

The Psychological Consequences of Becoming a Child Soldiers: Post-Traumatic Stress Disorder, Major Depression, and Other Forms of Impairment

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Abstract

As the civilian population is increasingly targeted in wars, children constitute an increasing quota among the victims of each conflict.¹ More often than not, the horrific practice of targeting civilians during conflict is seconded by the deplorable active use of child soldiers. In some countries, a whole generation of children seems to have grown up without knowing peace. A lot has been written about war-affected people, and the psychological consequences that they bear as a result of these traumatic experiences;² yet, a literature that focuses specifically on the psychological burden of child soldiers is only now slowly emerging.³ While it might be intuitive that war and widespread violence leave deep psychological scars, it is essential to understand what shape these scars take on children. The relevance of the topic is striking at both a humanitarian and a developmental level as 'lost education can take years to regain, and physical and psychological trauma may be long lasting'.⁴ Some of these conflicts are fought in countries that already struggle with emerging from poverty, and involve up to a third of male youth in active combat (many below the age of eighteen). With so many young children affected, the damage to human capital –if not efficiently tackled- 'could hinder a nation's productivity and growth for decades'.⁵ While this article does not aim at measuring the long-term loss that conscription of child soldiers might bring at a national level, it does intent to present evidence that children who have been enlisted and conscripted experience higher traumas and different mental health consequences than other war-affected children. The purpose of this article is to show that according to specific factors in the history of the war-affected child, predictions concerning a specific mental illness can be made. After briefly presenting the notions of child soldier, abuse in armed contexts, post-traumatic stress disorder, and other mental illnesses, this article will analyze the impact that war traumas and

conscription are likely to exercise on children. The article will explore the differences between conscripted and non-conscripted war-affected children, boys and girls, and the correlation that other factors such as age, loss of one or more parent, and exposure to violence during and after the conscription have in the prediction of psychological disorders and other forms of impairment. The article will conclude with few policy relevant considerations.

Methodology

Conducting a literature review of over twenty different studies concerning the psychological consequences of the enlistment and conscription of child soldiers, this article uses the findings to assess the current status of the issue, and make recommendations concerning both possibilities for future research as well as policy lesson. The studies considered in this article compared children below the age of eighteen that have been enlisted or conscripted in more than seven countries, ranging from Nepal, the Democratic Republic of the Congo, to Sri Lanka and Mozambique. A considerable amount of research has focused on child soldiering in Uganda, but the results are not found to be culturally sensitive, and therefore liable to be invalidated in other contexts. The methodologies used in each study differ from one another. Each study considered has in fact elaborated a different framework for the assessment of psychological consequences; all studies, however, used to some extent both standardized systems of measurement (such as the Child Posttraumatic Stress Disorder Reaction Index CPTSD-RI,⁶ Depression Self Rating Scale DSRS, Screen for Child Anxiety Related Emotional Disorders SCARED), cross-culturally validated measures of psychosocial well-being,⁷ as well as locally developed assessment of internalizing and externalizing problems,⁸ and locally derived measures of emotional and behavioral problems.⁹ Each methodology has been assessed separately before comparing the results to one another, and each study was deemed reliable in their findings.

Defining Child Soldiers

The United Nations Convention on the Rights of the Child suggests that a child is ‘every human being below the age of eighteen.’¹⁰ The recruitment of children in armed conflict violates international law, and has been criminalized at the domestic, regional, and international level.¹¹ Despite there is a clear prohibition under international law to enlist, conscript, and actively use child soldiers under the age of fifteen, existing legislation has set a grey area for the enlistment of children between the age of fifteen and eighteen.¹² The Convention on the rights of the child does not directly prohibit the recruitment of child soldiers over the age of fifteen years.¹³ The treaty exhorts rather than requires state parties to refrain from recruiting below the age of fifteen, and using children below the age of eighteen.¹⁴ The Optional Protocol to the Convention, which deals with the involvement of children in armed conflict makes it clear that it is ‘conscripting or enlisting children *under the age of fifteen years* or using them to participate actively in hostilities in both international and non-international armed conflicts’ that constitutes a war crime.¹⁵ The Convention leaves room open for voluntary enlistment (but not mandatory conscription) for children between the age of fifteen and eighteen, provided that they are not deployed actively in combat.

