

# SUPPORTING CHILDREN AFFECTED BY ARMED CONFLICT IN NORTHERN UGANDA: MUSE AND REFLECTIONS FROM THE ACTIVITIES OF GULU SUPPORT THE CHILDREN ORGANIZATION (GUSCO), 1994-2010

**Eric Awich Ochen, Ph.D., Makerere University, and  
Robert Okeny, MA, Gulu Support the Children Organisation (GUSCO)**

*The protracted war in Northern Uganda has had devastating consequences on the communities within the region. This ranges from social disruptions, internal displacement of communities, socio-economic regression and virtual lack of government services in large areas of the affected region. However, one of the most significant effects of the war has been on the psychosocial and socio-cultural well-being of children. Since the beginning of the war, an estimated 30,000 children have been abducted by the rebels to be used as fighters, sex slaves, laborers, porters and human shields. Thousands more have also been affected through disruptions in their education, sociocultural socialization and accessibility to social services. In this narrative, the authors reflect on their activities as social workers within GUSCO in receiving formerly abducted children, supporting their recovery and rehabilitation, and reinserting them within the conflict-affected community.*

*"Children are the angels of the family/home." - African Proverb*

## **Introduction**

Gulu Support the Children Organisation (GUSCO) was formed by local children's rights actors in 1994 to respond to the physical, health and psychosocial needs of children returning from rebel captivity. These children are also called Formerly Abducted Children (FAC). Initially, the needs of children returning from rebel captivity were not being systematically addressed, creating room for an intervention that can provide support for FAC. While significant achievements have been made, these efforts have not been without drawbacks and challenges. This is because GUSCO's efforts in Northern Uganda were the first for any organization attempting psychosocial support, often using models developed in the Western world or areas outside Uganda. It is these experiences and lessons, learned over the years of working with children affected by armed conflict, that we shall discuss in this narrative.

This paper builds on our experiences as social workers and project managers, positions which brought us into direct contact with the

children who passed through the organization. We had the opportunity to share in their struggles, fears, joys, hopes and disappointments, as they negotiated their rehabilitation through the process of healing, reinsertion, and ultimate reintegration into their communities. From the outset we wish to state that this has been no simple journey and this paper will document both our perspectives regarding the emerging issues, and our evaluation of them, as we periodically reflected on and made decisions about how we could be better helpers, counselors, and friends to the children we supported through the healing and recovery process. It will also show how the experience constituted a significant learning opportunity for us as social workers and project planners.

## **The Nature of the Interventions**

Children who received GUSCO services came initially through a Reception Center. Support activities in the Reception Center ranged from individual counseling sessions, group therapy and other structured activities,

such as learning to return to school or joining vocational institutions. Individual counseling was aimed at enabling FAC to recount their experiences and stories in order to come to terms with them, as well as to enable social workers to arrange support plans. Alongside individual counseling, we utilized group therapy through play activities/dance and storytelling to help the children of FAC to open up and to promote their psychosocial healing. Other support mechanisms included traditional cleansing ceremonies, the nature of which the family of the child had to decide on, although in our view this was more about a belief system than something that actually had a bearing on the normalization and healing process. We also followed up with children reunited with their families in order to offer further support for their reintegration into their communities, since this point in the rehabilitative process is where the children are supported and encouraged to live as normal a life as possible, by embracing community activities.

### **The Return from the Bush and the Reception of Children**

When the children return from the bush<sup>1</sup> they are a pitiful sight, physically drained and weak, with many harboring life-threatening physical injuries, which were mainly inflicted on them during their escape, or during engagements with government troops or other fighting forces. As social workers we had to make decisions regarding what immediate support was required most when they were received into the Reception Center. This involved meeting a range of physical and psychosocial needs. These decisions, which were made together with the project nurse and Center teachers, were based on issues such as the provision of food – priority being given to ensuring that their nutritional needs were met and providing assurances about safety, offering medical care, and addressing psychosocial needs.

