

**RECOMMENDATIONS TO PROMOTE PSYCHOSOCIAL
WELL-BEING OF CHILDREN ASSOCIATED WITH
ARMED FORCES AND ARMED GROUPS (CAAFAG) IN NEPAL**

A research & recommendations report prepared by
Transcultural Psychosocial Organization (TPO) – Nepal
for UNICEF & the CAAFAG Working Group

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RECOMMENDATIONS TO PROMOTE PSYCHOSOCIAL WELL-BEING OF CHILDREN ASSOCIATED WITH ARMED FORCES AND ARMED GROUPS (CAAFAG) IN NEPAL

Executive Summary

Objective: This report by TPO-Nepal summarizes a four-month research project requested by UNICEF to identify (1) psychosocial problems encountered by children associated with armed forces and armed groups (CAAFAG) during the reintegration process, (2) risk factors that place returned CAAFAG at risk for psychosocial distress, (3) community protective factors that may prevent or reduce psychosocial distress, and (4) recommendations for psychosocial programming.

Research methods: Research was conducted in sixteen districts of Nepal with CAAFAG returned to the community ("returned children") and community members. Perceptions of CAAFAG were identified through 153 key informant interviews and 23 focus group discussions with community residents. Psychosocial problems among CAAFAG were identified through nine case studies and four participatory Child Led Indicator sessions where CAAFAG identified their own psychosocial problems and resources. To compare CAAFAG and community children never associated with armed groups (non-CAAFAG), a quantitative survey of 142 CAAFAG and 142 non-CAAFAG was conducted in ten districts.

Findings: In general, CAAFAG have more psychosocial problems than community children not associated with armed groups. However, this varied significantly by region with CAAFAG in eastern and central regions suffering from less psychosocial problems than CAAFAG in mid-western and far-western regions. CAAFAG in Dailekh and Surkhet had the most severe psychosocial distress of the regions studied. Problems in the community upon return (lack of welcome by the community, families ashamed of returned children, friends teasing returned children, teachers not helping returned children in school, etc.) were the strongest predictors of psychosocial distress, more so than traumatic events experienced during association with armed groups. Children who were forced to join armed groups had considerably more psychosocial problems and discrimination by the community than children who joined armed groups voluntarily. Although children ranked desire to restart their education as one of the top priorities upon return, enrollment in school was insufficient to improve psychosocial well-being. Only children in school who felt emotionally supported and not harassed by their teachers displayed positive psychosocial well-being. Community discrimination was most severe toward Dalit children and girls. Community members discriminated against girls because of *perceived* violations of Hindu purity and sexual activity while associated with armed groups. The most vulnerable CAAFAG groups appeared to be married girls and children formerly associated with the Nepal Army, primarily because these groups could not publicly seek support or services.

Recommendations: Based on the research findings, fifteen key psychosocial recommendations in five thematic areas are proposed to promote psychosocial well-being of CAAFAG in the reintegration process:

I. INCREASING COMMUNITY AWARENESS OF CAAFAG PSYCHOSOCIAL ISSUES

1. **General awareness programs** → General awareness programs should educate the public that community attitudes toward and support for CAAFAG are the most important issues to promote good psychosocial well-being regardless of a child's experience during association with armed groups. The community should be informed that returning to school is the top priority of the majority of returned children. Sensitization is necessary in the school setting

because children are hesitant to return because of shame and guilt about being in lower classes than their peers; sensitization also should address discrimination and mistreatment by teachers. Awareness programs should target marriage issues for girls. Although families and communities often encourage quick marriage of returned girls, most returned girls want to delay marriage until they can complete their studies. Additionally, marriage of CAAFAG girls shortly after their return places them in the most vulnerable category for psychosocial problems.

2. **Community-specific awareness programs** → Awareness messages also need to be tailored to region-specific needs of CAAFAG. In the Tarai, especially far-western districts, many of the children are internally displaced and not living with their own families. These children reported the highest levels of family difficulties resulting in psychosocial distress. Internally displaced children also reported greater mistreatment by teachers. Thus, awareness raising in the Tarai should focus on the needs of internally displaced CAAFAG. In mid-western districts, friends, neighbors, and political parties were the main sources of reintegration difficulties. In these areas, there is still active fear of retaliation and revenge by both armed groups and the community. The Nepal Army recruited large numbers of children in mid-western districts and these CAAFAG are particularly afraid to seek services for fear of retaliation by Maoists. Addressing safety and security is thus a top priority for awareness raising and community dialogue in mid-western Nepal. In eastern districts, CAAFAG had relatively few psychosocial or community reintegration problems, thus awareness programs should be especially cautious of stigmatizing eastern children by using representations of CAAFAG from western districts.
3. **Translating awareness into action at the community level** → Awareness programs should not be limited to education without providing concrete actions for local communities. In the far western Tarai, awareness programs should encourage actions to assist internally displaced CAAFAG such as income generation programs, assistance with return to their home communities if possible, and added emotional and psychosocial support because the children lack familial support. In mid-western districts, awareness programs should facilitate advocacy to politicians and local leaders, Child Protection Committees, and Maoist leaders to address the psychosocial effects of inadequate safety and security.

II. BUILDING COMMUNITY RESOURCES TO SUPPORT RETURNED CAAFAG

4. **Building school-based support** → Enrollment in school is inadequate to foster good psychosocial functioning of CAAFAG; a supportive learning environment is essential. Teacher training on psychosocial issues is crucial to help teachers support CAAFAG and to identify CAAFAG who need referrals for further psychosocial care. Additionally, psychosocial support for teachers themselves is needed to address teachers' fears of CAAFAG in the classroom and to sensitive teachers to their own discriminatory and stigmatizing behavior towards CAAFAG, which becomes modeled by other children. These issues can be addressed through training courses with teachers and regular interaction between teachers and Community Psychosocial Workers (CPSWs); these trainings should include the participation of local returned children.
5. **Building support from local children** → CAAFAG also require community support outside of the classroom because many CAAFAG have not been able to restart their education. CAAFAG expressed the desire to become involved in existing child clubs and to have assistance starting their own child clubs. CAAFAG specifically requested assistance from child clubs in developing street dramas to perform locally with the goal of sensitizing the community to their psychosocial needs and fostering community dialogue about CAAFAG psychosocial issues.
6. **Building support from community groups** → Returned girls expressed concern about discrimination from older women in the community. Involvement in women's groups and

mother groups should be arranged to develop supportive relationship among older women in the community. However, the involvement of CPSWs is highly recommended to sensitize these groups to the needs of returned girls so that community group involvement does not become an additional site of discrimination. Furthermore, exploring activities for the interaction of girls and boys in a constructive manner would help to address some of the problems of patriarchal exploitation of women.

- 7. Building support from community health workers** → In addition to disruption of education, lack of medical care was one of the top concerns for returned CAAFAG. Health care should be integrated with a psychosocial component because many health complaints reflect an interaction of physical and psychological distress. Unfortunately, most healthcare workers interviewed felt ill-equipped to identify or address psychosocial issues. Training for healthcare workers on psychosocial issues should be implemented, as well as regular interactions with CPSWs for referral and supervision issues. Gynecological and obstetric healthcare should be tied especially strongly with psychosocial services as this was a main concern of returned girls.

III. PROMOTING TRADITIONAL HEALING FOR CAAFAG, FAMILIES, & COMMUNITIES

- 8. Promoting existing rituals** → Ritual welcomes among returned children were uncommon in part because of Maoist prohibitions against ritual practice and because of community denial of ritual belief, particularly in eastern Nepal. However, *bhaakal garne* was identified as an acceptable ritual to welcome children home in many regions of the country. This ritual sacrifice to celebrate the fulfillment of a wish made to god (in this case the wish for CAAFAG to return home) appeared to have emotionally supportive effects for children and the family. *Bhaakal garne* and similar rituals could be encouraged for returned children. Additionally, among Tharu groups in far western districts, many rituals were practiced with an emphasis on inclusion of returned CAAFAG. Maoist leaders, in contrast to their attitude toward Pahadi (hill ethnic groups) Hindu rituals, supported ritual practice among Tharu groups because it was seen as promoting ethnic identity. Coordination among CPC members, local religious leaders, and local Maoists leaders fostered the use of rituals in the Tharu communities.
- 9. Creating a safe space for ritual practitioners and clients** → CAAFAG and their families did express a desire to use to traditional rituals. Families of children with posttraumatic stress were most likely to seek the services of a traditional healer. However, many traditional healers were reluctant to provide their services because Maoists had threatened and beaten them. Thus, in order for traditional healing to be available for CAAFAG and their families, there needs to be coordination among community leaders, traditional healers, and Maoists to negotiate a safe space for ritual practice. This has been successful in Kailali where Maoist leaders advocate for pluralistic healing that employs both medical doctors and traditional healers.
- 10. Encouraging creative reinterpretation of existing rituals** → Promoting rituals for CAAFAG also can be problematic because many rituals reinforce discrimination and exclusion of women and Dalits. Therefore, some rituals need to be reinterpreted creatively to be inclusive rather than exclusive. By working with Dalit and feminist activists in Nepal, it is possible to redefine rituals in terms of Dalit and women's rights. This has been done with *Saraswati puja* (worshipping the goddess of education) involving Dalits. Similarly, feminist activists have reinterpreted *Teej* in a frame of women's solidarity and empowerment. Inclusion should follow a step-wise process; the first step would be intra-ethnic/caste inclusion (e.g. encouraging Dalit works to worship together), followed by inter-ethnic/caste inclusion (e.g. encouraging Dalit and Brahman/Chhetri groups to worship together).

