Towards Evidence-Based Post-War Reconstruction

Dissertation

zur Erlangung des akademischen Grades

des Doktors der Naturwissenschaften (Dr. rer. nat.)

an der Universität Konstanz

Mathematisch-Naturwissenschaftliche Sektion

Fachbereich Psychologie

vorgelegt von

Anna Mädl

Konstanz, 2010

THANK YOU!

ASANTE SANA!
MURAKOZE YANE!
MERCI BEAUCOUP!
WAHA MAHAD SANTI!

DANKE!

"Too little of what I have learned about war has anything to do with war."

Burgos   (2004)

Outline

III. Psychological Rehabilitation of Ex-combatants in Non-western, Post-conflict Settings.

Introduction:

Bringing Clinical Psychology and International Politics together to Serve Humanitarian Relief Efforts

Currently 34 large-scale armed conflicts and 3 wars are being fought worldwide (Harbom, Melander, & Wallensteen, 2008). Thirteen major wars were recorded in the last decade in Africa alone. There is no doubt, that these cause enormous human suffering amongst civilians as well as those, who are involved in combat. Millions of people, including an estimated two million children, have been killed over the last decade as a direct result of armed violence (United Nations Children's Emergency Fund, 2007). About 42 million people have fled their homes from this violence and are currently refugees or internally displaced persons (United Nations High Commissioner for Refugees, 2008). These are staggering numbers and it seems almost impossible to imagine human suffering on this scale. Armed conflict destroys lives and livelihoods, chances for education, healthy development, social networks, and agricultural lands. It can psychologically and physically impair individuals for the rest of their lives. Presently an important debate is taking place, how the human cost of war can accurately be quantified (Human Security Report Project, 2009). At the same time it is clear that the cost is simply unacceptably high.

Kaldor (2004) has coined the term 'new war' to typify armed conflicts, which blur the lines between inter-state wars, internal political violence, and organized crime. She emphasizes that large-scale human rights abuses are an inherent characteristic of these wars. These might include, forced recruitment and abductions, mass rape, mutilations, and torture, as well as looting and the deliberate destruction of property.

The three articles, which we present here will shed light on three issues that evolve around the question, how we can better understand violent conflict in sub-Saharan Africa and what can be done to help countries to manage the transition from war to peace. First, we will devote some words to the present situation in the countries, which are mainly cited in the following articles. Then we will outline the methodology and content of these articles, highlight cross-cutting issues, and demonstrate how they relate to each other.

Before meaningful interventions can be designed, evaluated and offered, the situations we are confronted with have to be thoroughly understood. The first two articles presented here have

this aim. The third offers a framework for an intervention for one of the many challenges found in conflict and post-conflict settings. Each article uses case studies. The first article employs Somalia as an example of state failure, the second explores the situation in the Democratic Republic of the Congo to understand war-time sexual violence, and the third uses several case studies concluding with the case of Rwanda. The current situation in these three countries will briefly be introduced here, before the actual content of the articles will be outlined.

Somalia is used in the first case study as an example of a collapsed state in 2003. Today, it is no longer ranked by the United Nations' development index, as there is too little data available for the protracted crisis. However, the United Nations Development Programme (2009) reports an estimated 1,300,000 internally displaced people in the country. The Failed State Index, which is discussed in the first article, rates Somalia as the most collapsed state world-wide, i.e. in 2009 it received the worst marks globally for social, economic, and political development. The Food and Agricultural Organization estimates that 910,000 Somalis will be in need of live-saving assistance in 2010 (Office for the Coordination of Humanitarian Affairs, 2009a). As of now there is no end insight for Somalia's complex emergency.

The Democratic Republic of the Congo (DRC), focus of the second article, has been plagued by armed conflict for more than a decade. Despite the UN presence, multi-party elections, and the Goma peace agreement, internal fighting amongst various armed groups continues within the Eastern part of the DRC. As a result, about 1.35 million people are displaced there (Office for the Coordination of Humanitarian Affairs, 2009b). Owing to the protracted emergency, the number of people who have lost their lives in the conflict is contested, but estimated to be between 1.3 and 4.5 million people (Coghlan, et al., 2006; Hale, Belyakdoumi, Cobey, Ondeko, & Despines, 2001; Human Security Report Project, 2009). At least 71% of the population lives below the line of absolute poverty (defined as having less than one dollar per day) and about 73% do not have access to a minimally acceptable amount of daily food (compared to 33% for all people living in Sub-Saharan Africa; United Nations Development Programme, 2008). For the average life expectancy, the United Nations (2007b) rank the DRC as the tenth lowest country. As the DRC is preparing for its next round of elections, it has asked the UN peacekeeping mission to start withdrawing within the coming month. Many observers expect the situation in the Eastern DRC to deteriorate, if that scenario should come true.

As mentioned, the third article offers several smaller case studies. It concludes with a framework for evidence-based peace-building using the example of Rwanda. After the devastating violence the country has witnessed during 1994, it has institutionalized several transitional justice approaches, such as Gacaca and the International Criminal Tribunal for Rwanda (ICTR). However, it now becomes increasingly clear, that Rwanda has not fully overcome its past. On the one hand, it continues to be an important military and political player in the DRC's conflict. On the other hand, domestically, social tensions are rising to the surface as Rwanda prepares for national elections later this year. Several smaller bomb attacks have taken place in Kigali this month. At the same time, the horrible experience of the 1994 genocide has been used as a pretext to ban critical newspapers and arrest opposition leaders. If Rwanda is to manage its full transition from a conflict zone to a stable democracy, the past will have to be re-addressed by hearing all sides of the story. However, there are currently no signs for such a process and this year will be critical for determining Rwanda's future.

These country snap-shots are not given to paint a bleak picture of sub-Saharan Africa, but to highlight, the urgency with which we need evidence-based interventions. The first article focuses on an important methodological problem. Today, failed states, such as Somalia, Zimbabwe, Sudan, Chad, and the Democratic Republic of the Congo, are an obvious challenge to human security and the stability of the sub-continent. Therefore, several state-building initiatives have taken place, but they have since shown little success. In the article, we argue, that one reason for this might be, that the concept of state failure itself is not understood. It is defined by the absence of a central state authority, which would hold the monopoly of power and provide public goods. There is however, a lack of causal models of how violent conflict and state failure relate to each other. Furthermore, the impacts of state failure on local communities is under researched. Humanitarian relief workers have therefore, little evidence to rely on in addressing state failure.

Most of the research on the phenomenon uses the state itself as the unit of analysis to understand its collapse. That means macro-level indicators such as child mortality rates and the GDP are scrutinized. However, macro-level data cannot account for the heterogeneity of local realities and are therefore ill suited to understand new wars as described above. This has caused a trend in International Politics to move towards the micro-level (Buhaug & Rød, 2006; Kalyvas, 2008; Verwimp, Justino, & Bruck, 2009) to study violent conflict. The *Armed Conflict Location and Event Data* (ACLED), the *Event Data Project on Conflict and Security* (EDACS) as well as the *Konstanz*

One-Sided Violence Event Data Set (KOSVEDS) all allow for the spatial disaggregation of violent incidences within armed conflicts.

This paradigm shift is also needed to understand state failure and design interventions. This is crucial, because the macro-level vantage point overlooks local variability. These local variations could, however, be opportunities or important challenges towards state-building. While the named datasets employ newspaper articles and news services as their sources of information, the first article goes one step further. We present unique micro-level data, which was gathered in more than 8000 individual interviews with active Somalia militia. Supported by a descriptive analysis of this data, we can show, that there are substantial local variations in state failure. These are only to some extent reflected in indicators, such as the level of health and education, which are often employed in aggregated studies of state failure. We find the main differences with respect to regional variation in distinctive types of armed groups, reasons combatants reported to join these groups, trust or mistrust they have in local authorities and habits of substance consumptions.

Comprehending local variations and the diversity of armed actors is a prerequisite to negotiating with armed groups, and eventually ending complex political emergencies and begin state-building. The aim of the first article is therefore to demonstrate both the need and the feasibility to study state failure on the micro-level. Gathering the data for such a study is without a doubt a major challenge. In the development and implementation of the interviews clinical psychologists and DDR experts worked closely together.[1] Here we can see, how an interdisciplinary approach paves the way for building our evidence-base research to best serve those in need.

Furthermore, in both International Politics and Clinical Psychology, there is a long history of studying aggression and the motivation for aggressive behavior. Yet so far, scholars from both disciplines have investigated the subject using very different methodologies and aiming for dissimilar goals. The second article brings insights from both fields together to study one particularly gruesome form of aggression, namely war-time sexual violence.

Traditionally scholars of International Politics have investigated aggression to understand under which conditions international war is likely to break out. Hence the focus here is on the behavior of states. Theories of war and peace have mainly been drawn up and tested on this level. As cold

---

[1] This work was carried out by Dr. Micheal Odenwald, Dr. Harald Hinkel and many other committed colleagues. I am deeply indebted to them for allowing me to work with this data.

war theories became obsolete for understanding present security threats and human security is increasingly highlighted, the study of aggression has immensely diversified. Today, non-state armed groups are investigated and disaggregated data on violence is taken into account. Furthermore, violence is no longer only studied as a reciprocal process between enemies fighting each other, but attention is being paid to the deliberate killings of civilian, so-called one-sided violence. The questions asked are why and under what conditions armed-groups will kill, attack and abuse civilians.

With respect to war-time sexual violence there are many competing theories, which aim to explain this behavior. Biological theories argue, that men have a natural tendency towards rape, which will inevitably play out in a war context, where such behavior is not avenged. Theories focusing on armed groups as a whole, on the other hand, make the case, that rape is used as a deliberate strategy. However, there is little evidence for any of these theories and no attempts to combine biological, psychological and political science theories.

To this end these different disciplines have to come together to investigate these crimes from all possible sides of explanations. This has to involve in-depth interviewing of both perpetrators and victims of sexual violence. In our study, for the second article, we pioneered a questionnaire for interviewing victims of sexual violence on their view of these crimes.

The UN and many NGOs have labeled sexual violence in the Eastern DRC a weapon of war and called its use strategic. These claims are crucial as they imply, that sexual violence in the Eastern DRC are not only crimes perpetrated by individuals, but under these circumstances, would constitute war crimes and crimes against humanity. We found, that from the perspective of the victims, sexual violence is not only a part of the war, but it *is* the war itself. For the interviewed women rape was the very *modus operandi* of war.

Obviously, much remains to be done to understand this form of violence. To combine insights from International Politics and Clinical Psychology to this end is an innovative and promising approach. It is encouraging to see that it is already been pursued further in the study of perpetrators conducted by our working group.

The third article focuses on specific post-war intervention: Disarmament, Demobilization and Reintegration (DDR). DDR plans are a crucial part of today's negotiated peace agreements.

They are designed to ensure that combatants actually surrender their arms and become responsible citizens. Vast amounts of emergency aid and development money are being allocated to DDR programs. More often than not the amount spent per demobilized person exceeds the average per capita income in the respective countries. For example, in the DRC the amount of every single person demobilized is 10.9 times the per capita income a Congolese would earn on average for a year's work (Caramés & Sanz, 2008). The success of these programs has, however, often been limited and reintegration remains their weakest point.

While it is comparatively (!) straight forward to judge the success of weapons collection and destruction activities, evaluating social reintegration of persons formerly associated with armed groups is challenging for the humanitarian aid community. Furthermore, there is as of now almost no evidence-base for either standard reintegration interventions or interventions for vulnerable groups.

Reintegration is hardest for (former) combatants, who suffer from mental impairment and psychological disorders. Many combatants have survived multiple traumatic events, experience depression, suicidal ideation, and substance dependency, which may result in psychotic symptoms. Mentally impaired former combatants should therefore be treated as a vulnerable group within DDR programs. Often they cannot profit from standard reintegration tools.

The third article presents field-tested, evidence-based interventions to treat persons suffering from post-traumatic stress disorder and depression. It uses this evidence to suggest a nation-wide, community-based intervention to offer to both former combatants and members from the communities in which they re-settle. The proposal goes even further and lays out, how individual and societal healing can be combined. It elaborates, how the experience of individual combatants from all walks of life, including men and women, girls and boys, elderly and disabled combatants, as well from dependents, other persons associated with armed groups, and victims of armed groups can be used to collectively address a violent past and build a more peaceful future. The proposal has originally been made for Rwanda. Current national programs of reconciliation there address Rwanda's violent past as much as they cover its central aspects. In the current political climate, outlined above, it becomes clear that this strategy is unsustainable.

Globally, we can observe, that development indicators, like the level of education, GDP, child mortality, and so forth, have improved for many developing countries. However, countries

witnessing complex political emergencies are clearly left behind. In many cases development indicators actually declined in the last decade in these conflict regions.

At the same time the budgets, structures and numbers of UN agencies and NGOs concerned with humanitarian relief and development assistance has grown enormously. Accordingly, there is an increasing need to coordinate these activities and setout common standards. Examples are the SPHERE Project, which lays out standards on emergency relief, the Integrated Disarmament, Demobilization and Reintegration Standards (IDDRS), and the IASC Guidelines on Mental Health and Psychological Support in Emergency Settings. The aims of these standards and common humanitarian praxis are determined by international law and ethics. How to best achieve these aims is an ongoing question.

The presented articles are nothing, but a very modest contribution to offering crucial methodological concepts, how research in Clinical Psychology and International Politics can broaden the understanding of armed conflict and support post-war transition.

I.
Using Micro-Level Data to Map State Failure: The Example of Somalia.

Anna Maedl

Roos van der Haer

Micheal Odenwald

0. Abstract

Sub-Saharan Africa is confronted with several failed states. Extremely low levels of development as well as armed conflict produce ongoing human suffering within these territories. Beyond their borders they cause regional instability, and threaten international security. To this date, the international community's state-building efforts have shown little success. Scholars of International Politics have so far focused on the macro-level in studying failed states. We discuss the traditional literature on state failure and the macro-level indicators used to measure it. We then proceed to demonstrate, that this vantage point overlooks crucial local variation. In order to understand state failure and design meaningful state-building interventions, micro-level data has to be taken into account. Therefore, we develop a new approach to research and understand state failure on this level. Using the case study of Somalia, we present unique micro-level data, which was derived from more than 8000 quantitative individual interviews with active Somalia combatants. From this data we identify promising micro-level indicators for the study of state failure.

1. Introduction

Today the international community is confronted with a whole series of failing states. Some states have completely collapsed and show little prospect of recovery. These states are characterized by the absence of a central authority. Hence, there is no government, which would provide security for its citizens or deliver other essential public services. Collapsed states cannot sponsor any democratic elections or support other forms of collective decision-making. In contrast, they often generate highly visible violations of human rights (Bates, 2008b; Jones, 2008; Rotberg, 2002a, 2002b). Furthermore, these states present a grave danger to regional stability.

State weakness negatively impacts neighboring countries' economies and security (Iqbal & Starr, 2008). It can also pose international security problems, as the affected territories become safe havens for terrorist organizations and centers of criminal activities (Krasner & Pascual, 2005; Lyman & Morrison, 2004; Newman, 2007; Piazza, 2008; Tikuisis, 2009). In the absence of a functioning government failed states cannot participate in international negations or close contracts (Kraxberger, 2007). The longer a failed state persists, the greater the potential challenges to its own population, neighboring states, and international peace.

Therefore, many humanitarian and development assistant activities in affected countries are not only designed to alleviate the immediate suffering of the population, but to contribute to an overall framework of state-building (Brinkerhoff, 2005). While such initiatives have been implemented in several failed states, they have shown little success in mitigating state failure (Debiel, Glassner, Schetter, & Terlinden, 2009; Debiel & Lambach, 2009; Francois & Sud, 2006). Heathershaw and Lambach (2008) have highlighted, that current post-conflict approaches are based on a macro-level vantage point, and thus designed from an 'outsider's perspective'. This article will analyze shortfalls in the conceptualization of state failure. We will explore a micro-level perspective of the phenomenon and identify variables, which could be used to understand an important player in state failure; namely armed groups.

A number of state-building initiatives have failed in Somalia (Dagne, 2002). Though more than a dozen peace conferences took place to revive the Somalia state, none has succeeded (Dagne, 2009). Hence, within the state failure discourse Somalia is a classic example. Since January 1991, it has had no functioning government, little security, endemic armed conflict, and high levels of unemployment and criminality (Bakonyi, 2010; Bryden, 2003). We will present unique descriptive data on armed groups in Somaliland in 2003 to develop a framework for a new approach to research and understand state failure.

Although, according to every macro-level index, Somalia is considered to be *the* case of a totally failed state, a closer look at the country reveals an impressive but fragile level of local governance. Local communities are not passive in the face of state failure and insecurity. Instead, they seek to devise arrangements to provide for themselves the core functions that the missing state is supposed to assume. In other words, they adapt in a variety of ways to minimize the risk and increase the predictability in their dangerous environments (Clapham, 1998, 2003; Hameiri, 2007; Kingston, 2004; Kingston & Spears, 2004). The most visible manifestations of these

arrangements are the formal, self-declared administrations. Somaliland and Puntland, the two most Northern regions have achieved much functional state capacity, but also the Southern Bay and the Bakool regions have shown some initial promise (Hagmann & Hoehne, 2008).

Even though some case studies have pointed towards local differences within a given failed state (Debiel, et al., 2009; Debiel & Lambach, 2009), the variation in the level of governance between regions has not yet been translated into the empirical state failure literature. This is to a large part due to a lack of consistent and systematic data that taps certain state failure indicators on the local or even individual level. Chojnacki et al. (2009) used data derived from news reports to study local variation in the level of violence in Somalia. Our undertaking is much broader as it examines state failure and uses data from quantitative interviews with more than 8000 individuals.

The article will proceed as follows. First, we will devote attention to the traditional literature on state failure and what kinds of macro indicators are used to measure it. Then we will turn to the case study of Somalia. Thereafter, we will introduce a micro-level dataset to identify variables, which reflect regional variations of state failure in Somalia on the micro-level. We conclude with a discussion of these results and implications for future research.

2. Theoretical Background

2. 1 State Failure

With the disintegration of a major state power at the end of the cold war, the fragility not only of the international system, but of states themselves, became evident. This led to a massive and very diverse body of literature on state failure, including not only writings in politics and political sciences, but also reports from the international humanitarian community, concerned with emergency relief and post-war reconstruction.

The latter highlights that state failure is often linked to violent conflict (Doornbos, 2008; Kraxberger, 2007). However, there is a controversy, on causality, i.e. whether state failure causes conflict or vice versa (Baker, 2006; Buhaug, 2006; Fearon & Laitin, 2003; Jackson, 2001). Several studies employ proxies for the onset of civil war as indicators of state failure (Chojnacki, et al.,

2009; Englehart, 2007; Lambach, 2009). It is therefore important to point out that armed conflict does not equal state failure (Lambach, 2009).

Bates et al. (Bates, 2008b; Bates, Greif, & Singh, 2002) argue, that states constitute an equilibrium situation, where a government holds the monopoly of power. Citizens refrain from utilizing violence themselves, thus granting the state a monopoly, if payment for state protection (Lambach, 2009) is favorable to defending one's own wealth. Skaperdas (2003) has shown, that citizens are not pure *homo economici* and will employ violent means to appropriate goods from each other. The state is thus necessary to restrain this behavior. However, following Bates et al. where a state becomes increasingly authoritarian and predatory or does not deliver security, citizens will withdraw their support and return to violence. Though not coming from a game-theory perspective several other scholars have equally highlighted the role authoritarian governments and predatory elites play in state failure (Englehart, 2007; Lambach, 2009; Reno, 2002).

Nevertheless, to this date the concept of state failure remains ill-defined and is to a large extend a political rather than an empirical one (Bilgin & Morton, 2002; Englehart, 2007). Two well-known research groups have set out to identify quantifiable macro-level indicators of state failure and offer rankings of those states, which are most at risk as well as those, which have already collapsed. However, these research projects, *The Fund for Peace's Failed States Index* (published in cooperation with the Foreign Policy magazine) and the *Political Instability Task Force* (funded by the Central Intelligence Agency) could ultimately not overcome the conceptual theoretical weaknesses of state failure. Both analyze the onset of violence rather than the disintegration of a central state authority.

This is reflected by the name of the *Failed States Index's* coding manual – *Conflict Assessment System Tool* (Baker, 2006). Further the manual chooses to present the Rwandan genocide in 1994 as its prime case study, while it had been instigated by a strong central authority, rather than a collapsed one (Des Forges, 1999). The *Political Instability Task Force,* too, investigates genocides as well as politicides, adverse regime changes, and the onset of violence (Goldstone, et al., 2010). The then-called *State Failure Task Force* admitted already in its first report that it was not actually examining failed states, because there were too few cases to employ the chosen statistical methods (Esty, Goldstone, Gurr, & Surko, 1995). In 2003 it fully acknowledged this change of its dependent variable by adopting its current name (Lambach & Gamberger, 2008). Both projects have generated a wealth of studies, but cannot clarify the concept of state failure.

Today the terms *weak, fragile, failing, disintegrating, fragmented,* and *collapsing states,* as well as *quasi states, shadow states, phantom,* and *private states* are employed to describe states, which have partially or completely lost their ability to project power.[2] The former categorization highlights that state failure has to be conceptualized as a continuum. A state is neither collapsed nor fully functioning (Francois & Sud, 2006). Rather, the level of state power, the range of activities it engages in and its capability to implement its agenda varies (Fukuyama 2004).

There is no one-way road to failure: In the long run weak states are not doomed. States can slide back and forth on the continuum of state disintegration. Only once a state reached the final stage of disintegration, i.e. once it has collapsed, has it then become impossible to move back along the continuum. The international legal system does not know any 'half-way' or 'non-states' (Brooks, 2005). However, if we define states from the ability to perform basic government functions, states are clearly more or less able to provide security and public goods. The less able a state is to fulfill its role, the closer it is to state failure (Eizenstat, Porter, & Weinstein, 2005; Rotberg, 2003). Clapham (1998) has therefore described statehood as 'relative'.

Here, one should not only expect differences between countries on the continuum of state disintegration, but also on variance within a country. It might be the case that state power reaches particular regions, while others are untouched. Moreover, alternative sources of authority develop in those areas where the state is unable to perform basic governmental functions. These entities can consist of kinship networks as well as religious and other voluntary organizations. They set rules, collect taxes, mediate conflicts, and provide other public goods. In other words, these entities *behave like* states within the territory they (partially) control (David, 1997; Kasfir, 2004). Debiel et al. (2009) argue, that alternative regional authorities might purposefully resist state-building efforts to preserve their own power. Similar points have been made earlier by Widner (1995) and Holsti (1995).

Furthermore, armed groups, which contribute to state failure, behave at times like state authorities within the territories they hold. In some cases, they provide public goods and infrastructure, collect taxes, and mediate conflicts. Armed groups might even have international representations, be involved in extensive legal and illegal international trade networks and sponsor 'diplomatic' relationships with sovereign states and other movements (Kingston, 2004).

---

2 The World Bank calls these states LICUS – low-income countries under stress.

As such, they aim to replace state authority by their own (Clapham, 1998; Vinci, 2008). Accordingly, state failure might, but does not necessarily equal anarchy (Kingston, 2004). Alternative sources of authority can come to existence, which enjoy a considerable amount of acceptance and legitimacy (Clapham, 1998, 2003; Hameiri, 2007). The more these authorities take over state functions, the less the repercussions of state failure will be felt within the region under their control.

The possibility of micro-level variation of state disintegration is overlooked by current research. This, in large part, is due to the fact that most rankings and indices of state failure exclusively employ highly aggregated data like national economical or development measures such as the GDP, child mortality estimators, or literacy rates. Rice and Patrick (2008), for example, have produced their own index of state fragility by using 11 different macro-level databases, ranging from the UNICEF's *State of the World's Children* data to the *Political Instability Task Force's* data. Also most other existing indices of state failure, like those described above, have mainly focused on macro-level indicators.[3]

This bias towards the use of macro-level data is understandable considering that 'state' is *per se* a macro-level concept and political scientists have traditionally focused on the state as the unit of analysis (Chojnacki, et al., 2009). Moreover, the data is comparatively easy to gather; i.e. while most micro-level data on failed states will have to be collected within failed states themselves, macro-level data can often be derived from electronic databases.

As a result, scholars and policy-makers overlook important local variations and are subjected to a tautological fallacy. The implemented macro-level indicators of state failure are not only seen as reliable measures of the level of state disintegration but, at the same time, are seen as its causes and consequences (Raeymaekers, 2005). This leads to poor definitions making it often impossible to meaningfully compare research outcomes.

Furthermore, many indicators of state failure are at the same time standard development indices; the most prominent among them being child mortality and GDP. However, those countries which score worst on development indices, are not necessarily failed states (Englehart, 2007). Stark forms of underdevelopment can therefore not be equated with state failure. However,

---

[3] The *Failed States Index* allows for the use of newspaper articles and local informants. It thus attempts to include some information from the micro-level.

Besley and Persson (2009) point out, that a state's capacity to raise taxes is key to its development. At the same time the authors do not take tax policies and policies designed to invest in state capacity for granted, but describe them as purposeful decisions on the part of the state. Bates (2008), too, sees political order has a choice. Clearly, failed states have no more structure, which could make such choices and will remain amongst the least developed countries. Additionally, countries that experience internal armed conflict have a lower GDP than those, which do not. This further diminishes a state's possibility to invest in its fiscal capacity and might push a weak state to complete collapse (Besley & Persson, 2008).

While the term state failure derives from political science, underdevelopment is clearly a concept used by the development aid community. However, to move towards more evidence-based initiatives of state-building, practitioners and scientists must share common definitions and indicators. Here the use of micro-level data opens a new opportunity to identify variables, which can be used to measure state failure on the ground and hence design interventions.

2.2 Case Study Somalia

We employ Somalia as a case study to emphasize the importance of using micro-level data to that end. In 2003, when our data was collected, Somalia was ranked as one of the four fully collapsed states by the *Failed States Index*.[4] It has now held this status for almost two decades. Menkhaus (2004), is probably right in saying 'Somalia is a failure among failed states.' For lack of quantitative local data, we will draw on his work as well as on UN, NGO and journalistic reports in describing Somalia's situation in 2003.

At the beginning of the 1990s, in response to the end of the Cold War and Siyad Barre's military campaign, foreign aid on which Somalia heavily depended dried up. Simultaneously, inter-clan fighting escalated into full-fledged civil war and the Somali state collapsed for good. Several attempts by the international community, including two UN interventions, failed to substantially improve the situation. However, in 2002, a window of opportunity opened up and the *Somali National Reconciliation Conference*, later also known as the *Eldoret Conference*, was initiated.

---

[4] The other three failed states were Burundi, the Sudan and the Democratic Republic of the Congo (Rotberg, 2004). All four countries are still on the alert list today (Fund for Peace, 2009).

On October 27th 2002 the conference participants signed a *Declaration on Cessation of Hostilities* and the *Structures and Principles of the Somali National Reconciliation Process*, often referred to as the *Eldoret Declaration*. However, fighting between and within different militia factions continued (United Nations Security Council, 2003c) and by 2003 the ceasefire agreement had already completely broken down. There was periodic violence throughout much of southern Somalia, militia factions were once again in full blossom and bandits continued to plague the country (International Crisis Group, 2003).