The determination of the sequence of this support was, however, dependent on a number of factors, ranging from the children's physical and psychological state, their health status, the availability of agency resources and the principle of children's "best interests." These

principles, which are enshrined in GUSCO's Center Operation Manual and Child Protection Policy, require that when a child arrives at the Center, a physical assessment is done by the duty social workers and the project nurse in order to determine an immediate course of action. Those children who appeared physically drained and weak were also assessed regarding whether they required immediate hospitalization. Those who are assessed to be in fair condition are kept at the Center, where arrangements are made for them to be taken for a more comprehensive medical check-up to Lacor Hospital within the first week. For all those children, however, safety assurances are made immediately upon arrival; this is considered to be very important for those who have lost faith in adults, since adults had been responsible for torturing them and subjecting them to horrific situations.

When we talk to the children, they expressed their fears and doubts about us as social workers, since we were strangers to them, and it was strangers in the bush who had trampled on their rights. How were they then to know that we would be any different from those people? Other questions they posed to us were: Was life worth living anyway? What community would they return to, considering their families might be in the camps or, for some of them, they had virtually no family left, except distant relatives? They would express these feelings of hopelessness to us frequently, especially those girls who had returned with children they had given birth to in the bush. There was one case where a child, whose immediate family was never traced at all, was sheltered by a member of the GUSCO board and adopted after he had spent several months at the Center.

As GUSCO social workers we thus had to address doubts and fears in the children, first by assuring them that they have returned to a different society: a society that values them as children, understands what they have gone through, and will give them an opportunity to make choices whereby they can reclaim their childhood and determine their future. Second, we assured them that they were safe and that no one was going to take their lives and dignity as human beings away

from them again. And, third, we assured them that we do not condone what they have gone through, but that we understand it and we do not in any way blame them for what happened. These issues, we found to be fundamental in order to obtain the children's trust.

When we looked at the children on their return, we could see that many did not feel that they had any hope at all, although they still believed there was a better life, somewhere, than the one they had been living. Initial discussion with them, therefore, provided an opportunity for the social workers to determine the potential length of their stay at the Reception Center for Psychosocial (PSS) support. The duration of residence would depend, however, on how each child responded to the *treatment plan* as directed by a set of indicators<sup>2</sup>.

Much as we had our own fears and awareness about our limits in furthering the healing process, we were driven by our personal obligations and organizational objectives to offer our support. We felt dejected and were left in a *moral trance* from their stories, learning that they had been subjected to morally repugnant and difficult situations where some were made to kill their fellow children and other people. This was a huge weight on us as helpers: we could feel it penetrate us through our own sense of humanity, and yet inwardly we knew that these children were not criminally liable and that they would have said 'no' in similar situations had they been offered a choice. But they had no choice: it was a brutal visitation by the forces of darkness operating in the rebels' minds that robbed the children of their innocence.

Yet when we looked critically at the young person sitting across from us, we saw a flicker of hope: a yearning to be set free from the brutal past. One child revealed this sentiment to one of us by saying: "*Sir... I hope what I went through was only a dream that will pass away one day ... why should it be me? ... I would like to go to sleep and wake up to realize that all these (things) I am talking about is only a dream.*" This deeply penetrating statement was expressed by many of the children who passed through the GUSCO Reception Center and it indicates the

quest for freedom that the children felt they must somehow find; freedom from all that they have gone through. It also shows a desire to be delivered from the terrible experience that has held their minds captive. If there had been a way by which they could have dissociated themselves from such experiences, without doubt they would have done so willingly. One could thus see that the children, in their subconscious, would not want to have been part of the experience they had been forced to undergo, which was something they perceived to be foreign and unsolicited.

