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Sierra Leone: Neglected Trauma and Forgotten Children

How di bodi?

Von Nick Heeren

Children, be they child-soldiers or "ordinary" victims, have been involved in great numbers in the conflict in Sierra Leone. What has happened to those children? How can they and their traumas be helped? What will their future be once the war is over? What kind of healing process can be imagined for those who never had a childhood? Few development and relief actors work really on this issue, and even less in a more individualising manner. This article tries to shed some light on the activities Handicap International developed.

In the eighties, Adult Education NGOs were showing interest in oral literature: going around the country making tape-recordings of local story-tellers; interviewing them; translating their stories into Krio and English; putting meaning on words.

The citation above taken from one of those collections reflects on the un-understandable things happening in those days. Many more un-understandable things were to take place in the more recent history of Sierra Leone…

But to understand recent events, historic perspective is necessary. Indeed, more generally speaking, humanitarian aid workers are acting in the "here-and-now" of emergency. For relief action that can be sufficient, but for understanding and possibly identifying a future, looking back in history is necessary, as man is made of its grandparents…

Of free towns and mixed slaves

Sierra Leone's creation is in a way a result of a "humanitarian" demand avant la lettre, namely the abolishment of slavery in Great Britain. Freed slaves, often ex-soldiers from the British side of the American independence war were settled on a strip of land that was to become Freetown. White prostitutes from London, and other freed slaves from the ongoing transatlantic slavery trade of Portuguese origin (Angola-Brazil) were also settled in Freetown.

Eventually these settlers mixed and constituted what is today called the "Krios" with a special Creole language, mainly Christian (while the hinterland is Muslim), often well educated and playing thus a major role, especially at the end of the 19th century (1), in the administration of the British colonies in West Africa, Krios often being senior civil servants in Nigeria and the Cameroon.

On the more negative side, economic activities of the Krios were often in the image of their former white masters: being the masters of the native sierraleoneans and treating them as they've been treated themselves before. The town of Freetown was perhaps "free", the hinterland, as it is often felt, was colonized by the Krios (2).

At its independence in 1960, Sierra Leone was one of the richest countries in West Africa. The economy was based on the abundant fish grounds, self sufficiency and export of high quality rice with local rice improvement and seed multiplication centres (3), mining (iron, gold, diamonds, the latter two in the East of the country, and rutile (one of the world's two mines). A performing educational system with primary and secondary schools and two universities, the famous Fourah Bay College, the first university in black Africa over a century old and the Njala Agricultural Training College with its students coming from all over Africa. An internal network of roads, railroads and airways, which made people, call Sierra Leone the Switzerland of West Africa.

Within thirty years the various governments of Sierra Leone have made it into the country with the worst HDI indicator in the world in 1990 through privatisation, selling-off of assets (railroad), corruption for greed. Sergeant Strasser's coup d'état of 1992 was perhaps a first uprising to spread benefits to all (his inspiration came from Rawlings in Ghana (including the trade-mark black glasses), a political example to follow for many). In that sense, Strasser was initially a rebel "with a cause", but he soon slipped into the same egoistic behaviour as his predecessors.

In the beginning of the '90s, few INGOs (4) worked in Sierra Leone. It was a tranquil backwater of Africa, despite the world's worst development indicators, quiet and forgotten. Until the Liberian crisis spilled over into the Southeast of the country and a permanent destabilization process was put into motion. During the crisis' summit at the end of the nineties, media focused their attention on the refugees from Sierra Leone. Arriving by hundreds of thousands in various waves into Guinea-Conakry, many had gone through atrocious circumstances, notably the ill-famous "short sleeve" and "long sleeve" mutilations (5) in which hands or arms were cut off with machetes by drugged and drunken armed persons. These mutilations were inflicted on all, be they women, children, elderly persons and even babies (6).

Although figures have been exaggerated, which as such poses an ethical question about the need to "worsen the picture" in order to obtain financial support for refugees, the suffering and trauma these men, women and children went through is beyond belief.