In 2005 the *World Bank* estimated 70,000 to 80,000 active militia in Somalia (World Bank, 2005). A number that is probably also correct for 2003. Armed militia included besides factional armed groups, militias being employed to protect business interests ('business militia'), freelance militia, with no clan alliance and little or no political agenda, private security companies of all kinds and militia acting on behalf of Sharia courts (Cliffe, 2005). Furthermore, in 2003, Somalia continued to be viewed as harbouring international Islamist terrorists and Islamist groups (Bryden, 2003).

Accordingly, while armed violence remained widespread after the *Eldoret Conference*, some scholars point out that the nature of the confrontations had changed since 1991. The fighting during and after the fall of Siad Barre's regime was mainly between clans, which were seeking to establish control over what they perceived to be their respective territories (Lewis, 2008). In contrast, armed conflict in 2003 was not as widespread, often limited to very specific localities, claiming fewer casualties, and following vague political agendas (Menkhaus, 2004). Somalia as a whole clearly remained a fully collapsed state, while some areas enjoyed relative peace and others witnessed major armed violence (Menkhaus, 2003).

By 2003 the Southern regions of Somalia were much more affected by state collapse than the Northern parts of Somalia (United Nations, 2003; United Nations Children's Emergency Fund, 2003b; United Nations Security Council, 2003a). The Security Council found in 2003, that relative 'peace and stability' was present in Somaliland and Puntland, while Mogadishu continued to be plagued by militia fighting (United Nations Security Council, 2003b). As discussed above, armed-conflict is a major indicator of state failure. However, the absence of violence alone does not constitute a stable state. We argue here, that some parts of Somalia displayed in 2003 less features of state collapse than others, because they were more peaceful *and* were controlled by an accepted local authority. Following this logic, we consider Somaliland as the area, which is least

collapsed on a local level, followed by Puntland. While in Kismayo and Hiran state-like structures are much weaker; and finally, Bay and Mogadishu are considered the most collapsed.

The presence of *any* authority does not automatically contribute to a more stable state or region. Where 'authorities' such as militia groups are able to extract taxes from local populations, there might be some functioning bureaucratic structure. However, this structure or authority must, in turn deliver public goods to fulfill 'state-like' functions and have positive repercussions for the population under its control. In 2003, warlords collected taxes and tolls in many parts of Somalia and in a variety of contexts, but were in no way committed to providing any services to the population (United Nations Security Council, 2003b). They are thus, a marker of state collapse, rather than a locally supported state-like authority. However, in 2003, some local authorities could be found in Somalia working towards upholding law and order, and providing at least minimal public goods. These authorities were and are often clan- or religious based. In particular, elders' or Sharia courts handing down rulings on disputes could provide some modest levels of social insurance and stability. The power of these authorities is, however, often very limited in the face of influential businessmen, clan leaders, and militia fighters. These courts also fail to provide equal services and accountability towards women (World Bank, 2005).

Apart from these local authorities, which clearly hold a very limited degree of power, in 2003 state-like structures had emerged in Somaliland, which had declared itself independent, as well as in Puntland, which considered itself an autonomous region. Furthermore, the Juba Valley Alliance claimed to have functioning district and local administrations and control over police, court, and prison services in Kismayo (IRIN, 2002a). Meanwhile the Rahanweyn Resistance Army (RRA) had set up some administration in parts of Bay (International Crisis Group, 2002a, 2003).

Though Somaliland remains unrecognized by the international community, it had and continues to have a government and bureaucracy. These institutions are functioning to a similar degree as other weak states in sub-Saharan Africa. Furthermore, these 'state' structures are supplemented by civil society and religious organizations (Colletta & Cullen, 2000). Although, in a stable state in 2003 peace was largely upheld by local politicians and elders; hence the Somaliland government did not hold a total monopoly of power. Similarly, the government succeeded in collecting some taxes and providing some social services, but both state functions could only be exercised to a certain degree (Hagmann & Hoehne, 2008). Armed violence continues to plague Somaliland and

in 2003 there was strong resentment and even threats towards the Hargeisa government from the Eastern parts of Somaliland. Furthermore, several international aid workers were murdered there the same year. (United Nations Children's Emergency Fund, 2003c; World Food Programme, 2003a).

Similar to Somaliland, Puntland has established its own government with some degree of success. Launched in 1998 its support mainly derives from three local clans, the Majeerteen, Dhulbahante, and Warsangeeli (Hagmann & Hoehne, 2008). The Puntland administration sees itself as part of Somalia and has repeatedly declared its willingness to join Somalia once it reestablishes a functioning government (Lewis 2008). During 2002, there were several armed clashes mainly in the north-east of Puntland (United Nations Security Council, 2003c). Somaliland and Puntland are involved in on ongoing border dispute as both regions claim the Sool and Sanaag territories. Towards the end of 2003 this resulted in further armed clashes between their troops as well as local militia and special forces from Puntland (United Nations Security Council, 2003c). Additional evidence for Puntland's weakness is the continuation of illegal arms flowing from Ethiopia to the region (United Nations Security Council, 2003b). However, compared to the rest of Somalia, Puntland was *relatively* peaceful throughout 2003 and able to deliver some public goods.

In Kismayo the 'Juba Valley Alliance' provided some regional authority throughout the analyzed time period. However, many observers considered it an occupying force, whose main interest was to control the Kismayo port and not to provide a government for the local inhabitants, let alone any public services. (International Crisis Group, 2003; Menkhaus, 2003, 2004). Hence, Kismayo was enjoying some degree of peace, because one rather than many militias dominated it. However, fighting periodically flared up and claimed civilian lives (United Nations Security Council, 2003c). The area remains without any state-like structures.

In Hiran, there was a considerably higher level of armed conflict as there was no single dominating power. Several clan and sub-clan militias continued to fight each other (United Nations Children's Emergency Fund, 2003a). Local Sharia courts, supporting their own militias, added to the violence rather than providing any political stability. Additionally, banditry was widespread and reflected the state- and lawlessness of the region (Menkhaus, 2003).

Bay, on the other hand, was dominated by the RRA. By 2002 it had established regional administrations in the area and declared an autonomous *South West State of Somalia* (International Crisis Group, 2002b). However, there was grave disagreement over this move within the RRA and by mid-2002 the RRA split into the RRA "Shatiguduud" and the RRA "Sheik Adan / Habsade", named after the respective commanders the combatants remained loyal to (IRIN, 2002b). By 2003 the RRA had completely disintegrated into warring factions (International Crisis Group, 2003; United Nations Security Council, 2003c) and by no means provided any meaningful administration. The rival RRA factions did not only fight each other, but deliberately targeted civilians, re-laid landmines, and were involved in outright banditry (Menkhaus, 2003). As a consequence up to 6,000 people were newly displaced in the area by the end of 2003 (World Food Programme, 2003b).

Mogadishu, though the 'capital' of Somalia, was and remains its most insecure part and a structure providing public services has been absent for the longest time. International aid organizations have consistently tried to compensate for this lack. Yet as Mogadishu's sea- and airport remained closed in 2003 (United Nations Security Council, 2003c) humanitarian interventions were extremely difficult, dangerous, and costly. At the same time the city hosted an estimated 150,000 internally displaced persons of whom many had been there for more than a decade (United Nations, 2003). Furthermore, widespread banditry and violent crime reflected Mogadishu's lawlessness even when inter-militia fighting calmed down. The *Transitional Government* appointed at the *Eldoret Conference* to bring law and order back and to re-establish Somalia as a state, actually never even succeeded in physically moving to the capital.

Taking all these reports into account we can construct a picture of Somalia's situation in 2003. However, there is a severe lack of quantitative micro-level data to back-up this description, quantify regional variations, or guard against counter-claims.

2.3 State Collapse on the Micro-Level

Conceptually, we have demonstrated major weaknesses of the definitions of state failure and collapse, and highlighted its bias towards aggregated data. For the case of a collapsed state, Somalia, we have pointed to important regional differences. We will now identify several

variables, which could be meaningful indicators of state collapse on the micro-level. We focus on combatants, because they are key actors, who have to be engaged in any state-building initiative.

Where the monopoly of power has ceased to exist and armed conflict and violent crime take place we expect to find the corresponding actors on the ground. That means there will be several armed groups. Indeed, Chojnacki et al. (2009) have pointed out, that regions in failed states will be differently affected by armed violence, in relation to the number of competing armed groups. Furthermore, in contrast to soldiers serving a stable state, the members of armed groups within a collapsed state are likely to possess extensive combat experience. While the percentage of female members of armed groups in Somalia is generally very low, regular combat activities and the ad-hoc nature of the structure of such groups, makes their presence even less likely. Furthermore, while we would expect a regular soldier to join a national army, either in order to have secure employment or for more idealistic reasons, like the wish to support her or his state, combatants in failed states will have a variety of different motives to join an armed groups. Arjona and Kalyvas (2006) have asked former combatants in Columbia, why the joined their respective armed group. Van der Haer and Bannholzer have conducted interviews with the same question with former child soldiers in the Democratic Republic of Congo (pers. comm.). Here motivation also included the expectation to make a living or the desire to uphold law and order, but a irregular combatants also report the wish to fight for certain political goals, take revenge and protect oneself as well as one's family and wider community.

Widespread violence in the form of banditry, armed conflict, or both is without a doubt the most important feature of state failure. It has a massive negative impact on the 'citizens', as it disrupts their social and economic life often forcing them to flee their homes (Steele, 2009). Banditry, the danger to be caught up in combat situations as well as the fear to be deliberately targeted by armed groups, will impede non-combatants from following essential daily routines, like going to the field, market, or school (where these still exist). As a failed state is unable to provide any protection from armed groups, civilian able-bodied men could see joining an armed group themselves as their best option in this situation.

The absence of legal and regulated markets is an important macro-level marker of state failure. It is reflected in declining GDPs and little recorded international trade. However, on the micro-level we will observe flowering grey and black markets providing both daily necessities as well as illegal goods. Often these markets are awash with small arms, and narcotics are easily available.

On the macro-level the link between illegal drugs, conflict and state failure has been studied (Cornell, 2005; Graubner, 2007). On the micro-level, we expect to see elevated levels of the actual consumption of these substances.

As a failed state is unable to provide essential public goods like education and health care, we anticipate a further negative impact on the micro-level in these areas. That is to say, in regions, which we considered more failed, we expect lower levels of education and personal health should be worse. Additionally, where some state authorities still exist, they probably do not enjoy the trust of the population, as the latter has experienced that it is not supported and protected by them. On the contrary, in many failed states authorities are highly corrupt and take part in extorting goods and services from 'citizens' (Brinkerhoff, 2005). This is described on the macro-level by indicators, such as the one developed by *Transparency International*. On the micro-level this implies a general disbelief of 'citizens' in the benevolence of authorities as well as corresponding unwillingness to fulfill civic duties. For Kyrgyzstan, Ruget and Usmanalieva (2007) conducted interviews and found that state weakness is related to citizens' evasion of paying taxes and performing compulsory military service. Additionally, when civilians feel that they cannot rely on protection by authorities in the face of armed crime and conflict, they might be more likely to prepare for self-defense. Again, this fuels the trade in small arms and thus strengthens black markets. Furthermore, it might encourage civilians to join or support armed groups for self-protection and give reasons to combatants to remain within their group and use illegal and violent means to pursue their objectives.

3. Method and Sample

The data used is derived from a study of combatants of different armed groups, which was conducted as a part of a preparatory exercise for a Disarmament, Demobilization, and Reintegration program (DDR) in Somalia following the *Somali National Reconciliation Conference* in 2003. At the time, seven Somali regions were selected for interviewing on the basis of their high level of active military personnel: the regions of Somaliland and Puntland in the North of Somalia, the region Bay, Mogadishu North and South as well as Kismayo in the South of Somalia, and the region of Hiran from the central part of Somalia. In our analysis Mogadishu North and South are combined.

In every region, several hundred interviews were conducted with combatants from as many factions and militias as possible. The respondents were interviewed between August and December 2003, and were selected by the armed group itself. Only one faction refused to take part in the survey. Random sampling could not be applied in this study due security and logistic reasons (Odenwald, Hinkel, & Schauer, 2007).[5] The questionnaire was developed in English by an interdisciplinary team consisting of Somali and international experts. The questions were developed with special care to the cultural adequacy, and then translated and independently translated back. In case this reverse translation revealed a mismatch, the question or answer category was revised and then once again translated.

The respondents were interviewed in a place that provided as much privacy as possible, e.g. in a separate room. Every participant was informed before the interview about the purpose and method of interview and was reassured confidentiality and the possibility to discontinue the interview at any time without negative repercussions. The interviews were conducted after respondents had given verbal consent.[6] In total 8732 combatants were interviewed; 587 of them were excluded from the analysis because they denied their consent after being informed about the purpose of this study or during the interview. Another 12 were excluded because the interviews did not fulfill the minimal standards (a minimum of ten interviews per interviewer was required). As a result, 8124 interviews are entered in the statistical analysis. This number represents approximately 11% of the total estimated number of combatants in Somalia in 2003 (Odenwald et al. 2009).

The respondents were assigned to categories of armed groups through expert rating. Out of the 8124 respondents, 4638 (57%) belonged to regional authorities (such as the *Somaliland National Forces*) and 1722 (21%) to warlord militias (such as both arms of the *Rahanweyn Resistance Army*), 481 (6%) belonged Sharia court militias (such as the *Hiran Court Forces*), and 78 (1%) were members of business militias; 1090 (13%) combatants were members of other militias, whose exact affiliations are unavailable and 115 (1%) of the respondents could not be assigned to any of these groups with certainty. A total of 1891 (36%) respondents were from Somaliland, 701 (13%) came from Puntland, 604 (11%) from Bay, 1248 (24%) from Mogadishu, 258 (5%) from Kismayo, and 585 (13%) from Hiran. In our sample of 8124 combatants, we included 882 women and 7242 men. Most of the respondents were around 37 years old (mean 37.3) and were

---

[5] For a more detailed description of the sampling method see Odenwald et al. (2007).
[6] Because of the high rate of illiteracy, oral (instead of written) consent was accepted.

married (67%). Less than half of them had completed primary education (44%) and even less had received any vocational training (23%). About two thirds of our sample (65%) reported combat experience.

We calculated proportions per region in percentages. Since the sample consists of seven independent convenience samples, we did not correct for differences in sample size, i.e. the percentages remain unweighted. We tested the significance of the reported differences per region running Chi^2-Tests on a 1% alpha level. Where results were significant, we employed Cramer's V to estimate the strength of the relationship between the analyzed variables and the regions.

We choose Cramer's V as it tests nominal association independent of sample size (Press, 2007). Bearing the novelty of the approach in mind we consider any Cramer V greater than 0.2 worth noticing, while any value above 0.3 most likely reflects a meaningful strength of association between the variables. Any Cramer's V above 0.5 most certainly reveals a strong relationship between the variable *region* and our micro-level indicators of state failure.

4. Descriptive Analysis

First we analyzed possible regional differences in the characteristics of armed groups. Here we can observe regional differences concerning the age, gender ratio, combat experience and motivation to join an armed group.

In total 11% of the respondents were female. In Somaliland we find 17% are females amongst the participants, in Puntland 10%, Kismayo 9%, Hiran 2%, Bay 2%, and in Mogadishu 2%. Hence, we observe a distinct pattern of varying gender-ratios per region. This is reflected by a gender-region relationship of Cramer's V 0.21 and can be explained by the different degrees of state failure in Somalia. Armed groups in more peaceful less collapsed regions are not as involved in active combat, might have existed for a longer time, and have less turn over. In such groups females are more likely to be included as they traditionally do not take part in combat operations nor are they actively recruited.

Furthermore, a Somali custom is that widows inherit the position of their passed-away husbands within the national forces. Hence, when there are older, more settled, and state-like structures for

armed groups, we find higher percentage of females. This is certainly the case for the Somaliland National Forces. Hence, we find 85% of all female respondents to belong to regional authorities, most of which are found in Somaliland. On the other hand only 1% of the participating females belong to Sharia militias and none are members of business militia. These militia in turn are found in less stable regions. Namely, Sharia militias were mainly interviewed in Hiran, while all business militia were part of the Mogadishu sample.

Similar observations can be made concerning the age of combatants. The mean age of those interviewed in Somaliland was around 41 years, in Puntland around 37 years, in Kismayo 34 years, in Hiran 40, in Bay 31, and in Mogadishu 30. The differences are statistically significant (on an 1% alpha level) and also reflect the more settled structure of armed groups in more stable regions. Here we again assume, that combatants have been in these groups for a longer time. This implies that these groups experience fewer new recruits. On the one hand, there is diminished demand for them from the armed group. At the same time there are fewer civilians, who feel the need to take up arms. We therefore consider armed groups in more stable regions as also somewhat more stable as a group.

Only Hiran does not follow the expected pattern. Combatants here are older than those in Puntland and Kismayo. This might be explained by the high percentage of Sharia militia in the region. Of those interviewed in Hiran 66% belonged to this type of armed group, while only 5% of all respondents fell into this category. At the same time respondents from this category had a mean age of 37 years, compared to the total mean age of 33 years of the three categories of warlord, business, and other militias. Regional militia on the other hand had a mean age of 40 years, which again supports the idea, that age reflects whether a group is more or less settled and hence found in more or less stable parts of the country.

A similar argument can be made for combat experience. Regions, which we considered more stable should experience less violence; and thus, on the micro-level, we should find fewer respondents, who actually have combat experience. Indeed we find the association between region and combat experience to be Cramer's V 0.41. In Somaliland 48% of the respondents have combat experience, in Puntland 82%, in Kismayo 43%, in Hiran 84%, in Bay 100%, and in Mogadishu 85%. The high figure in Puntland is most likely caused by the border clashes with Somaliland, which involved large numbers of combatants on Puntland's side. Indeed, of those respondents from Puntland, who have combat experience 83% are from Gaalkacyo, the district

where in 2003 fighting took place. Furthermore, the fighting we reported between the two RRA factions, is reflected by the fact that all respondents in Bay recall combat experiences.

Furthermore, the participants were asked, why they joined their respective armed group. They were offered several categories of answers, from which they could choose as many as were appropriate for them. Table 1 in the appendix shows the percentages of combatants per region for all response categories. For the categories "to make an income", "to defend myself", "to re-establish law and order", and "to protect my family" we find major regional differences. In Somaliland 51% of the participants reported, that they joined their respective armed group as a means of income. This reflects the relative stable nature of the Somaliland National Forces, which employ soldiers like formally accepted states. Regions that do not have such forces also have a substantially smaller percentage of combatants citing employment as their motivation to be a member of an armed group (Puntland 8%, Kismayo 7%, Hiran 9% and Bay 0.3%). However, 24% of the combatants in Mogadishu name income as their motivation, too.

The comparatively high percentage of combatants in Mogadishu, who report 'income' as their motivation to join an armed group, could be explained by the so-called 'Kalashnikov-lifestyle'. This term summarizes the behavior of – rather young – combatants, who have little or no experience of statehood. These combatants have grown up in a failed state and are accustomed to the law of the survival of the most brutal. They are seen to take whatever they want using their weapon and are themselves under constant threat of being attacked by rival armed groups. However, the picture is more complex. About the same percentage of combatants in Somaliland and Mogadishu (18%) report that they joined their respective armed group to up-hold law and order.

In general, the variable 'motivation' seems to be difficult to interpret on the micro-level and has caused an extensive debate for macro-level data. Collier's and Hoeffler's (2004) famous but controversial (Bakonyi, 2010; Bates, 2008b; Cramer, 2006, 2007; Fearon, 2005; Pugh, Cooper, & Goodhand, 2004; Ross, 2004) paper 'Greed and Grievances in Civil War' used macro-level proxies to determine motivation. However, whether these proxies are a valid measure of motivations has so far not been studied. In contrast our micro-level data is much more straightforward as combatants were directly asked about their motivation. Here we find stark regional differences, but the pattern does not always follow that of state failure. Hence, further

investigation is needed to clarify how the variable *motivation* can be integrated in theories of state failure and armed violence.

Next, we analyzed the type of armed groups present in each of the samples derived from the six regions. We found the association between the type of militia a respondent belonged to and the region, were she/he served to be Cramer's V 0.57. Again we ran a Chi^2-Test and confirmed that this result was highly significant (p > 0.001). We find that the types as well as the number of types of armed groups respondents belonged to widely vary and are associated with region as a factor.

The data is consistent with our theoretical considerations, that a smaller number of armed groups and the existence of a local authority reflect 'less failure'. In Somaliland 98% of the respondents belonged to such an authority, in Puntland 27%, Kismayo 93%, Hiran 0.1%, Bay 0%, and in Mogadishu 1%. As explained above, the combatants from Kismayo are members of the Juba Valley Alliance, which as we have argued, contribute to local stability as an occupying force, but are not part of a wider state-like structure. Puntland, on the other hand, which we consider 'less failed' than Kismayo only features 28% of combatants belonging to a regional authority in our sample. All other regions follow the expected pattern.

High percentages of warlord and other militia can certainly be seen as an indicator of state failure. While in Somaliland only 2% of the respondents were categorized as warlord or other militia, as many as 71% belonged to these groups in Puntland, 5%, Kismayo 32%, Hiran, 99%, and in Bay and Mogadishu 87%. In Hiran we find an additional 66% of Sharia militia.

The participants were asked to whom they would turn for support, if others physically threatened them or their families. The respondents could choose different response categories. Here we report the results per region for those, who choose "would turn to local authorities" and "would defend myself or my family would defend me". We summed up all other answer categories as "other"[7]. We find a high Cramer's V of 0.51 (p > 0.001). In Somaliland 90% of the participants would turn to local authorities for help, if they felt threatened. In Puntland 92% would react the same way, in Kismayo 53%, Hiran 60%, and in Bay 65%. In Mogadishu as little as 7% of the participants would turn to local authorities for help. Accordingly, the picture is reversed for those

---

[7] This includes the categories "would turn to kinsmen and relatives", "neighbors", "friends", "other", "do not know" and "refused to answer".

participants, who would employ self-defense or who would expect their family to defend them. In Mogadishu 55% of the participants saw self-defense as the best option, while only 2% in Somaliland, would choose this path.

This is a key finding on the monopoly of power. In regions, which we consider 'more failed', combatants are much less willing to grant local authorities this monopoly of power and thus refrain from self-defense. In Mogadishu many might rightly assume, that such authorities do not exist or are incapable of offering protection. Widespread mistrust in (local) authorities seriously undermines state-building efforts, as persons, who do not trust authorities, might also be un-cooperative in paying taxes, participating in communal work and generally observing laws.

Asked about their education, 42% of the participants reported that they had no education, while 13% had attended Koranic school, 32% had completed primary, and 11% secondary school. Only 1% had a university degree. Furthermore, 25% had received vocational training. We analyzed regional differences for completion of primary education (44%, including those with secondary education and university degrees) and vocational training. We find Cramer's V to be 0.17 for primary education completers and 0.24 for vocational training.

Concerning health we analyzed data about typical somatic complaints and mental health (Odenwald, Lingenfelder, et al., 2007). About one fourth of the participants reported that they had a cough, headache, fever, constipation, diarrhea, a skin rash, hypertension and/or physical pain within the four weeks preceding the interview. A much smaller percentage, 6%, reported psychological symptoms typical for post-traumatic stress disorder. We found the association between the regional variable and somatic complaints to be 0.22 (Cramer's V) and between region and mental health to be 0.24 (Cramer's V).

These regional variations in levels of education and health are in accordance with our theory. However, Cramer's V is low for all analyzed indicators. This probably reflects the fact that, though there are regional variations in state failure throughout Somalia, no region resembles a truly stable state. Even Somaliland, which is often described as a success in state-building (Kaplan, 2008) is at best a weak state. The data also again highlights that measures of state failure, which rely too heavily on development indicators, are insufficient.

Additionally, the respondents were asked, whether they were aware of certain drug-taking habits within their locality. Thus making it possible to estimate the availability of such drugs. The following substances were probed for: Khat, hash, alcohol, and banji seeds. Note here that Khat is a 'legal' substance in Somalia, while the other drugs, including alcohol can only be obtained illegally. Furthermore, participants were asked about the habits of sniffing substances, like glue or petrol thinner, or taking tablets to get high. The full results are presented in table 5 in the appendix.[8]

Overall, we observe stark regional variation for illegal substances, while the consumption of Khat is almost equally high for all regions. It is a high as 95% in Somaliland and goes up to 99% in the Hiran sample. On the other hand, only about 15% of the combatants interviewed in Somaliland report, that hash is consumed in their locality, while 62% of the combatants from Mogadishu and as many as 91% of the combatants from Kismayo have observed this habit. The very high percentage for Kismayo could be a result of drugs being imported through its port. Furthermore, the United Nations Office for Drug Control and Crime Prevention (2002) at the time suspected large quantities of marijuana being grown in areas close to Kismayo and Bay. This would also explain the very high percentage for Bay (90%). It is therefore justified to conclude that the consumption of illegal drugs reflects variations in state failure. The less authorities are able to project power, the less control they will hold over markets and the more illegal goods will be available.

This presents a twofold challenge to state-building. First of all, our findings reflect a rather large market for illegal goods. This market includes cross-border trading and can be an outlet for international crime. Those, who profit from this crime, will most likely oppose any efforts to revive a strong state, which would put an end to their business. Secondly, drugs are not only traded they are also consumed widely within combat units. Substance-dependent combatants on the other hand will be more difficult to re-integrate into a productive civilian life than their healthy counterparts (Maedl et al. 2010). This is, however, also true for combatants, who are impaired by their dependence on legal substances, such as Khat (Odenwald, et al., 2007).

---

[8] For further information also see: Odenwald, 2007.

5. Discussion

We are not the first to observe that there is local variation within collapsed states. For Somalia the United Nations have repeatedly pointed out this fact (United Nations, 2003; United Nations Children's Emergency Fund, 2003a; United Nations Children's Fund, 2003; United Nations Security Council, 2003a). However, to our knowledge, no one has so far presented micro-level data on this subject derived from standardized individual interviews with combatants. We therefore consider this study as both unique and highly relevant. It suggests that micro-level data is indispensible to understand key players within failed states.

We have seen that armed conflict is a core feature of collapsed states. It is therefore necessary to approach state-building from a conflict management perspective. While re-instating and strengthening institutions and bureaucratic structures is important, these will be fruitless undertakings, if violence has not at least to a significant degree decreased. In this context we must not understand non-state armed actors as one general problem, but carefully look at the micro-level and pay close attention to local differences. For example, reasons why combatants in a certain locality have joined an armed group, the type of armed group they serve, their level of education and, health status, as well as their (in)ability to trust authorities might all influence their willingness to take part in DDR programs (Odenwald, Hinkel, et al., 2007).

To date there are almost no studies surveying *active* militia (Kalyvas & Kocher, 2009) and almost no studies employing individual interviews. A noteworthy exception from both these practices is Guichaoua's study (2009) of 167 Nigerian militia. Arjona and Kalyva (2006) have interviewed former combatants. Ruget and Usmanalieva (2007) have interviewed 30 civilians to examine the impact of state weakness on citizens. Most studies, which employ micro-level data use group discussions (e.g. Baaz & Stern, 2009), which might not yield reliable answers to sensitive questions. Additionally, most micro-level surveys (whether conducted amongst combatants or civilians) are small-scale and thus only allow for limited conclusions (Binzel & Brück, 2007). Again, the data we presented in this study is different and possibly the largest survey amongst active combatants within a collapsed state.