IV. DEVELOPING NEW PSYCHOSOCIAL INTERVENTIONS TO FILL GAPS IN SERVICES

- 11. Implementing classroom-based interventions in schools** → Classroom-based interventions (CBI, *Sanjeevani*) are used in Nepal currently to address moderate psychosocial distress among children affected by conflict. This type of programming could be adapted for CAAFAG in sessions conducted with other vulnerable children to foster psychosocial well-being and supportive interaction among CAAFAG and non-CAAFAG children in the school setting.
- 12. Developing peer support groups for CAAFAG** → During the research process, CAAFAG were appreciative of the opportunity to share their feelings and experiences with other returned children. For many of them, this was the first time to discuss their emotions with children in similar situations. Peer support groups could provide such an environment for CAAFAG throughout the country. Peer support groups could be conducted initially under the supervision of counselors or CPSWs then eventually operate independently with occasional supervision visits.
- 13. Providing individual and family counseling for vulnerable children** → For a select group of CAAFAG with severe psychosocial problems, counseling will be necessary. NGO workers and teachers could refer CAAFAG to mobile counselors who would provide individualized child or family care on a regular and sustained basis. This identification and referral would be facilitated by psychosocial trainings and regular interactions with CPSWs
- 14. Promoting Child Led Psychosocial Indicators (CLI) as a tool for social healing** → CLI is a process which brings children together for psychosocial problem identification and identifying local solutions. Children engage in child-friendly activities such drawing, playing, and singing. With the CAAFAG, CLI helped to identify their strengths and encourage them to solve their own problems through their own initiatives. This process recognizes children as rights holder, not merely a beneficiary of any intervention.

V. INTEGRATING PSYCHOSOCIAL PROGRAMMING IN POVERTY REDUCTION PROGRAMS

- 15. Integrating psychosocial programming with poverty reduction** → Psychosocial programs cannot operate in isolation. This is especially true for vulnerable populations where the ability to meet basic needs is precarious. Poverty was a strong “push factor” for association with armed groups, and it is associated with poor psychosocial functioning in many vulnerable groups. Thus, the psychosocial recommendations described above should be tied to poverty reduction programs, whether they take the form of income generation, skill training, or other programs addressing basic needs and livelihood.

RECOMMENDATIONS TO PROMOTE PSYCHOSOCIAL WELL-BEING OF CHILDREN ASSOCIATED WITH ARMED FORCES AND ARMED GROUPS (CAAFAG) IN NEPAL

Complete Report

PART I: BACKGROUND

Throughout the past eleven years, both security forces of the Government of Nepal and the Communist Party of Nepal-Maoists (CPN-M) have involved children in political violence. Although children associated with armed groups are often referred to as “child soldiers”, armed groups in Nepal have used children as performers in cultural programs, messengers, porters, cooks, spies, and sentries, as well as soldiers. These children associated with armed forces and armed groups (CAAFAG, herein referred to as ‘returned children’ to connote their status as returned to the community) are a population vulnerable to “psychosocial” distress. For this report, we will apply the definition of “psychosocial” agreed upon by UNICEF in coordination with other INGOs¹ (UNICEF 1997, Nairobi, Kenya): “*Psychosocial refers to the dynamic relationship that exists between psychological and social effects, each continually inter-acting and influencing the other.*” This is also the definition of “psychosocial” used by the CAAFAG Working Group (WG) in Nepal for the purposes the group’s psychosocial guidelines.² Promoting psychosocial well-being is central to peace building on a social level by reducing the risk of continued political violence, reducing the spread of political violence to the domestic and criminal spheres, and reducing retaliatory cycles of violence. Furthermore, addressing psychosocial needs reduces psychological distress such as substance abuse, harm to self, and other forms of emotional suffering.

Recently, the CAAFAG WG in Nepal conducted a rapid assessment of children associated with armed groups and the community perceptions of the children’s reintegration.³ This report highlighted psychosocial issues of returned children. Psychosocial problems as identified in the rapid assessment include trauma, stress, children being lost in themselves, difficult behavior, interruption of studies, anger, aggressiveness, crying, shouting, and being rude. Fear was mentioned repeatedly including both generalized fear and specific fear of retaliation and being beaten by seniors. The report also includes positive psychosocial functioning of returned children: increased interest in school, positive thinking, and being clever. The report listed psychosocial factors that placed children at risk for recruitment to armed groups, for example, “lack of success in studies, family internal relationship problems”, “social inequality”, and “poverty, discrimination, and poor family environment.” The report suggested that children were at risk of physical torture and sexual harassment. Community members reported that girls associated with armed groups have been sexually exploited, were forced to have abortions, and have decreased fertility from sexual activity. The report identified community psychosocial resources such as building relationships and supports at the community level, information

¹ Including the International Rescue Committee (IRC), Save the Children UK (SCUK), the United Nations Children’s Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR), International Committee of the Red Cross (ICRC) and World Vision International (WVI), online: <http://www.forcedmigration.org/psychosocial/>

² Tol, W. A., & Jordans, M. J. D. Prepared for CAAFAG-WG (2006). *Guidelines for psychosocial care of Children Associated with Armed Forces and Armed Groups (CAAFAG)*. Kathmandu: Transcultural Psychosocial Organization Nepal / CAAFAG-WG.

³ CAAFAG Working Group. (2006). *The situation of children associated with armed forces and armed groups (CAAFAG) in Nepal: A community assessment and understanding*. Kathmandu.

sharing, awareness raising, community leaders facilitating forgiveness, and emotional support in the form of social acceptance as practiced through clubs and groups.

The findings from the CAAFAG WG rapid assessment provided an important first look at the psychosocial distress of returned children. However, to date, the severity and prevalence of psychosocial problems among returned children have not been documented. Nor has there been a comprehensive investigation of the risk factors for psychosocial distress and the community resources available to reduce and prevent psychosocial distress. This report based on research conducted by Transcultural Psychosocial Organization (TPO) Nepal addresses specifically these issues then provides recommendations for activities at the community level to promote psychosocial well-being among returned children.

PART II: GOALS AND METHODS OF RESEARCH

The goal of this research was to identify the extent of psychosocial distress among returned children, the risk factors for psychosocial distress, and the resources available to address psychosocial distress, with a particular focus on traditional healing. Recommendations, based on these findings, were developed to reduce risk factors, promote existing resources, and design programs to fill gaps in psychosocial intervention. The four specified research questions are as follows:

- 1) *What is the psychosocial well-being of returned children compared to community children who never associated with armed groups?* This question helps to identify the needs to specific to returned children as well as the pervasiveness and severity of psychosocial problems among returned children.
- 2) *What are existing risk factors that impede psychosocial well-being of returned children?* This question addresses cultural and community issues related to gender, religion, caste, and ethnicity that may be barriers to maximizing psychosocial well-being of returned children.
- 3) *What are existing (traditional) protective factors for the psychosocial well-being of returned children?* This question examines community practices that promote psychosocial well-being, such as some forms of traditional healing.
- 4) *How will families and communities be involved in the psychosocial care and support of children returning to their home communities?* The question will examine beliefs and practices among families and communities that will facilitate reconciliation and dialogue between returned children and their communities. The findings from this question form the foundation of recommendations to foster local psychosocial resources

The research methods, demographics, and research sites of the study are included in detail in Annex 1. In brief, the study took place over a four month period (January – April 2007) in 16 districts (Ilam, Panchthar, Taplejung, Terhathum, Sankhuwasabha, Morang, Dolakha, Ramechhap, Kavre, Sindhupalchowk, Kathmandu, Palpa, Jumla, Dailekh, Surkhet, and Kailali) with the majority of research focusing on the four regions of Ilam, Surkhet, Dailekh, and Kailali. Five research methods were employed:

Key Informant Interviews (KII) - Key informant interviews were used to identify community perceptions of and experience with returned children. Interviews were conducted with 152 individuals including returned and community children, their parents and relatives, community leaders, teachers, traditional healers, journalists, health workers, NGO workers, etc.

Narrative Focus Group Discussions (NFGD) - In NFGDs, individuals were provided with a story (narrative) about a returned child, and then the respondents discussed major issues with regard to the psychosocial reintegration of the child in the community. Twenty-three NFGDs

were conducted with separate groups including returned children, their families, other community children, women's groups, teachers, etc.

Case Studies – Case studies of well-integrated and poorly-integrated returned children in the community were collected from nine returned children and their social networks.

Child Led Indicators (CLI) – CLI is a participatory approach developed by Save the Children-Sweden Regional Office for South and Central Asia to promote child involvement in program monitoring and evaluation. We adapted CLI for use with psychosocial issues. The CLI involved a three to five-day activity involving returned children in separate groups in four regions (Ilam, Surkhet, Dailekh, and Kailali). The child participatory approach was used rather than employing a definition of psychosocial well-being exclusively framed by Western psychological standards. In the CLI process, children discussed their psychological and social well-being in terms of the Nepali concept of “heartmind” (*man*, मन) because this was a familiar term and concept rather than using the term “psychosocial.” The concept of “heartmind” (*man*, *sem*, *sae*) is common across many Nepali cultural groups and refers to the organ of emotions (ranging from happiness to suffering), desires, and memory. Returned children drew pictures of the “heartmind” (*man*). They then identified positive and negative aspects of their heartminds. In a later step, they identified the ideal emotional and behavioral state of children of their age. From these tasks, the returned children produced a framework for positive and negative psychosocial well-being with outcomes described below. (See Annex 1 as well as the separate TPO-Nepal CLI report for more details on child led indicators.)

Quantitative Surveys – Quantitative surveys were designed to assess the psychosocial well-being of returned children and compare this with children who did not associate with armed groups. The quantitative survey included a number of psychological surveys that have been adapted specifically for use in the Nepali context. Furthermore, other psychosocial questions were taken directly from indicators that returned children identified in the CLI process. One-hundred-forty-two returned children and 142 children never associated with armed groups participated in the quantitative section.

COMPONENTS OF QUANTITATIVE SURVEY

1. Child Led Indicators (CLI) of positive psychosocial functioning^A
2. Child Led Indicators (CLI) of negative psychosocial functioning^A
3. Assessment of impaired daily functioning^A
4. Child psychosocial strengths and difficulties^B
5. Child depression symptoms^B
6. Child anxiety symptoms^B
7. Child posttraumatic stress symptoms^B
8. Assessment of child hope for the future^B

^A – Scales developed specifically with Nepali children

^B – Scales adapted for Nepali children through Transcultural Translation Process [Van Ommeren, et al. (1999). Preparing instruments for transcultural research: use of the translation monitoring form with Nepali-speaking Bhutanese. *Transcultural Psychiatry*, 36(3), 285-301.]

PART III: FINDINGS OF RESEARCH

The findings of this research represent a summation of information identified through the case studies, key informant interviews, narrative focus group discussions, and the child led indicator (CLI) process. The findings are divided into four sections: (1) positive psychosocial well-being, (2) negative psychosocial well-being and psychosocial problems, (3) risk factors for psychosocial distress, and (4) community resources to reduce and prevent psychosocial distress. Recommendations based on these findings follow in Part IV.

