exist. He asked if perhaps the definition is the problem and suggested that a new term may be needed. He affirmed the importance of using community mechanisms to address the problems of rehabilitating children but also asked if trauma is a medical phenomenon or a social reality. In response, Dr. Jones stated that the term 'trauma' is meaningless because it refers both to an event and to the reaction to an event. It is as problematic as the term 'stress'. Using a concrete example, she pointed out that a child who has nightmares, which are used to diagnose traumatic stress, may or may not have a problem. The meaning given to 'nightmares' varies not only between cultures but also between people. The person presenting the symptoms of nightmares 'has a say in the topic' and the most important question then is 'what can we do about it'.

Abubacar Sultan, referred to the case of Mozambique, where child soldiers from non-governmental armed groups had been captured by the government, put in prison, displayed to the media and 'proved to be traumatised'. He also referred to the use of foreign psychologists using foreign-based tests that proved the same, and recommended psychotherapeutic cures, despite the fact that the increasing numbers of traumatised children identified could not be treated by the one clinical psychologist in Maputo. In his experience, he stated, when the checklists of clinical rating scales were discarded it could be seen that the trauma was really the lack of parents, homes and belonging. Thus the most effective and most appropriate therapeutic intervention had turned out to be a family tracing system.

Possibilities and challenges for restoring child soldiers: *Testimony of Samual Gbaydee Doe, Director, West Africa Network of Peacebuilding, Ghana*
Mr. Doe began with greetings from the West Africa Network for Peacebuilding (WANEP) and personal testimony from his experiences of the Liberian Civil War in 1990. While walking around a slum community during a cease-fire, he had watched the slow death of a skinny boy of about seven years who had been apparently abandoned by his parents. This experience had caused him to pledge himself to work for peace in Africa. He added to this the testimony of a boy called Osuman from Sierra Leone, in which he had modified the language and added a 'poetic treatment'.

On the basis of these stories, Mr. Doe then turned to the question of how to 'repair and restore' the children affected by armed conflict. He pointed to the particular problems in Africa after the end of the Cold War, with expectations that the cessation of conflict between great powers would bring peace to African countries being replaced by the realities of fratricidal wars. He emphasised the involvement of ordinary civilians in such warfare, 'Their fields are poisoned with landmines, villages razed to the ground, families disintegrated and sometimes destroyed completely. Children are dying because of starvation, abandonment and the lack of basic health care'.

In the case of children such as Osuman, the processes and challenges of restoring a child soldier are four-fold - Demobilisation, Rehabilitation, Reintegration and Re- socialisation. In his testimony Mr. Doe dealt with the challenges posed by the first two of these stages.

The process of removing children from active combat sets the stage for return to civilian life and provides an opportunity to assess the number of combatants returning to civilian life and the psycho-social effects that communities must be aware of. Referring to the claim of a study by Rachel Brett and Margaret McCallin that demobilisation of child soldiers cannot be successful, Mr. Doe provided several explanations. In the first place, the usual handling of demobilisation by military authorities does not take into account the specific nature of new forms of combat. This leaves NGOs with only a small role and they may be deliberately prevented from being part of the process. Mr. Doe stated that rebel leaders do not usually have adequate records of the combatants who fought on his side – they try and determine those children who are community members first and soldiers second – those which simply disappear into community settings once the fighting ceases is difficult. Therefore, communities are the best place to identify former combatants.

In the case of children, many rebel leaders will not admit to using them as soldiers and conceal information. In the third place, rebel leaders tend to discourage their fighters from demobilising because the line between war and peace is indistinct.

According to the Brett and McCallin study, Mr. Doe stated, only one successful demobilisation of child soldiers has been recorded, that of 600 Liberian children out of 'at least 8,000 child soldiers'. This occurred through a large-scale community awareness programme using drama, songs, with the active involvement of community leaders and mass media. During that time, he had been the Curriculum Chairman of the Centre for the Study of War Trauma and Children in Liberia, an organisation sponsored by UNICEF. Many counsellors and social workers trained at the Centre were sent to rural and urban communities to mobilise a welcome for children returning home and to provide temporary shelters for children who could not trace their families or were unwilling to return to them. Children who had refused to go through the demilitarisation process with the United Nations Observers Mission in Liberia (UNOMIL) were encouraged to work with local NGOs and community leaders.

Mr. Doe defined rehabilitation as 'a process of healing the psychological, social and spiritual traumas afflicted on victims of traumatic events.' He emphasised the damage done by the public nature of some violence in recent conflicts, committed within the community 'safety net' which is the source of the individual's values and sense of trust. This tends to reduce both victim and perpetrator to a state of insecurity, which can lead to the use of narcotics, in order to escape reality.