In 2007, the Paris Principles declaration, whose aim is to combat the *unlawful* recruitment or use of children by armed forces or armed groups,¹⁶ took the stand that the term child soldier refers to any person below *eighteen years* of age who is or has been *associated with* an armed force or armed group.¹⁷ The generic language was meant not to limit the category of child soldiers to children who participate in combat, but also encompass cooks, porters, sex slaves, and others.¹⁸

The Lubanga Development and Current Use

The gray area surrounding the age for the participation of children in armed conflict, and the criminalization of their recruitment, became notorious when the International Criminal Court initiated proceedings against Congolese warlord Thomas Lubanga Dyilo. Thomas Lubanga Dyilo was charged and convicted for the crime of ‘enlisting, conscripting, and using child soldiers’.¹⁹ The Rome Statute criminalized the enlistment, conscription, and use of children below the age of

fifteen;²⁰ yet, the Prosecution made the case that children in armed conflict, in light of their peculiar vulnerability, should be protected by more generous –and recent- standards such as the Paris Principle of 2007.²¹ Lubanga was eventually prosecuted and convicted for enlisting child soldiers under the age of 15, but the case raised the issue of the gray area in the determination of the legal age.

The definition of child soldier utilized in this article takes into consideration the International Criminal Court Prosecutor’s argument, and the UN Special Rapporteur on Children and Armed Conflict description of involvement in hostilities of ‘dependent, developmentally immature children and adolescents’, which do not ‘truly comprehend the implication of conscription’ within an armed force, ‘to which they are unable to give informed consent’, and which adversely affects the child's right to unhindered growth and identity as a child.²²

Reference Concepts

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (hereinafter PTSD) is an anxiety disorder that can occur after a subject has lived through a traumatic event.²³ A traumatic event is something dreadful and scary that might either be seen or experienced. During a traumatic event, it is a common perception that either one’s own life or the lives of others are in danger; one may feel afraid, or experience loss of control over what is happening.²⁴ Anyone who has gone through a life-threatening event can develop PTSD.²⁵ The US National Center for PTSD does a great job in providing examples of life-threatening, traumatic events ranging from serious accidents, such as a car wreck, or a natural disasters, to ‘child abuse, (...) sexual or physical assault, (...) and combat or military exposure’.²⁶ Symptoms of PTSD range from a deep sense of fear, to confusion, and anger manifesting themselves so intensely that they might ‘disrupt your life, making it hard to continue with your daily activities.’²⁷

Major Depression

Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.²⁸ Depression can be long-lasting or recurrent, and it can ‘substantially impair an individual’s ability to function at work or school or cope with daily life’; at its most severe, depression can lead to suicide.²⁹

Anxiety Disorder

Anxiety disorder (as opposed to PTSD, which is itself is a manifestation of the anxiety disorder)³⁰ is another possible response to trauma. Unlike with PTSD, there is no clear timeline concerning anxiety that requires the absence of the condition first, exposure to a trauma, and the development of the disorder subsequently. Anxiety can be developed as a consequence of exposure to a series of traumatic events, or extended exposure to specific stimuli for which the subject develops classical conditioning: i.e., the subject associates a neutral stimulus and an aversive stimulus so often that the former acquires the aversive properties of the latter.³¹

The feeling of anxiousness *per se* is not symptomatic of a condition; when mild, anxiety plays an adaptive role in human development, signaling that self-protective action is required to ensure safety.³² Anxiety becomes symptomatic when it prevents or limits developmentally appropriate adaptive behavior.³³ A useful rule of thumb for determining the diagnostic threshold between ‘healthy’ anxiety and pathological one is the person’s ability to recover from anxiety and to remain anxiety-free when the situation provoking the reaction is passed or the subject is removed from the situation.³⁴ Anxiety can manifest itself in several forms of disorders, including panic disorder, social anxiety disorder, and generalized anxiety disorder, and symptoms range from palpitations or shortness of breath, distress or impairment, changes in behavior, changes in cognition, or new-onset feelings of detachment; other related symptoms are increased arousal (with

the possibility of insomnia), exaggerated startle, or irritability, restlessness, fatigue, reduced concentration, or difficulty falling asleep.³⁵

