[children associated with armed forces or armed groups who return to communities without undergoing any judicial or other proceedings should be closely monitored to ensure that they are not treated as scapegoats or subjected to any processes or mechanisms that contravene their rights”. When it comes to truth seeking and reconciliation mechanisms, children should be treated equally (and <i>only</i> it seems) “as victims or as witnesses” (as opposed to also actors or perpetrators), and their participation in such mechanisms must be voluntary and in no way preconditional to the receipt of any services or support (Principles 8.15 and 8.16).

persons camps all lived in abject poverty. In these dire contexts, crime rates were high. In such circumstances, in cases where the offender was regarded as a minor or if they evoked extreme experiences in their past, for instance because they were a recently returned former child soldier, s/he would be presented – as legally required – to the regional psychiatrist for assessment. Some of the key assessment questions focused on the offender's experience with armed conflict, whether s/he had been abducted, and for how long s/he had been enmeshed in armed combat and exposed to extreme events, including atrocities s/he had been forced to commit.

Data analysis

In this article, I followed a grounded theory approach to analyse the phenomena of many former child soldiers being brought to the regional psychiatrist for assessment of the link between their current criminal offences and their past traumatic experiences. Because of the sensitivity of these issues, I was not allowed to record any of the interactions that I observed. Instead, I wrote field notes, which I transcribed manually. Recurrent themes were identified for interpretation and meaning making. The recurring themes in the former child soldiers' lives included the history of abduction, training in armed combat and subsequent behaviour change. A summary of the data is presented in the table and cases below.

Ethical considerations

This study was approved by the Uganda National Council of Science and Technology. In addition, I sought and was granted permission from Gulu District Resident District Commissioner, the Chief Administrative Officer, the Gulu Regional Referral

Hospital Administrator and the then District Directorate of Health Services. Permission to interview former child soldiers at the World Vision Rehabilitation Centre was granted by the Project Coordinator and also the Centre Manager. All names in this article are pseudonyms to ensure respondent anonymity.

Findings

I will present the data following the different steps that returnees followed from rehabilitation to reintegration. I will then show how different stakeholders' responses towards returnees were influenced by the Paris Principles, anchored in trauma-focussed interventions.

Rehabilitation and reintegration of former child soldiers

In line with the Paris Principles, World Vision and Gulu Support the Children Organisation (GUSCO) put in place rehabilitation centres in which returnees were accepted and counselled prior to reinsertion in the community. At the World Vision Rehabilitation Centre (locally known as 'Trauma' due to the dominant discourse of trauma promoted at the centre), a Christian mode of counselling was implemented. The rescued child soldiers were taken through two to three weeks of sessions. These sessions were framed by the trauma-focused intervention model. Returning children were counselled about their innocence. They were taught to forgive their enemies and many were told about the importance of becoming Christians. 'Successful' cases were those children who readily opened up and discussed their experiences during captivity. The information that children shared also helped in tracing their kin and thus also their subsequent reintegration. All of the former child soldiers presented for assessment to the then

Table 2: Summary of assessments by the psychiatrist at Gulu Regional Referral Hospital.

Year / Month	Age range	Number of arrests	Nature of crime	Cumulative frequency
2004				
August	13-18	4	Theft, defilement, habitual fights	4
October	15-20	5	Violence and fights over property, theft, burglary	9
November	14-30	4 (1 repeat)	Theft, rape, assault, and one neighbour reported that his cattle had disappeared and he attributed this to the former child soldier	13
December	16-30	4	Defilement, rape, theft, violent attack/assault	17
2005				
July	16-18	4 (1 female)	Theft and habitual fights with neighbours, severe assault of neighbour	21
August	15-19	8	Rape, defilement, theft, aggressive behaviour	29
September	16-25	6	Destruction of property, severe assault and rape within the displaced persons camp	35
October	14-25	6	Theft, defilement, burglary	41
November	17-28	7 (1 repeat arrest)	Threats of violence, severe assault, attack of camp security personnel	48
December	13-26	10 (2 repeat arrests)	Fights with neighbours, defilement, theft	58
2006				
January	14-28	12 (1 repeat arrest)	Theft, burnt down neighbours hut, severe assault, threats at knifepoint	70
Total				70

regional psychiatrist at Gulu Regional Referral Hospital during the timeframe of the ethnographic study confirmed that they had been reintegrated after rehabilitation at either World Vision or GUSCO.