What came to our minds when we analyzed the stories of these children and their quest for freedom and deliverance was that the rebels had succeeded in enslaving their minds, spirits and the very essence of their humanity and childhood. This transcended, even, their physical enslavement when they were with the rebels in the bush. And that is where our work as professional helpers begins – freeing them from the enslavement they had been subjected to. The greatest challenge we face as social workers, therefore, is in helping the child, who has undergone such excesses of psychosocial (PSS) turmoil, to come to terms with his or her situation and to make him/her know that there is still hope. Many children would say something like:

*"Sir...you are giving me this assurance that all will be okay...but will these things ever be erased from my mind? I only pretend it is not there, but what I have been made to do is very real in my mind and my personal history...but look at me, my education has been disrupted...I now have children to look after...where do I begin? My family is in the camp [for internally displaced persons] and my parents cannot help me either, as they are old and frail. Is there really any hope for me?"*

For most of the children, their families were also living in an artificially contrived situation of poverty in the internally displaced persons (IDP) camps; therefore, how much support

could they possibly provide for their children? Social work intervention principles espouse empowerment and support for the children in the context of their families. But for much of the last two decades in this region, little change has resulted in the context of intervention despite a massive investment of effort (see Abola et al, 2009; Omona and Ocaya, 2010). The situation of these families, therefore, is inadequate to support their children's' socio-economic reintegration.

We had to rebuild trust, hope, confidence and faith in humanity in the children. How do you defend *broken humanity*, which was evident in the way the children had been treated? What keeps us going is that we can see some hope. The children raised questions that required answers, and as social workers and actors in their lives, we had to look for the answers in order to provide them with hope. Consequently, we saw it as our obligation to the children, and to the nation, to do what we could to *normalize* their lives, although in some cases we were not sure of what the outcomes might be. The challenge for us as actors, therefore, was to point out to them that some of the support we were giving them might not bring about the desired change, due to the lack of complementary factors and interventions. This demoralized us as social workers and we questioned whether the little contributions we were making were good enough. But we were motivated not only by our desire to make a difference to the children and the community, but by the success stories and testimonies that we saw and heard as we carried out follow-up activities. We concluded, therefore, that if our activities could help just one child to fully transform his/her life, then it was well worth the effort.

On one occasion, a female social work colleague was providing professional support to a young girl. As the child recounted the most difficult moments of her rebel captivity and the effects it had on her, such as her perception of humanity and dread for the future, our colleague broke down. We found the child and social worker holding each other and weeping together. What an embrace it was between social worker and child. Yet our initial approach had been to keep distance between ourselves,

as social workers, and the client, i.e, the application of the principle of "controlled emotional involvement." Perhaps what the child needed above all else was a warm embrace to provide an assurance that all will be okay, a shoulder to cry on from someone who understood her situation and not a *simple exchange of words*, which could so easily be interpreted as hollow.

That experience was an awakening because we realized that we all could have found ourselves in the same situation and could also have shed tears—tears of sadness at how a young, innocent life had been so blatantly abused. The Programme Coordinator could not do anything about that "*breach of regulations and agency practice*" other than to organize a debriefing session for the social worker, who clearly needed support from secondary trauma. This was a learning situation for us, both as an organization and as social workers. While as social workers we ascribe to the key principles of social work intervention, especially that of controlled emotional involvement, we retain our human feelings and we, too, are vulnerable to our environment.

As can be seen from that illustration, sometimes we also are subjected to situations that overwhelm us, especially as we work in trauma counseling and support. We wondered if this makes you a bad social worker when you show your own *feelings* to the children? However, we came to the view that this approach would make the children feel better about the helping relationship, believing us to be empathizing with them. Perhaps the best helping approach, therefore, goes beyond social work and into a demonstration of humanity, where the helper (social worker) makes the children *feel* more like their own brothers, sisters, or even children.

This display of humanity was also important for a more general development of trust. Our analysis of children's responses, based on their stories and reactions to the Center's psychosocial support activities, awakened us to the presence of personal *agency* as a strong resource within the children (Bandura, 1982; Blanchet-Cohen, 2008; Elder, 1994). During their captivity, the *agency of the children* played a key role in

keeping them alive and facilitated the decisions, for many, to escape. Therefore, we had to support them to re-establish trust, hope and a recognition of their own *agencies* and the immense personal resources they had displayed, which would be significant in their management of the transition from captivity to Reception Center and then to reunion with their communities.