Other Forms of Impairment

Violent traumatization and exposure to life-threatening events is *likely* to generate PTSD, major depression, or pathological anxiety, although it is not undoubtedly doing so. Other psychological reactions may unfold, according to a number of factors pertaining to the individual's personality and other circumstances. Research has shown that, despite every individual affected by war is likely to be traumatized by the events he/she has witnessed, this traumatization can be traced back to different reasons, and can manifest itself in different ways.³⁶

The Problem

Current Status

Recent estimates indicate that there are more than 300,000 children under the age of eighteen fighting in armed conflicts, with tens of thousands under the age of fifteen.³⁷ Burma (Myanmar), the Central African Republic, Chad, the Democratic Republic of the Congo, Rwanda, Somalia, South Sudan, Sudan, Syria, and Yemen,³⁸ Afghanistan, Burundi, Colombia, Cote d'Ivoire, India, Indonesia, Iraq, Israel and Palestine, Nepal, Philippines, Sri Lanka, Thailand, and Uganda, have all been summoned by the United Nations and other countries for conscripting, enlisting, or otherwise using child soldiers in their armies.³⁹ Some may argue that statistically speaking, 300,000 does not seem a number high enough to pledge the attention the issue of child soldiers receives; regardless of moral considerations that warrant the existence of one single child soldier as already too many, 300,000 is the number of children currently being exploited as child soldiers, and not the cumulative number of children who have been conscripted over the years.⁴⁰ Besides international law, most countries in the world have enforced domestic legislation that prevents the recruitment of children into the armed forces. Although the age limit for conscription might change at the domestic

level, whatever law allows for conscription under the age of 15 is in violation of international standards. Nevertheless, both governmental and guerrilla groups often exploit children as young as 8 as child soldiers.⁴¹

Methods of Conscription

The ways of recruitment for child soldiers range from voluntarily enlistment to abduction, and they vary from conflict to conflict. Some children are forced into joining, but others join voluntarily. Reasons cited for voluntary enlistment have ranged from hatred of the enemy (revenge), virtue of being a freedom fighter (martyrdom), to support to the family (economic), and violent death of one or more parents.⁴² While both sides to a conflict often fight for (at least a guise) of ideology, most children enlisting themselves are driven by ‘social exclusion, mistreatment, lack of educational opportunities, and lack of jobs in rural and marginal areas.’⁴³ Abductions and enlistment of child soldiers are, of course, convenient for armed groups. Children are conscripted because they are small (agile), ‘inconspicuous, expendable and easily indoctrinated and terrorized into performing extreme acts.’⁴⁴ Technical development of lightweight automatic weapons, low costs, and impunity are other important factors that make recruitment possible.⁴⁵ Moreover, the use of children in conflicts –it is argued- becomes almost inevitable the longer a conflict lasts. As Briggs puts it, ‘the more adult males who are wounded, killed, or captured, the more youngsters will become the inevitable recruiting pool.’⁴⁶

Girl Soldiers

Of the child combatants enlisted, 25% to 50% are estimated to be females, some as young as eight.⁴⁷ Girls join for similar reasons than boys, but also to ‘escape sexual abuse in the home,’⁴⁸ to be socially included, and to have the possibility of a career –even if this means within the guerrilla groups- that they would not have otherwise.⁴⁹ Very often, girls as young as 12 are more or less directly coerced into sexual intercourse with their commanders.⁵⁰ In some countries –i.e. Uganda-

girls who are part of the guerilla forces become the ‘wives’ of men in their units, but in others (Colombia, for instance) sexual abuse is of a different nature: sexual favors are offered in exchange for privileges, status, protection, and gifts.⁵¹ As a consequence of this behavior, pregnancies become frequent. In some countries, girl soldiers are ‘required to use contraception, and must have abortions when they get pregnant.’⁵² In others, babies and young children are raised within the guerilla communities.⁵³