The approach preceding the reinsertion of former child soldiers into a particular community was to sensitise the community about the returnees' trauma and innocence. People were also advised by counsellors to help former child soldiers live a normal life as civilians in spite of their past experiences. I argue, however, that legally framing former child soldiers as innocent and traumatised victims hindered an alternative discourse of engagement and meaningful dialogue with some former child soldiers' and communities' needs for accountability and retribution. For instance, one avenue that was not pursued would have involved a form of reciprocity in which the returnees would seek forgiveness amid a process of engagement with the community, which might include some form of public service, on the one hand, while the community would commit to supporting the returnee on the other.

Reintegrated former child soldiers involved in criminal activities

When a young returned former child soldier committed a criminal offence in the community, typically – and as dictated by law – the offender would be brought by a prison warden and a policeman to the regional psychiatrist's office for examination, to determine whether there was a connection between their current offence and their past traumatic experiences. On some occasions, one of the officers would be armed. On a few occasions, a parent or kin member of the young offender followed closely. During interviews with the regional psychiatrist, he discussed some incidents where assessments were conducted outside of the psychiatric clinic, although these were infrequent since the psychiatrist generally always insisted that cases be brought to the clinic for examination. Interestingly, assessments conducted outside of the clinic setting more often concluded with a finding that there was a link between the former child soldier's current offence and their past traumatic experiences. Such assessments had many key players, and heavy involvement of agencies which funded reintegration of former child soldiers. As I mentioned above, and as reflected in the Paris Principles, the key stakeholders were often biased in ensuring reintegration of former child soldiers while neglecting the needs to the communities affected by war violence.

Opiro, a 16-year-old former child soldier

Opiro (not his real name) was a 16-year-old former child soldier who had been abducted by the LRA at the age of 12. His village of origin was in Pagak, though he preferred to be reintegrated with his uncle in Limu, a suburb in Gulu Municipality.

Opiro was brought to the psychiatric clinic at Gulu Regional Referral Hospital for assessment in August 2004 by the prison warden and a policeman, and accompanied by his uncle. He was covered with dust and exhibited bruises all over his body. He looked shaken and fearful owing to the ordeal to which he had just been exposed. He had been rescued by the police from an angry mob, which had responded to an alarm by his neighbour. It was early afternoon and Opiro had forcefully entered his neighbour's

hut, claiming that he was hungry and had smelled that she was cooking. He demanded that she share her food with him or else he would violate her. The concerned neighbour raised an alarm, which attracted other neighbours, most of whom responded with violence toward Opiro.

Ever since he had been reintegrated in Limu by World Vision, Opiro had apparently been aggressive toward many people, and had beaten other children in the neighbourhood without mercy. He also stole from others and was considered ill mannered. His neighbours initially feared to attack him, but wished for the day to come when they could do so. On this particular day, it seemed that the police were aware of this hidden desire for revenge. The police's response, rescuing this young offender from the violent community, was remarkable. Remarkable, because the Police do not usually readily intervene to rescue people when they are being attacked.

Opiro's past notwithstanding, the then, regional psychiatrist remarked on his assessment form that "there is no link between the current behaviour and his past experience of being abducted and trained as a child soldier". With the signed form, Opiro was thus taken to the police detention cells to await trial.

About five months later, Opiro was brought back to the psychiatrist by the same police officer for another assessment. This time, Opiro had severely assaulted a neighbour whom he claimed had led to his arrest and subsequent incarceration in a juvenile prison, until he had escaped. The psychiatrist again found no link between the present crime and the past traumatic experiences to which Opiro had been exposed during his captivity with the LRA.