Studies have indicated that some children exhibit extreme *agency* in managing their lives in the bush by refusing to obey orders, which flew against their personal moral codes—decisions that led to a premature end to their lives (e.g., Baines, 2009). Testimonies of many children indicated that the escape process itself was fraught with many pitfalls, worst of all being recaptured by the rebels and killed. We therefore looked at our work as not just a job, but also as an obligation to the children in order for them to shake out their negativity and approach life positively. We also recognized the significant personal resources that they exercised in managing the post-bush healing process. This *self-actualization*, we realized, was important to nurture if they were to generate more self-belief and a dignified outlook toward their lives.

### **Integration of the Principles of Social Work Professional Helping: What Lessons Did We Learn as Actors and Social Workers?**

As practicing social workers, we were fully committed to integrating the core social work principles of casework intervention (Hancock, 1997). While the context is significantly different from social work as practiced in a developed country, most of those core principles were fully relevant in the Northern Uganda situation where they were applied at all stages of the helping process. This included trauma intervention, rehabilitative support and the process of their return to, and reunion with, their families. Nevertheless, there were challenges, as we will show in the following discussion.

We applied the principles of individualization by appreciating that, while all children exhibited various, but similar, signs of trauma, each child responded differently.

Furthermore, the frequency and extent of exposure depended on the inner resources of the child, his/her interpretation of the situations and his/her position in the environment at different points in time. This also explains why, as an agency, we do not strictly lay down when a child will be ready for reunion, since his/her readiness depends on a set of indicators regarding psychosocial well-being as defined by GUSCO's Reception Center's Operational Manual and Guideline for PSS support. Although this manual, which is culturally positioned, individualizes each child, it emphasizes how the reunion process should be handled. For instance, at some point during the process, he/she should be presented with choices regarding what he/she wishes to do on return home, i.e., whether to go back to formal school, to enroll for vocational training or to do something else. Also, although guidance is provided, government policy influences the advice given, in that the younger children have to go back into formal schooling.

On the whole, the children and their families are allowed to make choices while, at the same time, the best interests of the child are taken into consideration. However, there are times when the Convention on the Rights of the Child definition of 'best interest' runs counter to the social work intervention principle of self-determination. For instance, a 12-year-old child who had grown to like carpentry, as there was a workshop adjacent to the Reception Center, made his interest known to the social worker; however, considering his age and level of physical maturity, we thought it was not in his best interest to do carpentry<sup>3</sup>. We therefore had to infringe on his self-determination in order to protect him. He was eventually counseled and, supported by the organization, and he re-entered primary education after reunion with his family. It will thus be entirely up to him and his family to decide, probably after primary seven, whether he still wants to pursue carpentry or other vocational training. With regard to a child's rights, therefore, self-determination per se is not absolute. Other considerations might also have to be made, especially those that maximize a child's welfare by protecting his/her future growth and development.

To ensure that the children enjoy their stay at the Reception Center, and not perceive it as detention, we have devised means by which they become fully 'part and parcel' of the helping process. This aim is also in consonance with the social work principles of participation: ensuring that clients play an active part in the helping process. In individual counseling we provide room for dialogue and the purposeful expression of feelings, whereby the social worker takes a backseat role by encouraging children to tell their stories and to describe what their experiences mean to them now and in the future. The children, therefore, are actively involved in determining their own courses of actions. And they also participate in group therapies, such as adaptations of games, dances, sports and round-table storytelling, usually the precursor to a general discussion of their experiences in captivity. This approach makes it possible for even the most timid of children to open up and talk about their situation, share stories, riddles and proverbs, which are instrumental in their opening up about their bush experiences. Acholi proverbs, riddles and folk stories have *morals* about consequences of one's actions and are thus important in generating accountability in the children, as well as in re-instilling social values and philosophies.