Without doubt there are limitations to this study. Some of these could be overcome by adjusting the design, while others are more general limitations of micro-level research. We therefore, do not argue to abandon macro-level data to understand state failure, but for an integration of data

of different stages of aggregation. When discussing future designs, it is of course crucial to remain aware of the real-world limitations research with active militia in areas of on-going conflict inevitably poses. Most likely these settings will always make random sampling extremely difficult. Security concerns for both researchers and participants cannot be denied.

In this study respondents were not randomly selected, but drawn from seven large convenient samples. These samples consist of surveys of whole units from each armed group. This means commanders of these groups could influence, which unit would be interviewed. They might have chosen units, which they believe, would portray their group in a favorable light. Equally, they could have prevented combatants, that they saw unsuitable for interviewing, for example those who are known to consume large amounts of substances or child combatants, from taking part in the survey. Thus, we cannot rule out that the presented data might be biased.

However, there are several reasons, why it can still be considered highly relevant. First of all, the survey was originally conducted to collect information on a future DDR program. Our analysis of the data uncovering micro-level variance only used very few of the questions, which were originally asked, and do not cover core questions on DDR (for example: "Under what conditions do you think people in your neighborhood would be willing to hand in their weapons?"). Therefore, we can assume that our data analysis could not be deliberately influenced by the choice of units commanders presented for interviews. Secondly, our analysis confirms variance of state failure on the micro-level as expected using a rather conservative method of measuring association (Cramer's V). This points to the validity of the data used. This is also supported by the fact, that a high percentage of combatants provided answers, which are clearly not socially desirable in the given cultural context. For example, many reported the widespread consumption of alcohol within their localities, even though this is forbidden by religious as well as 'state' law (Odenwald, Hinkel, et al., 2007). The data is without suitable to develop a new research framework, as presented here.

There are currently several research projects, which generate micro-level data on violence and armed conflicts. This reflects an ongoing debate on the need for disaggregating violence (Buhaug & Gates, 2002; Verwimp, Justino, & Bruck, 2009). The *Armed Conflict Location and Event Data* (ACLED), the *Event Data Project on Conflict and Security* (EDACS) as well as the *Konstanz One-Sided Violence Event Data Set* (KOSVEDS) all allow for the spatial disaggregation of violent incidences within armed conflicts. Similar data on local parameters of state failure would mark a milestone in

understanding its mechanisms. However, the named data projects all use newspaper articles and (partly commercial) news services as their sources of information. These are certainly insufficient, when it comes to studying state failure. There might be no news coverage in rural areas and certain events might be systematically underreported (Kalyvas, 2006). Ultimately, to understand how state failures unfold on the ground, data has to be gathered there, too.

6. Conclusion

Our analysis shows that there are large and significant regional differences concerning the structure of and membership in different types of armed groups, reasons to join these groups, trust or mistrust in local authorities, and habits of substance consumption. Furthermore, there are smaller, but significant, variations over regions regarding levels of education as well as somatic and mental health.

The degree to which an armed group can be considered settled is crucial information in the context of state-building initiatives. More stable groups might be more predictable and hence more reliable discussion partners. However, durability also means, that these groups will not fade away by themselves. Unless they can be offered serious alternatives, they are likely to continue undermining any nascent state authority. The latter is also true for less stable militia. However, they might have less established or unclear hierarchies. Hence it might more difficult to find appropriate partners for negotiations. At the same time it might be easier to convince individual combatants or groups of combatants to leave the group.

Any intervention to mitigate state failure will have to engage with combatants and ultimately convince them to give up their arms, observe the outcome of conflict mediations, and contribute to state-building. While our data was collected throughout 2003, Somalia remains a failed state to this date. It has recently, once more, come to the world's attentions as its pirates disrupt international trade routes. Unfortunately though, we continue to observe how state failure threatens national, regional and international security, and economic interests.

The number of international interventions that have state-building on their agendas, but fail in their efforts, underscores the need to develop an exact understanding of each case of state collapse. It might seem painstaking to go even further and call for an exact understanding of the

mechanisms of collapse on the local level, but without this knowledge more state-building interventions will be in vein.

Appendix I:

Table 1: Motivation to join an armed group (multiple answers permitted)

	Somaliland	Puntland	Kismayo	Hiran	Bay	Mogadishu	Cra.'s V
Income	51.4%	8.0%	7.1%	9.1%	0.3%	24.0%	0.31
Self-defense	28.7%	16.4%	9.8%	8.3%	13.8%	22.9%	0.41
Law & Order	18.1%	33.6%	10.2%	16.5%	3.2%	18.4%	0.40
Protect family	15.5%	23.6%	19.0%	6.6%	13.1%	22.2%	0.35
By force	22.2%	13.0%	17.9%	3.7%	38.9%	4.3%	0.10
Revenge	25.1%	4.1%	15.1%	3.1%	30.9%	21.6%	0.15
Political Motives	24.5%	2.8%	5.5%	23.9%	25.2%	18.1%	0.20
Other	78.6%	8.1%	2.0%	0.4%	8.4%	2.5%	0.35

p < .001 for all variables

Table 2: Different kinds of armed groups

	Somaliland	Puntland	Kismayo	Hiran	Bay	Mogadishu	Total
Regional authority	98.1%	27.6%	93.0%	.1%	0%	1.1%	57.1%
Sharia militia	0%	0%	0%	66.2%	0%	1.4%	5.9%
Warlord militia	.9%	34.3%	1.0%	4.2%	97.7%	52.4%	21.2%
Business militia	0%	0%	0%	0%	0%	5.3%	1.0%
Other militia	.8%	37.0%	5.3%	27.7%	1.2%	34.9%	13.4%
Missing	.3%	1.1%	.7%	1.7%	1.2%	5.0%	1.4%

p < .001 for all variables

Table 3: Reaction to personal security threat

	Somaliland	Puntland	Kismayo	Hiran	Bay	Mogadishu	Total
Turn to local authorities	90.5%	91.9%	52.8%	60.1%	64.7%	7.2%	68.3%
Self-defence	2.0%	2.7%	15.0%	16.1%	4.5%	54.6%	13.9%
Other	7.5%	5.4%	32.2%	23.9%	30.8%	38.1%	17.8%

p < .001 for all variables

Table 4: Highest level of education

	Somaliland	Puntland	Kismayo	Hiran	Bay	Mogadishu	Cra.'s V
Primary education	49.2%	38.8%	62.9%	34.3%	32.5%	37.2%	0.17
Vocational training	24.7%	44.5%	35.2%	17.7%	7.1%	12.5%	0.24

p < .001 for both variables

Table 5: Habits of substance consumption

	Somaliland	Puntland	Kismayo	Hiran	Bay	Mogadishu	Cra.'s V
Khat	95.2%	97.3%	98.2%	99.1%	99.2%	96.1%	0.08
Hash	15.3%	18.3%	90.8%	76.1%	89.7%	62.4%	0.62
Alcohol	17.1%	16.7%	68.8%	32.0%	78.3%	38.7%	0.43
Tablets	9.2%	16.6%	85.1%	68.5%	87.3%	55.6%	0.63
Sniffing	6.6%	16.4%	36.1%	16.2%	56.3%	20.8%	0.37
Banji Seeds	0.5%	6.0%	15.7%	8.0%	50.7%	6.3%	0.49

p < .001 for all variables

II.
Rape as a Weapon of War in the Eastern DRC? - The Victims' Perspective.

Anna Maedl

0. Abstract

Rampant sexual violence is one of the most horrendous human rights abuses taking place within the Democratic Republic of the Congo's armed conflict. The UN has called these abuses 'strategic' and 'weapon of war'. Both labels carry specific implications within the human rights discourse. However, there is a lack of structured data exploring these concepts in the context of the DRC. To address this empirical gap, 25 rape victims were interviewed. In their view armed groups rape for a multitude of different reasons and the rapes are both endemic and indiscriminate. They are the *modus operandi* of the armed conflict.

1. Introduction

Despite the Goma peace agreement the Eastern parts of the Democratic Republic of the Congo (DRC), continue to experience armed conflict. Every day civilians are victims of indiscriminate violence constituting gross violations of their human rights. Sexual violence perpetrated by armed groups against girls and women is particularly rampant. Acknowledging this, the international community agrees that sexual violence is used strategically within the conflict and the UN has repeatedly called it 'a weapon of war'. Time and again testimonies of girls and women who have been raped in the most brutal ways are recorded. However, it is rarely spelled out, what is exactly meant by labeling rape a weapon of war and there is a serve lack of structured data, which could help to understand the concept. To begin addressing this theoretical and empirical gap, 25 rape survivors were interviewed by clinical psychologists using a structured protocol. The participants were asked about a) basic socio-economic data about their lives before the rape, b) data on the

alleged perpetrators and their courses of action during the rape, c) the perceived reasons for the rape and d) further victims of the crime (e.g. people who were forced to watch, beaten, abducted, killed or also raped). This offers unique insides into the victims' perspective on sexual violence perpetrated by armed groups within the DRC. The article will start by introducing the concept of sexual violence as a weapon of war and contextualizing it within the human rights discourse. It will then proceed to give an overview over existing research on sexual violence in the DRC. Following this, the goals and methodology of the presented study will be laid out and the most important results will be presented and discussed.

2. Theoretical Background

2.1 Rape in Conflicts as a Weapon of War

Mass rape during armed conflict first gained attention during the war in Former Yugoslavia (Henry, Ward, & Hirshberg, 2004; Lindsey, 2002; Mezey, 1994; Weitsman, 2008). Since then it has been studied retrospectively for major past wars, such as World War II (Burds, 2009), and armed conflict world wide (Penn & Nardos, 2003). For the years 1991 – 2003, Green (2004) has listed 24 armed conflicts in which girls and women have been raped on a massive scale. It is reasonable to assume that rape is part of any armed conflict, despite the possibility that some armed groups refrain from employing sexual violence collectively (Wood, 2009). Though sexual violence in both times of war and times of 'peace' is commonly underreported (Watts & Zimmerman, 2002) and epidemiological studies remain rare, it is clear that wartime rape constitutes a widespread human rights violation causing tremendous suffering in today's armed conflicts. It mainly, but not exclusively, targets girls and women and can cause long-term and often life-long physical and psychological suffering. Furthermore, it often destroys family and larger social networks as well as economic capacities (Turshen, 2001).

Since 2000 the UN has increasingly paid attention to this form of gender-based violence. In particular, the UN Security Council Resolutions 1325 (2000) and 1820 on *Women, Peace and Security: Sexual Violence in Armed Conflict* (2008) have established that armed conflict exposes women to increased levels of rape and is a major threat to women's physical integrity and their human rights. Amongst others, the United Nations (2004) have condemned the widespread rape of girls and women during the conflicts in Afghanistan, Burundi, Chad, Côte d'Ivoire, Sudan and

the Democratic Republic of the Congo. They have implicated state and non-state armed groups as perpetrators of rape and sexual abuse.

Moreover the United Nations see widespread rape as a 'weapon of warfare' (United Nations, 2000) and describe it as a 'tactic of war to humiliate, dominate, instill fear in, disperse and/or forcibly relocate civilian members of a community or ethnic group' (United Nations, 2004). These statements reflect the consensus among most scholars and human rights activists that rape during armed conflict is neither a side effect of nor an adjunct to large-scale violence, but is an inherent part of it. Furthermore, labeling rape a weapon presumes that mass rape is systematic, deliberate and serves one or more specific purposes.

Like the UN, Skjelsbaek (2001) suggests specific intentions behind mass rape and explicitly cites the infliction of trauma and psychological damage as one important objective of this practice. Reports from the Sierra Leone Truth and Reconciliation Commission (2004) and from Former Yugoslavia (Mezey, 1994; Warburton, 1993) conclude that mass rape during the respective conflicts followed distinct patterns and served strategic purposes. For Former Yugoslavia, Salzman (1998) alleges that the Serb army followed a written plan, the RAM plan, which spelled out the use of rape to ethnically cleanse Bosnia-Herzegovina (also see Human Rights Watch, 2002). In the same way, widespread rape in the Democratic Republic of the Congo has been described as a weapon of war used by all parties to the conflict (Human Rights Watch, 2002; Kaldor, 2004; Longombe, Claude, & Ruminjo, 2008; Omanyondo Ohambe, Bahananga Muhigwa, & Wa Mamba, 2005).

Indiscriminate violence against civilians, including mass rape and sexual torture, are not an exception in so-called 'new wars' (Kaldor, 2004) or 'complex political emergencies' (Ramsbotham & Woodhouse, 1999), but, rather, are the *modus operandi* by which these armed conflicts are fought. These violations of civilians' human rights damage the social fabric and economic bases of whole regions and displace millions of people on a continuous basis. The United Nations High Commissioner for Refugees (2009) estimates that by the end of 2008, worldwide about 42 million people had fled their homes from violent conflict.

While the humanitarian disaster caused by indiscriminate violence is readily apparent, scholars of conflict resolution have tried to explore conditions under which this violence emerges and is sustained as well as the purposes it might serve. Weinstein (2007) as well as Penn and Nardos

(2003) argue that indiscriminate violence is used in 'opportunistic rebellions' to gain access to easily lootable natural resources like gold, coltan, diamonds or timber. In these rebellions, the combatants do not seek to win the sympathy or support of the population; instead, they use indiscriminate rather than selective violence simply because it is cheaper and easier to employ. Kalyvas (2006), on the other hand, argues that even in rebellions that serve ideological agendas, indiscriminate violence is used to deter the population from collaborating with enemy combatants.

Any deliberate violence against civilians, including rape and sexual abuse, during armed conflict is considered a violation of international humanitarian law. The International Criminal Tribunal (2002) has ruled that if this violence is 'part of a systematic or widespread attack' against a civilian population, it is considered a crime against humanity as well as a war crime. Kalyvas (2006) has suggested that combatants might become increasingly aware of these international norms and intensify their efforts to hide indiscriminate violence against civilians. In this context, rape might be seen as one form of violence that allows for 'plausible deniability'.

This article will explore the sexual violence perpetrated by armed groups within the Democratic Republic of the Congo (DRC) from the victims' perspective. It will answer the questions, in how far the targeted women themselves consider the violence directed against them as instrumental in the context of the ongoing conflict.

2.2 Sexual Violence in the Democratic Republic of the Congo

Unfortunately, the armed conflict within the DRC presents no exception to the prevalence of violence against civilians and is known for the occurrence of mass rape. Civilians in the Eastern parts of the DRC are directly targeted by armed groups, foreign military, the Congolese army as well other state authorities (Davis & Hayner, 2009). They are attacked, abducted, forcefully drafted, pressed into forced labor and sexually abused. In the last years, many reports of women and girls and some men and boys who have been raped have surfaced and the topic has gained attention by the mass media, INGOs, Human Right's Groups and scholars (Omanyondo Ohambe, Bahananga Muhigwa, & Wa Mamba, 2005; Pratt & Werchick, 2004).

There is today no doubt that rape and sexual abuse is widespread throughout the Eastern DRC

and directly linked to the armed conflict there. However, so far there is no reliable epidemiological information on how many persons have been raped. The only existing data are on women, who register with NGOs, health centers and hospitals, but it is reasonable to assume that the great majority of the population does not have access to any such services and that many rape victims do not disclose the crime.

Based on the statistics from the two specialized hospitals in the Kivus, the Panzi hospital in South Kivu and the DOCS hospital (Doctors on Call for Service / Heal Africa) in North Kivu, Pratt and Werchick (2004) estimate that between 1996 and 2003 'a *minimum* tens of thousands' of women have been raped and / or sexually mutilated. Malteser International registered 20,517 raped women in South Kivu during the reporting period 2005 – 2007 (Steiner, et al., 2009). From June 2006 to June 2007, UNICEF identified 12,867 victims of sexual violence, of which 33% were children (United Nations, 2007b).

All investigations of rape in the Eastern DRC noted that all armed groups, state actors as well as common criminals rape and sexually abuse civilians (Amnesty International, 2008; Davis & Hayner, 2009). From June 2006 to May 2007, the United Nations investigated 4,222 cases of rape of minors and could obtain information on the perpetrators in 690 cases. Of these, 66% were raped by unidentified armed groups, 29% were raped by common criminals and 4% were raped by members of the Congolese armed forces (FARDC; Forces Armées de la République Démocratique du Congo) or the police (PNC; Police Nationale Congolaise; United Nations, 2000). Amnesty International (2008) reports 410 raped women seeking medical treatment in parts of Lubero (North Kivu). Of these, 20% were raped by the FARDC, 16% by Maï-Maï groups and 11% by the FDLR (Forcés Démocratique de la Libération du Rwanda). The remaining 47% of rape cases were attributed to civilian perpetrators.

Omanyondo Ohambe et al. (2005) give the most differentiated breakdown of perpetrators of rape. They have identified 492 cases in the South Kivu. Of these 27% were attributed to 'Interahamwe', 27% to the FDD (Forces pour la Défense de la Démocratie), 20% to the RCD (Rassemblement Congolais pour la Démocratie), 16% to Maï-Maï groups, 2% to the RPA (Rwandan Patriotic Army, name of the Rwandese army between mid 1994 and 2002) and 1% to Banyamulenge militias. Additionally, 0.2% of all rape cases were attributed to common criminals and 4% to unidentified armed groups. For 3% of the cases the affiliation of the perpetrators is unknown.

Identifying specific groups as main perpetrators of rape largely depends on where the data are gathered. Furthermore, there is a tendency of rapists to pretend to be 'Interahamwe' by speaking Kinyarwanda as well as a tendency of victims to identify perpetrators as 'Interahamwe', even though the perpetrators are likely to belong to other groups (Solhjell, 2009). This became clear in our own research.

Originally 'Interahamwe' was the name of the armed group carrying out the Rwandan genocide in 1994 and then fleeing to the Eastern DRC (then Zaïre) together with civilian Rwandese refugees. This group also included members of the then defeated former Rwandese army FAR (today also referred to as ex-FAR). Later parts of this group, who have been described as politically more extreme, moved towards Western Zaïre, while others stayed in the East. The latter group founded the Armée de Libération du Rwanda (ALIR) in 1995 and later split up in ALIR I (West) and ALIR II (East). Parts of the group in the West founded the FDLR in 2000 (Romkema, 2007). Today all these groups are still largely dominated by Rwandese Hutus, but also have members from other nationalities and ethnic groups, like Congolese and Burundian combatants. The majority of today's members are not implicated in the 1994 Rwandan genocide. Most Congolese civilians, including the victims who participated in our study, do not, however, make the distinction described above, but call of these per-dominantly Rwandese-Hutu groups 'Interahamwe' or simply 'Hutus', while none of these groups refers to itself as 'Interahamwe' (Human Rights Watch, 2002; Pratt & Werchick, 2004).

The reviewed articles and reports (Amnesty International, 2008; Beus, Bora, & Kakule, 2008; Human Rights Watch, 2002; Mezey, 1994; Omanyondo Ohambe, et al., 2005; United Nations, 2000) agree that rape in the Eastern DRC is widespread, systematic and used as a weapon. However, the published data cannot explain in how far sexual violence is 'weapon of war' or substantiate the claim that it is systematic. Today, we have no strong evidence, which could support to or dismiss the often-cited assumption that armed groups employ rape following any distinct patterns to achieve defined aims.

3. Research Goals and Methodology

Victims were interviewed to shed light on the question, whether the crimes can be considered strategic and, if so, what purposes they might serve. As most victims have only limited knowledge

about this, they were asked questions to characterize the rapes and their perpetrators. The interviews took place at Panzi hospital in Bukavu, South Kivu, in January and February 2009. A standardized interview protocol was employed, asking open and closed questions to cover a) basic socio-economic data about the victims' lives before the rape, b) data on the alleged perpetrators and their courses of action during the rape, c) the perceived reasons for the rape and d) further victims of the crime (e.g. people who were forced to watch, beaten, abducted, killed or also raped).

A structured interview protocol was chosen, because published research that interviewed victims mainly used free questions and qualitative methods of analysis. Often the plight of women is portrayed using individually testimonies, but it remains unclear whether these cases can be considered representative. A more transparent methodology and way of analysis was used by Omanyondo Ohambe et al. (2005). They employed a semi-structured protocol with open answers and offer descriptive statistics. From this interview three questions were taken for our own interview and answer categories were added. All other questions were developed from the literature and their appropriateness was discussed with Congolese mental health workers.

The interviews were conducted by a group of female clinical psychologists from Germany. About two thirds of the interviews were carried out by the author of this article. All interviews took place at offices at Panzi hospital (allowing for privacy) with the aid of interpreters (Swahili or Mashi – English). Victims who were distressed were taken care of by the psychologists after the interview and again visited the next day. All victims took part in the interview voluntarily without any compensation and signed a written informed consent form. This from was read to and explained to each participant. Victims who were underage also signed the form and additionally their legal representative (mostly a staff person at the hospital) gave written permission for the interview. The protocol was introduced to all women and staff in Panzi's special ward for victims of sexual violence on several occasions and was approved by the University of Konstanz's ethics committee.

It is crucial to note that the victims interviewed at Panzi hospital represent a specific sample of women, namely those who suffered from very severe medical conditions but were still healthy and assertive enough to reach Panzi hospital. The INGO Malteser, for example, has referred only 0.3% of their patients in South Kivu to Panzi hospital in 2005 (Steiner, et al., 2009). Most rape victims are likely never to be registered by an organization with a referral mechanism to Panzi.

The only other hospital, which can offer the same advanced medical procedures within the Eastern DRC is the DOCS hospital in Goma, North Kivu.

Almost all women treated as long-term inpatients at Panzi's victims' ward are diagnosed with vescio-vaginal and / or recto-vaginal fistulas. These are lesions in genital tissues, which unnaturally connect the bladder and / or the rectum with the vagina, leading to urine and / or stool incontinence. Fistulas can have medical causes, such as giving birth at a very young age or unattended obstructed labor. They are also a consequence of brutal rapes, including gang rapes and rapes with foreign objects (Longombe, Claude, & Ruminjo, 2008). The only effective treatment for these fistulas is a surgical repair, which is rarely available in resource-poor settings.

Besides the serve consequences of this medical trauma, many families and communities reject women with fistula throughout the Eastern DRC. The women are considered as 'worthless', because they cannot do heavy work, it is difficult for them to bear children and men do not want to engage in sexual relationships with them. Additionally, most do not have the necessary resources to wash several times a day to maintain the hygienic standards that their condition requires. Thus, they smell bad. Their odor can be noticed by the persons around them, which leads to further social and economical exclusion within the community.

Of the 25 women interviewed at Panzi hospital, all reported having been raped by an armed group; 22 stated that the perpetrators were 'Interahamwe' or 'Hutu', two victims could not identify the armed group that attacked them, and one victim was held in sexual slavery by a Maï-Maï group for three years. Here only the data for the rapes allegedly committed by pre-dominantly Hutu groups will presented. The three other cases are excluded to allow the detection of specific patterns one group might use. Pre-dominantly Hutu groups appear to be a main source of insecurity and violence in the areas close to Panzi hospital, i.e. the districts Kahlehe, Bukavu, and Walungu. Some women who participated in the study came from other districts, like Shabunda and from as far as the very North of Masisi.

For each part of the presented data a comment will be offered, which includes remarks on consistency with existing literature, results that are particularly interesting and worth noting, and possible shortfalls. This will lead to a fuller picture of the perpetrators' pattern of action and a better understanding of the victims' view of sexual violence within the DRC.

4. Results

4.1 Victims' Characteristics

To be able to judge how representative of female victims our sample is and in how far it can be compared to the samples of the reviewed studies, the respondents were asked for key indicators such as age, ethnicity, education and main income. Furthermore, the interview protocol included questions, on the victims' possible affiliations with particular groups to evaluate, whether certain categories of women are targeted.

The participants were between 15 and 50 years of age, with a mean age of 27 years (SD 9.6). In terms of ethnicity, 60% of the women described themselves as Bashi and 14% as Batembo. The remaining 27% named various other ethnic groups; i.e., 4% belonged to each of the following groups: Bafulero, Bahavu, Balenga, Baguban, Banyanga, Bayanz. Schooling varied: 41% of the women had never been to school, while 23% had been to school for eight to nine years. On average, the women had attended school for 3 years (SD 3.2).

Participants were asked about their own and their families' means of survival or main income at the time of the rape and multiple answers were allowed: 73% of the women reported that they themselves and / or the head of household were farmers, to include both subsistence and commercial farming; 27% had been involved in petty trading; and in 13% of the families of the victims someone had a paid job, to include one woman who was a housemaid, one woman whose husband worked for an INGO, and one whose husband was a mercenary. One women and her father were self-employed (4%) as dressmakers.

The survey established whether the victims were affiliated with any particular groups at the time they were raped: 22% of the women were members of women's business associations, 27% were relatives or friends of traditional leaders and 9% of local state authorities. In two of the women's families someone worked for an INGO (9%). One woman (4%) was married to a Rwandese combatant and another one was associated with the Congolese Army (FARDC). One woman was a close friend of the wife of a traditional healer.

These data on victims' characteristics allows to evaluate in how far the interviewed women are a representative sample of rape victims in the Eastern DRC. Firstly, it can be noted that the mean

age is consistent with others' findings (Steiner, et al., 2009), while the age range is smaller than what could be expected from a random household sample. Girls and women of all ages, including those under one and those older than 80, are victims of rape in the Eastern DRC (Pratt & Werchick, 2004). Very old women might, however, be unable to physically endure the stress to reach Panzi hospital. The journey has to be made partially on foot and in most cases takes several days. Thus these most vulnerable women might not have access to medical care and could not be included into our sample. The same could be true for very young children, because they have to be accompanied by their mothers, who might be unable to leave other children alone at home. Teenagers, who can travel on their own, are frequently seen at Panzi; however, apart from three women of this age, they were excluded from the sample because it was unclear who could legally give consent to the interview.

The victims in this sample displayed a higher average time of formal education and fewer women had never been to school than reported in other samples of rape victims (Omanyondo Ohambe, et al., 2005). The results better match the illiteracy rate of 43% reported by the United Nations Development Programme (2008) for the general female population.

The data confirm the common finding that most rape victims are farmers, as are most women throughout the Eastern DRC. The data further indicate that women from all walks of live can be victims of rape. While it has been hypothesized that women are raped to 'punish' them for taking sides or to humiliate male enemies (Pratt & Werchick, 2004), our findings cannot substantiate that there is a particular group of women, such as women's rights activists or women associated with traditional or local authorities, who are specifically targeted. In particular, only two women reported any connections to armed groups.

As mentioned before, this sample only consists of victims with severe medical complications. It is in so far not representative of all raped women within the Eastern DRC. However, it shares key socio-economic indicators both with the general adult female population and other reports on rape victims.

4.2 Perpetrators' Characteristics

The participants were interviewed in detail about the perpetrators of one specific attack; if they

had been victims on multiple occasions, they selected the attack to be described. The questions focused on the number of attackers, their armament, the languages they spoke, alcohol or substances they might have taken as well as possible hierarchical structures amongst them. Any combatant who belonged to the group of offenders and was present at the time of the rape was counted as a perpetrator in this context, whether or not he committed acts of sexual violence himself.