Okello, 17-year-old former children soldier

About a week after Opiro was brought before the psychiatrist, 17-year-old Okello (not real name) was brought under similar circumstances to the psychiatric clinic for assessment. Okello was being accused of rape by the parents of a neighbouring girl. This time, Okello was followed closely by his father, who argued that there was mutual consent between his son and the girl, insisting that the two young people had known each other for a long time. According to the police report, the alleged rape of the neighbour's daughter was prompted by Okello's trauma during his 6-month long abduction experience. He could be traumatised, the police argued, and the psychiatrist needed to assess whether this was the case. If not, the national laws would be applied, which would lead to his incarceration in a juvenile prison. In this case, too, the psychiatrist found no link between the current alleged crime and Okello's past traumatic experiences. In other words, even though Okello could be diagnosed as having conflict-and abduction related post-traumatic stress disorder (PTSD), his current act could not be attributed to the condition.

In 2005, some survivors of the Kitgum Matidi massacre narrated to the author how a known former child soldier had led a group of other armed children to raid a camp, set it ablaze, and abduct as many children as they could. Elsewhere (Akello et al., 2006 & 2010) [2,3], together with other authors I discuss the dilemmas faced by World Vision, which was one of the international humanitarian organisations participating in reintegrating this particular child soldier within a community

where many people had experienced the violence that he had masterminded. This community rejected the paradigm of innocence and traumatising, and the idea that this child had been merely forced to commit the many war atrocities in which he had been involved. In addition, this former child soldier (like many others who were reluctant to be reintegrated into their communities) was reintegrated in Gulu Municipality. In Gulu Municipality, such reintegrated fighters were not safe, since residents who had been exposed to their extreme activities frequently threatened them with vengeful attacks whenever their atrocious pasts were discovered.

During the ethnographic study, it was a common scenario for the police to present detainees and offenders (youths arrested for committing various crimes) to the psychiatric clinic at Gulu Regional Referral Hospital for assessment. The underlying argument was that most of the youths were traumatised, and that the psychiatrist would link their current crime with their traumatic pasts. When such a link was established, the child offender would not be held accountable for their offences. This article aims to problematise the PTSD psychiatric diagnosis while examining the impact it had on the victims of crimes committed by former child soldiers and also on the reintegration of these former child soldiers. In problematising psychiatric involvement and the subsequent ascribing of psychiatric diagnoses, I aim to ensure that focus is also placed on the broader socio-economic aspects needed for the effective reintegration of former child soldiers.

By observation, in the 70 incidents involving former child soldiers (69 male, 1 female) who had been arrested for crimes including rape, theft, assault, aggressive behaviour and burglary, who were assessed by the regional psychiatrist at the time, sometimes assisted by psychiatric clinical officers, tensions frequently developed between the different stakeholders. For example, the parents of the incarcerated returnee – sometimes assisted by NGOs invested in reintegration issues – would plead for a special report, placing emphasis on the argument that the former child soldier was still traumatised, and that this was why s/he had committed such crimes. A diagnosis of trauma or PTSD also meant that the youth would be set free and not held legally accountable for his/her actions.

While it is true that past experiences during captivity did affect former child soldiers' conduct in fundamental ways, the act of essentialising past experiences to explain and account for current behaviour led to various tensions. The aggrieved parties in such cases, for instance, including parents of girls exposed to rape, followed with keen interest how the discourse of trauma was applied in different settings and were disturbed by the impact of this diagnosis. In one particular case, the parent of a severely assaulted child requested that the police skip the psychiatric evaluation altogether and present the case directly to court. He cited past experiences where a declaration from medical personnel at the psychiatric clinic that the incarcerated former child soldier was traumatised had led to the offender being set free without any form of reparation being offered to the family. However, the police have also been trained by many humanitarian agencies to engage in this procedural step and they place emphasis on the fact that the past experiences of juveniles

affects their current behaviour. While it is true that abduction during childhood, forced recruitment and exposure to war-related extreme events does predispose such children to PTSD [4, 5], and was a useful tool in facilitating their rehabilitation, evoking this diagnosis in relation to offences committed by former child soldiers to some extent also interfered with their reintegration.