One timid child, Oryem, was a loner who never spoke much, but would always sit and listen to others. In time, however, he began to participate in group activities and, later, became more open with his social worker. When he was asked about what helped him to become more trustful and open up, he said:

*"The fact that I was valued as a person and allowed to talk and make contribution at my own pace at my own timing in my own ways made me feel wanted, appreciated and made to feel important. I realized all of a sudden that I could open up and talk and not be laughed at [mocked]. This was very important to me and I was very grateful to be given such an opportunity. I was also able to develop trust with time in the social*

*workers and I realized that they had my best interest at heart, and were very supportive and wanted me to feel better in spite of my difficult time in the bush."*

We apply the principle of confidentiality in all situations to ensure the maximum protection of the children and to create an environment of free expression (Hancock, 1997). In this regard, therefore, all helping engagements take place in a secure place; if in the compound, the venue is far away from other children; if in the office, only the social worker and child are privy to the conversation. Such confidentiality assures the children further and enhances their openness by allowing them to develop more confidence in us as social workers; it also adds to their sense of dignity and self-worth.

It is unfortunate that for some of the children their pre-abduction treatment by parents did not show love, care and the prioritization of their interests as is done in the Reception Center. Therefore, for such children it was the first time they had experienced genuine care and unconditional acceptance. The problem then becomes the environment where the reunion is to take place. Our biggest worry is that parents and guardians will not heed our advice to effectively support the child on his/her return. It should be noted that all these issues arise in a context of war, poverty and want. Therefore, while at GUSCO, the children have access to all they need, such as food, shelter, footwear, good bedding (many for the first time slept on a mattress) and now they may be returning to a community that is very different. Would this result in an unintended effect of our intervention in the child's welfare? Such was the dilemma of our intervention.

In our support of, and interactions with, the children, we also have to exhibit a high level of self-awareness (Hancock, 1997) in that it is important for us to separate ourselves from them and to clearly demarcate our roles and boundaries as helpers in order to consider their interests and welfare to be of the highest importance. Our own self-awareness is also crucial so as to avoid bringing to bear our own

challenges and personal issues on the helping relationship. Our reflections on self-awareness also enable us to be nonjudgmental towards the children, but to generate empathy as regards their situations and experiences.

### **Returning Children Home**

In cases where the parents may not be alive, GUSCO's main concern is to reunite the formerly abducted child with his or her relatives. As earlier noted, at the Reception Center there are three categories of professionals who are all concerned with the well-being of children. The social workers are concerned with their psychological well-being, the teachers are concerned with educational matters, and the nurses are concerned with their health. Therefore, each child is supposed to be attended to by all three professionals, who consider the decision to reunite him/her with parents/relatives jointly. However, returning children to the community also has its challenges, since in many displacement cases the families were not living in their original setting. The GUSCO Reception Center operation manual clarifies that a child can be reunited within hours from the time of reception as long as it is in his/her best interest, or even after several weeks for the same reason. The main issue is how such best interest may be determined. Normally, GUSCO acknowledges that the parent or the family is the legal custodian. Therefore, if the parents or family members are capable of fulfilling the emotional and physical needs of the child, a decision can be made to reunite a child who is ready to go home.

As social workers, we are supposed to carry out family tracings and assessments where interviews are conducted not only with immediate family members, but also with community members. Issues we consider are primarily economic status, i.e., the family's ability to provide for the child's needs, including education, together with its attitude towards him or her and the attitude of the community. The attitude of the community is assessed to ensure that a returning child is not harmed, since some people in Northern Uganda view formerly abducted children as perpetrators of violence. In such cases, more elaborate

dialogue regarding community attitudes has to be done before reunion can proceed.

In some situations the FAC return far "richer" than their own families, due to the material support and seed money provided by the agencies into a context of want, need and squalor in the IDP camps. However, when we reflected on our interventions, we realized its limitations in that, due to resource constraints, we could not implement some activities that might have improved reintegration into the community. While we were aware of the limitations of our interventions in terms of empowering the children and their communities, we could not address all the challenges.

### **Building Positive Relationships with Children**

As we indicated earlier, the most difficult aspect of our work was helping the children to re-establish trust and belief in adults. A lack of trust was not always verbalized by the children, but we could feel it from the way the children talked and behaved. For example, they exhibited "guardedness" and a reluctance to open up. We spent the initial interviews talking about their aspirations and fears in order to assure them about their future. Putting children at ease is necessary to enable them to regain trust in adults, and to develop their faith in people in the community and those close to them.