1. Positive Psychosocial Well-Being

Community definitions of psychosocial well-being: Before addressing psychosocial distress, it is useful to consider how positive psychosocial well-being is characterized at the community level. Communities consistently emphasized ability to get along with others, good study habits, and not being aggressive towards nor threatening others as important signs of positive psychosocial functioning.

Returned child definitions of psychosocial well-being: CLI was employed to help returned children identify their own definitions of psychosocial well-being, including both positive and negative features. In the sidebar, we have listed the aspects of positive psychosocial well-being derived from discussions of ‘heartmind’ (*man*). The results represent a summation of findings from the four main research districts (Ilam, Surkhet, Dailekh, and Kailali). These results of ‘heartmind’ (*man*) discussion in the CLI sessions were used to develop a questionnaire of child-led indicators for psychosocial health. Table 1 includes the endorsed percentages of child-identified positive psychosocial traits.

POSITIVE PSYCHOSOCIAL WELL-BEING DEFINED BY RETURNED CHILDREN IN THE CLI PROCESS

Positive Psychosocial traits from both genders of returned children

- Treats all people equally
- Is not afraid unnecessarily
- Does not desire revenge
- Has basic needs met

Positive Psychosocial traits from returned girls

- Feelings of love and mercy
- Feels safe and secure
- No regret or guilt
- Concentrates on studies
- Promotes peace

Positive Psychosocial traits from returned boys

- Works for the good of society and country
- Is hard-working
- Is educated and educates one’s children
- Takes care of one’s family

TABLE 1: PERCENTAGE OF POSITIVE PSYCHOSOCIAL TRAITS AMONG 142 RETURNED CHILDREN

Child-identified positive psychosocial traits	% Endorsed
Helpful toward others	98%
Desire to develop country	94%
Hopeful	91%
Feel safe	88%
Not discriminating against others	86%

In a comparison among the four regions, we found that children in Surkhet had the lowest percentage of child-identified positive psychosocial traits among the four regions, while returned children in Kailali, Dailekh, and eastern districts displayed significantly higher amounts of positive traits.

IMPLICATIONS OF POSITIVE PSYCHOSOCIAL FINDINGS → *Identifying positive psychosocial traits allows for identification of well-being to measure the efficacy of intervention programs for children. Issues identified by returned children are ideal targets to assess improvement after psychosocial programming (e.g. helpful toward others, desire to develop country, hopeful, feeling safe, and not discriminating against others).*

RECOMMENDATIONS RELATED TO POSITIVE PSYCHOSOCIAL FUNCTIONING:

- ▶ Psychosocial programs should be conducted to identify and promote positive psychosocial characteristics rather than focus exclusively on reducing negative psychosocial traits.
- ▶ Psychosocial programming needs to start from children’s perceptions of positive well-being, which may differ from perceptions in other settings.

2. Psychosocial Difficulties:

A central goal of the study was to identify psychosocial difficulties among returned children so that psychosocial programming can address these specific challenges. Perceptions of difficulties were assessed from the community using key informant interviews and focus group discussions and from the returned children using CLI and surveys.

Community Definitions: Community respondents highlighted fear as a major psychosocial problem among returned children. In addition, community members felt returned children were aggressive, vengeful, violent, noisy, talked too much, not trustworthy, guilt-ridden, suffering low self-esteem and insecurity feelings related to leaving academics, and impaired in social relations. These findings were consistent with the CAAFAG WG rapid assessment.

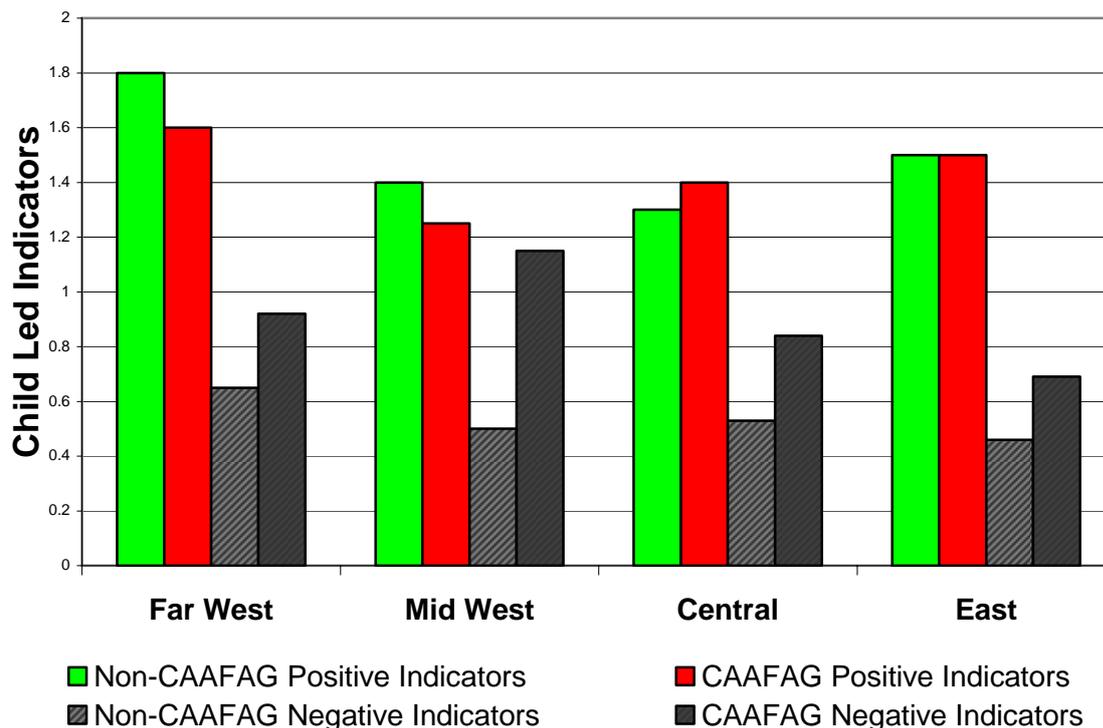
Child Definitions: Returned children described their psychosocial problems through discussions of the “heartmind” (*man*) in the CLI process. Children revealed the following items as common psychosocial problems across the four main research districts: fear and anxiety, regret and sadness from leaving one’s education, lack of trust from the community, guilt and shame about being a Maoists, feeling hatred and discrimination from society, and not being comfortable with other people. These items were included in the quantitative survey for returned children to endorse or deny. Table 2 records the percentages of child-identified psychosocial difficulties.

TABLE 2: PERCENTAGE OF NEGATIVE PSYCHOSOCIAL TRAITS AMONG 142 RETURNED CHILDREN

Child-identified psychosocial difficulties	% Endorsed
Tension	96%
Fear	88%
Guilt	85%
Distrust	80%
Confusion	75%
Single-mindedness	70%
Unable to get along with others	63%

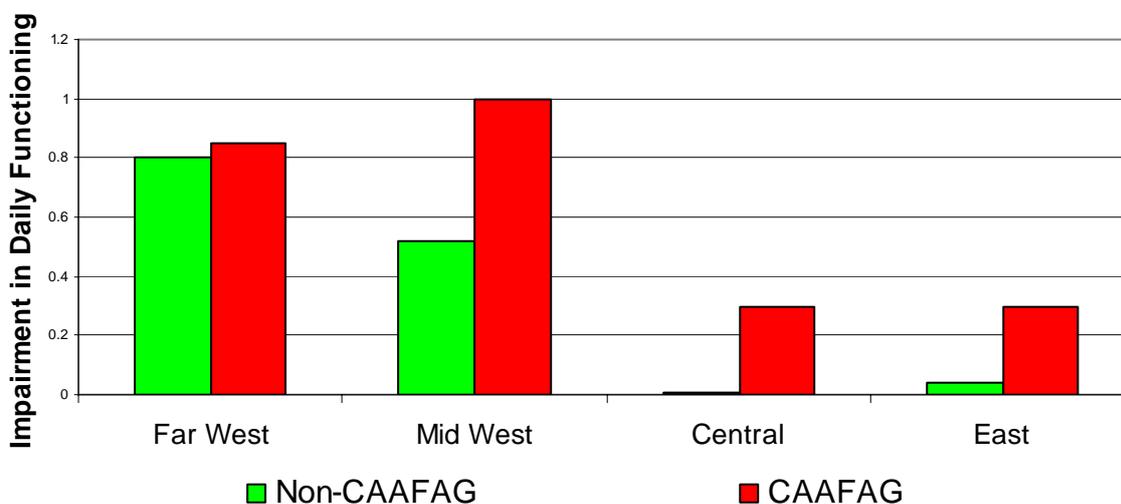
Based on child-identified negative psychosocial indicators, returned children in Surkhet had significantly more problems than children did in the other districts, with children in eastern districts having the least problems. Figure 1 presents the positive and negative psychosocial indicators defined by children compared between returned children and never associated children across four development regions of Nepal.

FIGURE 1: COMPARISON OF NEVER ASSOCIATED CHILDREN (NON-CAAFAG) AND RETURNED CHILDREN (CAAFAG) ON CHILD LED PSYCHOSOCIAL INDICATORS



Impaired daily functioning: TPO-Nepal has developed a tool specifically for use among children in Nepal to assess impairment in daily functioning (e.g. difficulty feeding and cleaning oneself, difficulty in house and farm work, difficulty in school, difficulty helping others). Children reported the most impaired functioning in Dailekh, with also high impairment in Surkhet and Kailali. Children in Ilam had relatively low impairment in daily functioning. Returned children in eastern and central Nepal actually had better daily functioning than children in western regions who had never associated with armed groups. Figure 2 illustrates the level of impaired functioning among returned children (CAAFAG) and children never associated with armed groups (non-CAAFAG) in different regions of Nepal.

FIGURE 2: COMPARISON OF NEVER ASSOCIATED CHILDREN (NON-CAAFAG) AND RETURNED CHILDREN (CAAFAG) ON LEVEL OF IMPAIRMENT IN DAILY FUNCTIONING



Psychosocial distress: Using psychological measures adapted for the Nepali context, tremendous variation in severity of psychosocial distress was identified among returned children in different regions. Table 3 presents the percentage of children with different types of psychosocial distress (depression, anxiety, posttraumatic stress) by region.