Defining Abuse in Armed Conflict

Premature sexual intercourse, hard life conditions, exposure to violence, direct perpetration of violence, intense physical training, and indoctrination are all abusive factors that contribute to the child’s loss of innocence.⁵⁴ In 1998, Gabarino and other researchers developed several typologies of child abuse to be considered as ‘acts or omissions by caregivers [that] would cause significant behavioral, cognitive, emotional or mental harm to a child.’⁵⁵ Gabarino described different aspects of physical, as well as emotional and psychological abuse.⁵⁶ The *corruption* of a child is a form of abuse, achieved by making the child engage in destructive and/or anti-social behavior (for example encouraging him to engage in acts of killing, destruction, and sabotage). As a consequence of corruption, the child becomes unable to engage in normal social experiences.⁵⁷ Armed combat and military training are also forms of corruption of a child.⁵⁸ Another form of abuse is the *terrorization* of a child.⁵⁹ Terrorization is the result of verbally and physically assaulting, bullying, or frightening the child, as well as blackmailing and threatening him/her of death. The fear of running for their life, the feelings of hunger, thirst, and pain that children too often experience in armed conflict,⁶⁰ also constitute forms of terrorization. Among military ranks, terrorization is often guised as a form of discipline.⁶¹ Being subject to strict military discipline during childhood constitutes psychological abuse. *Isolating* a child from his/her normal social experience, or estranging him/her from normal family life and schooling also constitutes emotional abuse.⁶² Abuse adversely affects the child’s right to unhindered growth, as well as the capability to maintain an identity contextual to the

growth.⁶³ In the life of a child soldier, children constantly find themselves in a position that breaks down dichotomies between ‘civilian and combatant, victim and perpetrator, initiate and initiated, protected and protector’.⁶⁴ With these multiple, in between positions, child soldiers simultaneously bear multifaceted identities and develop the lack of a permanent, stable, and socially defined place.⁶⁵ Psychological consequences induced by these forms of abuse range from PTSD, major depression, pathological anxiety, and other forms of psychological distress. The corruption, terrorization, isolation, and poisoning that children experience as a consequence of their enlistment and conscription (which often directly result in sexual and physical assault, and combat or simply military exposure) make child soldiers one of the most complex traumatized populations among children and adolescents.⁶⁶

Data Analysis and Discussion

Child Soldiers v. War-Affected Children

The first area of concern of this article is the comparison between child soldiers and other war affected children; that is the comparison between children who have been enlisted and conscripted into armed forces (regardless of whether their association was with government forces or other armed militias), and children who have otherwise been touched by the war (as civilian victimized by the violence) but never been associated with an armed group. Research has shown how, among war-affected children, child soldiers are more likely to endure harsher psychological consequences.⁶⁷ In 2008, researchers measured symptoms of depression, anxiety, PTSD, general psychological difficulties, and daily functioning of war-affected children that have returned to their home communities in Nepal. They compared the mental health of 141 former child soldiers and 141 never-conscripted children, which they matched on age, sex, education, and ethnicity.⁶⁸ More former child soldiers reported symptoms that were above the cutoff scores for each mental health scale compared with never-conscripted children (including depression, PTSD, psychological difficulties, and function impairment), with the exception of anxiety cutoff scores.⁶⁹ The lack of

differences in results concerning anxiety symptoms suggest that anxiety may constitute a generalized response for children living through war and conflict, regardless of their status as combatants.