The Guinean authorities and the UNHCR settled the overall majority of 350,000 refugees in several big and a larger number of smaller camps (7). These became fairly permanent settings as the conflict in Sierra Leone entered into a sustained instability. International aid therefore took the form of help in semi-permanent mud block houses, wells, food distribution, schools and vocational training, micro-credit, etc., of course destined to refugees only (8). But from 2000 onwards, the war spilled also over to the southeast of Guinea, with dramatic effects on the camps in the Guékuédou area (9) and a violent reaction from the Guinean armies against the refugee population.

And still, ethnically speaking, many of the people from "across the border" were of the same cultural background as the local population. Language and culture were not really a problem. But this very similarity made the "refugee-specificness" of the international aid difficult to comprehend for the local Guinean population.

Indeed, what was identified as a problem, and amplified the complexity of emergency and development situations existing next to each other, was the difference in the objective living situation of the refugees (with ultimately free access to many services (10) and the local Guinean population, which did not benefit from international aid and certainly lacked all these services. That did not stop the local population, nor the refugees, to develop subtle strategies to benefit from the aid-flow, and thus, in a way, "redistribute the wealth" (11).

Forgotten crisis, forgotten children…

This long-time forgotten war was also characterised by implication of children among the aggressors. According to Unicef, 3 to 4,000 children were forced to take up arms in the Sierra Leone conflict.

Very young people as soldiers are not a "typically African" phenomenon. Louis XV started a French elitist officer school in 1764 for 250 children between 8 and 11. The Prussians did the same. Napoleon incorporated many children in his armies. Freedom and other civil wars in for instance South America in the 70s and 80s saw very young people included in the military, revolutionary or contra-rebel ranks. Iran sent its young kids fighting the American and European backed superior forces of Saddam Hussein. Even the first Gulf War had 16-old American youth fighting (12).

Child soldiers in the world are currently evaluated at 300,000, of which 120,000 in sub-Saharan Africa.

But beyond those figures, other questions pose themselves. Children, be they child-soldiers or "ordinary" victims, have been involved in great numbers. What has happened to those children? How can they and their traumas be helped? What will their future be once the war is over? What kind of healing process can be imagined for those who never had a childhood? Few development and relief actors work really on this issue, and even less in a more individualising manner. This article tries to shed some light on the activities HI developed.

Work on trauma by Handicap International

Handicap International has worked on psychological suffering, trauma issues and children in various war circumstances a.o. in Ex-Yugoslavia, Algeria, and Rwanda (13). Although each country (and in fact each case) is specific, the work of HI in this domain, initially in Sierra Leone itself and later in the sierraleonean refugee camps on the Guinea border, was but a logical continuation of this commitment.

Indeed, looking back, we can distinguish various phases in the psychological work of HI with victims of violence, or as they where later called in UNHCR terms, survivors of violence.

- In Sierra Leone itself in the East (Bo, Kenema) in 1996/97 where the war first spilled over from Liberia in these diamond and gold-rich lands.
- In 1998 WHO asks HI to work in the Freetown area. Interrupted by more than one evacuation of the expat staff when the war from upland touch the very heart of the capital (December 98 and January 99); During that extremely violent period, the sierraleoneans team ensured the continuity of care despite the reigning uncertainty and insecurity.
- During the late 90s and early 2000, individual and later –more adapted- small group work with displaced persons on their trauma in a contextualising approach in the sierraleonean refugee-camps in Guinea;
- After the signing of the peace agreement the Handicap International's work continued including expatriates with activities both in the field of Ortho-prosthetics and psychological trauma directed towards amputees;
- Parallel to that work, it also become more and more obvious that psychological care had to be taken of the paramedical workers in the ortho-prosthetics workshops. Confronted with the results of the extreme violence, special sessions were set-up in helping caretakers to understand and "make sense".
- Within the psychological work a continued attention to children either directly or with the various partners involved with children (notably Unicef);
- Since 2002 with street-children of which, so it appears more recently, a part are ex-child soldiers who had no other choice than living on the streets with the closure of the Unicef child-soldier-homes in 2002.
- In order to have a more durable impact, a psychological module has been introduced in the IPAM Institute's social workers' training in Freetown.

Broken bonds in a broken community

Every war disrupts family and community bonds, but the violent conflict in Sierra Leone has taken that process much further. Indeed the war has completely devastated communities of which children were abducted and forced into the armed conflict to help out at first, but later to become "officers" of small armed groups and to commit atrocities.