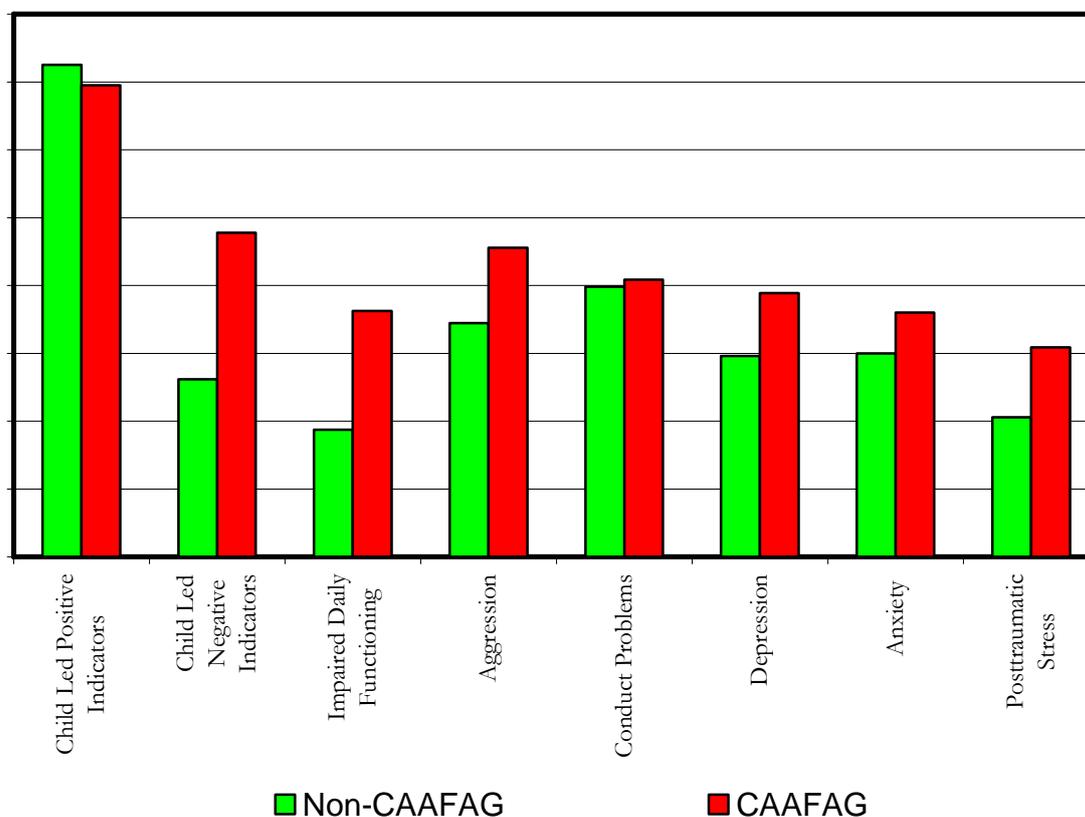
TABLE 3. PSYCHOSOCIAL DISTRESS OF 142 RETURNED CHILDREN DIVIDED BY REGION

Psychological Distress	Eastern Districts	Surkhet	Dailekh	Kailali	TOTAL
Depression Symptoms	4%	60%	61%	37%	48%
Anxiety Symptoms	12%	74%	58%	43%	48%
Posttraumatic Stress Symptoms	44%	90%	100%	90%	82%

Girls had significantly greater distress than boys and Dalits had significantly greater distress than all other castes on all measures of psychosocial distress (child-led indicators of negative psychosocial status, impaired daily functioning, anxiety, depression, and posttraumatic stress symptoms) except aggression, which did not differ based on caste or gender.

Returned children were also compared with children who were never associated with armed forces (See Figure 3 below). Returned children were considerably more impaired than never associated children were on most measures, (child-identified negative indicators, impaired daily functioning, aggression, depression, anxiety, and posttraumatic stress). However, never associated children and returned children did not differ on positive psychosocial well-being (child-identified positive indicators) or on conduct problems.

FIGURE 3: COMPARISON OF NEVER ASSOCIATED CHILDREN (NON-CAAFAG) AND RETURNED CHILDREN (CAAFAG) ON PSYCHOSOCIAL MEASURES



One important finding is that although some psychosocial problems were highlighted by both community members and returned children, aggression was not mentioned as a problem by any returned children themselves. This suggests that community members perceived returned children as more aggressive than they perceived themselves. Aggression surveys did reveal that returned children felt more aggression than community children never associated with armed groups.

IMPLICATIONS OF NEGATIVE PSYCHOSOCIAL FINDINGS → Both returned children and community members identified psychosocial problems such as fear, guilt, and distrust. The higher prevalence of psychosocial distress among returned children compared with never associated children confirms that returned children are an at-risk group in need of intensive and focused services. According to child-led indicators, impaired daily functioning measures, and psychological distress measures, children in Ilam and other eastern districts had the least impairment, while children in Surkhet and Dailekh had the highest level of impairment, and Kailali was moderate. Returned Dalits and girls had higher levels of psychosocial distress in most areas compared to other castes and boys.

RECOMMENDATIONS RELATED TO NEGATIVE PSYCHOSOCIAL FUNCTIONING:

- ▶ Psychosocial services are indicated for returned children. Psychosocial services could address (a) aggression (since community members and returned children have differences in perception), and (b) other identified issues: fear, guilt, and distrust.
- ▶ Broad community psychosocial programs for returned children should be prioritized in mid-western and far-western Nepal with less emphasis in central and eastern regions. In eastern and central regions, screening is essential to identify the comparatively fewer children in need of services.
- ▶ Broad community programs should be developed for returned girls and Dalits.
- ▶ Awareness raising campaigns/dialogues between returned children and community members should address issues of violence and aggression.

3. Risk Factors for Psychosocial Difficulties:

Risk factors for psychosocial difficulties were identified through case studies, key informant interviews, narrative focus group discussions, and the CLI process. Risk factors for psychosocial distress fell into three categories: (1) factors that placed individuals at risk for recruitment, (2) experiences during association with the armed group, and (3) experiences upon returning to the community. This approach allowed for identification of different psychosocial problems associated with these three risk categories.

a) Risk factors for recruitment → Risk factors were divided into “push factors” and “pull factors” based on frameworks used by the International Labor Organization and other research on child soldiers.⁴

“**Push factors**” are those factors that place an individual at risk of recruitment. These are aspects of the child, family, and community that recruiting groups are able to draw upon to associate a child. In this research, we first assessed *perceived* community beliefs about push factors. All groups interviewed emphasized poverty as the dominant perceived “push factor”; for teachers, parents, health care workers, political leaders, and others, issues of poor economic conditions, unemployment, and inability to meet basic needs in the community were reasons for joining.

⁴ Somasundaram, D. (2002). Child soldiers: understanding the context. *British Medical Journal*, 324(7348), 1268-1271.

This illustrates that community members typically view returned children as coming from and returning to indigent families. Brahmins, Chhetris, and Janajati in the different districts highlighted poor family environment as a primary reason for children joining. They viewed associated children as coming from families with domestic violence and alcoholic fathers; this perception was less common among Dalit community members. Janajati community members, more-so than other caste members, often cited fear as a reason that children joined. Other “push factors” included discrimination in the community. Individuals described how non-Brahmin/Chhetri groups and women were marginalized in the community.

In the quantitative interview, returned children recorded their reasons for joining armed groups. Their answers also reflected a range of push factors. For example, 24% of children said they joined out of poverty, and 15% said they joined because change was needed in society, such as eliminating discrimination. Children also said they joined because of lack of opportunities in their communities and family problems. Girls said they joined to escape abusive marriages or before being forced into arranged marriages.

“**Pull factors**” are aspects of the armed group itself. Pull factors include both methods that groups use as well as enticement and promises made to children as alternatives to their status in the community. Community members *perceived* cultural programs as one of the main tools to entice and appeal children to join the CPN-M. Community members also highlighted the role of peer pressure in getting to children to join. Peers would provoke children by saying, “If we can do it, then so should you.” Community members often described this recruitment as a “*lahai-lahai*” (children following one after another). Research in Sri Lanka with child soldiers has referred to this process as a “Pied Piper” effect of children following one another.⁵ Brahmin, Chhetri, and Janajati community members also perceived revenge as a common reason to join armed groups. These individuals explained how security forces had killed family members or tortured the children themselves. Thus, children joined the Maoists to retaliate against security forces. Community members also saw personal gain as a “pull” factor. For example, children could move forward in society, obtain a government job, and become wealthy through association with an armed group. Another pull factor may have been sexual desire. One Brahmin health-post worker from an eastern hill region described how young boys saw joining the Maoists as a sexual opportunity. This was the only respondent who spontaneously elicited sexual desire as a pull factor, but other community members also implied that sexual activity occurred within Maoist forces.

Similar “pull factors” were endorsed by children in the quantitative survey. Of returned children, 38% said they joined because of being pressured by the Maoists. They explained the Maoist policies of *ek ghar ek* (one person from each household) dictated that one person from their home had to go. The children often saw their parents as unable to go because they were too old, too physically weak, or had too much responsibility for the family. Thus, children reported going in place of their parents. Personal advancement and personal interest was also a pull factor for 24% of returned children. The children explained that they joined to become big leaders, politicians, army commanders, etc. Other pull factors included interest in the Party philosophy (10%), and revenge on security forces (5%).

Voluntariness of association with armed groups: Across districts, individuals had differing views on whether joining was forced or voluntarily. In Dailekh and middle hill eastern districts (Terhathum, Taplejung, and Sankhuwasabha), 80% of community respondents viewed joining as

⁵ Somasundaram, D. (2002). Child soldiers: understanding the context. *British Medical Journal*, 324(7348), 1268-1271.

voluntary. In Kailali, 72% of respondents presumed that children joined voluntarily. However, the percentage of community members in other areas viewing joining as voluntary was lower, Ilam (57%), Surkhet (40%). When asking the returned children themselves about the level of person control in joining, 28% of returned children reported joining on a completely voluntary basis; another 28% reported that the joining was partly voluntary and partly coerced; lastly, 43% reported that joining was completely coerced.