Another study compared abducted to non-abducted youth in the Uganda war zone (where by abductee the study means having assumed combatant status),⁷⁰ and concluded that abducted youth were more anxious and depressed, more hostile, less pro-socially active, and less confident than non-abductees.⁷¹ A second study identified clinical PTSD in 97% of Ugandan abductees:⁷² the five most prevalent behavioral and emotional problems were feelings of having to be perfect (80%), headaches (79%), nightmares (74%), worrying a lot (72%), and stomachaches (71%).⁷³ Symptoms of major depression were also common among ex-combatant (children): 30% of the children reported having had suicidal thoughts in the month previous to the study.⁷⁴ A third study in Uganda found that symptoms of distress that interfered with daily functioning seemed to be concentrated in a minority and were not limited to former abductees; yet, the youth who exhibited the most symptoms of distress, were disproportionately abductees.⁷⁵ According to these findings, abducted youth were 11 percentage points more likely to be in the top quartile of their specially designed distress index; this was found to be a 49% increase relative to the non-abducted youth.⁷⁶ The same study reported that nearly 37% of former abductees reported re-experiencing traumatic events through nightmares (symptoms of PTSD) versus 25% of non-abductees. Furthermore, 16% of abductees reported feeling “always sad” (symptom of major depression) compared to 13% of their non-abducted peers. These results are striking considering that most child soldiers sampled in that study had been provided post-return psychological assistance by humanitarian programs. Despite child soldiers still scored higher for PTSD and major depression, the fact that they underwent treatment is important to keep in mind, as this variable is likely to lead to underestimation of the real impact of conscription in this study.⁷⁷

Other variables

One study found that younger age was significantly related to PTSD symptoms and emotional and behavioral problems, while lower socio-economic status was significantly associated with major depression.⁷⁸ This is perhaps explained in light of the higher traumatic impact of the experience for younger children, and the effectiveness of family and community type of support in overcoming post-trauma difficulties. Another study conducted in Sri Lanka confirmed these results, acknowledging that children conscripted into the military suffer from higher rates of PTSD than adults who are conscripted.⁷⁹ The researchers were interested in studying the difficult development, and subsequent emotional and psychological abuse, endured by the children under conscription. Using the abuse indicators developed by Gabrino, the abusers were found engaged in corrupting the children, terrorizing them, isolating them, and disciplining them in psychologically abusive ways.⁸⁰ Isolation was identified as the most damaging of the four indicators, but each of these forms of abuse were playing a role in preventing children from ‘completing the tasks they need[ed] to in order to develop their identities and contribute positively to their community.’⁸¹ The same study also found that while all children in Sri Lanka grew up as a generation knowing nothing but war, the children who were conscripted belonged to families living in poverty. Children from privileged families would have allegedly been removed from the conflict, therefore ruling out the possibility of being conscripted.⁸²

In all studies considered, most of the children accused losses in terms of death of members of their family, and/or social status as a result of their actions. Some children were forced to kill within their families or communities, excluding the possibility of their return thereof.⁸³ Other children, especially girls, were rejected and stigmatized upon return to their households and communities for having been associated with (and therefore ‘corrupted’ –both physically and morally- by) the armed groups.⁸⁴ Some children felt they had lost educational opportunities while being conscripted, but others felt they had gained educational opportunities instead.⁸⁵ Research shows, however, that conscription is negatively correlated to socio-economic status.⁸⁶ This is

because not only while with the militias children missed on school and other skills trainings, but also because former child soldiers experienced higher difficulties in returning to school the longer they have been outside of the communities and with the militias.⁸⁷

The emotional consequences for the majority of the children interviewed included sad moods, preoccupations, suicidal thoughts and fears. The difference in mental health outcomes between child soldiers and never-conscripted children can be explained in part by greater exposure to traumatic events among child soldiers, especially for general psychological difficulties and function impairment. These findings are, in part, congruent with other studies, which suggest that the difference between former child soldiers and civilian children is concentrated among the soldiers with greater trauma exposure, following a dose-response tendency.⁸⁸