This can be illustrated in the case of 12 years old boy "A" who was captured in an attack on his village at the age of 9 years. At first he was made to do domestic work and later helped in carrying ammunition to the front with the rebels. One day they gave him his own gun and he used it to commit many atrocities. He had 8 adults under his command and was married with 3 wives.

Parents were 'lost' both physically but also in a psychological sense, in trying to understand the situation of their children. In short, there was a breakdown in the internal and external bonds of individuals and communities.

The psychological support that was developed by Handicap International was to take into account the whole situation of the individual. In this "contextualising" approach, the focus of support was not only on persons who are direct victims such as amputees, child soldier, war orphans but also on their families as a whole. HI worked with adults, teenagers and children. But the main attention was on the children and teenagers who are considered more vulnerable.

In order to be able to work on psychological trauma, expression in a therapeutic framework (in whatever form) of what the child went through is necessary. Therefore a "space" was given to them to express their difficulties through the activities that HI put in place.

In a more indirect manner, reflecting the partnership approach of HI, the psychological team worked with social workers and caregivers who themselves worked directly with children through practical "elaboration groups".

The aim of this latter activity was to help caregivers and health professionals to understand and face the psychological difficulties of children affected by the conflict and to express the violence they can face as professionals in order to take a distance with difficult understandable behaviours or symptoms.

The three human taboos violated

The three taboos of human society fairly universally accepted have been violated in the war in Sierra Leone: murder, incest and cannibalism. By actively involving young children in the transgression of these taboos, all boundaries are take away, impacting in a gruesome manner the child's psyche. Dehumanising (although the term is strictly speaking incorrect as humans have inflicted these acts of violence) and making children into wolves for other men, homo homini lupus. Indeed when no boundaries exist, normality becomes a nonsense. A few examples, where unfortunately, many others exists.

In a country where saying hello is done by asking "How di bodi?", the symbolic value of the body is no doubt strong. The war has marked many forever in their body. Through the amputations of thousand of which we do not know how many were victim as only those who survived can talk. And even those are not sure whether they are alive.

K has been a victim of double amputation of the upper limbs at the age of 12. He explains during the therapeutic interviews how, being now totally dependent on the others for each single task of the day, he doesn't feel like a human being, and sometimes as an object where "I am dead in the inside, and without hands, I am also dead in my body". He is almost an adult now and cannot eat by himself, wash his own body, ease himself and that he is no longer recognised. All what constitutes for him "a man" is gone.

Others survived their terrible ordeals but are forever marked with a self-perception of the body, which is traumatised.

"A" was abducted at the age of 10. She used to play the role of a wife and sexual partner to the Kamajors in her entourage. She witnessed serial killings, murders, gang rape and cannibalism by the perpetrators who inflicted these acts on civilians. "A" cooked the intestines or parts of the victims, which the perpetrators ate greedily. Whenever "A" refused to partake, corporal punishment was afflicted on her and sometimes extended to gang raping. After the conflict, not withstanding the traumatic experience and constant nightmares, which haunted her; she decided to join a new body trade and is now engaged in commercial sex work.

Cannibalism directly linked to murder seems to have been a factor and has been reported through survivors. Forcing direct family members to witness and become active actor in the process was an intensely traumatic experience of which return to a "normality" is difficult to imagine.

"B" saw his father and brother beaten to death and their internal organs removed and given to his mother to prepare as a meal. The mother obeyed or else she will also be killed. When the meal was ready, the rebels asked "B" and his mother to join them eat the meal.

The training of the child-soldiers is almost "classical" in the sense of forging a group-spirit by undoing existing family-ties and creating a new feeling of bonding with the group and a total respect for the commanding officers. But this training goes way beyond any classical notion when one realises that children were actually commanding grown-up men, again radically changing all existing boundaries. It also goes over the edge as during the initiation process children are forced to kill a companion to enter "the group".