The victims identified the group of attackers as 'Interahamwe' by the language they spoke, by the way they dressed as well as by the way they acted and were armed. Five women (23%) knew the specific group of perpetrators before and 64% said they could recognize them as 'Interahamwe' by the way they spoke. Interestingly, only one victim said she was sure that the perpetrators were 'Interahamwe' because they were Rwandese.

Exactly half of the victims interviewed were abducted by the perpetrators and spent at least several days with them. It is likely that they are thus able to correctly identify the group. For the other half, we also have evidence that the classification of the perpetrators is correct or mostly correct. We did not insist on differentiating between the several pre-dominantly Hutu groups, though some women could describe the groups in more detail. For example, one woman lived with and identified the perpetrators as from the group 'Début-Début'.

No woman reported that there was a single offender: 32% of the women were attacked by two to four combatants, 18% by five to ten, 14% by eleven to twenty, and 36% of the women were attacked by more then twenty combatants. One woman reported that the group comprised approximately sixty combatants, another woman estimated that she and her community were attacked by about two hundred militia.

Only one woman (4%) reported that the attackers were unarmed, and one other woman was unsure whether or not the attackers carried arms. The remaining participants were raped by armed combatants. Allowing for multiple answers, 77% of the combatants carried pistols, revolvers or rifles, 50% had spears, 45% machetes and / or knives, 41% had hand-held machine guns, 36% grenades, 32% clubs, and another 32% had bows. At least one group of perpetrators carried a rocket propelled grenade launcher (RPG).

Table 1: Weapons carried by perpetrators

Did the attackers carry weapons?	Percentage YES
Yes	91 %
No	4 %
Do not know	4 %
Please, tell me for each of the following weapons, whether or not the attackers were carrying them.	Percentage YES
Pistols / revolvers / rifles	77 %
Spears	50 %
Machetes/Knives	45 %
Hand-held machine guns	41 %
Grenades	36 %
Clubs	32 %
Bows	32 %
RPG (not probed)	4 %

Kinyarwanda was spoken by 86% of the perpetrators; 58% used only this language. Kiswahili was spoken by 27% of the perpetrators and exclusively used by one group (4%). Lingala was spoken by 18% of the perpetrators and one group only used this language. Mashi was spoken by 9%. Two women (9%) did not know which languages the attackers spoke.

In the interviews, 45% of the women believed that some or all of the perpetrators were drunk or on drugs while they assaulted them, 14% did not think so, and 36% did not know. The response from one woman (4%) is missing for this question. Furthermore, the participants were asked, whether someone within the group of the offenders gave orders to the other combatants or appeared to be their superior: 68% affirmed this, 23% said this was not the case, and 9% did not know.

That the interviewed women were victims of whole groups of men is consistent with the cited reports from the Eastern DRC as well as with reports from other armed conflicts and has been described as a strategy of belligerents (Human Rights Watch, 2000; Wood, 2006). From this data it is clear that armed groups practice gang rape. Omoyando Ohambe et al. (2005) found, that 21% of the rapes were committed by a single offender. It could be possible that women who

have been raped by a single perpetrator often do not carry the severe physical wounds seen at Panzi hospital and thus did not enter our study. In fact, one function of gang rape could be to inflict maximum physical damage upon the women and thus to increase the 'mark' left behind.

Additionally, some authors have suggested that gang rapes serve internal group purposes. They could establish hierarchy within armed groups, i.e. the highest man in the hierarchy rapes a woman first and so on. Gang rape might also increase male group bonding through the common experience and be employed to overcome moral barriers through group pressure (Henry, et al., 2004; Wood, 2006). Crucially, the data suggest that armed groups organize and act together to rape civilian women. This practice can hence be described as a deliberate pattern of action. However, to call it a strategy or weapon of war, the motives or aims this is strategy is meant to serve would have to be clarified.

It is striking to note how heavily armed the attackers were during the assaults. Tough it is, of course, little surprising that armed groups carry weapons, it is important to note that they do this on a massive scale while raping women. This is a further indicator that the rapes might be central to the behavior of armed groups. It has been estimated that every FDLR combatant has at least one handgun, and every unit has at least one machine gun and one RPG (Romkema, 2007). Our data confirm that the perpetrators of rape are well equipped and ready to use their arms to terrorize civilians. This, again, is not a phenomenon specific to the violence in the Eastern DRC. World-wide the ready availability of SALW increases the threat of rape in zones of armed conflict (Abdel Halim, 1998).

That 86% of the groups of attackers spoke Kinyarwanda adds strength to our claim that most of the interviewed women were indeed victims of pre-dominantly Hutu groups. Furthermore, the use of multiple languages by almost half of the groups appears to reveal that these groups are ethnically mixed and include combatants of different nationalities. It remains indisputable that language cannot be seen as definite proof of the origin or affiliation of perpetrators. In particular perpetrators, who exclusively speak Lingala are unlikely to be 'Interahamwe'.

Almost half of the perpetrators are thought to have been on drugs or drunk while they raped their victims. Eriksson Baaz and Stern (2008) reported the use of drugs by FARDC soldiers and Omanyondo et al. (2005) have alleged that child combatants are forced to take drugs. Marijuana is grown (possibly in large quantities) in the territory of Uvira by the FDLR (Romkema, 2007).

There are also reports form other conflicts, such as Bosnia-Herzegovina, that women have frequently been raped by combatants who were under influence of alcohol (Folnegovic-Smalc, 1994). To understand whether and how rape is used as weapon of war, it would be crucial to clarify if psychoactive substances serve a specific function within this context. They could, for example, be used to overcome moral barriers, or the substances themselves could be sexually stimulating and foster aggression. In this context it would also be important to know, whether their superiors give combatants drugs or alcohol.

Many women could clearly confirm that there was a hierarchical structure within the group of attackers, i.e. these women could hear someone giving orders or identify one of the perpetrators as being a superior of the others. This observation is highly relevant, because it provides evidence that the rapes are perpetrated as a military activity and are an inherent part of the groups' conduct. It further shows that superiors could be held responsible for the behavior of their groups.

4.3 Characteristics of the Crimes

We have already gained valuable insight into the manner in which armed groups act when they rape girls and women. We recall that they attack in heavily armed, hierarchically structured groups. In addition, we investigated whether the victims perceive the rapes to be strategic and what other crimes are committed simultaneously.

Fully 64% of the victims stated that any woman who is found by an armed group will be raped. These victims believe that there is no specific category of women (like elder women, women in positions of power, virgins, etc.) that is targeted. But 27% of the victims stated that mainly under-age girls are the victims of rape. One woman, or 4%, reported that combatants specifically rape virgins, while another woman said they aim to rape women who live close to the forest.

The interviewed women could choose one location from a list of places, where they believe most women are raped: 68% chose 'bush', 9% 'field', 9% 'house', 4% 'market', 4% 'village'. The response of one woman is missing for this question. It is very important to compare these answers to the data on where the interviewed women themselves have actually been raped; 54% were raped inside their own house, 14% on a road, another 14% in the bush, 9% in a field, 4%

(one woman) in a marketplace and another woman at an unspecified location within a village.

Concurrent with their rape, 64% of the interviewed women were also victims of robbery and 50% were abducted; 64% witnessed that others were abducted; 41% had their house and 32% their field or plot destroyed. Only two women (9%) reported, that no other crime took place when they were raped. Of the women who had been abducted, 18% spent between one and six days in abduction, 23% were held captive between one and eleven months, and 9% for more than one year. No woman was abducted for seven to 30 days.

Table 2: Crimes co-occurring with rape

When you were attacked did any of the following happen?	Percentage YES
Was anything stolen from you?	64 %
Was your or anyone else's house / hut burned down?	41 %
Was your or anyone else's field / plot destroyed?	32 %
Was anyone (other than yourself) abducted?	64 %
Were you abducted?	50 %

Most participants were not the only victim at the time when they were raped; others were also raped as well as robbed, beaten, killed or abducted: 14% reported between one to four further victims; 9%, five to ten more victims; 9%, eleven to twenty; and 41% reported that there were more than twenty further victims, when they were attacked, while 27% reported no further victims. Accordingly, 68% of the victims reported that others saw how they were raped, and 23% stated that others were forced to watch them being raped. In 14% of the cases the victim's husband had to watch; for another 14%, the victims' children had to watch. One husband was forced to rape his wife.

Asked whether the victims believe their rape was planned, 54% responded that this was the case, 27% thought the rape was not planned, and 18% did not know. Two women (9%) reported that they were personally targeted, while 91% believed they were random victims.

The data show clearly that the participants believe that girls and women from all walks of life can be the victims of armed combatants. The interviewed women do not believe that the belligerents target a certain group of women or that they themselves were personally meant to be victimized.

Rather, the picture emerges that any woman at any time can become a victim of rape. From the victims' perspective sexual violence is an endemic characteristic of the conflict, rather than a selectively used weapon. However, more than half of the interviewed women reported that the rapes are planned. Omanyondo Ohambe et al. (2005) even find 70% of the rapes analyzed by them to have been planned. These kinds of data confirm that the violence against girls and women is indiscriminate and could lend support to the idea that it is part of a military strategy.

The same could, however, been said about the many crimes against civilians concurrent with rape. We have seen that rapes rarely happen as isolated offenses, but we have little knowledge about the relationships amongst these different crimes. Put simply, we cannot answer the question: 'Do armed groups rape when they steal or do they steal when they rape?'. Rape victims are often also victims of multiple crimes. Apart from those already named, at least two women from our sample were forced to sexually abuse others. Furthermore, there are also frequently numerous additional victims of rape. This means that rapes indeed often terrorize whole communities. Finally, the large number of girls and women who are abducted must be noted. Most are forced to serve as sex slaves and to fulfill domestic duties. It might be possible that the smooth running of an armed group would be impossible to sustain without these women.

Many reports have pointed out that women 'in the bush' or in their fields are in particular danger of being raped. Longombe, Claude and Ruminjo (2008) have called women working in fields and markets 'easy prey'. This is consistent with the perception of participants, who reported that most women are raped in 'the bush' or in the 'field' (taken together, 77%). In our sample this perception does not actually match reality. While only two of the interviewed women (9%) believed that the most dangerous place for women is their own house, in fact more than half of the victims reported that they were raped inside their own home. It would certainly be worth exploring further the origin of this discrepancy. One reason for it could be, that the participants in our study might have been raped on multiple occasions, but only reported about one specific crime. If most women are indeed raped within their own houses, it would be important to establish how these rapes might relate to lootings.

4.4 Perceived Reasons of Armed Groups to Commit Rape

Finally, the victims where asked what they believe are the motives of the perpetrators. A list was

read to the respondents to ask for the reasons they believe account for the rape they suffered. Again multiple answers were permitted.

Table 3: Perceived reasons for rapes

For what reason do you think you were raped (attacked)?	Percentage YES
to displace me and / or my community	57 %
to instill fear within my community	57 %
to steal	52 %
to transmit diseases (like HIV/AIDS)	48 %
to abduct me and / or others	43 %
to destroy	43 %
to gain or destroy magical power	33 %
to be sexually relieved	29 %
just for fun	19 %
to impregnate me	9 %
to punish my community	5 %
do not know	5 %

In the eyes of most women there were multiple reasons why they were raped. These included strategic purposes as well as opportunistic behavior. To displace communities, instill fear within them and punish them as well as to gain or destroy magical power can be seen as strategic objectives. The first two ranked highest amongst the participants' answers. Fewer women than expected reported that the rapes were to punish their communities. Often the women did not consider their communities to be parties in any way to the conflict.

To transmit diseases (like HIV/AIDS) and to impregnate women could also be deemed strategic objectives of rape. Taken together, 57% of the women thought these were reasons why they were raped. If these are indeed strategic objectives of sexual abuse, the long-term goals behind these strategies need to be clarified.

Another explanation for sexual violence is that it happens within an atmosphere that encourages or allows armed groups to rape women even though rape serves no further purpose. Such opportunistic factors could include combatants raping women when they abduct them or loot their property. Slightly fewer women believed these opportunistic factors were reasons for the rape. However, most women saw both opportunistic and strategic factors as reason for rape.

Furthermore, almost one-third of the women believed the combatants raped them to be sexually relieved and 19% thought they were raped 'just for fun'. Though these explanations were not given as often as others, their frequency is still alarming and points to the enormity of the culture of violence and sexism present in the Eastern DRC. Women themselves are considered a 'lootable resource' (Leatherman, 2007).

5. Conclusion

The main finding of this article is, that in the eyes of the victims the rapes serve a multitude of different proposes and ultimately aim at inflicting maximum pain and destruction. From the victims' perspective it appears, that no particular group of women or girls is signaled out and targeted, but rather, any girl or woman can be attacked and raped at any time. As one participant put it: *"When people start whispering about war, women will be raped."*[9] That is to say for the victims, rape in the DRC appears to be both endemic and indiscriminate.

From the victims' perspective sexual violence is not only a part of the war, it *is* war. Herzog (2009) made a similar observation for war-time rape in general. This might be the main reason, why it was difficult for the participants to attribute any meaning or strategy to sexual violence. Frequently whole groups of civilians are victims of rapes and other crimes. These crimes often take place at the same time. This concurrence makes it more difficult to understand the function of rape, as it cannot be separated from lootings, killings and pure annihilation.

The presented data suggest that the rape of girls and women is a coordinated activity of armed groups. The perpetrators of rapes are heavily armed and militarily organized amongst themselves during their attacks. That both rapes and other crimes against civilians are typically carried out by groups of combatants underscores the fact that these crimes are part of their *modus operandi* and not reserved for particularly cruel or undisciplined individuals. It would be crucial to gain a better understanding of the function gang rape plays in this context. Additionally, the exploration of the, potentially systematic, use of alcohol and psychoactive substances might merit attention.

Time and again testimonies are recorded of girls and women who have been raped in the most

---

[9] Interview 03/02/09 with the woman who was given code 23

brutal ways. These testimonies are of outmost importance, and rightly appeal to the emotions of many. To properly understand the reasons for sexual violence and the different dimensions of these crimes, we furthermore urgently need proper epidemiological data and more structured interviews with both victims and perpetrators. Crucially, we need to investigate, how opportunistic and strategic reasons for rape might interact. There is no question that the human rights of girls and women are violated on a daily basis in the DRC, presenting victims' perspective on this crime, is only a very first step to systematically understand it.

III.

Psychological Rehabilitation of Ex-Combatants in Non-Western, Post-Conflict Settings

Anna Maedl,

Elisabeth Schauer,

Michael Odenwald,

Thomas Elbert

0.   Abstract

Disarmament, Demobilization, and Reintegration (DDR) programs are part of most international peace-building efforts and post-conflict interventions in developing countries. Well over a million former combatants have participated in DDR programs in more than 20 countries; the vast majority of them in sub-Saharan Africa. The impact, however, has remained disappointing.

A significant portion of ex-combatants suffers from severe psychological distress, including PTSD, depression, substance dependence, and psychotic conditions. These individuals are heavily impaired in their daily functioning and are therefore at a high risk for failing to reintegrate into civilian society. This has far-reaching consequences for the process of reconciliation and peace-building within their communities and post-war areas at large. It might even fuel cycles of violence that reach into the next generation.

Psychological components of DDR programs are frequently neither sufficiently specific nor professional enough to address re-integration failure and the threat of continuing domestic or armed violence. This paper presents examples from post-conflict settings, in which specific and targeted mental-health interventions and dissemination methods have been successfully evaluated, including Narrative Exposure Therapy and Interpersonal Therapy. It suggests a comprehensive community-based DDR program, which offers mental health treatment for

affected individuals as well as community interventions to facilitate reintegration and lasting peace.

1. Introduction: Violent Conflicts on a Worldwide Scale

Currently 34 large-scale armed conflicts and three wars are being fought worldwide (Harbom, Melander, & Wallensteen, 2008)). Most of them can be found in non-western countries, and 13 major wars were recorded in the last decade in Africa alone (Harbom & Wallensteen, 2008). The type of warfare has profoundly changed since World War II. So-called 'new wars' (Kaldor, 2004) or 'complex political emergencies' (Ramsbotham & Woodhouse, 1999) mainly take place as internal conflicts in non-developed countries. Warring factions largely rely on irregular forces, forced recruitments, and the use of fear and violence to gain control over the population and to maintain their power within their own fighting forces. Crimes against humanity, like mass rape, mutilations, and torture are not an exception, but a deliberate strategy in this context. As a result, the social and economic bases of whole regions are completely destroyed and millions of people are displaced. The United Nations High Commissioner for Refugees (2008) estimates that by the end of 2007, about 42 million people had fled their homes from violent conflict.

Furthermore, internal conflicts in developing countries tend to be repetitive phenomena, involving neighboring countries in a downward spiral that leads to the continuous suffering of whole regions. Research on the causes of repeated civil war outbreak and duration has identified poverty as one of the main conditions (Collier, 2003; Hegre & Sambanis, 2006). The breaking of the conflict trap is a common theme in current political science and, like the deployment of international peace forces, Disarmament, Demobilization, Reintegration (DDR) programs are tools in this context to prevent re-recruitment of former combatants, to stabilize a country, and to enable peaceful development (Collier, 2003).

For peace building and post-conflict rehabilitation in developing countries, the importance of the individual's transition from active war participation to civilian life cannot be underestimated. Post-conflict countries are faced with enormous economic problems, which, for the majority of its inhabitants, translate into a daily struggle to meet basic needs. This is a major challenge for ex-combatants, who have to reintegrate into civilian societies.[10] It is even more difficult for the large

---

[10] While in western countries, the term 'readjustment' is frequently used to describe this transition process, the term 'reintegration' is used in the international context.

number of those who suffer from war-related psychological disorders, which may seriously impair social relations and the ability to work. The 300,000 child soldiers, who are thought to be deployed in these wars (United Nations Children's Emergency Fund, 2008), and others who were forcefully drafted or were driven to join armed forces by poverty, present an urgent humanitarian call to attend to their plight.

Within currently implemented programs, the focus on the rehabilitation of individuals is still weak, compared to the societal, macro-economic, and political perspective of stabilizing a country or region. The metaphor of the 'trauma membrane' (Martz & Lindy, 2010) helps us to understand how communities and individuals struggle to cope with experienced war-stressors, in order to manage daily survival in a harsh environment, and how wounds often do not heal under the thin surface of re-established 'normality.'

1.1 Realities of Ex-combatants in Countries Affected by Civil War

In countries and regions suffering civil war and violent conflict, about half of the ex-combatants participating in DDR programs belong to rebel movements or irregular forces (Caramés, Fisas, & Luz, 2006) and have served in them for many years of their lives. Although political motives are frequent, ex-combatants often became members of an armed group either because of ethnic relations or in an attempt to earn an income. In some wars, abduction and forced drafting lead to a high number of persons who did not voluntarily become members of an armed group. At the time when individuals enter their first war-arrangement, they are often below the age of 18 and qualify as child soldiers. Furthermore, ex-combatants are not only single individuals: behind each person who carries a gun, there are usually family members who live together with the combatants in bush camps. During ongoing conflict, combatants and their dependents face situations of hunger, as well as lack of medical assistance and schooling for children. After the end of the conflict, the basic needs of former combatants and their families rarely are secured. Social-welfare systems (e.g., health insurance, welfare benefits, etc.) are often inexistent or inaccessible to former combatants (e.g., because of their status or ethnic background). Further, most returning ex-combatants have no or little access to housing, schooling, vocational training, and medical assistance. They struggle to meet their basic nutritional needs, while the post-conflict communities in which ex-combatants re-settle, often offer no job or economic opportunities other than subsistence farming, if agricultural land is available. Many former combatants have no

61

or little education or professional training, but are accustomed to use their weapons to generate income (Arnold & Alden, 2007). Furthermore, former combatants are likely not to have 'home' communities to which they can return, because they themselves and their families might have lived for decades or for their whole lives in typical war arrangements, such as refugee- or IDP camps or non-permanent bush settlements of warring factions. Furthermore, in most post-conflict countries, the general population faces the same harsh conditions as the returning ex-combatants.

In order to facilitate peace agreements (i.e., to convince combatants that they will somehow benefit from handing in their guns) and post-war stability (i.e., to avoid the dissatisfaction that can cause former combatants take up their guns again), DDR programs were established. However, tension arose were certain assistance was restricted to ex-combatants, because civilians had the same needs that were not addressed.

1.2 Disarmament, Demobilization, and Reintegration Programs

Since 1989, Disarmament, Demobilization, and Reintegration (DDR) programs have taken place in the course of international peace-building and post-conflict interventions in developing countries, in order to support war-to-peace transition processes (Kingma, 2000a). DDR is also referred to as DDRR (Disarmament, Demobilisation, Repatriation/Reinsertion, and Reintegration), and as DDRRR or DD-triple R (Reconstruction, Rehabilitation, and Reintegration) or as D & R (referring to all the 'D's and'R's named). To keep confusion to a minimum, we use the original term "DDR" to refer to all *programmed* steps in the combatant-to-civilian transition process. In 2005 alone, over a million individuals participated in DDR programs in 20 countries; the vast majority of them were in sub-Saharan Africa (Caramés, et al., 2006). The largest single donor of such programs is the World Bank, while several western states and the European Union also make significant contributions. In 2005, this amounted to about 1,900.00 million U.S. dollars spent on DDR for about 1,129,000 beneficiaries, who participated in DDR programs (Caramés, et al., 2006).

DDR programs have a number of classical steps that are implemented by international agencies, in cooperation with national bodies (e.g. a demobilization commission) and NGOs. The typical first steps are to collect the combatants' weapons (disarmament), to gather the combatants in

encampment areas and formally discharge them from their fighting unit (demobilization), and finally to settle them in selected communities with the aim to re-engage them in civil life (reintegration). Repatriation specifies the process whereby former combatants are brought back to their countries of origin, when warring factions have crossed international borders. When ex-combatants are transferred to their new communities (i.e., reinsertion), they usually receive a 'starter kit' with essential tools and items (e.g., a hoe, soap, cooking pan, and blanket) and/or a cash payment to support them in their first weeks and months of living as a civilian. Sometimes, in these first months or during the encampment phase, ex-combatants are offered reintegration programs that especially aim at building up an economic base for the individual.

Reintegration has been defined as "...the process whereby former combatants and their families are integrated into the social, economic, and political life of civilian communities..." (Knight & Ozerdem, 2004). Reintegration refers to a number of typical program tools that are designed to help former combatants and their families start such a civilian life. They usually include training opportunities, such as vocational training courses, rural reintegration components, micro-credit schemes, integration into government forces, or pension schemes for elderly or beneficiaries with disabilities. Up to today, the reintegration component in DDR remains the weak point (Mogapi, 2004), due to a number of reasons. First of all, reintegration is part of the overall process of conflict transformation and reconciliation, which is needed after a large-scale violent conflict. It is thus interwoven with the countries' overall societal and economic recovery. While the success of a DDR program might depend to a large extent on these two processes, these processes cannot easily be influenced by DDR itself (Ayalew, Dercon, & Kingma, 2000; Kingma, 2000a). Furthermore, reintegration is a long-term endeavor, which requires a long-term commitment, financial and otherwise, by the donor community and DDR agencies (also see "Brahimi Report"; United Nations, 2001). Finally, a number of factors, and especially mental health problems, can impair individuals' reintegration success (Kingma, 2000a). Typically, child combatants, female veterans, or ex-combatants with disabilities, have a particularly high risk to be left out or marginalized by international programs in the reintegration process (Colletta, Boutwell, & Clare, 2001). They are especially vulnerable for reintegration failure. Only in recent years, the needs of these vulnerable groups and the fact that ex-combatants in post-conflict countries suffer from psychological problems have been recognized. The acknowledgement that many of them are unable to profit from standard reintegration tools, due to severe psychological distress, daily malfunctioning, and gender-based discrimination, led to the inclusion of special program steps for this group.

2. Mental Health of Ex-Combatants in Post-Conflict Settings

Currently, there is very little empirical information on the mental health of active and former combatants in countries affected by armed conflict and organized violence. However, increasing evidence suggests that years after the end of a war, a large proportion of former combatants is impaired in their every day functioning, due to war-related psychological disorders. For many, the psychological wounds of war actually never heal, but get even worse over time or lead to a breakdown in a severe psychiatric disorder and in dysfunctional behavior. As summarized below, trauma-related disorders are common and, in combination with drugs, may lead to a spiral of worsening conditions.

For example, in a large cross-sectional household survey involving 4854 randomly selected persons of the general population of Hargeisa, Somaliland, we found that 12 years after the end of the liberation war and 6 years after the last fighting, 16% of the ex-combatants were severely impaired by complex psychological suffering, mostly severe psychotic disorders intermingled with drug abuse, trauma-related disorders, and emotional problems (Odenwald, et al., 2005). In most cases, uncontrollable behavior, like aggressive outbreaks, led to the situation that helpless family members had chained them for years to concrete blocks or trees in their compounds or that they had ended up in prison. Among the male adult population, we compared former combatants with civilian war survivors and persons who never had been confronted with war (i.e., those who managed to flee abroad before the war). The 8% rate of male civilian war-survivors with severe mental disabilities was only half of that of male ex-combatants, and reached less than 3% in those without direct war exposure ($p = .007$). Most ex-combatants had never received adequate medical treatment for a sufficient period of time. We believe that this study shows an end point of the post-war mental decline for the subgroup of the most severely affected persons, in addition to a sizeable group of less affected individuals, e.g., those who maintain a certain degree of functioning despite war-related problems such as PTSD or major depression disorder. These two disorders, in combination with substance abuse/dependence, are generally considered the most frequent consequences of war-related traumatic experiences.

PTSD involves 3 clusters of symptoms: (1) unwanted memories in the form of intrusions, like flashbacks and nightmares; (2) avoidance of reminders of the traumatic event, which includes feeling of numbness (avoidance of bodily reminders); (3) permanent readiness to initiate an alarm response, resulting sleeping difficulties, alertness, and hyper-reactivity. Further somatic

symptoms, like tension headache, are very common. A few studies demonstrate prevalence rates between 16 and 60% of PTSD among different groups of former combatants in post-conflict countries (Bayer, Klasen, & Adam, 2007; Johnson, et al., 2008; Odenwald, et al., 2007; Okulate & Jones, 2006; Seedat, le Roux, & Stein, 2003). In reintegration programs, ex-combatants with PTSD are considered a particularly problematic group, because they have difficulty in concentrating, are easily hyper-aroused, aggressive, and unable to establish and maintain social and intimate relationships (Mogapi, 2004). Among civilian survivors of war, PTSD prevalence rates are usually somewhat lower than among ex-combatants. In a large household based survey ($N = 3323$) in the West Nile, some of us (Karunakara et al., 2004) estimated the population prevalence of PTSD to be 48% in Southern Sudan, 46% for Sudanese refugees, and 18% for West Nile Ugandan nationals. De Jong, Scholte and colleagues (De Jong, et al., 2001; De Jong, Scholte, Koeter, & Hart, 2000; Scholte, et al., 2004) found that 37 % of the civilian respondents fulfilled the diagnosis for PTSD in Algeria, 28 % in Cambodia, 18 % in the Gaza, and 20 % in Eastern Afghanistan.

