

Thus the first challenge of rehabilitation is to restore the sense of safety through family and community caring. He asserted that no rehabilitation can be complete unless meaningful community is restored. Where entire villages and communities have been destroyed, the challenge is to create new security for children. Where communities have been damaged by internal conflict resources for community conflict are necessary in parallel with the rehabilitation of children. One obstacle to full rehabilitation and the restoration of a sense of security and safety is the fact that many wars in which children and community are involved do not have a clear ending, so that anxiety remains entrenched.

The second challenge to rehabilitation is combating the post-traumatic stress disorders that affect children. Mr. Doe referred to his work as a psychological counsellor at the Liberia Opportunities Industrialisation Centre in 1991, when a mental status examination was conducted on 65 child fighters, all of whom showed signs of different degrees of traumatic disorder. Two symptoms that rated highly were permanent alert and intrusion. The former leaves children watchful and suspicious of people and objects, with psychosomatic reactions that include constant head, body and stomach pains, hypertension and ulcers. Fear may degenerate into paranoia and guilt and lead to suicide. Intrusion is a condition characterised by preoccupation with past traumatic events, with symptoms that include hallucinations, nightmares, startle reactions, re-enactment and depression.

The third challenge to rehabilitation is that even children as young as eleven years-old may have been exposed to hard drugs, but skills in dealing with this are not available in the countries in which these conflicts have taken place.

Identity crisis is the final challenge. Children are given new names by the warlords for whom they fight. In traditional African societies, naming ceremonies are 'the single most important social mechanism through which one's individuality and identity are established. Names provide markers of expectation in the community. Consequently, if a boy is renamed 'General Crazy' or 'Dirty Ways', this provides him with a way he is supposed to act. When the war is over and this name no longer has any meaning, he will be 'bereft of identity'.

Mr. Doe concluded his evidence by pointing out that the best solution to the problem is the prevention of war, which in itself poses a challenge to the international community to confront those agencies that promote wars in developing countries for their own economic gain. But he also provided a note of hope by emphasising that traditional modes of ritual healing in Africa have provided a way in which communities can find a meaningful path out of despair.

Questions to Samuel Doe

The Tribunal and other witnesses engaged Mr. Doe in a discussion of the question of whether child combatants are a part of traditional African culture. Mr. Doe's opinion was that

they are not and that it must be recognised that child soldiers are part of current reality in Africa. It was pointed out that children were regarded as legitimate combatants in de-colonisation struggles and that referring to African history is not appropriate when over half the population of Sub-Saharan Africa was born after 1970.

Mr. Doe responded to a query from Christopher Lowry about the use of traditional healers to recover lost identity by stating that, although precise rituals did not exist for this culture, other rituals have been adapted to serve this purpose. He described rituals of atonement and cleansing through which combatants are reintegrated into their former communities: 'Ritual answers the unanswered questions.'

The questions then turned to the tradition in many Sub-Saharan African societies of exacting a death penalty as retribution for killing another human being. Mr. Doe stated that in his opinion this was not an acceptable option, especially for children. Yet there is a question, as Lynne Jones pointed out, of ensuring that children do understand and see that justice must be done, without involving them in the judicial process of trial, punishment and retribution. 'Accountable processes,' Mr. Doe agreed, 'do not have to be legal'.

The role of community-based NGOs and action programmes dealing with children in armed conflict:

Abubacar Sultan, Director, Wona Sanin, Mozambique
Abubacar Sultan began his testimony by reminding the Tribunal that Mozambique is one of the few cases in which conflict has ended, a relatively successful cease-fire has held so that democratic elections within a multiparty system have taken place. The phases of conflict were all low intensity, with very little direct contact between the two sides. The rebel forces aimed to destabilise the government by their actions and the government was too weak to mount counter-attacks. Thus the rebels focused on attacking civilians and destroying the health and education infrastructures and instituting terror. This would have affected children in any case, but in fact children became the particular target of the rebels forces.

Dr Sultan told the Tribunal that children were abducted and taken to the camps of the rebel forces (RENAMO) mostly undergoing a series of traumatic events, in which the worst seemed to be the first experience of their parents being attacked and unable to protect them. The loss of home and family appeared to have been the key events remembered by children among all their experiences. Children also seem to have remembered their first long walk to the rebel base camps.

Within the camps, Dr Sultan reported, girls were involved in camp life alongside boys. Girls were seen as a potential source of income, through bride price, so that they outnumbered boys in RENAMO camps. They were unable to run away and provided domestic and sexual services for soldiers. If they became pregnant they might be forced to kill