"SJ" explains during the therapeutic session this ceremony as if he was in trance, which has to be understood as an effect of the traumatic aspect of the rite. "I went through the training in front of the whole group, I was so proud. The test was on one of my members of the same age and consisted in a protection of bullet proof. I didn't dare hit him at the beginning but he first shot me on the foot and on the ankle, (he shows us the scar). I thought I was dead at a moment, but I realised that the bullet did not reach. I was stronger than that now. So I decided to revenge when I realised that it was him or me. I killed him. I was so proud, I was now a rebel. Everybody was so enthusiastic, they screamed with joy. (his face shows extreme emotion). The end of the training was marked by a lot of ceremonies. This I can not explain because I took an oat. Then they took me to a gorgeous party. We drank, we danced and sang. We were all so happy".

About the necessary interaction between psychological care and the professional health workers working with amputees

The following adaptation from the report of the HI psychological team in Sierra Leone for the Truth and Reconciliation Commission, analyses the psychological dimensions including the impact on the other health professionals of trauma the persons Handicap International worked with went through. HI started working on this dimension in 1999.

Psychological care as seen by the Sierra Leone HI psychology team deals with the articulation between the outer event (causing the trauma or objectively traumatic in itself) and how this registers and comes to make sense in the individual's own story. Recognising the individual in his or her psychological and cultural otherness, and seeing the traumatic event in relation to intrapsychic life, psychological work with amputees makes use of the various care procedures which have been set up so as to enable elaboration (making sense) of the reality lived through, so that the subject may appropriate the event. The stakes here are those of subjective life itself: how can a person live rather than just survive after another human being has cut off one, or both, of his or her hands or arms?

With this aim in view, psychological work with amputees is a meeting-place between:

- the person's individual suffering (the meaning the subject is going to give such an event, but also what "via the trauma dynamics, is revealed as to latent personal issues which, without this event, would probably have remained unconscious"(14);
- the articulation between the individual and the group (the subject has been registered in one way or another in the history of the group, but is also the bearer and representative of the group's unconscious psychological contents);
- the specificity of the event (the intentionality of the act of amputation methodically adopted by the aggressors so as to mark the person for life by the absence of something in the body).

The context in which people are amputated or mutilated introduces, with its specific psychological effects, the aspect of deliberately dehumanising situations. I.e., as M.N. Vignar (15) puts it, unlike in natural catastrophe situations there is the "discovery of a human will which intentionally, methodically and calculatedly seeks to destroy". According to F. SIRONI (16), "the context in which a traumatic event occurs is of prime importance both for the patient and for the therapist." Thus the context of extreme violence in which a person gets amputated makes his or her psychological suffering both common (confrontation with the inconceivability of one's own death) and singular (the stump acting as a ceaseless reminder of what took place at the time, before, during and after).

Thus when a child who has "only" one finger amputated, his suffering refers not only to the bilateral amputation of his father before his eyes but also to how his father saved him from the rebels. Physical trauma and psychological trauma are thus closely linked, bodily mutilation acting perforce as a reminder of the traumatic situation.

The degree of psychological suffering entails thinking about the intentionality of the aggressors, who, by mutilating their victims while keeping them alive, have sought to leave an indelible bodily trace of their omnipotence and thus to keep the relation of power active and present (reinforced by the amnesty and the absence of retribution). In this context, which is objectively traumatic, amputation takes on the value of castration, damaging the subject's narcissistic and symbolic foundations, banishing him or her from the human community, unable to identify with other people. The psychological apparatus is thus confronted by an event which cannot be symbolised and the effects of which cover a broad field (psychological break-up, loss of the barrier between inner and outer, concentration difficulties, loss of memory, and so on). The subject experiences a psychological catastrophe resulting from the dehumanisation he or she has been the victim of, moreover sometimes faced by a non-choice situation, forced to take part in his or her own amputation (drawing lots to choose the level of amputation or choosing the limb to be cut off).

The links between psychological suffering and physical trauma come into play over and again: therapeutic work on the body calls up again by association the trauma undergone; or the first prosthesis fitting session confronts the subject with the real absence of the amputated limb. Or again, psychological absence evokes experiences of separation and mourning which have not been worked through. At the same time, the mutilated body, representing as it does what the subject has been through (and lost), can become a vehicle for the person's expression. Thus, bodily complaints, concerning either the body itself or the appliance, are often the person's only way of talking about their suffering. Over and above the bodily complaint, the body acts as a screen, and simultaneous listening to body and psyche (be it during simultaneous physical/psychological care, or via work with the rehabilitation assistants and ortho-prosthetists) enables the person's psychological suffering to be heard, despite the inability to speak of it directly, and further enables the care teams to be supported in their caring relationship.