Psychosocial impact of risk factors for recruitment: The manner in which children joined impacts their current psychosocial functioning as well as the amount of trauma they experienced while associated with armed groups. Children who felt pressured to join (38%) and children who joined because of poverty (24%) were much more likely to have psychosocial problems after their return to the community. Furthermore, children who reported being completely coerced (43%) were more likely to have psychosocial problems and to experience traumatic events while associated versus children who felt partly coerced (28%) or completely voluntarily (28%). Unfortunately, children who reported joining involuntarily had less social supports upon return to the community than children who joined voluntarily did.

IMPLICATIONS OF RECRUITMENT RISK FACTORS → *The reasons for children joining armed groups had different impacts on psychosocial well-being. Children forced to associate had considerably worse outcomes than children voluntarily joining armed groups. Specifically, joining because of threats or because of poverty places children at greatest long-term risk of psychosocial distress.*

RECOMMENDATIONS RELATED TO RECRUITMENT RISK FACTORS:

- ▶ When screening returned children to determine who needs psychosocial support, it is important to ask children about their reasons for joining armed groups as this influences long-term psychosocial well-being.
- ▶ Psychosocial programs should highlight the needs of poor children and children who joined under threats and pressure.
- ▶ Community awareness programs should promote social support for children who were forced to join armed groups as these individuals receive less support on return than children who joined voluntarily.

b) Risk factors during association → This research corroborated the CAAFAG WG Report findings concerning child roles and experiences while associated with armed groups. The community members reported risk factors during association such as experiences of violence, disruption of education, lack of control over one's life and decisions, punishment by hard physical labor, lack of medical care (especially for women's health needs), consensual and non-consensual sexual experience, and violation of Hindu caste rules for purity (e.g. eating beef, eating with and staying with other castes, eating with and interacting with menstruating women). Community members described violation of Hindu purity rules as one of the main reasons for discrimination against and exclusion of children upon return, especially exclusion from marriage. Perceived violations of sexual purity were a primary reason for harassment and stigmatization of returned girls. For many community members, violating Hindu purity and sexual activity were more significant transgression than committing violent acts. Returned children in this study reported a range of risk factors during association including violence, lack of education, hard labor punishment, and lack of health care.

Roles of children during association and the impact on psychosocial well-being: Children also described different roles while associated with armed groups (See Table 4). The majority of children had multiple roles. The type of role had different impacts on psychosocial well-being. Children who were involved primarily in cultural programs and children used as soldiers had

more psychosocial distress than other children did. Children placed in roles as spies, sentries, and messengers had better well-being. Children used as soldiers likely were exposed to more violence and traumatic events. Children in cultural programs likely represent those who were forced to be involved but were not promoted within the ranks of the CPN-M. The range of time children spent with armed groups varied from one month to 4.75 years. One third of the children spent three-four months with armed groups. There was no association between the length of time children spent with armed groups and their psychosocial distress.

TABLE 4. ROLE DURING ASSOCIATION AND IMPACT ON PSYCHOSOCIAL WELL-BEING

ROLE OF CHILD	PERCENT OF CHILDREN EXPERIENCING ROLE	ASSOCIATION WITH PSYCHOSOCIAL WELL-BEING
SENTRY	54%	Associated with positive psychosocial well-being
MESSENGER	25%	Associated with positive psychosocial well-being
SPY	12%	Associated with positive psychosocial well-being
PORTER	35%	No association with psychosocial well-being
COOK	47%	No association with psychosocial well-being
CULTURAL PROGRAMS	40%	Associated with negative psychosocial well-being
SOLDIER (PLA/SF)	21%	Associated with negative psychosocial well-being

Traumatic events: Children were also exposed to traumatic events during their association with armed groups. In Table 5, the traumatic events experienced by children during association with armed groups are recorded. Children who experienced these traumatic events, especially bomb explosions, were more likely to have symptoms of posttraumatic stress, as well as impaired daily functioning compared to children with exposure to fewer traumatic events.

TABLE 5. TRAUMATIC EVENTS EXPERIENCED BY 142 RETURNED CHILDREN

Traumatic Event	Percent of Children Experiencing Event
Bomb Explosion	41%
Beatings	40%
Abductions	26%
Torture	22%
Killings	22%
Fire	17%
Fatal vehicle accident	7%

Health risks from association with armed groups: In the CLI procedure, children ranked lack of access to medical care among their top concerns (children in Surkhet and Kailali ranked lack of healthcare first). Health risks from association fall into two main categories: (i) injuries from association and (ii) girls' health needs. Regarding injuries, children explained that they had been wounded in battle or in training. One girl was still unable to move her right arm because of a training injury. Another boy still had bullets lodged in his leg. Children exposed to bomb explosions and torture are likely to have medical health problems. For these children, addressing the physical health problems can ameliorate psychosocial distress because the two are linked intricately. With regard to girls' health needs, returned girls described how they were forced to walk and even go into battle during menstruation and pregnancy. In some Nepali cultures, there is a taboo around performing certain activities during menstruation. Girls in mid-Western Nepal hill regions are still placed in animal sheds for four to seven days with no activity permitted during menstruation. Girls were concerned that because they had walked and been active during menstruation, that now their ability to reproduce had been lost. Furthermore, there is concern about sexually transmitted diseases resulting from consensual and non-consensual sex during association. These physical health concerns weighed heavily on the returned children's psychosocial condition.

Voluntariness and control during association with armed groups: Returned children reported different levels of control over their actions during association with armed groups. Of the returned children, 30% reported complete control over their actions, 27% reported partial control over their activities, and 43% reported that others (typically senior commanders) controlled all of their activities. This latter group of children with the lowest level of personal control displayed the highest levels of psychosocial distress.

IMPLICATIONS OF RISK FACTORS DURING ASSOCIATION WITH ARMED

GROUPS → *Community perceptions of violations of Hindu caste purity and perceptions of sexual activity during association are major reasons for discrimination upon return. Children were distressed by the disruption in education caused by association with armed groups. Traumatic events (especially bomb blasts) had an impact on posttraumatic stress symptoms and impaired daily functioning, but trauma did not have an impact on child-led psychosocial indicators. Children used in cultural programs and as soldiers are at greater risk of psychosocial distress than children involved in other roles are. Lack of health care, particularly women's health care, during association contributed strongly to psychosocial distress. Lastly, lack of control over one's activities during association predicted psychosocial distress upon return to the community.*

RECOMMENDATIONS RELATED TO RISK FACTORS DURING ASSOCIATION:

- ▶ Issues of discrimination related to violation of Hindu purity and sexual activity should be featured in awareness campaigns, community dialogues, and inclusion activities.
- ▶ Support programs should be established for children victimized by sexual violence. All staff working with CAAFAG should be aware of their own cultural beliefs and practices that could possibly reinforce stigmatization during return to communities.
- ▶ Psychological trauma programs are important for children who have exposure to traumatic events, particularly bomb explosions and combat, because these children have impaired daily functioning. However, psychological trauma programs should be limited to children with these exposures rather than used as a widespread program for all returned children. Thus, screening for events and traumatic stress is essential to identify children in need of trauma programs. Furthermore, psychological trauma programs should focus on posttraumatic stress and impaired daily living, while other psychosocial programs should be made available to a larger percentage of children.
- ▶ Psychosocial programs should take into account the role played by children while associated with armed groups. Children who were used in cultural programs and as soldiers should be provided special assistance. Programs should screen for the types of roles experienced by returned children.
- ▶ Psychosocial programs, additionally, should seek out and support children who report no control over their activities while associated with armed groups.
- ▶ Integrated health programs that involve medical care (especially gynecological and obstetric care) and psychosocial care are crucial because of the strong link between these factors. Community health workers and health professionals who conduct evaluations when children arrive at Interim Care Centers should be trained in recognition and referral for basic psychosocial problems.

c) Risk factors after association → *Community perceptions:* The community perceived a range of problems upon children's return to the community. Community members thought that children would have no activities, no employment, and no source of income when they return. The community described these children as *paani binako maccha* (a fish without water) upon return; "They will not be able to meet their basic needs." For this reason, the community members thought that many children would remain with the Maoists in the hopes of getting government jobs. Community members felt that the returned children would be aggressive and not trustworthy. Furthermore, community members expressed that children would be stigmatized and excluded upon return. "The community has a negative view towards them." Community members also thought that children faced security and safety problems upon return. The children would face threats of re-recruitment, revenge from the community, and retaliation from the opposing military group. Children would also face educational barriers; they would feel inferior and shame because their peers who did not join an armed group would be ahead of them in schooling. Additionally, community members felt that children would return to the same problems that caused them to join originally such as unstable family situations and caste/gender discrimination in the community. Lastly, a few community members described how children would be frustrated by loss of sexual freedom they had while associated with the armed group. The majority of the community members also explained that returned girls could not participate in arranged marriage because of being ritually impure, not virgins, or being too old. The latter concern was more common among Tharu groups in the western Tarai where marriage tends to occur at a young age of 14-15 years. (See sidebar for community's perception of marriage for returned girls.) Generally, the community did not describe marriage difficulties for returned boys.

COMMUNITY'S PERCEPTION OF MARRIAGE FOR RETURNED GIRLS

Community men's views of returned girls' possibility for marriage

- "The community thinks girls who leave home are not virgins. They are awful."
- "The girls will have a problem; their virginity is questioned."
- "It is difficult for the girls to get married. They are rape victims."
- "Because they are too old, it is difficult for them to marry."
- "The girls can marry if they are young enough."
- "If you believe in our culture, there is no possibility for girls to marry."
- "The girls will not have problem if they marry inside the Party."

Community women's views of returned girls' possibility for marriage

- "They can marry in their circle, but arranged marriage is not possible."
- "Arranged marriage is not possible, they must elope."
- "Within the armed forces they can marry."
- "As long as their hearts click (man milne), they can get married."

Child-identified problems after association: Child-identified problems after association included similar issues such as educational problems, discrimination from the community, friends deserting them, teachers mistreating them, and backbiting in the community. Children did not self-report aggression as a problem. Table 6 lists the difficulties encountered by children and from whom the problems originated. For example, 10% of children felt that their families did not want them to come home, whereas 20% of children felt their friends did not want them home.