The experience of one or a few traumatic events is usually not sufficient to elicit a PTSD (Kolassa, et al., 2010). However, the likelihood of suffering from this disorder increases with each traumatic event that one experiences in one's life (Mollica, McInnes, Poole, & Tor, 1998; Neuner, Schauer, Karunakara, et al., 2004; M. Schauer, et al., 2003; Steel, Silove, Phan, & Bauman, 2002). Our group (Neuner, Schauer, Karunakara, et al., 2004) found that there is a strong correlation between the cumulative exposure to traumatic stress and PTSD prevalence: in refugees who report more than two dozen traumatic events, the prevalence reaches 100%. This dose-effect relationship of cumulative exposure makes ex-combatants and other persons living in areas of ongoing conflict or instability a highly vulnerable group, as they are exposed to a high number and remarkable diversity of traumatic stressors. Furthermore, studies from western countries, such as with WWII veterans or political prisoners, found that PTSD has a high long-term stability - up to 40 years after the trauma (Bichescu, Neuner, Schauer, & Elbert, 2007; Bichescu, et al., 2005; Lee, Vaillant, Torrey, & Elder, 1995).

Table 1: PTSD and depression rates in different samples of (ex-)combatants in non-western post-conflict countries.

Country	Conflict[11]	Study	Group	Represen-tative?	N	% PTSD	% MDD
Nigeria	ECOMOG missions 1990 - 1994	Okulate & Jones, 2006	Veterans with traumatic experiences receiving in-patient treatment	No	878	22%	Not assessed
Northern Uganda	Internal violence since 1986	Ertl et al., 2007	Former child combatants	No	40	12%	2%
Eastern DRC, Uganda & Rwanda	Civil and international war	Bayer et al. , 2007	Former child combatants	No	169	35%	Not assessed
South Africa	Ongoing peacekeeping duty	Seedat et al., 2003	*Active* soldiers of the South African National Defence Force	No	198	26 %	17 %
Somalia	Civil war 1988-1991	Odenwald et al., 2007	Veterans on government payroll	No	62	16%	Not assessed
Mozambique	Internal and cross-border war 1976 - 1992	Boothby, 2006	Child soldiers	No	39	Widespread psychological distress reported, no DSM diagnosis	
Liberia	1989 – 2004 civil and international war	Johnson et al., 2008	Former combatants	Yes	549	57 %	52 %

Though PTSD is the most extensively-studied psychological consequence of war, it is clearly not the only one. Often survivors also suffer from depression, suicidal ideation, drug abuse/dependence, and other anxiety disorders (Baingana & Bannon, 2004; Bhui, et al., 2003; Bichescu, et al., 2007; Bichescu, et al., 2005; Catani, Jacob, Schauer, Kohila, & Neuner, 2008) or

---

[11] Conflict to which study relates

psychosis (Davidson, Hughes, Blazer, & George, 1991; Odenwald, et al., 2009), as well as numerous medical conditions (Boscarino, 2006; Neuner, et al., 2008). Ex-combatants with PTSD have usually a higher prevalence of these co-morbid disorders than others who have survived the war theatre (Keane & Kaloupek, 1997; Kulka, et al., 1990; Lapierre, Schwegler, & Labauve, 2007), and this seems to be the case in all war-related scenarios investigated (Boscarino, 2006; Johnson, et al., 2008; Odenwald, Lingenfelder, et al., 2007). Although not fully understood, there is some evidence that the development of major depression and other psychiatric disorders after an exposure to a traumatic event is not independent of PTSD (Breslau, Davis, Peterson, & Schultz, 2000; North, et al., 1999; Prigerson, Maciejewski, & Rosenheck, 2002).

Drug use and abuse often develops as a means of coping with PTSD (Chilcoat & Breslau, 1998; Shipherd, Stafford, & Tanner, 2005); this is also the case in war-torn countries (Maslen, 1997). Gear (2002) notes that substance abuse can be seen as a way to escape the emotional burden associated with extreme poverty and unemployment, at the same time as being an attempt to cope with trauma-related symptoms, that is, as a form of self-medication. In several samples of Somali (ex-)combatants, we found that those with PTSD use more drugs, especially those who indicate that drug use helps to forget stressful war-experiences (Odenwald, et al., 2009, 2007a, 2007b). The main drug (ab)used in Somalia are the leaves of the khat shrub that contain the amphetamine-like cathinone. In these studies, we clearly demonstrated that PTSD led to higher khat intake and this, in turn, led to a higher risk for the development of psychotic symptoms such as paranoia.

In summary, the response to war-related trauma by ex-combatants in countries directly affected by war and violence is complex and frequently leads to severe forms of multiple psychological disorders.

2.1 Psychological Malfunctioning and Reintegration Success

From the data presented above, it is evident that large numbers of ex-combatants suffer from psychological conditions with different levels of severity, causing a varying degree of impairment in functioning on a daily basis. It can also be assumed that the chances of successful reintegration into the wider community are severely jeopardized by psychological consequences of war and violence.

2.1.1 Difficulties at the Level of the Individual

Psychological malfunctioning means for many ex-combatants that they are unable to take care of themselves and/or provide for their families, to establish and sustain social relationships, or to contribute to income-generation. Savoca and Rosenheck (2000) found for U.S. veterans that substance abuse as well as PTSD, anxiety disorders, and major depression are associated with significant negative effects on employment: U.S. veterans with these disorders were less likely to be employed and if so, earned significantly less. Prigerson et al. (2002) found that combat exposure itself has a direct negative effect on employment, which was not mediated by a psychiatric condition.

Employment possibilities are already very scarce in post-war societies, and Heinemann-Grüder, Pietz and Duffy (2003) and Gear (2002) report that finding a job is even more difficult for ex-combatants. Mogapi (2004) reports from the South African DDR program that ex-combatants, who suffer from trauma spectrum disorders, have noticeable difficulties on the job, such as concentration problems and aggressive reactions in difficult situations, which eventually lead to job loss. In turn, the situation of unemployment can cause feelings of helplessness and thus aggravate symptoms of depression. High rates of unemployment are common in post-war societies and thus, it would be unrealistic to expect the creation of thousands of jobs for ex-combatants in the framework of rehabilitation programs. It is therefore all the more important to not only facilitate the development of ex-combatants' professional skills, but help them become psychologically fit, in order to compete in the job market and to gain the ability to bear set-backs. Thus, psychological rehabilitation efforts in DDR programs are mandatory, in order to reduce clinically significant suffering and to remedy dysfunctional behavior, and thus to allow ex-combatants to become pro-active and full civilian members of society.

2.1.2 Difficulties at the Level of the Family and Community

U.S. veterans with PTSD display increased impulsive aggression towards their intimate partners (Byrne & Riggs, 1996; Jakupcak, et al., 2007), as well as strangers (Begic & Jokic-Begic, 2001; Silva, Derecho, Leong, Weinstock, & Ferrari, 2001). In addition, increased alcohol consumption has been shown to increase physical violence (Savarese, Suvak, King, & King, 2001). Findings on the relationship between alcohol abuse and inter-family violence amongst civilians in Sri Lanka

indicate a significant link between fathers' alcohol intake and maltreatment towards their children (Catani, Schauer, & Neuner, 2008). Our research has shown patterns of high psychological disorders in parents and children of survivors of the conflict in North-Eastern Sri Lanka. A significant finding in this data set is the highly elevated rate of family violence to which these children are exposed. In our sample in Afghanistan, we found a similar pattern of increased post-war violence in the family, which presents additional adverse factors of vulnerability (Catani, Jacob, et al., 2008; Catani, Schauer, et al., 2008).

On the communal level, the reintegration of ex-combatants is a reciprocal process that happens within the host communities where the former fighters are settled. The attitudes of the host communities towards the ex-combatants are of particular importance for reintegration success (Kingma, 2000a). In some cases, because of assumed or actual abusive violence that combatants have perpetrated against civilians during war times, the attitudes of host communities towards former combatants are negative. Psychiatric distress and malfunctioning, especially when expressed as outward aggression, irritation, or acting out of intrusions (e.g. flashbacks, dissociation) further exacerbate ex-combatants' difficulties in reintegrating into communities and the wider society. Ex-combatants, who are suffering from psychiatric distress, might face double stigmatization for having engaged in combat and for being noticeably psychologically affected. In the United States, attitudes of the home environment were found to have a high impact on the ex-combatants' ability to cope with war and trauma and the subsequent development of psychological disorders. This effect has been conceptualized as 'home-coming reception' (Fontana & Rosenheck, 1994; Johnson, et al., 1997).

Individuals belonging to a faction that was very abusive towards civilians during the civil war in Sierra Leone had a significant negative effect on reintegration (Humphreys & Weinstein, 2005). However, the impact of psychological problems was not measured. One common fear of local communities is that newly arriving ex-combatants might engage in criminal activities. Collier (1994) showed that in rural Uganda, those communities, in which ex-combatants had no access to land where they could grow food, were affected by a short period of increased criminality after the arrival of demobilized ex-combatants.. This result should implicate that reinsertion assistance to ex-combatants is important for the integration into communities. This assertion is supported by other reports that indicate that unemployed demobilized ex-combatants turn to criminal activities, such as drug trafficking, in order to survive (United Nations Office for Drug Control and Crime Prevention, 1999).

Social isolation and the formation of ex-combatants as a distinct civilian sub-group are consequences of the combined effects of factors, which include host communities' negative attitudes towards ex-combatants and the ex-combatants' psychological problems causing difficulties in social interaction. Hagman and Nielsen (2002) warn that when ex-combatants see themselves as such a distinct group, their reintegration is further impeded and might cause them to continuously call for special benefits and economic support, which in turn provokes envy and the feeling of injustice among the civilian population (i.e., that former 'perpetrators' receive benefits while the former 'victims' are left without support). Furthermore, the risk of re-recruitment is high when ex-combatants fail to reintegrate economically and socially into their new host communities.

In war-to-peace transition periods, economists point towards the 'peace dividend', which refers to the additional growth of the national economy when a war finds its end. While this is mostly associated with increased influx of external aid money and the reduction of the defense budget, it should also contain the new economic activities and energies that come from individual and collective actors, who have previously engaged in the war and its economy. When a large number of former combatants and of civilians are affected by war-related psychological problems, however, the opportunity to initiate substantial economic development, and thus increase the standard of living, might be substantially reduced.

In sum, the social and traumatic stress caused by war and violence has severe negative impact for the reintegration of ex-combatants on several levels. Rehabilitative efforts on all related levels are needed to increase the successful reintegration of former combatants into civil society.

2.2 War-related Stress and the Cycle of Violence

The extent and duration of many conflicts, as well as the repeated occurrence of mass violence in certain regions, suggest that large-scale violence occurs within cycles. The risk for new conflicts has been found to be higher in regions with a history of recent conflict, compared to regions that benefited from peace and stability for many years (Collier, 2003). Opportunity factors, like the availability of weapons, cannot fully explain this relationship; rather, psychological and societal consequences of war have to be taken into account. Where ex-combatants fail to reintegrate into society, the consequences are far reaching for the entire post-conflict region (Keen, 2008). It is

well-known that good economic and societal conditions and the participation of large parts of the population as active members of civil society are important for political stability and peace.

A most likely, but largely unstudied, driver of the cycle of violence might be the detrimental impact of massive violence on individuals' psychological functioning and the related social dynamics and consequences for communities. Reconciliation and peace-building might be impeded or blocked by the psychological problems of a critical mass of individuals. In particular, large-scale violence may cause distorted patterns of emotional and cognitive processing, which might feed into further violence. War-related severe stress, even though transient, indelibly changes an individual on various levels (Elbert, et al., 2006). On a cognitive level, traumatic experiences shatter the most fundamental beliefs about safety, trust, and self-esteem, which lend instability and psychological incoherence to the individual's internal and external worlds (Janoff-Bulman, Berg, & Harvey, 1998). As a consequence of a shattered belief system, the world is perceived as basically unsafe, frightening, and evil. Victims feel weak, dependent, and without the control and competence that is vital for the psychological and cognitive coping with the environment.

Furthermore, war-related psychological stress has a profound impact on individuals' view on reconciliation and feelings of revenge. Bayer et al. (Bayer, et al., 2007) showed that former Ugandan and Congolese child soldiers with PTSD were less open to reconciliation and had more feelings of revenge than former child soldiers who did not suffer from PTSD. A recent epidemiological survey in Rwanda (Pham, Weinstein, & Longman, 2004) also confirmed a relationship between exposure to traumata, PTSD, and specific attitudes towards violence and reconciliation: Respondents with PTSD were less likely to trust the community and socially interact with other ethnic groups. In former Yugoslavia, Basoglu et al. (2005) also found that PTSD severely impedes processes of reconciliation and reintegration: War survivors, who were exposed to war-related traumata, displayed stronger emotional responses to perceived impunity of those held responsible for the trauma, including anger, rage, distress, and desire for revenge, than those who did not experience war. Moreover, traumatized survivors showed less belief in the benevolence of people and reported demoralization, helplessness, pessimism, fear, and loss of meaning in and control over life.

Although unstudied, individuals with PTSD might be especially vulnerable to accepting simplistic models of 'good versus bad,' a black and white worldview, which is a known cognitive distortion.

First support of this idea has been reported by our group in interviews with former child-soldiers, who had been formerly abducted by the Ugandan Lord's Resistance Army (Glöckner, 2007) . We found that children's identification with the armed group was stronger the more time they spend in abduction; time spent in the bush was also a predictor for psychological suffering.

Furthermore, there is evidence that traumatic experiences not only affect the individual, but can also be transferred to the next generation. For survivors of organized violence such as the Jewish Holocaust in Germany or the Turkish-Armenian genocide in the early 1900s, the impact of traumatization was evident even in the second and third generation (Rowland-Klein & Dunlop, 1998; Shmotkin, Blumstein, & Modan, 2003; Sigal & Weinfeld, 1987; Sorscher & Cohen, 1997). However, there is a lot of controversy around these hypotheses (Kellermann, 2001; van Ijzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). Also, the transgenerational influence of trauma on reconciliation and the feelings of revenge has not yet been studied, except some reports on psychological distress in children. Daud et al. (2005) showed that children of torture survivors presented with attention deficiency, anxiety symptoms, as well as non-adaptive behavior, and depressive and post-traumatic stress symptoms. Similarly, Yehuda et al. (2008) emphasizes that the transgenerational transmission of trauma cannot only manifest in PTSD symptoms, but in depression and other disorders, such as anxiety and substance abuse. However, understanding the mechanisms of transgenerational transmission of trauma-related psychological disorders requires further research.

The bodily and cerebral alterations caused by repeated frightening and life-threatening experiences may become engrained in the genetic regulation: epigenetic factors that regulate the potential for anxious behavior and its inhibition may be set during pregnancy in the off-spring, if the mother was confronted with chronic stressful or life-threatening events. The structure and functioning of the brain, including the immunological and hormonal stress-response systems of the offspring, seem to be tuned to a mode of 'survival preparedness'. Once a distinct epigenetic pattern has been set, it may persist across future generations, even if they develop under safe conditions (Meany & Moshe, 2005).

In summary, research suggests that the psychological consequences of organized violence will obstruct post-war recovery and feed into new cycles of violence for current and future generations.

3. Attempts to Cope with Psychosocial Problems in DDR

Today, most DDR programs aim to address vulnerable groups, as well as the mental health of all DDR participants. The table in the appendix covers six major DDR programs, which taken together account for two-thirds of all beneficiaries in 2005 (Caramés, et al., 2006). All these programs had separate components for people with disabilities, female, and under-age ex-combatants. Only Eritrea did not demobilize child-soldiers, because the DDR program focused on its own army, and Liberia did not have a special program for ex-combatants with disabilities. Other programs, however, which did have components for people with disabilities, did not always recognize severe psychiatric conditions as a disability. All programs offered psychosocial modules.

Most programs include some form of programmatic responses to the ex-combatants' inability to make use of the standard reintegration tools, such as using pension schemes or increased monetary support in the reinsertion or reintegration phase for those with disabilities. In most cases, the additional benefits granted to ex-combatants with disabilities are typically not sufficient to provide for sheer survival. In countries where the general population lives in extreme poverty, the assistance paid to ex-combatants is typically not thought to put them in a better economic position.

Psychosocial counseling is often implemented in the context of DDR. This refers to a 'talking intervention' by specially trained staff ('counselor' or 'therapist') to assist individuals or groups of individuals ('clients') by listening to their problems, providing emotional support, and giving information. Typical topics for counseling are orientation talks to prepare for periods of transition (e.g., career change), HIV/AIDS, managing one's DDR benefits or even psychological problems, like PTSD or drug abuse.

3.1 Vulnerable Groups

Some groups of beneficiaries are considered especially vulnerable because they have a higher burden and worse starting conditions in the reintegration process. Usually, the following groups are treated with special attention within DDR programs: former child combatants and

abductees[12] (Kingma, 2000b; Verhey, 2001), female ex-combatants (De Watteville, 2002), as well as ex-combatants with disabilities, like those with physical or psychiatric disorders (Ayalew, et al., 2000; Bieber, 2002; Ejigu & Gedamu, 1996; Gear, 2002; Mehreteab, 2002; Mogapi, 2004).

In most DDR programs, resources are very limited. The emergency character of DDR leads to support structures, which are often designed as temporary institutions; although services to support the rehabilitation and reintegration of vulnerable groups are needed with a long-term focus (Colletta, et al., 2001). Such programs and services are even more necessary, because in most resource-poor countries, the majority of the civilian population is equally in need of psychological rehabilitation support, and adequate national mental-health services and structures are missing. Although it is frequently recommended to link emergency interventions to long-term socio-economic development measures, most DDR programs do not manage to cross short- and medium term perspectives. Annan, Blattman and Horton (2006) suggest a shift in attention from large-scale programming to programs for the most vulnerable groups, while Caramés (2006) estimates that only 1 – 5% of DDR budgets is allocated to children, women and persons with disabilities all together.

3.1.1 Child Combatants and Children Associated with Armed Groups

International organizations estimate that about 300,000 children and adolescents (under the age of 18) are abused as child soldiers on a world-wide scale. Children are recruited by 'regular' armies or abducted by irregular armed groups for a multitude of tasks and/or they are dependants of combatants. While some are forced to take part in combat, others have to work as messengers, domestic servants, carriers of heavy loads, and/or sexual slaves. When children are recruited or abducted at a young age into rebel groups or military structures, their natural, healthy development will be impaired and a multitude of physical, psychological, and mental problems will result. Furthermore, early recruitment prevents the young from regular schooling and training, learning social rules and norms, building peer networks, and acquiring the skills for healthy, intimate relationships. Although the UN principles on children associated with armed forces, known as the Paris Principles (United Nations, 2007a), clearly demand specialized psychosocial care for children at all stages of the DDR process, the current approaches in reality

---

[12] To avoid stigmatization and the exclusion of children who might not have carried a weapon, the literature also refers to this group as 'children associated with fighting forces' or 'formerly abducted children.'

focus on brief vocational training, family tracing, and reunification. It is often assumed that if a child lives with his or her family again, the psychological wounds will automatically heal. This is, however, not the case for many children who suffer from severe mental distress and are in need of specialized care (Annan, et al., 2006).

Box 1: Case Study-- Uganda

Since more than 20 years, the conflict in northern Uganda between the LRA (Lord's Resistance Army) and the Ugandan government led to thousands of deaths and the internal displacement of about 1.6 million civilians. An estimated number of 25,000 abducted children were involved as forced fighters, porters and sex slaves on the side of the rebels. Annan et al. (2006) found in their Survey for War Affected Youth in Uganda that about one quarter of the children and youth in northern Uganda, whether formerly abducted or not, suffered from high levels of emotional distress. In most of the formerly abducted children in Uganda, PTSD is accompanied by signs of depression, substance abuse, as well as severe personality and developmental disorders (Amone-P'Olak, 2005; Derluyn, Broekaert, Schuyten, & De Temmerman, 2004; Magambo & Lett, 2004).

In a large research project by the international NGO vivo and the University of Konstanz, Germany, (Biedermann, 2007; Glöckner, 2007), the PTSD-prevalence rate reached 12.5% in reception centers, a major depressive episode was diagnosed in 2.5%, and suicide risk was present in 17.5% of the 40 interviewed formerly abducted children. Nevertheless, there were strong hints that a full-blown picture of PTSD might emerge in many of the children after having left the reception center, once they were reintegrated back in the community. Therefore, a trauma-focused treatment, namely Narrative Exposure Therapy (NET) was initiated for formerly abducted children with PTSD diagnosis, as well as abductees not presenting with a diagnosis. Expert follow-ups after three months and one year revealed very positive effects of NET in reducing the PTSD symptom-load in formerly abducted children with PTSD. Furthermore, a randomized, controlled prevention-trial showed the tendency that NET is even capable of reducing sub-syndromal PTSD symptom-load, suggesting a preventative effect. These results confirm that thorough, high-quality screening is the key to identifying former child soldiers with PTSD, as well as sub-syndromal cases at high risk for developing PTSD.

3.1.2 Women

Only in recent years, women were included in DDR programs. Women, who are associated with armed groups, are either female combatants (although they are often a small group), dependants of male combatants, or abducted women kept in slavery. The women (both combatant and non-combatant) assume domestic duties in the group, and many are forced to serve as wives or sexual slaves. Because many women are abused and raped by armed forces, such as in the Eastern DRC, special support programs outside DDR have begun to emerge. Returning women, who are perceived to have had sexual relations with other combatants - whether by force or by voluntary choice - and/or who bring back children from such encounters belong to the most stigmatized group of survivors. In many non-Western cultural settings, they are unable to get married or find a new supportive partnership, within which to bring up their children in civilian life.

It is important to understand that for female ex-combatants, demobilization is often linked to a change in their gender-role and identity, which is accompanied by a loss of decision-making power and self-sufficiency. Though many female combatants suffer sexual abuse (Engdahl, de Silva, Solomon, & Somasundaram, 2003), they are at the same time freed from patriarchal gender roles to a certain degree (United Nations Development Programme, & United Nations Population Fund, 2006). After they leave their fighting faction, many women ex-combatants settle in urban centers to escape pressure from their families and communities to once again fit into discriminatory roles (Mehreteab, 2002). Unfortunately, this often alienates them further from society and frequently leaves them in poverty and socially isolated, which once again acerbates the psychological problems caused by organized violence. Women combatants need special reintegration tools, which take into account that they have to make their living in a society that most definitely will discriminate against women. To date much has been written about and little has been done in taking gender-differentiated needs in DDR seriously (De Watteville, 2002). Particular attention has to be paid to women ex-combatants and victims of sexual violence and/or gender-based violence. Furthermore, cultural attitudes towards widows and culturally appropriate ways of respecting and seeking the views of women have to be developed.

Please see next page for case study Angola.

3.1.3 People with Disabilities and the Elderly

After the end of an armed conflict, there are usually large numbers of people with disabilities or elderly ex-combatants, who are not able to survive on their own. In the course of demobilization, they typically lose their means of living, such as salary and group membership first, because armed groups have an interest in discharging this group of persons quickly. Due to their disability or age, they might not be able to participate in standard reintegration programs. Nowadays, the standard intervention for people with disabilities or elderly ex-combatants is to offer additional payments, such as pension schemes or compensation payments. Often DDR programs do not have the financial resources to address the disability itself, such as offering treatment or rehabilitation. Less severe cases can profit from counseling opportunities, but the solutions for the most severe cases are usually unsatisfactory. A referral service to adequate medical treatment or counseling services is in most cases absent. This is also true for the local civilian population of landmine survivors and war-wounded individuals.

Furthermore, a referral to services requires an actual functioning and accessible national health-sector; because of the destruction of infrastructure and limited government budgets, these services are only very limited. One suggestion is to closely link DDR to development programs, especially because not only former combatants, but also civilian war survivors are in great need

for such services. At the same time, international organizations have to be aware that war factions might misuse DDR to get rid of their least-fit militias and their obligation to care for them.

Box 3: *Case Study—Somalia:*

In Northwest Somalia, the German Technical Cooperation (GTZ) was successfully implementing a reintegration project for former combatants from 1994 to 1996, when it was interrupted by the outbreak of violence. In April 2000, a new initiative started and was managed by GTZ International Services (GTZ IS). During the implementation of the DDR project activities, it became clear that a significant number of security personnel, who were selected to be demobilized, presented with physical and/or mental impairments. In 2002, the NGO vivo was contracted by GTZ IS, at first, to train local staff to reliably identify potential beneficiaries with mentally disturbances in order to exclude them from the pilot program activities. In the course of several consultancies, the original assignment was extended to the development of guidelines on how to deal with beneficiaries, who were mentally affected, within the pilot DDR activities.

Studies conducted on Somali ex-combatants found that the group, who were severely mentally affected, could hardly be integrated into civil life by applying standard DDR tools: about one-third of Somaliland's armed personnel, who were at that time on government payroll, suffered from PTSD, depression, and other psychological problems. In addition, a total of 16% of all former ex-combatants, on government payroll or not, suffered from severe forms of mental illnesses (mostly psychosis) with complete impairment of daily functioning; psychotic disorders accounted for about 80% of these cases (Odenwald, et al., 2005). Furthermore, addiction explained why many ex-combatants failed to successfully participate in standard reintegration (M Odenwald, et al., 2002).

As a response to the needs of this group of ex-combatants, the program piloted additional components, like the treatment of Narrative Exposure Therapy (NET), to reduce war-related traumatic symptoms by trained local project staff. Making use of the strong sense of kinship in Somaliland, caretakers of the most severely psychologically disturbed beneficiaries were invited to participate in the reintegration program, and a traditional religious ceremony was conducted, in order to ensure that they continued to care for their impaired ex-combatant relatives in the future.

3.2 Absence of an Evidence Base

The major problem with psychosocial tools in DDR programs is that they are usually ill-defined and there is very little evidence of their impact and efficacy. The overall hypothesis is twofold: that DDR programs improve the reintegration success and compensate for the disadvantages of disability. However, no empirical study to date has been conducted to scrutinize the postulated relationship between reintegration success and assistance – whether monetary or psychosocial – among people with disabilities and vulnerable ex-combatants. This, in turn, leads to the situation that recommendations for best-practice interventions for the psychosocial reintegration components of DDR programs cannot be defined and that programs cannot be improved on the basis of empirical evidence.

But even DDR programs themselves were rarely subjected to impact or outcome evaluation at the micro-level. Very few scholars tried to use empirical research designs and data-assessment strategies, which would allow an estimation of the impact of DDR on the reintegration of individual ex-combatants (Ayalew, et al., 2000; Collier, 1994; Humphreys & Weinstein, 2005; Stavrou, Vincent, Peters, & Johnson, 2003). All these studies are subject to criticisms, because they were designed as external evaluations, faced enormous organizational difficulties (e.g., keeping track of beneficiaries, motivating them to participate), had a very narrow focus, lacked practical and methodological experience, and defined target outcome variables poorly or limited the outcome variables to proxies for economical success and social networks. None of these studies managed to assess the mental-health status of DDR participants sufficiently.

4. What Evidence Exists for the Treatment of Psychological Stress in Post-Conflict Regions?

It has been emphasized in this chapter that the DDR sector, as well as relevant other sectors, has insufficient awareness on the psychological consequences of organized violence and limited capacities to address them and their effects on different levels. Individual ex-combatants and others suffering from mental distress remain speechless, because they are unable to talk about their traumata. They are isolated, and their experiences are not integrated into a societal process of peace-building.