Ultimately, there were many ethical and practical dilemmas that arose in the complex interaction between the child offenders, their kin, offended families, the regional psychiatrist, the police and some humanitarian agencies. These dilemmas were mediated by the legal framing of former child soldiers as traumatised, innocent victims. In this article, I therefore gesture towards several questions, including: What would be the impact on reintegration processes of regarding former child soldiers as mature agents, and therefore accountable for their past actions? How has the consideration that they were/are immature and severely affected by extreme wartime events affected their reintegration? And how do we address incidents that reveal community frustration over the perceived license given to former child soldiers to act criminally?

In 2005, over 70% of young people incarcerated in juvenile prisons were former child soldiers (see Akello et al., 2006) [3]. Many did not know how to live like civilians again. In the communities where they had been reintegrated, they committed crimes, assaulted civilians, raped women and girls, exhibited aggressive behaviour under the influence of drugs and substances, and engaged in theft. Through in-depth interviews with the regional psychiatrist, although there were some cases where he would debate about whether to write a diagnosis of PTSD and therefore release the offender without charge, for all of the cases observed, the psychiatrist did not find a link between the crime and past trauma. In Table 2 below, I present a summary of the demographic characteristics of other former child soldiers presented at the psychiatric clinic for assessment, as well as their respective offences.

As shown above, the vast majority of the offenders were male. Accusations concerned an array of crimes, including theft, burglary, rape, defilement, assault and other forms of violence. The only case involving a female returnee that I observed concerned Aciro, a 20-year-old mother of two children born while in captivity with the LRA. Aciro had fought with and injured her neighbour in Kanyagoga suburb. According to Aciro, her neighbour had repeatedly called her children nicknames and abused them by deriding them as Kony's children. On the day of the attack, she mentioned how she had been filled with such anger against the neighbour and grief over her taunts that she felt like killing her. She could no longer tolerate her neighbour's remarks.

Once again, the police assessment form linked Aciro's crime to trauma. The assessment underscored her past experience of being abducted and her marriage to an LRA commander as among the traumatic experiences that could have induced her violent behaviour. In this particular case, a lengthy discussion arose between the psychiatrist and the police concerning whether this link made sense. Ultimately, the psychiatrist considered Aciro's case to be a 'normal assault case' as opposed to assault due to past traumas.

Upon receiving advice from the then, regional psychiatrist that the best approach was for a social worker to mediate between the two neighbours and counsel them about good neighbourliness, the case was dropped. After 'counselling' the two women in their homes, the psychiatrist and the social worker recommended that one of the women leave the suburb for the sake of peace. Aciro relocated to Limu, with the help of funds from a non-governmental organisation interested in rehabilitating and reintegrating former child soldiers and child mothers.

In an in-depth interview that I conducted with the regional psychiatrist, he remarked how common it was for the police to attribute young offenders' crimes to past traumatic experiences. I perceived that the frequency (and at times reflexive thoughtlessness) of such attributions resulted from the tendency of many international and national aid agencies to train the police about trauma and trauma-focused interventions, and the discourse that PTSD explains delinquent behaviour on the part of former child soldiers in the communities where they are reintegrated. What is interesting to observe, however, is that although psychiatric discourses concerning the effect of exposure to extreme events on mental health (see Summerfield 1999) [6], and the resulting PTSD diagnoses, are against common knowledge in northern Uganda regarding how to reintegrate former child soldiers, in his daily practice the regional psychiatrist resisted the orthodoxies of the discourse. Rather, according to my observations, it was the police who frequently linked the former child soldiers' present crimes with their past experiences. In this regard, the conduct of the police mapped more closely onto the dominant legal and policy understandings of how to portray and reintegrate former child soldiers. In the case of northern Uganda, this tendency also meshed with the realities of limited detention facilities suitable for juvenile offenders who were former child soldiers and who thus had knowledge of how to use arms.