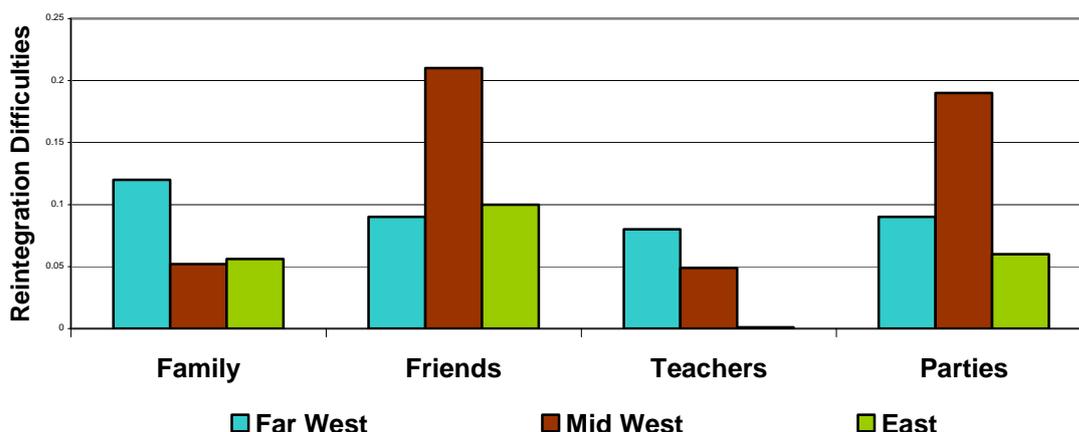
Although the total number of return difficulties did not vary greatly across regions, the types of difficulties did vary (See Figure 4). For example, discrimination was the lowest in all categories in eastern districts (Ilam, Panchthar, and Morang). Discrimination from family and teachers was greater in Dailekh and Kailali. Discrimination from the family may be higher in Kailali because of the larger percentage of children who are internally displaced and living with distant relatives

TABLE 6. PERCENTAGE OF RETURNED CHILDREN REPORTING DIFFICULTY FROM COMMUNITY MEMBERS

OTHER'S VIEW	FAMILY	FRIENDS	TEACHER	POLITICAL GROUPS	NEIGHBORS	NGO
Didn't want to take me home	10%	20%	13%	39%	27%	9%
Afraid of me	4%	28%	4%	2%	18%	1%
Ashamed of me	20%	3%	1%	0%	10%	0%
Didn't want to play with me	9%	26%	7%	7%	15%	5%
Teased me	6%	37%	6%	4%	28%	2%
Threatened and pressured me	3%	2%	4%	44%	11%	1%
Did not let me participate in religious activities	4%	2%	3%	21%	17%	0%
Did not give me support in going to school	7%	19%	5%	15%	7%	2%
Did not give me support in getting married	3%	6%	1%	2%	4%	0%
REGIONS where difficulty was common	Dailekh, Kailali	Surkhet	Dailekh, Kailali	Surkhet, Dailekh	Surkhet	Not different

rather than their natal family. Discrimination from the family may also be higher in Kailali because many Tharu girls are married at a young age and sent to live with their husband’s families where they receive less support than in their natal family. Discrimination from the community (friends and neighbors) was more common in Surkhet. Girls especially reported sexual harassment and threats from the community in Surkhet; in public they were insulted with derogatory terms about their sexual character such as “*nakachari, kumari keti chhaina, ketabaruko sutne ochhyaan*” (girl of poor character “loose bird”, not a virgin like the Kumari, a bed for boys to sleep upon). Problems from Maoists, security forces, and other political parties were most common in Dailekh and Surkhet. Discrimination from political parties may be less in eastern districts because of widespread community support for the Maoists. Discrimination from political parties may be less in Kailali because of Maoist coordination with Tharu community and religious leaders to promote Tharu culture.

FIGURE 4: REINTEGRATION DIFFICULTIES FOR RETURNED CHILDREN CAUSED BY FAMILIES, TEACHERS, FRIENDS, & POLITICAL PARTIES BASED ON REGION (FAR-WESTERN, MID-WESTERN, & EASTERN NEPAL)



Hidden groups (married girls and children used by the Nepali Army): Married girls are one of the special categories of returned children who appear to have the least access to resources. Community members described how girls were often married off immediately after they returned home before the negative stigma of their association permeated the community. Married girls in Surkhet described how they had no resources, including no emotional support, after being

moved to their husbands' families. Furthermore, the husband's family typically tried to hide their daughter-in-law's association with Maoists, which prevented these girls from accessing supportive services. Married girls were distressed particularly by their inability to access education after moving to their husband's house. Similarly, *children used by the Nepali Army* were afraid to seek services because of threats of retaliation from both the Army and the Maoists. Most of the children used by the Nepali Army were used as spies. Although some of these children participated in our research, they did not want to complete a registration form.

Relationship of return difficulties to psychosocial problems: Difficulties upon return to the community were a stronger predictor of psychosocial distress than trauma during association or risk factors for recruitment. The return difficulties in Table 6 were strongly associated with all psychosocial problems. Children who reported more return difficulties had higher levels of child-led psychosocial distress indicators, posttraumatic distress, depression, anxiety, and impaired daily functioning. Whereas problems from most of the groups were associated with all psychosocial distress, problems from political groups were associated strongly with posttraumatic stress.

IMPLICATIONS OF RISK FACTORS AFTER ASSOCIATION → *Based on community descriptions, child reports, and survey results, difficulties upon return to the community were the most important factors in psychosocial health, more so than trauma experienced during association or risk factors for association. Children were discriminated against in different manners by different groups. For example, returned children in Kailali faced discrimination from family and teachers; however, returned children faced more discrimination from neighbors, friends, and political parties in Surkhet and Dailekh. Returned children in eastern districts reported the least discrimination. Community discrimination was associated with all forms of psychosocial distress, whereas discrimination from political parties was tied to posttraumatic stress. Return difficulties were most problematic among married girls and children used by the Nepali Army because of fear of acknowledging the returned child's status to the local community.*

RECOMMENDATIONS FOR RISK FACTORS AFTER ASSOCIATION:

- ▶ Reducing community discrimination will have the broadest impact on psychosocial well-being of returned children. Community discrimination can be addressed through awareness programs, community dialogue, inclusion in rituals, inclusion in school, and inclusion in other activities. Discrimination should especially target issues surrounding Hindu ritual purity exclusion and the maltreatment of Dalits and girls.
- ▶ Community programs should target different issues in different regions. For example, teacher programs should be piloted in Kailali and Dailekh. Working with families should be a top priority in Kailali where children are internally displaced and living with distant relatives. In Dailekh and Surkhet, special attention is required to address ongoing problems from Maoists, security forces, and other political parties. These western regions should be prioritized strongly in contrast to homogenous funding throughout the country.
- ▶ Married girls and children used by the Nepali Army should have special campaigns and programs to identify and service their needs because of their increased vulnerability and hidden status at the community level.

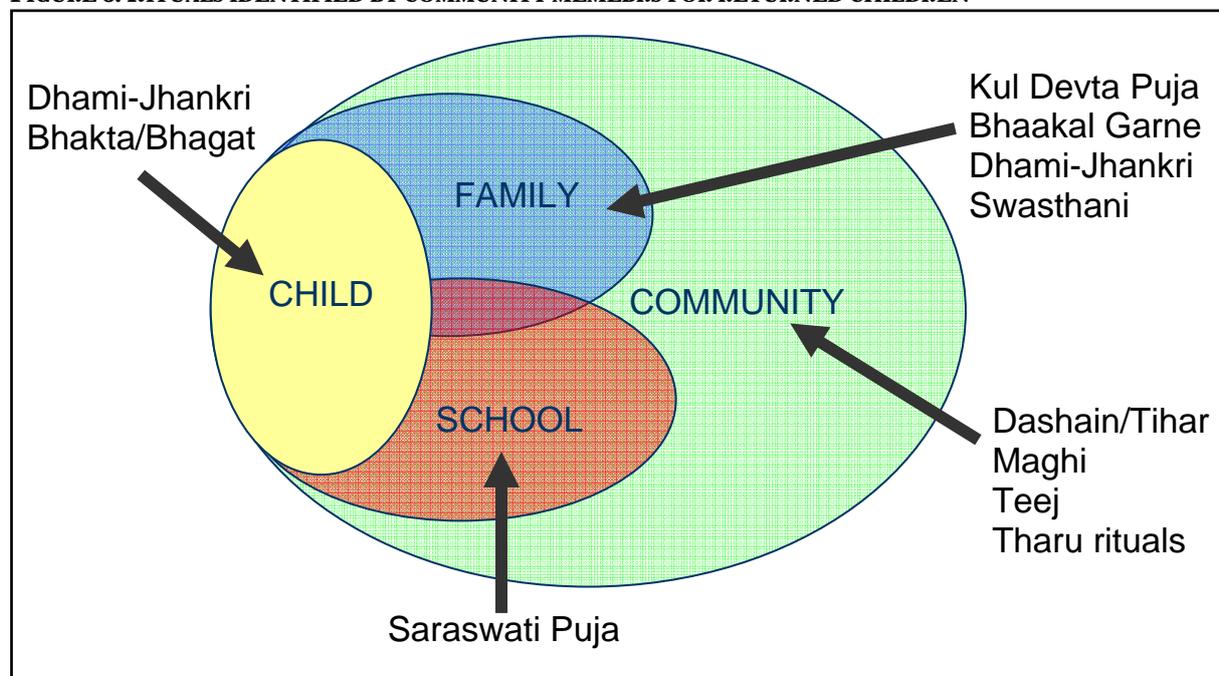
4. Resources to Reduce and Prevent Psychosocial Difficulties:

Employing key informant interviews, focus group discussions, CLI sessions, and surveys a range of resources for psychosocial support were identified. Ritual practitioners, teachers, healthcare workers, and women's groups were highlighted as key potential resources for psychosocial well-being during reintegration.