The orthotist-prosthetists, for example, find themselves entrusted with the patients' suffering – a raw suffering displaced in the form of a complaint about the appliance, which then has to be reworked over and over, to the point where the patient may actually never wear one at all. Such situations, if they cannot be thought about and worked through in some other place, create suffering in the professionals themselves as they will not be able to do their job (i.e., fit patients).

Hence, the links between the various professionals concerned are indispensable. This is true in regard to the survivors of violence and it is just as necessary for the caretakers so as not to find themselves alone in receiving and bearing the patient's psychological suffering.

By way of conclusion…

As we have seen and as should be remembered, in Sierra Leone everyone has been confronted directly or indirectly by the violence of the aggressors. Taking into account the psychic impact on the survivors, notably children, who still have their lives in front of them, but might have been deeply touch in the very roots of their psyche, is and should be an essential dimension of aid work. We should be all aware, INGOs and donors alike, of our humanitarian responsibilities towards a whole generation.

Indeed attention has also to be paid in these working environments to all health workers or humanitarian workers, as all face directly or indirectly the violence that has touched the society and its inhabitants in its core even though the effects might not always clearly visible.

Hence the importance of the articulation between psychological and somatic care. Hence also the aid which psychologists can provide to help a caretaker think and consider him or herself in relation to a patient, so that the physical treatment may also serve as a place where the subject can once again experience his or her membership of the human community, despite (or with) an amputation.

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References

1. Sierra Leone was called "white man's grave" before (and even after) the discovery of the causes of malaria by Dr Ross (in Freetown, by the way) in the 1890s with an interesting parallel to the beginning of intense "white" presence in Africa and the Berlin Conference carve-up in 1898.
2. There is here obviously a parallel with the origins of Liberia, another country-created for freed slaves, where tension between the new black immigrants in Monrovia and the up-country population was based on master-slave quasi-relations.
3. British specialist from Indian Orissa State having come in to "improve" local production said that all what was necessary was already known in Sierra Leone.
4. Among those present: VSO, Peace Corps, AFVP, Water Aid, Action Aid, MdM, CUSO
5. "Long sleeve" being amputations of hands, while "short sleeve" meant above-elbow amputations.

6. The youngest person amputated in the HI statistics is 8 months old (above-elbow amputation); the oldest 72.
7. HI worked in 14 camps, and planned to increase to 18 camps out of a number of more than 30 camps.
8. The UNHCR mandate is very clear on this point. The funds given to them by governments can only be used in favour of refugees and not for the local population (even though suffering from the influx of refugees, i.e. through massive deforestation).
9. See Revue Humanitaire n° 3, the article Violences d'exil by Daniel CAHEN and Pascal TURHAN of MdM (page 26)
10. Obviously the trauma many refugees went through cannot be compared to the situation of the local Guinean population.
11. We recognize here the Emergency/Rehabilitation/Development-debate which, as HUSSON and PIROTTE clearly showed in "Entre Urgence et développement" (Karthala, 1997, Paris) and the URD Group in later research, that it is a mistake to think these three dimensions as three separate chronological phases, but rather that pockets of each of these dimensions exist next to each-other and are clearly inter-related.
12. Source: La Guerre, Enfants admis, GRIP e.a., Editions Complexe, Brussels, 2001
13. See Revue Humanitaire n° 3, the article Le lieu du juste by Serge Baqué of HI (page 51) on Rwanda
14. J. PUJET et al in Violence d'Etat et Psychanalyse, Dunod, Paris, 1989
15. M.N. VIGNAR in Violence sociale et réalité dans l'analyse , in J. PUJET e.a. Violence d'Etat et Psychanalyse, Dunod, Paris, 1989
16. F. SIRONI, Bourreaux et victims, psychologie de la torture, Odile Jacob, 1999

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