Community response to rehabilitated former child soldiers

By observation, in the camps where former child soldiers were reintegrated, there seemed at first to be excitement about the return of the youths. Often, their return was accompanied by celebrations by the immediate family. Other people would act more in accordance with one former child soldier's description: they would "appear friendly, borrow some of the money offered to them [former child soldiers] and other materials in the reintegration package, but then change, become cruel and abusive immediately that they realise that everything they were given was over" (Interview with Apiyo, a 14-year-old former child soldier). Indeed, even in cases where there were initial celebrations, tensions soon emerged. In the very communities where former child soldiers were to be reintegrated, social spaces had to be shared with many people who had been exposed to war crimes and violence, sometimes committed by the former child soldiers themselves.

Most importantly, this article focuses on the behaviour change of former child soldiers, which was not sufficiently attended to during rehabilitation. Having been abducted at an early age, most of the returnees' behaviour had changed by the time they escaped or were rescued by the UPDF. Many abducted young girls like Aciro above were rescued as child mothers. As

one counsellor noted, "former child soldiers were used to living like rebels, always employing militaristic ways to survive in harsh conditions in captivity". Bentacourt and Khan (2008) [7] suggest that aggression and morality are altered by the day-to-day experience of violence. Muldoon and Wilson (2001) [8] demonstrate that the youths in Northern Ireland with the strongest ideological commitment were the most psychologically resilient but also the group who viewed violence as the most acceptable. In other words, there is a habituation to violence as a potential coping strategy, and reference is made to a process whereby the abnormal becomes normal in everyday life after extensive exposure to violence. Furthermore, Udwin (1993) [9] documents the short- and long-term consequences of violence on children as including anxiety, insomnia, depression, delinquency and PTSD, and Cairns (1996) [10] reports a normalisation of violence among children exposed to violence. What this article contributes to this discussion is a focus on the overall neglect of this changed behaviour in local and international strategies for dealing with former child soldiers in northern Uganda – a neglect that is guided by the implementation of trauma-focused interventions – and the impact this has on reintegration processes.

Owing to the current emphasis on trauma-focused interventions, the communities in which former child soldiers are reintegrated are left to deal with this behaviour change. The examples presented above show how different stakeholders in the community – families, victims, the police, juvenile prison wardens and the psychiatric clinic – play different key roles. For example, in Akello (2013) [11] it is discussed how returning child mothers were rejected by their families, who argued that they were associated with LRA rebel leaders and therefore children born in LRA captivity would access land through their patrilineal kin. In addition, the presence of these young mothers in particular camps would expose other civilians to attacks by the LRA commanders from whom they had been rescued. For their part, however, most child mothers did not want to be associated with their former violators.

The former child soldiers themselves often freely discussed their experiences while in captivity. Discussion points included how they had attacked villages, abducted other children and looted property. They also shared narratives about the different people they had been forced to kill. In addition, they were disturbed by *cen* of the people whom they had killed. All of these experiences led to their suffering, discrimination and stigmatisation.

DISCUSSION

Trauma-focused interventions in northern Uganda tended to lead to a successful transition from rescue activities by the UPDF of former child soldiers. However, when it came to the crucial stage of reinsertion and reintegration of returnees into the communities, these interventions created tensions between different stakeholders. For instance, having been rehabilitated and reintegrated as innocent, immature and traumatised, some child soldiers were not cautious or sensitive about their host community's experiences. In Akello et al. (2006) [3], we show that many former child soldiers bragged about their past experiences and the atrocities that they had committed. In response, the

community stigmatised, marginalised and discriminated against them. This hampered their ability to live as civilians again. Stigma and a perceived need for revenge were some of the undercurrents in the public's response to former child soldiers when they committed fresh offences in the community. Additionally, any bad thing happening in the community where the victim could not readily identify the offender was attributed to the presence of former child soldiers. This is why, for instance, the police were trained by humanitarian agencies about the importance of identifying the link between the offence and likelihood of the offender being associated with armed conflict. Perhaps it was likely that the person being presented was not the actual offender, and therefore establishing their past involvement with armed groups was one of the criteria upon which to release them.