Community Identified Resources:

a) Rituals → In this study, communities generally did not report that ritual welcomes were occurring for returned children. Of those that did describe ritual welcomes, they reported *bhaakal garne* (sacrifice for a wish fulfilled), *kul devta puja* (worship of ancestral deities), flower-necklace welcoming ceremonies (*malla laagaune*), and calling traditional healers to treat returned children often by ‘binding their heartmind’ (*man badne mantra*) to prevent them from returning. (See Figure 5 for rituals described by community members.) *Bhaakal garne* was commonly mentioned across caste and ethnic groups. *Bhaakal garne* involves a promise being made to god to celebrate the child’s return with an animal sacrifice if the child comes home. The practice of *bhaakal* made the children feel welcome when they returned. A community respondent in Sankhuwasabha explained that, “After the healer did *bhaakal*, the children felt better.” In Surkhet, a man explained, “Community people think [their children were taken] because their ancestral deity [*Kul devta*] was angry with them, so they do *bhaakal* for the return of their family members.” Tharu families in Kailali also practiced a variation of *bhaakal garne* when their children returned. They celebrated the healthy return of the child by feeding sweets to the neighbors. This helped to celebrate the child’s return and promote community support.

FIGURE 5. RITUALS IDENTIFIED BY COMMUNITY MEMEBRS FOR RETURNED CHILDREN



Community members reported that welcome ceremonies would be conducted more often if children returned in groups rather than individually. However, community members also reported that in many cases families wanted to hide the association of their child with an armed group (although typically the entire community knows of the association and return) so they do not want to acknowledge publicly the return through a ritual. Furthermore, community members feared public acknowledgement of return as this might be an opportunity for revenge or re-recruitment. An additional barrier to practicing rituals was the Maoist prohibition on performing rituals. In many areas, Maoists threatened, beat, and tortured traditional healers. For this reason, one respondent in Ilam explained, “Traditional healers are not interested in helping those children.”

In some areas, denial of faith in rituals was a reason for the lack of welcoming rituals to returned children. For example, in Ilam, 80% of community participants denied faith in rituals; the

percentage of respondents denying faith in other areas was lower, Kailali (63%), Surkhet (40%), Dailekh (20%). In Ilam, a community member stated, “The children do not believe in such things. They have stayed in the jungle. They consider it superstition.” A Kailali resident stated, “It is all rubbish.”

b) Community expectations of the government and NGOs for resources → Community members saw support for the returned children as the responsibility of either the government or NGOs. They said the government should support the education of these children. NGOs should provide income-generation projects, skill training programs, and financial aid for school and other activities. In some communities, there appeared to be greater ownership of community roles in reintegration. In eastern districts, community members asked to be involved in planning and implementation of projects to the degree of one respondent claiming,

“If we [the community] are not involved in deciding what type of project is designed [for returned children] and how it is implemented, we will not allow the project to happen.” - *Ilam community respondent*

In Dhading district, community leaders described how they had gathered community resources for education and healthcare for poor community children independent of NGO or government support, and they said they would be willing to do the same for returned children.

Returned Child Identified Resources:

Returned children perceived different levels of community resources. Children reported that family members typically arranged for their return either through human rights organizations or through direct negotiation with Maoists. In Table 7, the percentage of children receiving support from different parts of the community is recorded. For example, 76% of returned children felt that family members wanted to be with the child, whereas only 20% of returned children felt that teachers wanted to be with them. Girls felt more supported than boys did, particularly with support from political groups and NGOs. In terms of total community resources, support was considerable lower in Surkhet and Dailekh when compared with eastern districts and Kailali. Children who reported greater total community resources had lower psychosocial distress.

TABLE 7: PERCENTAGE OF RETURNED CHILDREN REPORTING RESOURCES FROM COMMUNITY MEMBERS

#	Other's view	Family	Friend	Teacher	Political groups	Neighbors	NGO
1	Helped to take me home	85%	63%	34%	12%- A	48%	8%
2	Welcomed me home	67%	44%	22%	6%- B	35%	7%
3	Was proud of me	70%-A	49%	23%	8%- B	34%	9%- B
4	Were surprised after hearing my experiences	71%	76%	33%	10%- B	49%	9%- B
5	Wanted to stay/play with me	76%	86%	20%- B	9%- B	49%	9%- B
6	I could share my inner feelings	67%	75%	23%	13%	41%	13%

Note: ‘A’ = Less support for girls, ‘B’ = More support for girls

a) School resources: Of the children returned, 60% had returned to school. Of the children not returning to school, the majority were from lower classes (classes 1 through 8). Being enrolled in school was associated with significantly more child-led positive psychosocial traits. However, enrollment in school did *not* decrease psychosocial distress. Rather, discrimination from teachers and other students was associated with increased psychosocial distress among children in school.

This illustrates that enrollment in school alone is not sufficient to improve psychosocial well-being. Rather, returned children need to be in a school with a supportive teacher who addresses psychosocial needs by allowing the children to share their feelings and making them feel welcome in the classroom.

b) Traditional healing: The majority of the children said that they did not receive a welcome from the community, but family rituals were conducted. Upon return, 17% used some form of welcome ritual, including calling traditional healers. Children described doing the *bhaakal* ritual when they returned. A child from Surkhet explained, “When I came back, my family took me to the *dhami* (traditional healer), and two roosters were sacrificed as *bhaakal*.” Children also reported receiving flower necklaces (*malla*) when they returned. Returned children who used rituals were more likely to have symptoms of posttraumatic stress. Thus, it is likely that the symptoms of posttraumatic stress led families to call upon traditional healers. Alternatively, families who had worse expectations of their returned children because the children were associated longer or had worse experiences during association were more likely to call a traditional healer. Of returned children, the majority (57%) reported little or no faith in rituals. However, 54% said they would use rituals in the future if they or their family felt that it was necessary.

c) Support from adult women: Returned girls reported that support from adult women was very important to them. When they did not receive support from community women, they felt significantly distressed. They said, “Women are the enemy of other women,” (*“Mahilaanai mahilaako dusman hunchhan”*). The girls expressed the desire to be involved with and receive support from adult women in the community.

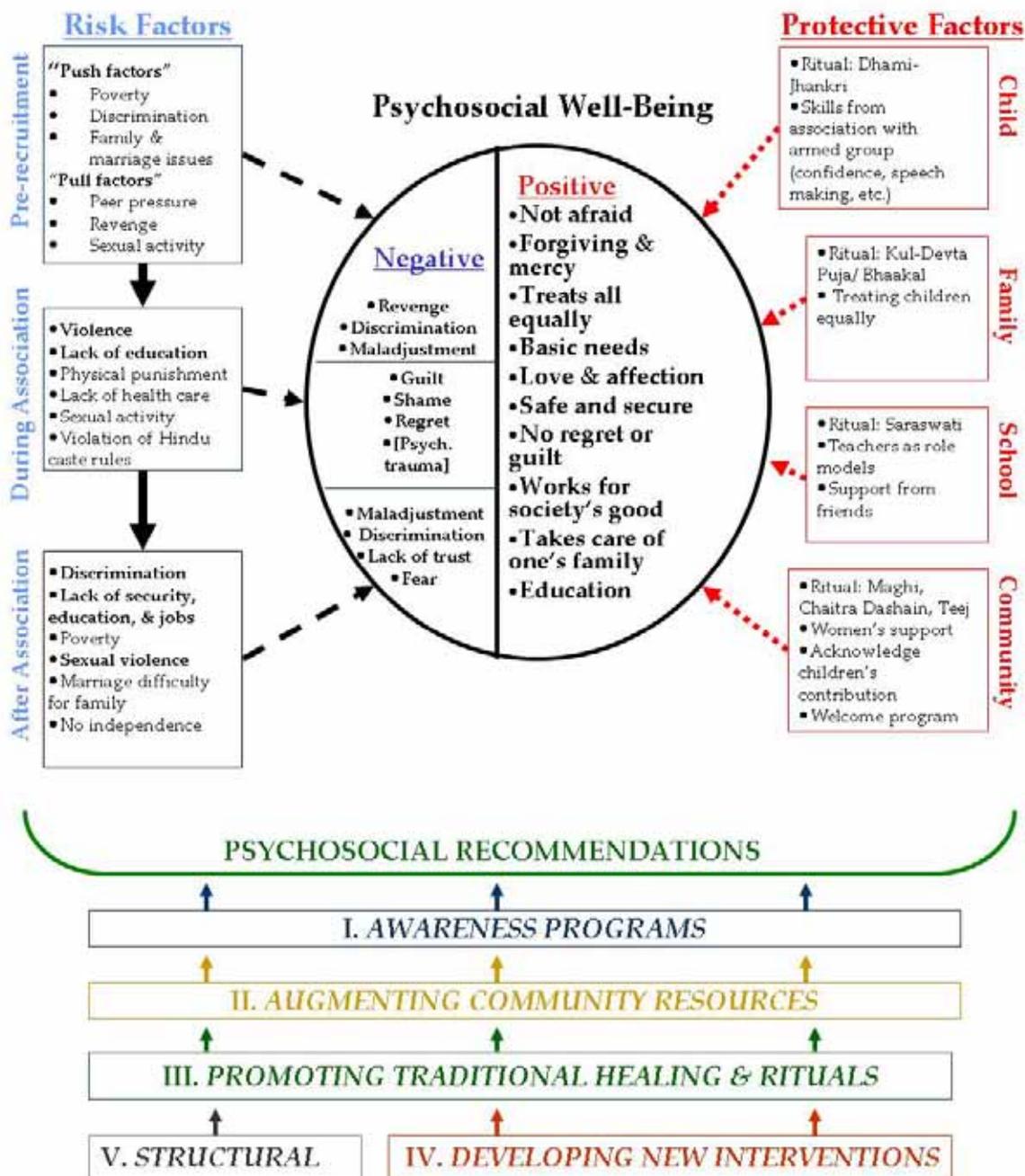
IMPLICATIONS OF COMMUNITY RESOURCES & RITUALS → *Returned children with greater community resources in the form of support from families, teachers, and neighbors displayed less psychosocial distress than children without resources did. Support from teachers and other students was important for psychosocial well-being; enrollment in school alone did not reduce psychosocial distress. Returned girls reported that support from adult women was very important to them. Support from the community varied by region. Returned children in Dailekh and Surkhet reported the lowest level of community support. Use of traditional healing was associated with currently higher levels of posttraumatic stress symptoms. Furthermore, use of traditional healing was difficult because of lack of community faith in rituals and because of Maoist persecution of ritual practitioners. Rituals were more common among Tharu groups of the Tarai and Dalits in the middle hills.*

RECOMMENDATIONS FOR COMMUNITY RESOURCES & RITUALS:

- ▶ Promoting community support is essential to reduce psychosocial distress. Community support should be targeted especially for mid-western middle hill communities such as in Surkhet and Dailekh districts.
- ▶ For returned girls, promoting support from community women is important to foster psychosocial well-being. This could be done, for example, through women’s and mother’s groups in the community.
- ▶ Promoting support in the school settings from teachers and other students is also crucial. Enrollment in school does not guarantee improved psychosocial well-being; instead, schools where returned children are enrolled should have psychosocial training of teachers and sensitization programs for other students to promote inclusion and support of returned children.
- ▶ Traditional healing is important for promoting family support, particularly rituals such as *bhaakal garne* and *kul devta puja*. Services of traditional healers should be facilitated for returned children with posttraumatic stress symptoms.