This issue of developing trust reminds us of the case of one girl, Harriet, who, like Oryem, had difficulty in opening up upon returning from the bush. In such cases we do not rush them, but provide ample time to come to terms with their situations in order to appreciate what they have been through. Therefore, instead of pressuring her to open up, we encouraged her to participate in indoor games and other activities that she showed an interest in. Therefore, no one, not even her social worker, put her under pressure to talk about her bush experiences. Later, when she opened up on her own, she was ready to talk about everything to her social worker. She revealed then that she could not trust people at first and imagined that the information she would reveal was going to be used against her and cause

her to be arrested and detained by the army. This was because she had a fear of soldiers and imagined the experiences she underwent while in the bush would be used to either imprison or humiliate her. She could not, therefore, talk for fear that she would give herself away and delay her impending reunion with her family. When the social worker provided further assurances, she opened up even more. In her own words:

*"When I was in the bush, I, like other girls, were [sic]made to do many bad things...the most difficult one was when I was forced to hit people in a line...about ten of them over and over again with other girls...till they had all died. These images kept on coming to my mind and I could not talk about it to anyone. But when my social worker talked to me and assured me that it will be okay, I decided to tell her everything...and I felt lighter and much better..."*

As social workers we felt that allowing Harriet time to bring out her experiences was instrumental for the healing process. If she had not chosen to talk then we might also have failed to devise alternative choices in order to aid her rehabilitation and post-reunion reintegration. The lesson we learned here was that, while social workers might give constant assurances and promises of confidentiality to a child who has undergone deep trauma, this, in itself, is not enough. It was therefore important to allow the child time to come to terms with her situation and develop her own sense of morality. As social workers, therefore, we consider one thing to be very important when working with sensitive children, and that is time. Just like any sort of relationship, it takes time to have a normal interaction with them. Relationship building, in the case of Harriet, proved to be more difficult when taking into account the possibility of her mental health being impaired due to the traumatic events she experienced. Consequently, we realized that for some girls, the violations of their rights and the abuses of their womanhood, or girlhood,

together with the invasion of their privacy, was not something they could talk about easily to anyone. To them it must have been like undressing in public. But with time, and after developing trust in their social workers, they opened up and recounted their experiences. We recognize, however, that not all children respond in the same way, because of their differing interpretations of their experiences. With time, the children achieved self-confidence, which hastened the healing process.

It is necessary for the social worker to be self-aware. Due to the children's experiences in captivity, which taught them not to take anything for granted, they tended to derive different meanings from ordinary statements and even actions. One day, after one of us thought he was making a nice joke, all the 'child mothers' at the Center refused to eat. This was because the joke was misconstrued as mocking them. Such are the sensitivities that pose difficulties in relationship-building between the children and their social workers. Therefore, the social worker must have *critical self-awareness* when working with such children.

An environment of friendship, coupled with confidentiality, also makes it easier for children to open up, since it further builds trust, which is instrumental in sharing their life stories. The issue of *space* is important in that, in recounting their experiences, some for the first time realized that they had vulnerabilities and recognized what they were. This was not possible when they were in the bush, as they were not expected to show emotion: *soldiers were soldiers*. On return, the children cried when telling their stories, since, for the first time, they realized the enormity of what they had been forced to do. They mourned for their victims, for their lost childhood, for the loss of innocence and for the brutality of fallen humanity. So our main lesson was that *creating space* is important in hastening the healing process.

The introduction of *structure* was important in enabling the children to fully appreciate the organization of society to help them be responsible for their actions. The Reception Center has an arrangement that



allows them enough time to sleep, play, work, and meet their social workers.

One key structural element is food preparation and cooking. Even if such an activity were meant to re-establish a normal pattern of life the child might have lost while in captivity, it was also used to build trust. We observed that, on arrival, the children were hesitant to eat, especially when alone, because they thought they would be poisoned. In order to address this problem, social workers made a point of involving them in the preparation of their food to the best of their ability. No child was made to do tasks that were beyond his physical ability, as was the case in the bush. This structure is important in preparing them for reunion and instrumental in the re-establishment of lost trust. This contrasted from the activities the children were involved with in the bush. Compared to such forced activities, Reception Center activities were regulated in a caring way, which enabled the helping process to be interpreted positively by the children.