Dose-Response Tendency: Exposure to Trauma and Type of Abuse

Associations between particularly ‘toxic’ violence exposures and mental health/ psychosocial problems were identified by some studies. Evidence suggests that youth who exhibit the most serious symptoms of psychosocial distress are generally those who experienced the greatest violence. Such a link between increased exposure to violence and higher emotional distress has been identified among war-affected populations in settings as diverse as Iraq, Cambodia, Rwanda, and Croatia.⁸⁹ Research in Uganda had highlighted how the nature of trauma experienced by the children during their conscription and upon their return in the home communities had a role to play in the prediction of psychopathology of former child soldiers.⁹⁰ The most common traumatic experiences were exposure to shooting, beatings, starvation, and the witnessing of killings. Psychosocial distress was however predicted by the level of violence exposure and not by ‘child soldier’ status alone.⁹¹ Indeed, violence rather than conscription was the underlying element resulting in distress.⁹² Across the analyzed research, studies of child soldiers were consistent in reporting high levels of exposure to violence.

Several studies found that over 70% of child soldiers were severely beaten by armed forces, with similar rates reported by boys and girls.⁹³ High rates of violence perpetration were reported in Sri Lanka, Uganda, the DRC, and Sierra Leone. Sixty-four percent of child soldiers studied in the DRC and 45% of those in Sri Lanka reported killing others during the conflict.⁹⁴ In Uganda, rates of participation in killing ranged across studies from 7.5% to 67.1%,⁹⁵ and in Sierra Leone, 29% of former child soldiers reported injuring or killing others during the war.⁹⁶ Participants who witnessed the death of a family member or peer exhibited higher psychological distress, as did children who became disabled during conscription.⁹⁷ Exposure to torture was associated with increased PTSD risk,⁹⁸ while another study showed associations between PTSD and deprivation of food and water, or being forced to perform rituals.⁹⁹ Despite war affected children were likely to show psychological distress regardless of conscription, war experiences such as killings and being the victim of sexual violence were stronger predictors of distress over time compared with other exposures such as general witnessing of violence.¹⁰⁰

Gender Differences

The association of child soldier status with PTSD was twice as strong for girls compared with boys. This suggests that factors such as non-traumatic child soldier experiences or traumatic exposures other than those the teams assessed may contribute to depression and PTSD, with these factors especially important for girl soldiers.¹⁰¹ Notably, some studies did not assess sexual and gender-based abuse (which could explain the difference in scores among girl soldiers) as the topic was deemed to place respondents in jeopardy of harm from community and/or family members if they were suspected of discussing sexual behavior with strangers.¹⁰² Those studies that look into sexual violence found high levels of sexual abuse among girls in Sierra Leone (44%),¹⁰³ Uganda (30%),¹⁰⁴ as well as in the Democratic Republic of the Congo (57%).¹⁰⁵ Sexual violence was, however, not only directed towards girl soldiers: boys were also victims of sexual abuse in these settings, although only one study found higher rates of sexual abuse among boys (81% vs. 72%) as

compared with girls.¹⁰⁶ A 2011 study, however, did find out that male former child soldiers with a history of sexual abuse experienced higher levels of anxiety and hostility compared with girls.¹⁰⁷

One study in Uganda showed that gender differences in mental health outcomes did not appear.¹⁰⁸ The sole exception to this study findings concerning gender difference was related to one specific variable: the death of a parent, especially the mother. Being orphan of the mother affected girl soldiers more deeply than it affected boys.¹⁰⁹ The results of this research are quite interesting: the study assumes that boys reported significantly more traumatic events during conscription than girls, as girls were more frequently assigned domestic chores, e.g., cooking and caring for younger children, while boys were primarily assigned front-line tasks, e.g. fighting, looting, and abducting civilians.¹¹⁰ This lack in gender differences contradicts the results of most of the other studies, however, and could be explained with the fact that girl were assigned primarily although not exclusively to domestic chores, and that repeated sexual assaults, group assaults, and pregnancy for girls might have just the same traumatic impact as combat might have on young boys.