Another side to the phenomenon of former child soldiers being involved in many offences is the difficulty they experienced in transcending behaviours learnt during their time in captivity. In two cases involving repeat offenders, the two former child soldiers had been abducted at the ages of seven and eight and each of them had spent about eight years in captivity. During this time, they knew nothing about 'normal' social etiquette, prosocial behaviour and day-to-day civilian life. For such children to undergo rehabilitation for only two or three weeks, and to be perfunctorily reintegrated back into the communities from which they had been extracted at such a young age, meant that too much was being expected of them too soon. What was underplayed was the difficult task of how these young people should adjust from the behaviours that they had learnt while in the LRA – such as looting whatever they wanted and not respecting other people's lives and integrity – to learning civilian work ethics and how to access their needs through gainful employment.

That said, explaining former child soldiers' present criminal behaviour simply as a result of their past captivity only went so far in terms of promoting the kind of durable reintegration that would guard against recidivism and also allow them to overcome the scepticism of the community. In a separate work, [12] examines how the international legal imagination constructs the child soldier. He identifies the preponderant conceptualisation of the child soldier as a faultless, passive victim. He derives this conclusion from careful consideration of media images, funding positioning, literary projections, best practices, ethnographic research, administrative manuals and the emergent soft law with regard to how former child soldiers are assessed and reintegrated. The upshot of these instruments and practices is that former child soldiers are instructed that their participation in the armed group was irrefutably coerced and that any violent actions that they undertook during the conflict were 'not their fault'. Hence, criminal sanction against former child soldiers in the aftermath of conflict for conflict-related acts and atrocities should be avoided.

While I recognise the importance of suspending criminal sanction against acts of violence undertaken by child soldiers during armed conflict, I question the wisdom of the faultless passive victim narrative and its prevention of the involvement of former child soldiers in other transitional justice mechanisms such as truth commissions, customary ceremonies, community service or qualified amnesties as part of decommissioning. I

believe that use of such mechanisms would ease the process of reintegration and allow former child soldier to anchor themselves more durably within the community as citizens with both entitlements and responsibilities. In the end, such a move would build a more viable culture of juvenile rights.

This article calls for justice for criminal acts committed by former child soldiers after conflict, rather than redress for acts committed by the child soldiers during conflict. The findings are supportive of the hypothesis that basing programming initiatives on assumptions of faultlessness and trauma may lead to sub-optimal outcomes. The vision of child soldiers as indelibly traumatised by conflict violence leads to them being held unaccountable by the police for separate criminal acts committed following reintegration. The police's reliance on wartime trauma to excuse post-conflict violence appears to hinder the successful reintegration of former child soldiers, exacerbates social antipathy against them, and leaves unaddressed the justice needs of the community.

Clearly, this is not the intention of the NGO community, nor of those actors who construct the international legal imagination. Interestingly, psychiatric interventions appear to reflect a greater sense of the need for multidimensionality in terms of responding to criminal acts perpetrated by former child soldiers after conflict, in accordance with the recommendations that former child soldiers be seen in a pluralised fashion along axes of being victims, survivors, witnesses to violence, and also authors of violence. This response, to be sure, may also be influenced by community and victim responses to the police's framing of such post-conflict violence as explainable solely in terms of wartime trauma.