#### **Followup: Post-reinsertion Issues**

Good practice presupposes that, after working with any individual, a follow-up is made, not only to ascertain the progress such a child has made, but to provide more support in case it is needed. The procedure at GUSCO required that all children come through the Reception Center. There they are categorized into *high* and *low-risk* so that more resources are devoted to following-up those who are high risk. The children considered to be at high risk: the child mothers who suffered sexual violence and returned with their own children; those who came back suffering from chronic illnesses, especially HIV/AIDS; children born in captivity; unaccompanied minors; those disabled as a result of injuries incurred during captivity; and those who presented with high levels of post-traumatic stress disorder. All others are considered to be at low risk, but they are still followed up at least once.

A follow-up schedule is drawn up for each child that requires a social worker to make four visits, one every three months, for a period of two years. A form designed mainly to collect information is always available for use.

Information gained is then passed to the monitoring and evaluation officer, both in soft and hard copy, for storage and analysis. The first step in the procedure is to categorize the children in terms of their degree of vulnerability. Initially, it is possible that a child who has just returned may not necessarily show signs of post-traumatic stress disorder, but signs may appear as soon as he or she is reunited with parents or guardians, due to trigger factors that might be present in the home. This might mean that the child's psychological well-being remains unfulfilled because he or she is not deemed to be at risk. In practice, therefore, there may be a great disparity between the procedure laid down and the way it is exercised. For any sort of visit to be called a follow-up, it needs to build on the initial process: there must have been an agreed plan of action regarding how such follow-up should be carried out.

GUSCO's practice has been that a social worker travels to an IDP camp where many children have been reunited with their families. The social worker would then meet family members at random, have a chat with them, and later pass the information gathered to the monitoring and evaluation officer. Also, the child would not know that he or she is going to be visited on that particular day. By using such a method, the follow-up process turns out to be very unsystematic. Although this may have meant that the organization collects valuable information, such unplanned visits have not been helpful to the children. The service aspect of the follow-up, therefore, has been completely missing, since social workers usually spend limited time with the children in their communities.

For example, if a social worker finds out that a child has suffered an emotional relapse, it may not be possible to address the problem within the time allowed. This is because most social workers live outside the communities where the children have been reunited. This problem has also been exacerbated by an inadequate "referral pathway," which means that children's identified needs remain largely unmet after reunion. However, as GUSCO social workers, despite all the flaws in the follow-up practice, we have carefully

documented information regarding the children in the community.

Many questions have been raised regarding the usefulness of GUSCO-type Reception Centers for formerly abducted children. Indeed, some claims have been made to the effect that there is no difference between former rebel captives, who go through such programs, and those who do not (Humphreys and Weinstein, 2007). There have, however, been positive testimonies about our interventions in the community, but there are challenges as well. If one had in-depth interviews with formerly abducted children who have returned home, they would, no doubt, describe a number of problems they are facing, but that does not mean that they have not been supported. If GUSCO had not intervened at all there would be numerous psychosocial difficulties arising from formerly abducted children growing up without rehabilitative support. However, since this is a qualitative intervention, its effects might not be readily visible.

### **Lessons Learned:**

#### **Where Do We Go from Here?**

Our experience at GUSCO points to a direction of Psychosocial Programming that builds on the strengths of the children, is context-specific, and links interventions to other developments and peace-building initiatives within the region to ensure that affected children return to a community that can nurture them and support them to actualize their potential. We are aware that not all children who have been supported turn out to be "good citizens," a situation that, in the context of continued insecurity and conflict, could be expected. The overall lesson is that, while interventions might be developed with good intention, at times environmental factors act as constraints to the success and effectiveness of interventions (Bebbington et al., 2008). In this case, therefore, the limiting factors would be those elements that may have crowded out the *agency* of the children in managing the healing and reintegration process (Archer, 2000; Elder, 1994).