Existing psychosocial care is often unspecific, badly defined, ill coordinated, and typically not sufficiently harmonized between different providers, such as NGOs, religious-based initiatives, public-health structures, DDR programs, and so on. This fragmentation is also reflected in the fact that psychosocial activities may take place without any attempt to conduct impact evaluation and thus, without the plan to develop evidence-based best practice models. The absence of adequate interventions to aid victims of organized violence, including ex-combatants, goes hand in hand with a lack of scientific research and of systematic efforts to introduce evidence-based methods. In order to develop a proposal for a feasible and effective psycho-social intervention within DDR programs, we will therefore first look at evidence-based interventions in similar post-war, low-resource settings.

4.1 Implications from Research with Refugees, Genocide Survivors and School-Based Approaches

Because little empirical work exists for the group of former combatants in post-conflict regions, it is of interest to examine the experiences of other groups of war-affected individuals, beyond ex-combatants. The following sections will briefly summarize some key experiences and main insights.

4.1.1 Refugees and IDPs

This group often faces similar challenges as former combatants when it comes to returning and reintegrating into home or host communities. Similarly, forced migrants are often extremely burdened by psychological stress (Karunakara, et al., 2004; Onyut, et al., 2005). In a series of studies in Ugandan refugee camps, at first with refugees from Sudan, later with refugees from Rwanda and Somalia, our group implemented treatment programs that aimed at reduction of symptoms of the trauma spectrum (specifically PTSD and depression) and improvement of every day functioning. All programs included a screening tool, in order to identify individuals who fulfilled the DSM-IV diagnosis of PTSD. In a randomized, controlled trial with Sudanese refugees, clinical experts delivered three sessions of a narrative trauma-focused therapy (Narrative Exposure Therapy [NET] see below) or supportive counseling, such as is employed in many post-conflict zones (Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004). In a one-year

follow up, almost all participants were traced and re-interviewed. The PTSD-symptom severity of the NET-group clearly improved, in comparison to the group that received supportive counseling. And most importantly, significantly more subjects from the NET group had left the refugee camp and had either gone back to their home communities, where they were able to grow food or where they found a job in local trading centers and thus did not depend on food aid any more.

In a treatment project with refugees from Rwanda and Somalia, all of whom had DSM-IV PTSD diagnoses, local staff was recruited from amongst the refugee communities and trained to deliver trauma-focused therapies (Neuner, et al., 2008). After one year, the two active treatment conditions, NET and Trauma Counseling, achieved a clear symptom reduction compared to a monitoring control group; furthermore, participants of the NET-group showed an astonishing improvement of their physical health compared to the other groups.

4.1.2 Survivors of the Rwandan Genocide

Subsequently, our colleagues conducted two randomized controlled trials with orphans, who survived the Rwandan genocide and who fulfilled the DSM-IV PTSD diagnosis (Schaal & Elbert, 2006; Schaal, Elbert, & Neuner, 2009). The first study showed that NET, in contrast to Interpersonal Therapy, restored functioning and reduced the PTSD-rate by 80%. Both treatments improved depressive symptom-load in genocide orphans. In a second controlled, dissemination trial, local psychologists were trained to deliver the therapy; they also managed to achieve clear symptom improvement, reducing the PTSD rate by about 60%. The Rwandan psychologists were also instructed to be trainers of NET. The second generation of local therapists delivered treatment to widows of the genocide and have achieved an equally clear symptom-reduction compared to a control group (Jacob, in prep.).

4.1.3 School Children in Sri Lanka

Several studies report on effective school-based, mental-health programs for traumatized children, which rely on trained teachers (Berger & Gelkopf, 2009; Cox, et al., 2007; Dybdahl, 2001; Layne, Pynoos, & Saltzman, 2001; Layne, et al., 2008; Tol, et al., 2008; Yule, 2000, 2002) or

involve mothers (Dybdahl, 2001). During the past decades, children in North-Eastern Sri Lanka were exposed to war between government troops and the Liberation Tigers of Tamil Eelam (LTTE), as well as to the tsunami, which killed tens of thousands of people and destroyed hundreds of villages in Sri Lanka alone. Our group has worked in Sri Lanka since 2002. During the 2002 - 2006 ceasefire, we found a high PTSD prevalence and related functional impairment among pupils (Neuner, Schauer, Catani, Ruf, & Elbert, 2006). Additionally, domestic violence and physical abuse in families, who were exposed to war and natural disasters, emerged as a wide-spread problem, which further increased the psychological stress of children (Catani, Jacob, et al., 2008; Jacob, 2007; Neuner & Elbert, 2007). As part of an evaluation of the implementation of a large school-based, psychological cascade-service structure, two controlled treatment dissemination trials with traumatized children (who had a DSM-IV diagnosis of PTSD, depression, and/or suicidality) were implemented. KIDNET (i.e., Narrative Exposure Therapy for Children) and an active meditation-relaxation program were found to be effective in reducing the symptom-load in all three categories in a 1-year follow-up (Neuner, et al., 2006; E. Schauer, 2008; M. Schauer, et al., 2007). Therapies were delivered by highly trained teachers (master counselors), who were supported through a close supervision and referral structure. In every school, at least one of the teachers was further trained to recognize trauma symptoms and to carry out first-level social counseling and family support. These 'Befrienders' were regularly supervised by the master counselors, who took supervision responsibility for several schools. Master counselors, in turn, were closely coordinated by a team of psychologists and psychiatrists from mental-health service institutions in Jaffna, Northern Sri Lanka. This structure allowed skill-capacity enhancement, such as trauma and depression treatment, grief counseling, family-based social interventions, as well as awareness-raising campaigns on domestic violence and drug abuse.

Successful interventions, like the above, lead us to assume that: (a) trauma-focused short-term psychotherapy can be successfully delivered in resource-poor conflict zones, (b) local staff (medical and non-medical) can be trained to deliver such treatment, and (c) sustainable (one-year follow-up) symptom reduction can be achieved with individuals suffering from trauma-spectrum disorders, who remain living in unsafe and difficult conditions. The improvement of every-day functioning at all levels is an especially significant finding, which strongly suggests that engaging in trauma-therapy work with populations in post-conflict settings is effective.

4.2 Traditional Rituals and Healing Methods

In many countries, psychological suffering is explained and treated in traditional categories with close connection to local culture, ethnic groups, and traditional religions (Harlacher, Okot, Obonyo, Balthazard, & Atkinson, 2006). Often, these rituals seem to have important functions, such as facilitating the reception of ex-combatants in their communities (Annan, et al., 2006), helping to shift the collective role from a combatant to a civilian, and assisting a coming to terms with the past. Gear (2002) explains that if individuals have participated in traditional rituals to be equipped with special combat powers, then it is important for them to be cleansed of these powers once the conflict is over. He quotes an ex-combatant, who explains: "I have to undergo the same rituals to get rid of it because if I don't do that, I will always be gun crazy."

Numerous reports of healing and the subjectively reported helpfulness of traditional rituals for the emotional adjustment of the individual should not lead to the conclusion that there is solid (i.e., more than anecdotal) evidence that these procedures have any lasting effects. Nevertheless, some psychologists and psychiatrists recommend including traditional rituals or cooperating with traditional healers in psychosocial projects (see Engdahl, et al., 2003; Stark, 2006). What has been established in the scientific literature is that traditional rituals cannot be considered sufficient treatment, especially for those individuals with severe mental disorders (Annan, et al., 2006; Somasundaram, van de Put, Eisenbruch, & de Jong, 1999).

4.3 Evidence-Based Treatment Approaches

4.3.1 Narrative Exposure Therapy

Since the end of the last century, the international group of mental-health workers and scientists, who later founded the NGO vivo, developed a narrative approach for treating trauma-related psychological disorders in refugees and torture survivors. In their initial work, they encouraged survivors to document the human rights violations that they experienced in detailed reports of their whole lives, from birth to the present. They clearly found that the chronologic, narrative elaboration with a special focus on the most traumatic events created a verbal memory account for formerly 'unspeakable' and fragmented memory contents, such as feelings, thoughts, and body sensations ('hot memory'). This led to remarkable changes: not only did typical symptoms

like dissociation, intrusions, sleeping problems, or aggressive outbursts diminish sharply, but the cognitive evaluation changed in the sense that the survivors started to find new meaning in their past. The extension of this approach, including theoretical reasoning, based on cognitive and affective neuroscience models, was published as Narrative Exposure Therapy (M. Schauer, Neuner, & Elbert, 2005). The first NET therapists learned that the most crucial point is that survivors overcome avoidance and in doing so, stay emotionally connected in the here-and-now in a safe relationship and setting, while telling and re-experiencing their stories. The emotional closeness with the therapist allows prompt intervention as soon as a barrier between therapist and client starts to appear, that is, if dissociative reactions or intensive reliving occurs, in which survivors are unable to speak. In these moments, clients are supported by therapists so that the connection is re-established. The NET-therapist's attitude is empathic and non-judgmental, and at the same time, guiding and directing as often necessary. The therapist accompanies the client and wants to fully understand; thus, s/he continuously engages, asks, verbalizes, and mirrors. Simultaneously, every part of the traumatic event is documented in detail. The narration of the survivor's whole life is written down and handed over ritually at the end of the therapy.

The effectiveness of NET for the treatment of PTSD has been confirmed in a number of studies with child and adult refugees and asylum-seekers in Germany (Hensel-Dittmann, 2007; M. Schauer, et al., 2006), in the Balkans (Neuner, Schauer, Roth, & Elbert, 2002), in former political prisoners in Eastern Europe (Bichescu, et al., 2007), in inhabitants of African refugee camps (Neuner, et al., 2008; Neuner, Schauer, Klaschik, et al., 2004; Onyut, et al., 2005; E. Schauer, et al., 2004), in former child soldiers and internally displaced persons (A. Pfeiffer, personal communication), in genocide survivors (Schaal & Elbert, 2006), and with children in Sri Lanka (Neuner, et al., 2006; E. Schauer, 2008). In these studies, NET produced significant and stable improvement of psychological health - even under conditions of insecurity, such as under camp conditions, in situations when asylum seekers were not safe from forced deportation, and during ongoing conflict. Symptom reduction proved stable beyond 12-months post-treatment, despite a very short active treatment phase (i.e., usually a NET treatment is completed within 4 to 8 sessions, within a timeframe of 2 - 6 weeks).

Non-medical staff could be effectively trained to deliver the NET therapy within an adequate supervision and peer-consulting structure. NET was compatible with the different cultural explanations for psychological suffering. For example, in Uganda, formerly abducted child combatants explained their nightmares and intrusions by the idea that the spirits of the people

they had killed were haunting them. Dissociative episodes are usually seen as the spirit of a killed person taking over control of the patient. NET could also be applied across a wide range of ages; the youngest person so far in our research was 6 years of age (a refugee child in Germany), and the oldest was 89 years (a genocide widow in Rwanda).

4.3.2 Interpersonal Therapy

Individuals, who are depressed, generally isolate themselves socially due to the very nature of the disorder. The approach of Interpersonal Therapy (IPT) suggests that depression symptoms are caused by social and interpersonal problems, in particular by grief, interpersonal conflicts, changes of one's role, and interpersonal deficits (Weissman, Markowitz, & Klerman, 2000). Therefore, the focus of therapy, according to IPT, lies on the evaluation and improvement of interpersonal relationships, in order to achieve symptom reduction and to strengthen personal contacts. As a short-term therapy, IPT takes place in a group setting, where proposals to solve specific personal problems are collectively discussed with other therapy participants. Thus, the setting itself already aids in overcoming social exclusion. Therapists are trained to develop treatment goals, together with affected individuals, and do so by expressing warmth and empathy, thereby modeling the positive impact of relationships.

IPT has the advantage that it can be applied in a group format (G-IPT), which requires fewer resources. However, it is important to note, that while G-IPT has proven some effectiveness in treating depression symptoms in adults in developing countries, it does not abate core trauma-symptoms. It has been implemented in Uganda (Bolton, et al., 2003; Verdeli, et al., 2003) and Rwanda (Schaal, et al., 2009). However, in contrast to NET, IPT seems to be insufficient to restore functioning in trauma-stricken contexts.

5. An Evidence-Based, Post-War, Peace-Building Initiative for Rwanda - A Suggestion

Rwanda is a small country in central Africa with 10 million inhabitants. Its recent history is overshadowed by the conflict between groups of Hutu and Tutsi, which led to genocide in 1994, during which about 1 million Tutsi and moderate Hutu were killed. This massacre ended with the victory of the Tutsi-led rebel faction called the Rwandan Patriotic Front, which seized power in

mid-1994. Since then, Hutu and Tutsi militia continue their war in neighbouring Eastern Congo (DRC), a war that also involves other armed groups, where they fight over territory and natural resources that are illegally extracted and brought to the world market. In the past years, this conflict claimed 5 million lives in the DRC, mostly among the civilian population. In the mid 1990s, the international community initiated the Multi-Country Demobilization and Reintegration Program (MDRP) program in this region to contribute to peace and stability by demobilizing (amongst others) Rwandese fighters in the DRC, repatriating them to and reintegrating them into Rwanda.

On request of the Rwandan Commission for the Demobilization of Former Combatants, we proposed a psychological rehabilitation strategy that may assist the peace building in this complex conflict. The following outline is based on a commissioned piece of work that our group delivered to the World Bank in 2007 (Multi-Country Demobilization and Reintegration Program, 2008). Because trauma-related processes involve the individual, the community, and the whole society and because individual healing is strongly related to communal and societal processes and vice versa, we proposed interventions on all these levels.

Our experiences with survivors clearly show that at the community level, counseling centers with trauma counselors, social workers, and nurses can be established, for example within existing rural health-care centers. Counseling services should be open and accessible to all trauma-affected members of society, including children, adults, victims, perpetrators, civilians, and ex-combatants. These centers can facilitate individual healing. The centers' staff should be trained in standardized diagnostic procedures and manualized, evidence-based interventions (such as NET, in combination with IPT). The most diverse life experiences of clients should be documented with the help of NET. At the level of the local communities, trained center staff and elected community leaders should be encouraged to actively carry out public awareness-raising activities to promote the reintegration of ex-combatants. At the district level, master counselors should provide supervision for the staff of community health centers, and teams of mental-health professionals from the existing health-structures should be trained and involved in a referral structure. On the local level, health personnel (e.g., doctors, nurses, midwives) should be trained in understanding mental health and somatic indicators related to trauma-spectrum disorders, treatment interventions, and adequate pharmacotherapy.

On the national level, we propose the establishment of a *Center for Mental Health* and a *Center for Conflict Management*. The two centers should collaborate closely to carry out action research directly related to training, implementation of services, and outcomes on the individual and community levels. The *Center for Mental Health* would further function as the hub for development and organization of trainings, including supervision for trainers, and capacity reinforcement for psychiatrists and doctors at the national decision-making level. Information from community-based therapy (e.g., individual narratives and group counseling protocols originating from ex-combatants, as well as other members of vulnerable groups and affected persons) can be gathered and analyzed by the two proposed centers. Findings would be prepared for presentation to the public and fed back into society via channels of awareness-raising, in order to present the experiences from members of different groups in a way that encourages empathy. The narratives generated by NET offer an insight into different perspectives - of victims and perpetrators, of young and old, women and men, combatants and civilians - and can therefore change the meaning and sense of diverse, historical events. A collective reflection of important historical events helps post-war societies in understanding underlying conflict mechanisms; these societies are expected to modify the existing collective explanations and guard against the establishment of unbalanced and one-sided views and interpretations and thus, to avoid new lines of conflict. National history can be re-written collectively.

The proposed *Center for Conflict Management* would be charged with developing appropriate educational programs and the provision of respective training and supervision for teachers and others conducting peace education. The counselors and their former clients, who have completed treatment, could carry the information of the narration analysis directly into the workshops and could give personal testimony. This would improve exemplification and give clients the status of 'survivors' who have overcome the past. The participation of the ex-combatants, as well as their family members, as speakers in the workshops and schools will further enhance their active reintegration into society.

The implementation of this reintegration framework must be dynamic to be successful. This means that elements are adapted and improved continuously, based on emerging evidence. Therefore, the evaluation of the program must be in-built and include implementation, outcome, and process evaluation.

6. Conclusion

Throughout this paper, we have demonstrated that a large portion of former ex-combatants suffer from severe psychological distress, including PTSD, depression, substance dependence, and psychotic conditions. These ex-combatants are heavily impaired in their daily functioning and are therefore at a high risk for failing to reintegrate into civilian society. This not only strips them of their 'peace dividend,' but also has far-reaching consequences for the process of reconciliation and peace-building within their communities and post-war areas at large. It might even fuel cycles of violence that reach into the next generation.

While formal DDR programs frequently recognize the need to make special provisions for psychologically affected ex-combatants, these are often not sufficient and not specific or professional enough. Even more important, psychosocial interventions within DDR programs have, to date, not been rigorously evaluated and thus, their effectiveness and efficacy remains unproven. We have presented examples from other fields, in which specific and targeted mental-health interventions and dissemination methods have been successfully evaluated. A particular focus was put on Narrative Exposure Therapy (NET), because its efficacy and effectiveness in addressing trauma-related psychological stress have repeatedly been proven within post-conflict settings. Furthermore, it has been shown that this therapy can be taught to non-medical, lay personnel with various cultural backgrounds. NET has therefore been chosen as an essential part of a proposal for an intervention model to address trauma-related psychiatric disorders in DDR in Rwanda.

In summary, many ex-combatants are in need of targeted mental-health interventions. It seems possible to deliver those within the framework of comprehensive, community-based DDR. The main challenge that remains is the evaluation of psychosocial care in DDR programs and the development of evidence-based, mental-health interventions.

Appendix III: Examples of Current demobilization programs in Sub-Saharan Africa

Country	Conflict	Conflict Parties	DDR from – to	Number of beneficiaries targeted	Economic Re-integration Modules	Psychosocial Modules	Examples of follow-up studies on reintegration success
Angola	1975 - 2002	União Nacional para a Independência total de Angola (UNITA), government forces	04/2002 - present	138,000 from which: 105,000 UNITA, 33,000 government forces	Single payment, micro-credit support, employment in infrastructure rehabilitation, vocational training, business training and business advisory services, job placement, agricultural support to gain self-sufficiency	Trauma counseling, psychosocial care, traditional ceremonies For children: recreational activities, community based support network, family tracing and reunification.	Porto, Parsons, & Alden, 2007 n = 603 (574 male, 29 female, UNITA DDR participants and non-participants) self-report instrument and focus groups no assessment of mental health status
Burundi	1996 - 2002	Conseil National / Fource pour la Défense de le Démocratie, Forces Nationales de Libération – Parti pour la Libération du Peuple Hutu and other rebel groups, government forces	12/2004 - present	85,000 from which: 21,500 paramilitary	Integration in armed forces, cash payments in installments, in-kind support, professional training, support to self-employment, access to national reconstruction and employment creation programs, access to land, formal education For children: formal education	Community sensitization, fostering reconciliation with community For children: community preparation, support to vulnerable families, support to community-based care arrangements, provision of community-based psychosocial support	Uvin, 2007 n = 63 (60 male, 3 female, DDR participants and non-participants) qualitative interviews no assessment of mental health status

Country	Conflict	Conflict Parties	DDR from – to	Number of beneficiaries targeted	Economic Re-integration Modules	Psychosocial Modules	Examples of follow-up studies on reintegration success
DR Congo	On-going	Maï-Maï, Forces Démocratiques de la Libération du Rwanda (FDLR), Rally for Congolese Democracy-Kingsangani-Movement for Liberation (RCD-K/ML; including all splinter groups) government and UN forces	07/2004 - present	150,000 Congolese nationals (combatants on foreign soil managed by separate programs)	Integration into government forces, single payment, starter and shelter kid, production kid, vocational training, income generating activities, access to micro projects, employment in infrastructure rehabilitation, humanitarian aid to host communities for children: minimal education, skills-oriented training	Psycho-social support, community sensitization For children: recreational activities, religious activities, family tracing, community building, sensitization and training	Molina, 2007 n = 364 (362 male, 2 female, all DDR participants) questionnaire no assessment of mental health status
Eritrea	1998 – 2000	Eritrean and Ethiopian government forces	10/2002 - present	200,000 government forces and paramilitaries	Monthly payment for one year, grants, on-the-job-training, job placement, agricultural settlement projects, business start ups	Counseling	---
Sierra Leone	1991 – 1999	Revolutionary United Front, Civil Defence Force (Kamajor) Government forces	10/1999 - 01/2002 (01/2005)	72,500	Reintegration into armed forces, cash payments, rural integration support, vocational training /apprenticeship, formal education, agricultural support, job placement	Social and trauma counseling	Humphreys & Weinstein, 2005, 2007 n = 1043 (935 male, 108 female, DDR participants and non-participants) questionnaire

Country	Conflict	Conflict Parties	DDR from – to	Number of beneficiaries targeted	Economic Re-integration Modules	Psychosocial Modules	Examples of follow-up studies on reintegration success
							no assessment of mental health status
Liberia	1999 – 2003	National Patriotic Front of Liberia, Liberation Movement for Democracy in Liberia Liberians United for Reconciliation and Democracy (LURD), Movement for Democracy in Liberia (MODEL) government forces	12/2003 - present	107,000 from which: 15,600 pro-government paramilitary	Payment in two installments, microloans, formal education, vocational and professional training, agricultural training, work in public sector	Counseling, reconciliation, traditional rituals, community sensitization, For children: family reunification	Pugel, 2007 n = 590 (471 male and 119 female, DDR participants and non-participants) questionnaire no assessment of mental health status, attempt to measure self-esteem as proxy for psychological reintegration

German Summary // Deutsche Zusammenfassung

Ziel der vorgelegten Arbeit ist es, Wissen aus den Disziplinen der Klinischen Psychologie und der Internationalen Politik im Dienste der Humanitären Hilfe zu verbinden. Dabei werden in drei Artikeln drei wichtige Themen für die Hilfe in Kriegs- und Krisengebieten behandelt. Der erste Artikel setzt sich mit einem grundsätzlichen methodologischen Problem auseinander. Er beschreibt die Notwendigkeit und praktische Möglichkeit mikro-level Daten zu verwenden, um den Kollaps von Staaten zu verstehen und angemessene Interventionen zu planen. Der zweite Artikel untersucht sexuelle Gewalt während kriegerischer Auseinandersetzungen. Der dritte Artikel behandelt Programme zur Entwaffnung, Demobilisierung und Reintegration (DDR von Disarmament, Demobilization and Reintegration) ehemaliger Kombattantinnen und Kombattanten, sowie anderer mit bewaffneten Gruppen assoziierter Personen.

Das Afrika südlich der Sahara sieht sich mit mehreren kollabierten Staaten konfrontiert. Ein sehr niedriges Entwicklungsniveau und bewaffnete Konflikte gehen in diesen Gebieten mit enormen menschlichem Leid einher. Des Weiteren verursachen diese Gebiete über ihre eigenen Grenzen hinaus regionale Instabilität und gefährden die internationale Sicherheit. Bis heute waren die Bemühungen der internationalen Gemeinschaft die betroffenen Staaten wieder aufzubauen (state-building) wenig erfolgreich.

Die Politikwissenschaft konzentriert sich bisher auf die Makro-Ebene, um kollabierte Staaten zu untersuchen. Im ersten Artikel wird die traditionelle Literatur zu kollabierten Staaten, sowie die Indikatoren, die verwendet werden, um den Zerfall von Staaten zu messen, diskutiert. Sodann wird aufgezeigt, dass der Makro-Blickwinkel entscheidende Variationen auf Mikro-Ebene übersieht. Um das Kollabieren von Staaten zu verstehen und erfolgreiche Interventionen zu planen, müssen Daten der Mikroebene mit einbezogen werden.

Daher entwirft der Artikel einen neuen Ansatz um das Kollabieren von Staaten auf dieser Ebene zu verstehen. Hierzu wird die Länderstudie Somalia verwendet und es werden einmalige Daten der Mikro-Ebene vorgestellt. Diese wurden im Rahmen quantitativer Interviews mit mehr als 8000 somalischen Kombattantinnen und Kombattanten erhoben. Ausgehend von diesen Daten werden vielversprechende Indikatoren identifiziert, um das Kollabieren von Staaten zu erforschen.

Der zweite Artikel konzentriert sich auf die Demokratische Republik Kongo. Die kriegerischen Auseinandersetzungen in den östlichen Teilen der DR Kongo, halten trotz des Friedensabkommens von Goma weiter an. Jeden Tag werden dort Zivilistinnen und Zivilisten Opfer von Gewalt durch bewaffnete Gruppen. Medizinische Fachkräfte, sowie Menschenrechts- und Nichtregierungsorganisationen berichten, dass insbesondere das Ausmaß sexueller Gewalt, die durch bewaffnete Gruppen vor allem an Mädchen und Frauen verübt wird, erschreckend und geradezu endemisch ist. Die internationale Gemeinschaft ist sich darin einig, dass sexuelle Gewalt im Rahmen des Konfliktes *strategisch* eingesetzt wird und die Vereinten Nationen haben diese Gewalt als *Kriegswaffe* bezeichnet. Beide Begriffe implizieren konkrete juristische Konsequenzen im Rahmen völkerrechtlicher Abkommen. Es gibt jedoch kaum strukturierte quantitative Daten, welche die These, dass sexuelle Gewalt in der DR Kongo eine strategische Funktion erfüllt, beweisen oder widerlegen könnten.

Um die Sichtweise der betroffenen Mädchen und Frauen in den Vordergrund einer fundierten Diskussion zu stellen, wurden 25 Vergewaltigungsopfer von Psychologinnen interviewt. Die Teilnehmerinnen der Studie wurden in strukturieren Interviews zu folgenden Gesichtspunkten befragt:

a) zu grundlegenden sozio-ökonomischen Informationen über ihr Leben vor der Vergewaltigung,
b) zu Informationen über die vermuteten Täter und ihr Verhalten während der Vergewaltigung,
c) zu angenommenen Gründen für die Vergewaltigung sowie
d) zu Informationen über weitere Opfer von Verbrechen (z.B. Personen, die gezwungen wurden die Vergewaltigung mit anzusehen, die geschlagen, entführt, ermordet und / oder selbst vergewaltigt wurden).

Aus Sicht der Opfer vergewaltigen Angehörige bewaffneter Gruppen aus einer Vielzahl verschiedener Gründe. Die Opfer nehmen die Vergewaltigungen als endemisch und wahllos wahr. Für sie sind die Verbrechen der *modus operandi* des Konflikts.

Der dritte Artikel diskutiert Programme zur Entwaffnung, Demobilisierung und Reintegration (DDR), welche ein Teil der meisten internationalen Bemühungen in den Bereichen der Friedenskonsolidierung und des Wiederaufbaus in vormaligen Konfliktgebieten sind. Weit über eine Million ehemaliger Kombattantinnen und Kombattanten haben in mehr als 20 Ländern an

DDR Programmen teilgenommen, die meisten von ihnen im Afrika südlich der Sahara. Der Effekt dieser Programme ist bisher jedoch enttäuschend oder wurde erst gar nicht gemessen.