In sum, in accordance with the dominant framework of international law and policy, upon decommissioning former child soldiers in northern Uganda were depicted as traumatised, innocent, immature and the victims of a senseless war. Subsequently, rescued and escapee child combatants were counselled, rehabilitated and reintegrated into communities that had been exposed to extreme events, in some cases initiated and/or carried out by former child soldiers. Prior to the reinsertion of former child soldiers, communities, including the police, healthcare providers and families, were sensitised to accept and help traumatised child soldiers to live a civilian life.

Implications for reintegration

While the high crime rate in Gulu Municipality and displaced persons camps could be attributed to stigma against former child soldiers and dire living conditions in areas where the offenders lived (which may facilitate a relapse to the militaristic ways of living learnt while in captivity), I suggest that it is also probable that many former child soldiers were not comprehensively rehabilitated prior to their reintegration and that this, too, affected recidivism. Comprehensive rehabilitation here would mean former child soldiers being told about the different implications of their abduction and actions during the conflict, including a change in their behaviour, and being advised to exercise restraint in the community where they are reintegrated, and show consideration of the fact that the crimes that they had been forced to commit had had implications for the direct victims

and their close kin. For example, a returnee who committed many atrocities and was rejected by his community could be counselled to actively engage with the community exposed to violence in order to seek forgiveness and reconciliation. Former child soldiers might also be encouraged to participate in reparative activities within their communities. Ultimately, this viewpoint could be more salutary than the observed reality, where some reintegrated former child soldiers even boast about their violent pasts to people who have not yet come to terms with their own war-related experiences.

Coming back to the question of changed behaviour, within rehabilitation activities there should be recognition that the community needs to be sensitised about why and how they will interact differently with the returnee. His or her changed behaviour also means that different social behaviours and norms should be expected of them until they are able to relearn acceptable ways of behaving in their community. This can only be successful, however, if the community is willing to participate in retraining the former child soldiers. Acceptance and non-discrimination are, I would argue, better ways of drawing former child soldiers out of their past habits. This outcome might also be further eased with some select emphasis in reintegration processes on the assumption of responsibility and agency.

It could be that the former child soldiers are only practicing what they know best when they steal, assault, rape and abuse others in the community. While it may not be helpful or possible to link their current acts with their past traumatic experiences, it is possible to link their current offences with their past training in armed conflict with the LRA. The solution to this is not trauma-focused assessments, but rehabilitation activities aimed at changing former child soldiers' behaviour and cognition. Betancourt et al. [13] discuss the importance and success of Cognitive Behavioural Therapy for former child soldiers in Sierra Leone, which facilitated retention in school. In the Youth Readiness Intervention, the authors focused on self-regulation, anger management, building interpersonal skills and problem solving. They report that the intervention produced multiple acute as well as longer term emotional and behavioural benefits among war-affected youth. In addition, [14] show that irrespective of the extent of the trauma experienced during the conflict, family and community acceptance have notably positive effects on depression, prosocial behaviour and self-awareness.

Until the communities themselves where former child soldiers are reintegrated behave differently and show these returning youths different ways of resolving violence, I foresee a scenario of recidivism characterised by a cycle of marginalisation, offence, arrests, differential assessment by police and psychiatrists, and incarceration which, in the end, is not conducive to social reintegration.

CONCLUSION

In this article, I have shown how the abduction and subsequent training of children in armed combat affects their behaviour on the one hand and how their portrayal by international legal framing as innocent traumatised victims influences (and

impairs) their reintegration on the other. Of salience in this research is the connection between the approaches of the police and the understandings promoted by international soft law and policy, notably the Paris Principles, as operationalised as best practices by the NGO sector. In the communities where they are reintegrated, former child soldiers are stigmatised and discriminated against because of their involvement in the LRA. The rehabilitation processes which they underwent were not comprehensive enough to address their changed behaviour nor to alter the attitudes of the community toward them. Subsequently, I suggest different ways in which former child soldiers could be helped to reintegrate into their communities, communities in which some members also still have to come to terms with the war crimes and violence that they themselves experienced.

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