In reflecting critically on our intervention as an organization, we concentrated on

meeting the immediate needs of the children, whether they be physical, psychosocial, or socio-economic; however, perhaps we did not effectively address the empowerment issues of formerly abducted children. Perhaps it would be better for the children to be prepared for effective participation in the political process in order for them to confront the socio-cultural and economic inequality that stand in the way of their rights. This would have added a critical dimension to our programming within their communities.

In our view, the interventions have been too paternalistic, with a service delivery focus; its emphasis has been only at helping FAC to access goods and services and not on general *socio-political empowerment*, which would enable them to advocate for their rights. Our reflections, therefore, suggest to us that we did something for the children, but that we only remedied the children's immediate problems and did not bring the best out of them in terms of engagement with their communities.

Interventions for FAC should be fully integrated and made to address socio-economic recovery for the region. This is important if the potential of these young people is to be fully addressed. Further integration might be dependent on FAC being able to access socio-economic, psychosocial, and politico-cultural services for themselves during the programming phase. If facilities for providing such services are nonexistent, to where do war-affected children turn? Effective reintegration of *all* war-affected children will be dependent on strategic, well-thought-through, and positive interventions. These interventions should focus on rehabilitation, reconstruction and, in some cases, the development of socio-economic and political infrastructures, including rebuilding significant physical assets in areas where these have been destroyed or vandalized.

## References

- Abola, C., Omach, P., Ochen, E.A., Anena, C., & Barongo, A. (2009). *Evaluation of Norwegian Development Cooperation through Norwegian Nongovernmental Organizations in Northern Uganda (2003-2008)*; the Norwegian Agency for International Development (OSLO); Evaluation Report 3/2009.
- Archer, M. (2000). *Being Human: The Problem of Agency*. Cambridge: Cambridge University Press.
- Baines, E (2009). Complex Political Perpetrators: Reflections on Dominic Ongwen. *Journal of Modern African Studies*, June 2009.
- Bandura, A. (1982). Self-Efficacy Mechanisms in Human Agency. *American Psychologist*. Vol. 37, No. 2, February 1982.
- Bebbington, A.J., Hickey, S., & Mitlin, D.C. (Eds.) (2008). *Can NGOs Make a Difference? The Challenge of Development Alternatives*. London: Zed Books.
- Blanchet-Cohen, N. (2008). Taking a stance: Child agency across the dimensions of early adolescents' environmental involvement. *Environmental Education Research*. Vol. 14, No. 3, June 2008, 257–272.
- Elder, Jr., G.H. (1994). Time, Human Agency, and Social Change: Perspectives on the Life Course. *Social Psychology Quarterly* 1994, Vol. 57, No. 1, 4-15.
- Hancock, M.R. (1997). *The Principles of Social Work Practice: A Generic Approach*. New York: Haworth Press.
- Humphreys, M., and Weinstein, J.M. (2007). Demobilization and Reintegration. *Journal of Conflict Resolution* 51: 531-567.
- Omona, J., & Ocaya, R.K. (2010). *Strengthening Community-Level Peace Building and Social Support Practices in Acholi Sub Region Project: A Baseline Survey Report Submitted to CARITAS Gulu Arch-Diocese*. Gulu district, Northern Uganda.

## Footnotes

<sup>1</sup> The *Bush* denotes the period of captivity when the abducted children were still under rebel control. Both a physical bush is implied and a conceptual one of separation from the normal law and order society.

<sup>2</sup> These indicators, comprising analysis of both the psychological and social behaviour of the child were developed by the organization with support from an International psychologist, Elisabeth Jareg of Save the Children Norway.

<sup>3</sup> Carpentry is an extremely physical task which involves carrying heavy tools and other materials.

Eric Awich Ochen, Ph.D., lectures at Makerere University and is the External Fund Mobilization Advisor at GUSCO, having earlier worked with the Organization as a social worker. Robert Okeny, M.A., is the Program Coordinator of GUSCO, having earlier worked as a social worker, administrator, and program officer. Comments regarding this article can be sent to: E.A.Ochen@hud.ac.uk

Copyright of Reflections: Narratives of Professional Helping is the property of Cleveland State University and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.