Ein signifikanter Anteil ehemaliger Kombattantinnen und Kombattanten ist als Folge von gravierendem Stress und traumatischen Erlebnissen psychisch erkrankt. Menschen mit post-traumatischer Belastungsstörung, Depression, Substanzabhängigkeit oder psychotischen Symptomen sind in ihrem täglichen Leben stark eingeschränkt. Für diese Personen ist es schwierig sich (wieder) in die Zivilgesellschaft zu integrieren. Außerdem können sie sich nur sehr begrenzt in Versöhnungs- und friedensbildene Prozesse in ihrem sozialen Umfeld und darüber hinaus einbringen. Des Weiteren verfügen Personen, die bereits als Kindersoldatinnen oder Kindersoldaten in einer Kultur der Gewalt und Aggression sozialisiert wurden, oft nicht über die moralische Einstellung und das Verhaltensrepertoire, welche in Friedenszeiten benötigt werden. Dieses Unvermögen stützt Kreisläufe der Gewalt, die möglicherweise über Generationen hinweg aufrechterhalten werden.

Psychologische Behandlung im Rahmen von DDR Programmen ist häufig weder ausreichend spezifisch noch professionell genug, um diese Schwierigkeiten der Reintegration zu mindern und die Gefahr fortgesetzter häuslicher und bewaffneter Gewalt zu verringern. Im dritten Artikel werden deshalb Beispiele spezifischer und gezielter psychologischer Interventionen und Methoden ihrer Dissemination vorgestellt; insbesondere die Narrative Expositions Therapie und die Interpersonelle Therapie. Beide Therapieformen sind evidenz-basiert und wurden mehrfach in randomisierten und kontrollierten Studien in Nachkriegsgebieten evaluiert.

Dieser Artikel und somit die vorgelegte Arbeit endet mit dem Vorschlag einer umfassenden gemeindebasierten Intervention im Rahmen eines DDR Programms. Diese beinhaltet gleichermaßen die psychologische Behandlung von erkrankten Personen, wie Interventionen auf der Ebene von sozialen Gemeinschaften, um dort die Reintegration ehemaliger Kombattantinnen und Kombattanten zu fördern und zu nachhaltigem Frieden beizutragen.

References

Abdel Halim, A. (1998). Attack with a Friendly Weapon. In M. Turshen & C. Twagiramariya (Eds.), *What Women Do in Wartime: Gender and Conflict in Africa* (pp. 85 - 100). London; New York: Zed Books.

Amnesty International (2008). *No End to War on Women and Children - North Kivu, Democratic Republic of the Congo* London: Amnesty International.

Amone-P'Olak, K. (2005). Psychological impact of war and sexual abuse on adolescent girls in Northern Uganda. *Intervention - International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict, 1*(3), 33.

Annan, J., Blattman, C., & Horton, R. (2006). *The state of youth and youth protection in Northern Uganda - Findings from the survey for war-affected youth* (Report).

Arjona, A., & Kalyvas, S. (2006). Preliminary Results of a Survey of Demobilized Combatants in Columbia. Yale University.

Arnold, M., & Alden, C. (2007). 'This gun is our food': Disarming the White Army militias of South Sudan. *Conflict, Security and Development, 7*(3), 361 - 385.

Ayalew, D., Dercon, S., & Kingma, K. (2000). 'From the Gun to the Plough': the Macro- and Micro-Level Impact of Demobilizaton in Ethiopia. In K. Kingma (Ed.), *Demobilization in Sub-Sahran Africa - The development and security impacts* (pp. 132-172). London: Macmillan Press.

Baaz, M. E., & Stern, M. (2009). Why Do Soldiers Rape? Masculinity, Violence, and Sexuality in the Armed Forces in the Congo (DRC). *International Studies Quarterly, 53*(2), 495-518.

Baingana, F., & Bannon, I. (2004). *Integrating Mental Health and Psychosocial Interventions into World Bank Lending for Conflict-Affected Populations: A Toolkit* .

Baker, P. (2006). *The Conflict Assessment System Tool (CAST) - An Analytical Model for Early Warning and Risk Assessment of Weak and Failing States*. The Fund for Peace.

Bakonyi, J. (2010). Between protest, revenge and material interests: a phenomenological analysis of looting in the Somali war. *Disasters, 34*, S238-S255.

Basoglu, M., Livanou, M., Crnobaric, C., Franciskovic, T., Suljic, E., Duric, D., et al. (2005). Psychiatric and cognitive effects of war in former yugoslavia: association of lack of redress for trauma and posttraumatic stress reactions. *JAMA 294*(5), 580-590.

Bates, R. (2008). The Logic of State Failure: Learning from Late-Century Africa. *Conflict Management and Peace Science, 25*(4), 297-314.

Bayer, C., Klasen, F., & Adam, H. (2007). Association of Trauma and PTSD Symptoms With Openness to Reconciliation and Feelings of Revenge Among Former Ugandan and Congolese Child Soldiers. *JAMA, 298*(5), 555-559.

Begic, D., & Jokic-Begic, N. (2001). Aggressive behavior in combat veterans with post-traumatic stress disorder. *Military medicine, 166*(8), 671-676.

Berger, R., & Gelkopf, M. (2009). School-Based Intervention for the Treatment of Tsunami-Related Distress in Children: A Quasi-Randomized Controlled Trial. *Psychotherapy and Psychosomatics, 78*(6), 364-371.

Besley, T., & Persson, T. (2008). Wars and State Capacity. *Journal of the European Economic Association, 6*(2/3), 522-530.

Besley, T., & Persson, T. (2009). The Origins of State Capacity: Property Rights, Taxation, and Politics. *American Economic Review, 99*(4), 1218-1244.

Bhui, K., Abdi, A., Abdi, M., Pereira, S., Dualeh, M., Robertson, D., et al. (2003). Traumatic events, migration characteristics and psychiatric symptoms among Somali refugees - preliminary communication. *Social Psychiatry and Psychiatric Epidemiology, 38*(1), 35-43.

Bichescu, D., Neuner, F., Schauer, M., & Elbert, T. (2007). Narrative Exposure Therapy of political imprisonment-related chronic trauma spectrum disorders: A randomized controlled trial. *Behaviour Research and Therapy, 45*(9), 2212-2220.

Bichescu, D., Schauer, M., Saleptsi, E., Neculau, A., Elbert, T., & Neuner, F. (2005). Long-Term Consequences of Traumatic Experiences: An Assessment of Former Political Detainees in Romania. *Clinical Practice and Epidemiology in Mental Health, 1*(17).

Bieber, B. (2002). *Wie Kriege enden [How wars end]*. Hamburg: Kovac.

Biedermann, J. (2007). *Untersuchungen zu psychologischen Prozessen im Lebenslauf von Kindersoldaten (Thesis)*. Konstanz: University of Konstanz.

Bilgin, P., & Morton, A. D. (2002). Historicising representations of 'failed states': beyond the cold-war annexation of the social sciences? *Third World Quarterly, 23*(1), 55-80.

Binzel, C., & Brück, T. (2007). *Conflict and fragility: Findings from the literature and a framework for analysis at the micro level* Paper presented at the The Unit of Analysis and the Micro-Level Dynamics of Conflict.

Bolton, P., Bass, J., Neugebauer, R., Verdeli, H., Clougherty, K. F., Wickramaratne, P., et al. (2003). Group interpersonal psychotherapy for depression in rural Uganda: a randomized controlled trial. *JAMA, 289*(23), 3117-3124.

Boothby, N. (2006). What happens when child soldiers grow up? The Mozambique case study. *Intervention - International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict, 4*(3), 244 - 259.

Boscarino, J. A. (2006). Posttraumatic stress disorder and mortality among U.S. Army veterans 30 years after military service. *Annals of Epidemiology, 16*(4), 248-256.

Brinkerhoff, D. W. (2005). Rebuilding governance in failed states and post-conflict societies: core concepts and cross-cutting themes. *Public Administration and Development, 25*(1), 3-14.

Brooks, R. E. (2005). Failed states, or the state as failure? *University of Chicago Law Review, 72*(4), 1159-1196.

Bryden, M. (2003). No Quick Fixes: Coming to Terms with Terrorism, Islam, and Statelessness in Somalia. *The Journal of Conflict Studies, 23*(2), 24 - 56.

Buhaug, H. (2006). Relative Capability and Rebel Objective in Civil War. *Journal of Peace Research, 43*(6), 691-708.

Burds, J. (2009). Sexual Violence in Europe in World War II, 1939--1945. *Politics Society, 37*(1), 35-73.

Burgos, R. A. (2004). An N of 1: A Political Scientist in Operation Iraqi Freedom. *Perspectives on Politics, 2*(03), 551-556.

Byrne, C. A., & Riggs, D. S. (1996). The cycle of trauma; relationship aggression in male Vietnam veterans with symptoms of posttraumatic stress disorder. *Violence and victims, 11*(3), 213-225.

Caramés, A., Fisas, V., & Luz, D. (2006). *Analysis of Disarmament, Demobilisation and Reintegration (DDR) existing in the world during 2005*. Barcelona: School for a Culture of Peace, Autonomous University of Barcelona.

Caramés, A., & Sanz, E. (2008). *DDR 2008: Analysis of Disarmament, Demobilisation and Reintegration (DDR) programmes in the World during 2007*. Barcelona: School for a Culture of Peace, Autonomous University of Barcelona.

Catani, C., Jacob, N., Schauer, E., Kohila, M., & Neuner, F. (2008). Family violence, war, and natural disasters: a study of the effect of extreme stress on children's mental health in Sri Lanka. *BMC Psychiatry, 8*, 33.

Catani, C., Schauer, E., & Neuner, F. (2008). Beyond individual war trauma: domestic violence against children in Afghanistan and Sri Lanka. *Journal of Marital and Family Therapy, 34*(2), 165-176.

Chilcoat, H. D., & Breslau, N. (1998). Investigations of causal pathways between PTSD and drug use disorders. *Addict Behav, 23*(6), 827-840.

Chojnacki, S., Grömping, M., & Spies, M. (2009). *Armed Conflict Beyond the State - Spatial and Temporal Patterns of Non-State Violence in Somalia, 1990-2007*. Paper presented at the Joint CSCW WG3/GROW-Net workshop: Environmental Conflicts and Conflict Environments.

Clapham, C. (1998). Degrees of statehood. *Review of International Studies, 24*(2).

Clapham, C. (2003). The Challenge to the State in a Globalized World. In J. Milliken & K. Krause (Eds.), *State Failure, Collapse & Reconstruction* (Vol. 33, pp. 25 - 44). Oxford: Blackwell Publishing Limited.

Cliffe, L. (2005). *Armed violence and poverty in Somalia*. Bradford: Centre for International Cooperation and Secuirty, University of Bradford.

Coghlan, B., Brennan, R. J., Ngoy, P., Dofara, D., Otto, B., Clements, M., et al. (2006). Mortality in the Democratic Republic of Congo: a nationwide survey. *Lancet, 367*(9504), 44-51.

Colletta, N., Boutwell, J., & Clare, M. (2001). The World Bank, Demobilization, and Social Reconstruction. In J. Boutwell & M. Klare (Eds.), *Light Weapons and Civil Conflict - Controlling the Tools of Violence* (pp. 203 - 216). New York: Rowman & Littlefield Publishers.

Colletta, N. J., & Cullen, M. L. (2000). *Violent conflict and the transformation of social capital : lessons from Cambodia, Rwanda, Guatemala, and Somalia*. Washington, D.C.: World Bank.

Collier, P. (1994). Demobilization and Insecurity: A Study in the Economics of the Transition from War to Peace. *Journal of International Development, 6*(3), 343-351.

Collier, P. (2003). The market for Civil War. *Foreign Policy, 136*, 38 - 45.

Collier, P., & Hoeffler, A. (2004). Greed and grievance in civil war. *Oxf. Econ. Pap., 56*(4), 563-595.

Cornell, S. E. (2005). The Interaction of Narcotics and Conflict. *Journal of Peace Research, 42*(6), 751-760.

Cox, J., Davies, D., Burlingame, G., Campbell, J., Layne, C., & Katzenback, J. (2007). Effectiveness of a trauma/grief-focused group intervention: a qualitative study with war-exposed Bosninan adolescents. *International Journal of Group Psychotherapy, 57*(3), 319 - 345.

Dagne, T. (2002). Africa and the War on Terrorism: The Case of Somalia. *Mediterranean Quarterly, 13*(4), 62.

Dagne, T. (2009). Somalia: Prospects for a Lasting Peace. *Mediterranean Quarterly, 20*(2), 95-112.

Daud, A., Skoglund, E., & Rydelius, P.-A. (2005). Children in families of torture victims: transgenerational transmission of parents' traumatic experiences to their children. *International Journal of Social Welfare, 14*(1), 23.

David, A. L. (1997). Internal Wars: Causes and Cures. *World Politics, 49*(4), 552 - 576.

Davidson, J. R., Hughes, D., Blazer, D. G., & George, L. K. (1991). Post-traumatic stress disorder in the community: an epidemiological study. *Psychol Med, 21*(3), 713-721.

Davis, L., & Hayner, P. (2009). *Difficult Peace, Limited Justice: Ten Years of Peacemaking in the DRC.* Brussels: International Center for Transitional Justice.

De Jong, J. P., Komproe, I. H., Van Ommeren, M., El Masri, M., Araya, M., Khaled, N., et al. (2001). Lifetime events and posttraumatic stress disorder in 4 postconflict settings. *JAMA 286*(5), 555-562.

De Jong, J. P., Scholte, W. F., Koeter, M. W., & Hart, A. A. (2000). The prevalence of mental health problems in Rwandan and Burundese refugee camps. *Acta Psychiatrica Scandinavica, 102*(3), 171-177.

De Watteville, N. (2002). *Adressing Gender Issues in Demobilization and Reintegration Programs* (Report).

Debiel, T., Glassner, R., Schetter, C., & Terlinden, U. (2009). Local State-Building in Afghanistan and Somaliland. *Peace Review, 21*(1), 38-44.

Debiel, T., & Lambach, D. (2009). How State-Building Strategies Miss Local Realities. *Peace Review, 21*(1), 22-28.

Derluyn, I., Broekaert, E., Schuyten, G., & De Temmerman, E. (2004). Post-traumatic stress in former Ugandan child soldiers. *Lancet, 363*(9412), 861-863.

Des Forges, A. L. (1999). *"Leave none to tell the story": genocide in Rwanda.* New York; Paris: Human Rights Watch; International Federation of Human Rights.

Doornbos, M. (2008). State Collapse and Civil Conflict and External Intervention In P. J. Burnell & V. Randall (Eds.), *Politics in the developing world* (pp. 250 - 267). Oxford: Oxford University Press.

Dybdahl, R. (2001). Children and mothers in war: an outcome study of a psychosocial intervention program. *Child development, 72*(4), 1214-1230.

Eizenstat, S. E., Porter, J. E., & Weinstein, J. M. (2005). Rebuilding Weak States. *Foreign Affairs, 84*(1), 134-146.

Ejigu, M., & Gedamu, T. (1996). *Conversion in Africa: Past Experiences and Future Outlook* (Report No. 4).

Elbert, T., Rockstroh, B., Kolassa, I.-T., Baltes, P. B., Reuter-Lorenz, P. A., & Rösler, F. (2006). The Influence of Organized Violence and Terror on Brain and Mind: A Co-Constructive Perspective. In P. B. Baltes, P. A. Reuter-Lorenz & F. Rösler (Eds.), *Lifespan development and the brain: The perspective of biocultural co-constructivism* (pp. 326 - 348). Cambridge: Cambridge University Press.

Engdahl, B., de Silva, P., Solomon, Z., & Somasundaram, D. (2003). Former Combatants. In B. Green, M. Friedmann, J. de Jong, S. Solomon, T. Kean, J. Fairbank, B. Donelan & E. Frey-Wouters (Eds.), *Trauma and Interventions in War and Peace - Prevention, Practice and Policy* (pp. 271 - 289). New York: Kluwer Academic / Plenum Publisher.

Englehart, N. A. (2007). Governments Against States: The Logic of Self-Destructive Despotism. *International Political Science Review/ Revue internationale de science pol, 28*(2), 133-153.

Eriksson Baaz, M., & Stern, M. (2008). Making Sense of Violence: Voices of Soldiers in the Congo (DRC). *Journal of Modern African Studies, 46*(1), 57 - 86.

Ertl, V., Schauer, E., Onyut, L., Neuner, F., & Elbert, T. (2007). *Narrative Exposure Therapy: Does it prevent the development of PTSD in former child soldiers?* . Paper presented at the 10th European Conference on Traumatic Stress (ECTOS).

Esty, D., Goldstone, J. A., Gurr, T., & Surko, P. (1995). *Working Papers: State Failure Task Force Report.* State Failure Task Force.

Fearon, J., & Laitin, D. (2003). Ethnicity, Insurgency, and Civil War. *American Political Science Review, 97*(1), 75-90.

Folnegovic-Smalc, V. (1994). Psychiatric Aspects of the Rapes in the War against the Republics of Croatia and Bosnia-Herzegovina. In A. Stiglmayer (Ed.), *Mass Rape: The War against Women in Bosnia-Herzegovina* (pp. 174 - 181). Lincoln: University of Nebraska Press.

Fontana, A., & Rosenheck, R. (1994). Traumatic war stressors and psychiatric symptoms among World War II, Korean, and Vietnam War veterans. *Psychol Aging, 9*(1), 27-33.

Francois, M., & Sud, I. (2006). Promoting stability and development in fragile and failed states. *Development Policy Review, 24*(2), 141-160.

Fund for Peace (2009). The Failed States Index. *Foreign Policy*(173), 80-83.

Gear, S. (2002). Wishing Us Away: Challenges facing ex-combatants in the 'new' South Africa. *Violence and Transition Series*(8).

Glöckner, F. (2007). *PTSD and Collective Identity in Former Ugandan Child Soldiers (Thesis).* Konstanz: University of Konstanz.

Goldstone, J. A., Bates, R. H., Epstein, D. L., Gurr, T. R., Lustik, M. B., Marshall, M. G., et al. (2010). A Global Model for Forecasting Political Instability. *American Journal of Political Science, 54*(1), 190-208.

Graubner, C. (2007). *Drugs and Conflict - How the mutual impact of illicit drug economies and violent conflict influences sustainable development, peace and stability.* Eschborn: German Technical Cooperation.

Green, J. (2004). Uncovering Collective Rape. *International Journal of Sociology, 34*(1), 97 - 116.

Guichaoua, Y. (2009) How Do Ethnic Militias Perpetuate in Nigeria? A Micro-level Perspective on the Oodua People's Congress. *MICROCON Research Working Paper: Vol. 19*. Brighton: MICROCON.

Hagman, L., & Nielsen, Z. (2002). *A Framework for Lasting Disarmament, Demobilization, and Reintegration of Former Combatants in Crisis Situations* (Report): International Peace Academy.

Hagmann, T., & Hoehne, v. M. (2008). 'Failed state or failed debate? Multiple Somali political orders within and beyond the nation state. *Politorbis, 42*, 20 - 26.

Hale, C., Belyakdoumi, F., Cobey, L., Ondeko, R., & Despines, M. (2001). *Mortality in Eastern Democratic Republic of Congo - Results form Eleven Mortality Surveys*. Bukavu: International Rescue Committee.

Hameiri, S. (2007). Failed states or a failed paradigm? State capacity and the limits of institutionalism. *Journal of International Relations and Development, 10*(2), 122-149.

Harbom, L., Melander, E., & Wallensteen, P. (2008). Dyadic Dimensions of Armed Conflict, 1946 - 2007. *Journal of Peace Research, 45*(5), 697 - 710.

Harbom, L., & Wallensteen, P. (2008). Appendix 2A. Patterns of major armed conflicts, 1998 - 2007. In SIPRI (Ed.), *SPIRI Yearbook 2008: Armaments, Disarmament and International Security* (pp. 72 - 82). Oxford: Oxford University Press.

Harlacher, T., Okot, F., Obonyo, C., Balthazard, M., & Atkinson, R. (2006). *Traditional Ways of Coping in Acholi: Cultural provisions for reconciliation and healing from war*. Kampala.

Heathershaw, J., & Lambach, D. (2008). Introduction: Post-Conflict Spaces and Approaches to Statebuilding. *Journal of Intervention and Statebuilding, 2*(3), 269-290.

Hegre, H., & Sambanis, N. (2006). Sensitivity Analysis of Emperical Results on Civil War Onset. *Journal of Conflict Resolution, 50*(4), 508-535.

Heinemann-Grüder, A., Pietz, T., & Duffy, S. (2003). Turning Soldiers into a Work Force - Demobilization and Reintegratin in Post-Dayton Bosnia and Herzegovina. *Brief*(27). Bonn: Bonn Internatoinal Center for Conversion.

Henry, N., Ward, T., & Hirshberg, M. (2004). A multifactorial model of wartime rape. *Aggression and Violent Behavior, 9*(5), 535-562.

Hensel-Dittmann, D. (2007). *Kontrollierte Therapieevaluation der Narrativen Expositionstherapie (NET) im Vergleich zu Stress-Impfungs-Training (SIT) bei posttraumatischer Belastungsstörung in Folge organisierter Gewalt [A controlled treatment evaluation of narrative exposure therapy (NET) in comparison with stress inoculation training (SIT) for post-traumatic stress disorder as a consequence of organized violence] (Thesis)*. Konstanz: University of Konstanz.

Herzog, D. (2009). *Brutality and Desire: War and Sexuality in Europe's Twentieth Century*. Basingstoke: Palgrave Macmillan.

Holsti, K. J. (1995). War, Peace, and the State of the State. *International Political Science Review, 16*(4), 319-339.

Human Rights Watch (2000). *Serb Gang-Rapes in Kosovo Exposed*. New York: Human Rights Watch.

Human Rights Watch (2002). *The War Within the War - Sexual Violence Against Women and Girls in Eastern Congo*. New York: Human Rights Watch.

Human Rights Watch (2003). *Struggling Through Peace: Return and Resettlement in Angola* (Report No. Vol. 15, No. 16). New York: Human Rights Watch.

Human Security Report Project (2009). *Human Security Report - The Shrinking Costs of War*. Burnaby: Human Security Report, Simon Fraser University.

Humphreys, M., & Weinstein, J. (2007). Demobilization and Reintegration. *Journal of Conflict Resolution, 51*(4), 531-567.

Humphreys, M., & Weinstein, J. (2005). *Disentangling the Determinants of Successful Disarmament, Demobilization* (Report No. 69). Washington D.C.: Center for Global Development.

International Criminal Court (2002). *Rome Statute of the International Criminal Court*. Rome: International Criminal Court.

International Crisis Group (2002a). *Salvaging Somalia's Change for Peace*. Nairobi: International Crisis Group.

International Crisis Group (2002b). *Somalia: Countering Terrorism in a Failed State*. Nairobi: International Crisis Group.

International Crisis Group (2003). *Negotiating a Blueprint for Peace in Somalia*. Nairobi: International Crisis Group.

Iqbal, Z., & Starr, H. (2008). Bad Neighbors: Failed States and Their Consequences. *Conflict Management and Peace Science, 25*(4), 315-331.

IRIN (2002a, 22 Oct). *Somalia: Interview with Barre Adan Shire, chairman of the Juba Valley Alliance (JVA)*. New York: Office for the Coordination of Humanitarian Affairs.

IRIN (2002b, 4 July). *Somalia: Over 20 killed in fresh fighting in Baidoa*. New York: Office for the Coordination of Humanitarian Affairs.

Jackson, R. (2001). The state and internal conflict. *Australian Journal of International Affairs, 55*(1), 65-81.

Jacob, N. (in prep.). *Psychological consequences of traumatic stress in widows and orphans who survived the Rwandan genocide: Epidemiology, treatment and dissemination*.

Jakupcak, M., Conybeare, D., Phelps, L., Hunt, S., Holmes, H. A., Felker, B., et al. (2007). Anger, hostility, and aggression among Iraq and Afghanistan War veterans reporting PTSD and subthreshold PTSD. *Journal of traumatic stress, 20*(6), 945-954.

Janoff-Bulman, R., Berg, M., & Harvey, J. H. (1998). Disillusionment and the Creation of Values: From Traumatic Losses to Existential Gains. In J. H. Harvey (Ed.), *Perspectives on Loss - A Sourcebook* (pp. 35-47). Philadelphia, Pa.: Brunner/Mazel.

Johnson, D. R., Lubin, H., Rosenheck, R., Fontana, A., Southwick, S., & Charney, D. (1997). The impact of the homecoming reception on the development of posttraumatic stress disorder. The West Haven Homecoming Stress Scale (WHHSS). *J Trauma Stress, 10*(2), 259-277.

Johnson, K., Asher, J., Rosborough, S., Raja, A., Panjabi, R., Beadling, C., et al. (2008). Association of combatant status and sexual violence with health and mental health outcomes in postconflict Liberia. *JAMA, 300*(6), 676-690.

Kaldor, M. (2004). *New and Old Wars: Organized Violence in a Global Era*. Cambridge: Polity.

Kalyvas, S. (2006). A Logic of Indiscriminate Violence. In S. Kalyvas (Ed.), *The Logic of Violence in Civil War* (pp. 146 - 172). New York: Cambridge University Press.

Kalyvas, S. (2006). *The Logic of Violence in Civil War*. New York: Cambridge University Press.

Kalyvas, S. N., & Kocher, M. A. (2009). The Dynamics of Violence in Vietnam: An Analysis of the Hamlet Evaluation System (HES). *Journal of Peace Research, 46*(3), 335-355.

Kaplan, S. (2008). The remarkable story of Somaliland. *Journal of Democracy, 19*(3), 143-157.

Karunakara, U. K., Neuner, F., Schauer, M., Singh, K., Hill, K., Elbert, T., et al. (2004). Traumatic events and symptoms of post-traumatic stress disorder amongst Sudanese nationals, refugees and Ugandans in the West Nile. *African health sciences, 4*(2), 83-93.

Kasfir, N. (2004). Domestic Anarchy, Security Dilemmas, and Violent Predation. In R. Rotberg (Ed.), *When States Fail: Causes and Consequences* (pp. 51 - 76). Princeton, N.J.: Princeton University Press.

Keane, T. M., & Kaloupek, D. G. (1997). Comorbid psychiatric disorders in PTSD. Implications for research. *Annals of the New York Academy of Sciences, 821*, 24-34.

Kellermann, N. P. (2001). Transmission of Holocaust trauma - an integrative view. *Psychiatry, 64*(3), 256-267.

Kingma, K. (2000a). *Demobilization in Sub-Sahran Africa - The development and security impacts*. London: Macmillan Press.

Kingma, K. (2000b). The Impact of Demobilization. In K. Kingma (Ed.), *Demobilization in Sub-Sahran Africa* (pp. 215-243). London: Macmillan Press.

Kingston, P. (2004). States-Within-States: Historical and Theoretical Perspectives. In P. Kingston & I. Spears (Eds.), *States-Within-States: Incipient Political Entities in the Post-Cold War Era* (pp. 1 - 13). New York: Palgrave Macmillan.

Kingston, P., & Spears, I. (2004). *States-Within-States: Incipient Political Entities in the Post-Cold War Era*. New York: Palgrave Macmillan.

Knight, M., & Ozerdem, A. (2004). Guns, Camps and Cash: Disarmament, Demobilization and Reinsertation of Former Combatants in Transition from War to Peace. *Journal of Peace Research, 41*(4), 499-516.

Kolassa, I., Ertl, V., Eckart, C., Glöckner, F., Kolassa, S., Papassotiropoulos, A., et al. (2010). Association study of trauma load and SLC6A4 promoter polymorphism in PTSD: evidence from survivors of the Rwandan genocide. . *Journal of Clinical Psychiatry*.