Conclusion

The voluntarily enlistment and forceful conscription of children into armed conflict is a dire and deplorable practice that violates moral, ethical, and international legal standards. It is a crime under both domestic and international law, with a window of distinction at a domestic legal level between the age of fifteen and eighteen for enlistment. Regardless of legal considerations relevant for the criminalization of the conduct under domestic and international law, moral and ethical obligations should prevent the enlistment and conscription of child soldiers within armed groups. Children, in fact, cannot give genuine consent to their enlistment because they do not fully understand the implications and consequences of joining an armed group. It follows that any enlistment or conscription of a child constitutes abuse. Abuse manifests itself in various forms: the child might be corrupted, terrorized, isolated and otherwise polluted through strict military discipline, as well as the testimony and direct perpetration of violence and atrocity crimes.

Literature is still scarce, and research looking at the psychological consequences of child conscription is nascent. Yet, the direct correlation between conscription, mental illness, psychological disorders, or other forms of impairment can be inferred from the results of many existing and reliable studies.

Among war-affected children, child soldiers are more likely to endure harsher psychological consequences, such as PTSD, major depression, hostility, sadness, self-confidence and inability to cope with daily life. While anxiety appears to be a generalized response to violence from children, psychosocial distress is predicted by the level of violence exposure and not by 'child soldier' status alone, following a dose-response tendency. Being a child soldier, nevertheless, exponentially increases the odds of being coerced into witnessing or perpetrating violence or undergoing other traumatic experiences. Children who have directly engaged in combat, who have been forced to engage in crime and gratuitous violence, have been subjected to sexual violence, witnessed or undergone torture, or otherwise lost a family member or social status within the community of belonging as a result of their conscription, reported the highest scores of psychological distress.

Age-relevant considerations are necessary: children below the age of eighteen are still developing human beings, and their conscription is a form of abuse that adversely affects the child's right to unhindered growth, as well as the capability to maintain an identity contextual to the growth. Research has shown that the younger the age of conscription, the harsher the psychological consequences.

Gender-relevant considerations are also necessary. The association of child soldier status with PTSD is twice as strong for girls compared with boys. This suggests that factors such as non-traumatic experiences or traumatic exposures other than those observed (notably sexual and other forms of gender-based violence) may contribute to depression and PTSD, with these factors especially important for girl soldiers.

Despite some child soldiers sampled in the studies had been provided post-return psychological assistance by humanitarian programs, child soldiers homogeneously scored higher for levels of PTSD, depression, and other forms of impairment than other children. The studies that acknowledged previous treatment, also recorded lower level of discrepancy between child soldiers and other children. This has two-fold implications: while on one hand previous treatment might have led to the underestimation of enlistment and conscription in some studies, on the other hand it might also indicate that current treatments are indeed successful. These treatments should be extended to the largest group of war-affected children possible; more should be invested in other forms of family and community support, as these have proven fundamental in assisting children overcoming their trauma. Forms of community education and gender-sensitive support should be enhanced, to prevent girl soldiers from being stigmatized and ostracized upon their return. Finally, schooling and skill trainings for former child soldiers should be expanded to prevent children who have been the longest under conscription from falling into poverty and lower-income unskilled labor. Further research should validate and expand current studies, possibly introducing a longitudinal dimension to monitor the progress and effectiveness of current and future response policies.

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¹⁵ UN General Assembly, *Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict*, 25 May 2000, available at: <http://www.refworld.org/docid/47fdfb180.html>, accessed February 17, 2014, [emphasis added].

¹⁶ United Nations Children Fund, *The Paris Principles: Principles and Guidelines on Children Associated with Armed Forces or Armed Groups*, February 2007, retrieved on February 16, 2014 from <http://www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?docid=465198442> [emphasis added by the author].

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¹⁹ International Criminal Court, *Prosecutor v Thomas Lubanga Dyilo*, Public Judgment Pursuant to Article 74 of the Statute, March 14, 2012, available online: <http://www.icc-cpi.int/iccdocs/doc/doc1379838.pdf>, retrieved on February 2, 2014.

²⁰ Article 8(2)(b)(xxvi), (e)(vii) of the Rome Statute: UN General Assembly, *Rome Statute of the International Criminal Court (last amended 2010)*, 17 July 1998, ISBN No. 92-9227-227-6, available at: <http://www.refworld.org/docid/3ae6b3a84.html>, accessed February 13, 2014.

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