Krasner, S. D., & Pascual, C. (2005). Addressing state failure. *Foreign Affairs, 84*(4), 153 – 163.

Kraxberger, B. M. (2007). Failed states: temporary obstacles to democratic diffusion or fundamental holes in the world political map? *Third World Quarterly, 28*(6), 1055-1071.

Kulka, R., Schlenger, W., Fairbank, J., Hough, R., Jordan, K., Marmar, C., et al. (1990). *Trauma and the Vietnam War Generation - Report of the Findings from the National Vietnam Veterans Readjustment Study*. Levittown: Brunner/Mazel.

Lambach, D. (2009). Warum kollabieren Staaten? [Why do states collapse?]. In M. Bussmann, G. Schneider & A. Hasenclever (Eds.), *Politische Vierteljahresschirft* (Vol. 43, pp. 235 - 255). Wiesbaden: Sonderheft der Politischen Vierteljahresschriften.

Lambach, D., & Gamberger, D. (2008). Temporal Analysis of Political Instability through Descriptive Subgroup Discovery. *Conflict Management and Peace Science, 25*(1), 19-32.

Lapierre, C. B., Schwegler, A. F., & Labauve, B. J. (2007). Posttraumatic stress and depression symptoms in soldiers returning from combat operations in Iraq and Afghanistan. *Journal of traumatic stress, 20*(6), 933-943.

Layne, C., Pynoos, R. S., & Saltzman, W. R. (2001). Trauma/grief-focused group psychotherapy: School-based postwar intervention with traumatized Bosnian adolescents. *Group dynamics, 5*(4), 277 - 290.

Layne, C., Saltzman, W., Poppleton, L., Burlingame, G., Pasalic, A., Durakovic, E., et al. (2008). Effectiveness of a School-Based Group Psychotherpay Program for War-Exposed Adolescents: A Randomized Controlled Trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 47*(9), 1048 - 1062.

Leatherman, J. (2007). Sexual Violence and Armed Conflict: Complex Dynamics of Re-Victimization. *International Journal of Peace Studies, 12*(1), 53 - 71.

Lee, K. A., Vaillant, G. E., Torrey, W. C., & Elder, G. H. (1995). A 50-year prospective study of the psychological sequelae of World War II combat. *The American Journal of Psychiatry, 152*(4), 516-522.

Lewis, I. M. (2008). *Understanding Somalia and Somaliland : culture, history, society*. New York: Columbia University Press.

Lindsey, R. (2002). From Atrocity to Data: Historiographies of Rape in Former Yugoslavia and the Gendering of Genocide. *Patterns of Prejudice, 36*(4), 59-78.

Longombe, A. O., Claude, K. M., & Ruminjo, J. (2008). Fistula and traumatic genital injury from sexual violence in a conflict setting in Eastern Congo: case studies. *Reprod Health Matters, 16*(31), 132-141.

Lyman, P. N., & Morrison, J. S. (2004). The terrorist threat in Africa. *Foreign Affairs, 83*(1), 75 - 86.

Magambo, C., & Lett, R. (2004). Post-traumatic stress in former Ugandan child soldiers. *Lancet, 363*(9421), 1647-1648.

Martz, E., & Lindy, J. (2010). Exploring the Trauma Membrane Concept. In E. Martz (Ed.), *Trauma Rehabilitation After War and Conflict: Community and Individual Perspectives* (pp. 27 - 54). New York: Springer.

Maslen, S. (1997). The reintegration of war affected youth: the experience of Mozambique, *ILO Action Programme on Skills and Entrepreneurship Training for Countries Emerging from Armed Conflict*. Geneva: International Labour Organization.

Meany, M., & Moshe, S. (2005). Maternal Care as a Model for experience-dependent chromatin plasticity. *TRENDS in Neuroscience, 28*(9), 456 - 463.

Mehreteab, A. (2002). *Veteran combatants do not fade away: a comparative study on two demobilization and reintegration exercises in Eritrea*. Bonn: International Center for Conversion.

Menkhaus, K. (2003). *Somalia: A situation analysis and trend assessment*. Geneva: United Nations High Commissioner for Refugees.

Mezey, G. (1994). Rape in War. *The Journal of Forensic Psychiatry, 5*(3), 583 - 597.

Mogapi, N. (2004). Reintegration of soldiers: The missing piece. *International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict, 2*(3), 221 - 225.

Molina, V. (2007). *Sondages sur la Réinsertion des Ex-Combattant - République Démocratique du Congo* (Report).

Mollica, R. F., McInnes, K., Poole, C., & Tor, S. (1998). Dose-effect relationships of trauma to symptoms of depression and post-traumatic stress disorder among Cambodian survivors of mass violence. *The British journal of psychiatry: the journal of mental science, 173*, 482-488.

Neuner, F., Onyut, P. L., Ertl, V., Odenwald, M., Schauer, E., & Elbert, T. (2008). Treatment of posttraumatic stress disorder by trained lay counselors in an African refugee settlement: A randomized controlled trial. *Journal of consulting and clinical psychology, 76*(4), 686-694.

Neuner, F., Schauer, E., Catani, C., Ruf, M., & Elbert, T. (2006). Post-tsunami stress: a study of posttraumatic stress disorder in children living in three severely affected regions in Sri Lanka. *Journal of traumatic stress, 19*(3), 339-347.

Neuner, F., Schauer, M., Karunakara, U., Klaschik, C., Robert, C., & Elbert, T. (2004). Psychological trauma and evidence for enhanced vulnerability for posttraumatic stress disorder through previous trauma among West Nile refugees. *BMC psychiatry, 4*, 34.

Neuner, F., Schauer, M., Klaschik, C., Karunakara, U., & Elbert, T. (2004). A comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating posttraumatic stress disorder in an african refugee settlement. *Journal of consulting and clinical psychology, 72*(4), 579-587.

Neuner, F., Schauer, M., Roth, W., & Elbert, T. (2002). A Narrative Exposure Treatment as Intervention in a Refugee Camp: A Case Report. *Behavioural and Cognitive Psychotherapy, 30*(2), 205 - 209.

Newman, E. (2007). Weak states, state failure, and terrorism. *Terrorism and Political Violence, 19*, 463-488.

Odenwald, M., Hinkel, H., & Schauer, E. (2007). Challenges for a future reintegration programme in Somalia: outcomes of an assessment on drug abuse, psychological distress and preferences for reintegration assistance. *Intervention - International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 5(2), 109 -123.

Odenwald, M., Hinkel, H., Schauer, E., Neuner, F., Schauer, M., Elbert, T., et al. (2007). The consumption of khat and other drugs in Somali combatants: a cross-sectional study. *PLoS medicine, 4*(12), e341.

Odenwald, M., Hinkel, H., Schauer, E., Schauer, M., Elbert, T., Neuner, F., et al. (2009). Use of khat and posttraumatic stress disorder as risk factors for psychotic symptoms: A study of Somali combatants. *Social Science & Medicine, 69*(7), 1040-1048.

Odenwald, M., Lingenfelder, B., Schauer, M., Neuner, F., Rockstroh, B., Hinkel, H., et al. (2007). Screening for Posttraumatic Stress Disorder among Somali ex-combatants: A validation study. *Conflict and Health, 1*, 10.

Odenwald, M., Neuner, F., Schauer, M., Elbert, T., Catani, C., Lingenfelder, B., et al. (2005). Khat use as risk factor for psychotic disorders: a cross-sectional and case-control study in Somalia. *BMC medicine, 3*, 5.

Odenwald, M., Schauer, M., Neuner, F., Lingenfelder, B., Horn, R., Catani, C., et al. (2002). *War-trauma, khat abuse and psychosis: Mental health in the demobilization and reintegration program Somaliland*. Nairobi: German Technical Cooperation – International Services.

Office for the Coordination of Humanitarian Affairs (2009a). *Consolidated Appeal Process 2010 - Somalia*. New York: Office for the Coordination of Humanitarian Affairs.

Office for the Coordination of Humanitarian Affairs (2009b). *Plan d'Action Humanitaire 2009*. Kinshasa: Office for the Coordination of Humanitarian Affairs.

Okulate, G. T., & Jones, O. B. (2006). Post-traumatic stress disorder, survivor guilt and substance use - a study of hospitalised Nigerian army veterans. *South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde, 96*(2), 144-146.

Omanyondo Ohambe, M. C., Bahananga Muhigwa, J., & Wa Mamba, B. (2005). *Women's Bodies as a Battleground - Sexual Violence Against Women and Girls During the War in Democratic Republic of Congo - South Kivu (1996 - 2003).* Bukavu, Bujumbura, London: Réseau des Femmes pour un Développment Associatif, Réseau des Femmes pour la Défense des Droits et la Paix, International Alert.

Onyut, P., Neuner, F., Schauer, E., Ertl, V., Odenwald, M., Schauer, M., et al. (2005). Narrative Exposure Therapy as a treatment for child war survivors with posttraumatic stress disorder: two case reports and a pilot study in an African refugee settlement. *BMC psychiatry, 5*, 7.

Penn, M. L., & Nardos, R. (2003). *Overcoming violence against women and girls: the international campaign to eradicate a worldwide problem.* Lanham, Md.: Rowman & Littlefield.

Pham, P., Weinstein, H., & Longman, T. (2004). Trauma and PTSD symptoms in Rwanda: Implications for attitudes toward justice and reconciliation. *JAMA, 292*(5), 602 - 612.

Piazza, J. A. (2008). Incubators of Terror: Do Failed and Failing States Promote Transnational Terrorism? *International Studies Quarterly, 52*(3), 469-488.

Porto, J., Parsons, I., & Alden, C. (2007). *From Soldiers to Citizens - The Social, Economic and Political Integration of UNITA Ex-Combatants.* Tshwane: Institute for Security Studies.

Pratt, M., & Werchick, L. (2004). *Sexual Terrorism: Rape as a Weapon of War in Eastern Democratic Republic of Congo - An assessment of programmatic responses to sexual violence in North Kivu, South Kivu, Maniema, and Orientale Provinces.* Kinshasa: USAID/DCHA

Press, W. H. (2007). *Numerical recipes the art of scientific computing.* Cambridge: Cambridge University Press.

Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (2002). Population attributable fractions of psychiatric disorders and behavioral outcomes associated with combat exposure among US men. *American Journal of Public Health, 92*(1), 59-63.

Pugel, J. (2007). *What the Fighters say: A survey of ex-combatants in Liberia.* Monrovia: United Nations Development Programme.

Raeymaekers, T. (2005) *Collapse or Order? Questioning State Collapse in Africa.* Brighton: Households in Conflict Network.

Ramsbotham, O., & Woodhouse, T. (1999). *Encyclopdia of International Peacekeeping Operations.* Oxford: ABC-Clio.

Reno, W. (2002). The politics of insurgency in collapsing states. *Development and Change, 33*(5), 837-858.

Romkema, H. (2007). *Opportunities and Constraints for the Disarmament & Repatriation Of Foreign Armed Groups in the Democratic Republic of Congo.* De Veenhoop: Conflict & Transition Consultancies.

Rotberg, R. (2002). Failed states in a world of terror. *Foreign Affairs, 81*(4), 127- 140.

Rotberg, R. (2003). Failed States, Collapsed States, Weak States: Causes and Indicators. In R. Rotberg (Ed.), *State Failure and State Weakness in a Time of Terror* (pp. 1 - 25). Cambridge: World Peace Foundation; Brookings Institution Press.

Rotberg, R. (2004). The Failure and Collapse of Nation-States: Breakdown, Prevention and Repair. In R. Rotberg (Ed.), *When States Fail: Causes and Consequences* (pp. 1 - 49). Princeton, N.J.: Princeton University Press.

Rowland-Klein, D., & Dunlop, R. (1998). The transmission of trauma across generations: identification with parental trauma in children of Holocaust survivors. *The Australian and New Zealand Journal of Psychiatry, 32*(3), 358-369.

Ruget, V., & Usmanalieva, B. (2007). The impact of state weakness on citizenship a case study of Kyrgyzstan. *Communist and Post-Communist Studies, 40*(4), 441-458.

Salzman, T. A. (1998). Rape Camps as a Means of Ethnic Cleansing: Religious, Cultural, and Ethical Responses to Rape Victims in the Former Yugoslavia. *Human Rights Quarterly, 20*(2), 348-378.

Savarese, V. W., Suvak, M. K., King, L. A., & King, D. W. (2001). Relationships among alcohol use, hyperarousal, and marital abuse and violence in Vietnam veterans. *Journal of traumatic stress, 14*(4), 717-732.

Savoca, E., & Rosenheck, R. (2000). The civilian labor market experiences of Vietnam-era veterans: the influence of psychiatric disorders. *The journal of mental health policy and economics, 3*(4), 199-207.

Schaal, S., & Elbert, T. (2006). Ten Years after the Genocide: Trauma Confrontation and Posttraumatic Stress in Rwandan Adolescents. *Journal of Traumatic Stress, 19*(1), 95-105.

Schaal, S., Elbert, T., & Neuner, F. (2009). Narrative Exposure Therapy versus Interpersonal Psychotherapy: A Pilot Randomized Controlled Trial with Rwandan Genocide Orphans. *Psychotherapy and Psychosomatics, 78*(5), 298 - 306.

Schauer, E. (2008). *Trauma Treatment for Children in War : build-up of an evidence-based large-scale Mental Health Intervention in North-Eastern Sri Lanka (Thesis).* Konstanz: University of Konstanz.

Schauer, E., Neuner, F., Elbert, T., Ertl, V., Onyut, P. L., Odenwald, M., et al. (2004). Narrative Exposure Therapy in Children - a Case Study. *Intervention - International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict, 2*(1), 18-32.

Schauer, M., Elbert, T., Neuner, F., Elbert, T., Engel, A. K., Hellhammer, D., et al. (2007). Interaktion von neurowissenschaftlichen Erkenntnissen und psychotherapeutischen Einsichten am Beispiel von traumatischem Stress und dessen Behandlung mittels narrativer Expositionstherapie [Interaction of Insights from Neuroscience and Psychotherapy. The Example of Post-traumatic Stress and its Treatment using Narrative Exposure Therapy]. In R. Becker & H. P. Wunderlich (Eds.), *Wie wirkt Psychotherapie?* (pp. 87-108). Stuttgart: Thieme.

Schauer, M., Neuner, F., & Elbert, T. (2005). *Narrative exposure therapy.* Toronto: Hogrefe & Huber.

Schauer, M., Neuner, F., Karunakara, U. K., Klaschik, C., Robert, C., & Elbert, T. (2003). PTSD and the 'building block' effect of psychological trauma among West Nile Africans. *ESTSS Bulletin, 10*(2), 5-6.

Schauer, M., Thomas, E., Gotthardt, S., Rockstroh, B., Odenwald, M., & Neuner, F. (2006). Wiedererfahrung durch Psychotherapie modifiziert Geist und Gehirn [Re-experiencing through Psychotherapy Modifies the Mind and Brain.]. *Verhaltenstherapie, 16*, 96 - 103.

Scholte, W. F., Olff, M., Ventevogel, P., de Vries, G. J., Jansveld, E., Cardozo, B. L., et al. (2004). Mental health symptoms following war and repression in eastern Afghanistan. *Jama, 292*(5), 585-593.

Seedat, S., le Roux, C., & Stein, D. J. (2003). Prevalence and characteristics of trauma and post-traumatic stress symptoms in operational members of the South African National Defence Force. *Military medicine, 168*(1), 71-75.

Shipherd, J. C., Stafford, J., & Tanner, L. R. (2005). Predicting alcohol and drug abuse in Persian Gulf War veterans: what role do PTSD symptoms play? *Addict Behav, 30*(3), 595-599.

Shmotkin, D., Blumstein, T., & Modan, B. (2003). Tracing long-term effects of early trauma: a broad-scope view of Holocaust survivors in late life. *Journal of consulting and clinical psychology, 71*(2), 223-234.

Sigal, J. J., & Weinfeld, M. (1987). Mutual involvement and alienation in families of Holocaust survivors. *Psychiatry, 50*(3), 280-288.

Silva, J. A., Derecho, D. V., Leong, G. B., Weinstock, R., & Ferrari, M. M. (2001). A classification of psychological factors leading to violent behavior in posttraumatic stress disorder. *Journal of forensic sciences, 46*(2), 309-316.

Skaperdas, S. (2003). Restraining the Genuine Homo Economicus: Why the Economy Cannot Be Divorced from Its Governance. *Economics & Politics, 15*(2), 135-162.

Skjelsbaek, I. (2001). Sexual Violence and War: Mapping out a Complex Relationship. *European Journal of International Relations, 7*(2), 211 - 237.

Solhjell, R. (2009). *Rebels Without a Cause?: Perpetrator Perspectives on Sexual Violence in the Democratic Republic of Congo.* Saarbrücken: Verlag Dr. Müller.

Somasundaram, D. J., van de Put, W. A., Eisenbruch, M., & de Jong, J. T. (1999). Starting mental health services in Cambodia. *Soc Sci Med, 48*(8), 1029-1046.

Sorscher, N., & Cohen, L. J. (1997). Trauma in children of Holocaust survivors: Transgenerational effects. *American journal of orthopsychiatry, 67*(3), 493.

Stark, L. (2006). Cleansing the wounds of war: an examination of traditional healing, psychosocial health and reintegration in Sierra Leone. *Intervention - International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict, 4*(3), 206 - 216.

Stavrou, A., Vincent, J., Peters, K., & Johnson, S. (2003). *Tracer study and follow-up assessment of the reintegration component of Sierra Leone's disarmament, demobilization, and reintegration program.* Cork: Centre for Sustainable Livelihoods, University of Ireland.

Steel, Z., Silove, D., Phan, T., & Bauman, A. (2002). Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: a population-based study. *Lancet, 360*(9339), 1056-1062.

Steele, A. (2009). Seeking Safety: Avoiding Displacement and Choosing Destinations in Civil Wars. *Journal of Peace Research, 46*(3), 419-429.

Steiner, B., Benner, M., Sondorp, E., Schmitz, K. P., Mesmer, U., & Rosenberger, S. (2009). Sexual violence in the protracted conflict of DRC: Programming for rape survivors in South Kivu. *Confl Health, 3*(1), 3.

Tikuisis, P. (2009). On the relationship between weak states and terrorism. *Behavioral Sciences of Terrorism and Political Aggression, 1*(1), 66 - 79.

Tol, W. A., Komproe, I. H., Susanty, D., Jordans, M. J. D., Macy, R. D., & De Jong, J. T. V. M. (2008). School-Based Mental Health Intervention for Children Affected by Political Violence in Indonesia: A Cluster Randomized Trial. *Jama, 300*(6), 655-662.

Truth and Reconciliation Commission of Sierra Leone (2004). *Witness to Truth: Report of the Sierra Leone Truth & Reconciliation Commission* Free Town: Truth and Reconciliation Commission of Sierra Leone.

Turshen, M. (2001). The Political Economy of Rape: An Analysis of Systematic Rape and Sexual Abuse of Women during Armed Conflict in Africa. In C. Moser & F. Clark (Eds.), *Victims, Perpetrators or Actors? - Gender, Armed Conflict and Political Violence* (pp. 55 - 68). London: Zed Books.

United Nations Development Programme & United Nations Population Fund (2006). *Post-conflict peace building in Africa: the role of UNDP and UNFPA in Angola and the Democratic Republic of the Congo - The DRC case study - Background Note - Sexual and gender-based violence - prevention and response / Disarmament, demobilization and*

reintegration. New York: United Nations Development Programme, United Nations Population Fund.

United Nations (2000). *Children and armed conflict - Report of the Secretary-General*. New York: United Nations.

United Nations (2001). *Comprehensive review of the whole question of peacekeeping operations in all their aspects - Implementation of the recommendations of the Special Committee on Peacekeeping Operations and the Panel on United Nations Peace Operations [Brahimi Report]*. New York: United Nations.

United Nations (2003). *Assistance for humanitarian relief and the economic and social rehabilitation of Somalia*. New York: United Nations General Assembly.

United Nations (2004). *Women and peace and security - Report of the Secretary-General*. New York: United Nations Security Council.

United Nations (2007a). *The Principles and Guidelines on Children Associated with Armed Forces or Armed Groups - Paris Principles*. New York: United Nations.

United Nations (2007b). *World Population Prospects - The 2006 Revision - Highlights*. New York: United Nations Economic & Social Affairs.

United Nations Children's Emergency Fund (2003a). *UNICEF Somalia Review Feb 2003*. Washington, D.C.: United Nations Children's Emergency Fund.

United Nations Children's Emergency Fund (2003b). *UNICEF Somalia Review Nov/Dec 2003*. Washington, D.C.; United Nations Children's Emergency Fund.

United Nations Children's Emergency Fund (2003c). *UNICEF Somalia Review Oct 2003*. Washington, D.C.: United Nations Children's Emergency Fund.

United Nations Children's Emergency Fund (2007). Children in Conflict and Emergencies. New York: United Nations Children's Emergency Fund.

United Nations Development Programme (2008). *Rapport National sur le Developpment Humain 2008 - Restauration de la Paix et Reconstruction*. Kinshasa: United Nations Development Programme.

United Nations Development Programme (2009). *Human Development Report 2009 - Overcoming bariers: Human mobility and development*. New York: United Nations Development Programme,.

United Nations High Commissioner for Refugees (2008). *2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*. New York: United Nations High Commissioner for Refugees.

United Nations High Commissioner for Refugees (2009). *2008 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*. New York: United Nations High Commissioner for Refugees.

United Nations Office for Drug Control and Crime Prevention (2002). *East African Drug Information System - EADIS First Annual Meeting*. Vienna: United Nations Office for Drug Control and Crime Prevention.

United Nations Security Council (2000). *Resolution 1325 - On Women and peace and security*. New York: United Nations.

United Nations Security Council (2003a). *4718th Meeting (PM) Security Council New York*. New York: United Nations.

United Nations Security Council (2003b). *Report of the Panel of Experts on Somalia pursuant to Security Council resolution 1425 (2002)*. New York: United Nations.

United Nations Security Council (2003c). *Report of the Secretary-General on the situation in Somalia S/2003/231*. New York: United Nations.

United Nations Security Council (2008). *Resolution 1820 on Women, Peace and Security: Sexual Violence in Armed Conflict*. New York: United Nations.

United Nations Office for Drug Control and Crime Prevention (1999). *The Drug Nexus in Africa*. Vienna: United Nations Office for Drug Control and Crime Prevention.

Uvin, P. (2007). *Ex-Combatants in Burundi: Why the joined, how they left, why they fared* (Report No. 3). Washington, D.C.: World Bank.

van Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., & Sagi-Schwartz, A. (2003). Are children of Holocaust survivors less well-adapted? A meta-analytic investigation of secondary traumatization. *Journal of traumatic stress, 16*(5), 459-469.

Verdeli, H., Clougherty, K., Bolton, P., Speelman, L., Lincoln, N., Bass, J., et al. (2003). Adapting group interpersonal psychotherapy for a developing country: experience in rural Uganda. *World psychiatry: official journal of the World Psychiatric Association (WPA), 2*(2), 114-120.

Verhey, B. (2001). *Child Soldiers: Preventing, Demobilizing and Reintegrating* (Report No. 23). Washington, D.C.: World Bank.

Vinci, A. (2008). Anarchy, failed states, and armed groups: Reconsidering conventional analysis. *International Studies Quarterly, 52*(2), 295-314.

Warburton, D. A. (1993). *EC investigative mission into the treatment of Muslim Women in the Former Yugoslavia: Report to the EC forgeign ministries* Copenhagen: Ministry of Foreign Affairs Copenhagen.

Watts, C., & Zimmerman, C. (2002). Violence against women: global scope and magnitude. *Lancet, 359*(9313), 1232-1237.

Weinstein, J. M. (2007). *Inside rebellion: the politics of insurgent violence*. Cambridge; New York: Cambridge University Press.

Weissman, M., Markowitz, J., & Klerman, G. (2000). *Comprehensive Guide to Interpersonal Psychotherapy*. New York: Basic Books.

Weitsman, P. A. (2008). The Politics of Identity and Sexual Violence: A Review of Bosnia and Rwanda. *Human Rights Quarterly, 30*(3), 561-578.

Widner, J. A. (1995). States and Statelessness in Late Twentieth-Century Africa. *Daedalus, 124*(3), 129-153.

Wood, E. J. (2006). Variation in Sexual Violence. *Politics & Society, 34*(307), 307 - 341.

Wood, E. J. (2009). Armed Groups and Sexual Violence: When Is Wartime Rape Rare? *Politics Society, 37*(1), 131-161.

World Bank (2005). *Conflict in Somalia: Drivers and Dynamics*: Washington, D.C.: World Bank.

World Food Programme (2003a). *WFP Emergency Report No. 43 of 2003*. Rome: World Food Programme.

World Food Programme (2003b). *WFP Emergency Report No. 51 of 2003*. Rome.: World Food Programme.

Yehuda, R., Bell, A., Bierer, L. M., & Schmeidler, J. (2008). Maternal, not paternal, PTSD is related to increased risk for PTSD in offspring of Holocaust survivors. *Journal of psychiatric research, 42*(13), 1104 - 1111.

Yule, W. (2000). From progroms to "ethnic cleansing": meeting the needs of war affected children. *Journal of child psychology and psychiatry, and allied disciplines, 41*(6), 695-702.

Yule, W. (2002). Alleviating the effects of war and displacement on children. *Traumatology, 8*, 160.

Eigenabgrenzung

[Declaration of own and others' contributions]

I. Using Micro-Level Data to Map State Failure: The Example of Somalia.

Dieser Artikel ist von mir konzeptionalisiert und alle Teile wurden von mir selbst verfasst. Die Literaturrecherche und Auswertung wurde von mir durchgeführt. Ebenso nahm ich die Auswertung und Interpretation der Daten vor. Roos van der Haer kommentierte verschiedene Entwürfe des Artikels und berechnete später verworfene Modelle. Dr. Michael Odenwald stellte die Daten zur Verfügung und kommentierte spätere Entwürfe des Artikels.

II. Rape as a Weapon of War in the Eastern DRC? - The Victims' Perspective.

Die beschriebene Erhebung und der dazugehörige Fragebogen wurden von mir entworfen und durchgeführt. Dr. Elisabeth Schauer, Anett Pfeiffer, Nina Winkler, Inga Schalinski sowie ich selbst führen die Interviews durch. Die Auswertung, Erhebung und Interpretation der Daten wurden von mir durchgeführt. Der Text des Artikels wurde von mir verfasst.

III. Psychological Rehabilitation of Ex-combatants in Non-western, Post-conflict Settings

Der Text des Artikels und alle Tabellen wurden von mir verfasst. Dazu führte ich die entsprechende Literaturrecherche und Auswertung der Literatur durch. Hierbei unterstützten mich die genannten Ko-Autoren mit der jeweils von ihnen selbst verfassten Literatur und einem früheren Bericht der NGO *vivo*. Dr. Micheal Odenwald kommentierte mehrere Entwürfe des Artikels und trug entscheidend zu dem Abschnitt *Case Study Somalia (Box 9.3)* bei. Dr. Elisabeth Schauer kommentierte spätere Entwürfe des Artikels und trug vor allem zu dem Abschnitt *School Children in Sri Lanka* bei. Prof. Thomas Elbert trug wichtige Informationen zum Abschnitt *Cycle of Violence* bei.