In summary, children associated with armed groups display a range of negative and positive psychosocial traits. These are associated with different risk factors and community resources. Figure 6 provides a summary illustration of the relations among psychosocial status, risk factors, and protective factors, as well as corresponding categories of recommendations.

FIGURE 6. PSYCHOSOCIAL WELL-BEING, RISK FACTORS, & PROTECTIVE FACTORS AMONG RETURNED CHILDREN WITH RECOMMENDATION CATEGORIES



PART IV: FIFTEEN KEY PSYCHOSOCIAL RECOMMENDATIONS **FOR COMMUNITY REINTEGRATION OF** **CHILDREN ASSOCIATED WITH ARMED GROUPS**

Fourteen key psychosocial recommendations are divided into five areas: (I) promoting community awareness, (II) augmenting resources, especially in communities and schools, (III) promotion of ritual practices, (IV) developing intervention programs to fulfill unmet psychosocial needs, and (V) addressing structural inequalities. These recommendations are designed to address the main psychosocial problems outlined above.

I. Promoting community awareness: Awareness programs are central to sensitizing the community to the needs of returned children. It is also useful to help make the community more conscious of their own discrimination and stigmatization toward returned children. Awareness programs fall into three areas. First, general awareness programs are helpful to educate the public about how the community response to children is the most important determinant of the children's psychosocial well-being. Second, region specific awareness programs can help to educate the community about their particular issues for returned children. Third, awareness programs should include an action component to help educate the community about the actions they can pursue. Current awareness raising programs are taking the form of radio shows and print media. These methods could continue with expanded content as outlined below, and these programs could take on a regional focus for local problems of returned children. Children reported that the ability to phone radio shows to ask questions and raise issues was preferable to shows that only presented information. Children in the CLI research also described the desire for *street dramas*. There is a tradition of doing street dramas in certain areas. Local groups typically perform the street dramas that are followed with a community discussion among the performers and audience members. Returned children desired to work with local child clubs and street drama performers to develop content for these performances then present them to the local community for discussion. Awareness programs should be conducted as a joint effort between media groups and psychosocial personnel such as Community Psychosocial Workers (CPSWs).

1. **General awareness programs** → General awareness programs need to address issues that arose from discussions with returned children and the community. Important topics across all regions are listed in Table 8. One of the most important general awareness messages is tapping into hidden returned populations. Currently, Search for Common Ground and others working with the media are helping to sensitive children and the public about the reintegration process. Special programs about girls who return and are married off quickly would be important because these girls quickly become a 'hidden group' when they move to their husband's house and the in-laws try to hide and/or deny the girl's former status associated with armed groups.

TABLE 8. EXAMPLES OF REINTEGRATION ISSUES AND CORRESPONDING COMMUNITY AWARENESS MESSAGES

REINTEGRATION ISSUES IDENTIFIED IN RESEARCH	CORRESPONDING COMMUNITY AWARENESS MESSAGES
Children’s psychosocial problems are more related to community supports and discrimination that association with armed groups	Communities play a central role in helping returned children; children who feel supported by their community have less emotional, social, and behavioral problems
Returned children are not “damaged goods”; many children return to the community desiring to contribute to social improvement	Children’s psychosocial difficulties can be helped, and returned children can become productive members of society
Returning children want to continue their studies but are ashamed of the status compared to local children’s educational level	The community should help children return to school and provide special assistance for children who feel behind their peers in their education; however, enrollment in school is not enough, teachers and other students need to support returned children to promote psychosocial well-being.
Returned children, particularly girls, do not want to be married immediately upon return to communities, especially because it disrupts the opportunity to continue education	Returned children, especially girls, lose social supports necessary for good psychosocial well-being if they are married immediately after return to the community and removed from their natal communities. Allowing girls to complete their education before marriage promotes psychosocial well-being.

2. **Community-specific awareness programs** → Returned children have different needs based on the community to which they are returning. Community awareness programs should be adapted to these local needs. For example, regions have different ethnic and caste composition; displacement is greater in specific areas; and the local political environment can affect psychosocial well-being. Based on the research, region-specific awareness recommendations are as follows:

Kailali: Many individuals in Kailali are displaced from Kalikhot, Surkhet, Dailekh, and surrounding hill regions. Because these children are displaced, they often do not live with their natal families. Thus, the children in Kailali reported less social support from their families than children who remained with their natal families did in Surkhet, Dailekh, and Ilam. The predominance of Tharu people in Kailali also requires specific messages. Another reason that returned children felt less family support than in other regions is the young age of marriage in Tharu culture. Many girls were moved to their husbands’ families’ houses where they received less social support. A positive feature of Tharu culture has been its promotion locally by Maoists commanders. In Kailali, Maoist commanders have promoted the inclusion of associated children in Tharu rituals and in using community healing. This can be promoted through community awareness raising.

Eastern Districts: Community support was generally greater for returned children in Ilam than in western regions of Nepal. However, in Ilam there is a barrier to using traditional and community rituals because of community stigma against them and Maoist prohibitions against ritual use. Awareness raising can focus on allowing the practice of traditional rituals if families and children desire it. In Ilam it is especially important that awareness programs do not send messages of high rates of psychosocial problems among returned because it is not supported by evidence and sending such messages could lead to stigmatization.

Surkhet: In Surkhet, community awareness programs should target community members (peer children and neighbors) and political groups, as opposed to

teachers and family members who showed more support than in other areas. Thus, sensitization programs should address how peers and neighbors can interact in a supportive fashion with returned children. Furthermore, returned children in Surkhet displayed the greatest severity of psychosocial problems compared to all other regions. Thus, de-stigmatization of mental health problems should also be central to awareness campaigns.

Dailekh: Awareness issues in Dailekh surround advocacy for children used by security forces. Children used by security forces are afraid of Maoist retaliation and thus are afraid to come forward for services. Local awareness raising for children used by security forces is essential. Children in Dailekh had high rates of psychosocial problems, similar to rates in Surkhet.

3. **Translating awareness into action at the community level** → Based on the community-specific recommendations, there should also be recommendations for actions that individuals in the community can pursue to translate awareness into action. For example, community awareness about psychosocial needs of girls living with their husbands' families can be translated into programming through outreach from women's groups. Similarly, awareness raising about displaced children can translate into community activities to help them engage with local children such as through sports and other outside of school activities. In Kailali and other areas with significant influx from internal displacement, there should be programs to help the community share the burden of returned children. Furthermore, communities such as Kailali should be supported in actions that increase teacher investment in students. Local petitioning of the community and district officers in Dailekh to acknowledge Nepali Army use of children is another action that could enable these children to receive support.

II. Augmenting community resources: The research project revealed existing community resources that can be augmented to maximize psychosocial well-being in the reintegration process. Below, we outline existing resources by sector.

4. **School based support** → For the majority of children, the reason they returned to their community was to restart their studies. The disruption of education was a primary source of guilt and shame among the children. Children who were in school *and* described support from their teachers and fellow students had considerably less psychosocial distress than other returned children did. However, enrollment in school was not sufficient to improve psychosocial well-being without a supportive learning environment. Programming for teachers and students can help to increase such support for returned children in the school setting.

Teachers: Teachers can be a source of support or a source of distress. Teacher psychosocial training programs can help teachers to understand better the distress experienced by children. Training teachers can also build their skill in recognizing problems, providing basic support, and referring children who require more support. Teacher psychosocial training can also help build skills to reduce discrimination against returned children from other children in the classroom setting.

Students: Other children in school are also a potential source of support or discrimination for returned children. School-based programs can help to raise awareness about psychosocial problems and address the stigma of mental health problems. Programs such as classroom-based intervention (CBI, *Sanjeevani*) can

help returned children and never-associated children work together to address their mutual psychosocial issues as well as build trust between the groups.

5. **Local children support** → Resources for returned children should be fostered outside of the school environment as well as in the classroom. One recommendation is to encourage returned children's participation in child clubs, sports groups, and other activities. During the research, returned children also discussed forming their own child clubs in cooperation with other child clubs. Community Psychosocial Workers (CPSWs) could be used to help educate local child clubs about psychosocial issues in a manner that would foster the inclusion, but not stigmatization, of returned children. Additionally, in the CLI activities, returned children described working with local clubs to perform street dramas that would raise awareness about psychosocial issues in reintegration.
6. **Community groups' support** → Community groups can provide an ideal source of support for returned children. Returned girls, particularly, expressed the desire for interaction with older women in the community. Interactions between women's groups or mother's groups and returned girls can help to foster this supportive relationship. As with child clubs, CPSWs could do outreach work with women's clubs to help build the women's clubs capacity to aid returned girls with psychosocial issues. Additionally, mother's groups would be an ideal setting to discuss with the returned girls about women's health, which was one of the priority psychosocial issues identified in the research.
7. **Health workers support** → Returned children identified health care as one of their major unmet needs. Health workers could play an important role not only in physical health care but also in psychosocial care and referral. Health workers interviewed for this research expressed a desire to learn more about psychosocial issues among children. CPSWs could provide awareness raising and capacity building for community health workers. Health workers could also form an important source of referral to CPSWs for children with psychosocial complaints. The *health needs of girls* from both a medical and psychological perspective are also very important. As described above many of the returned girls are concerned about their gynecological and reproductive health because of violation of women's health taboos during association and because of consensual and non-consensual sexual activity during association. Thus, identifying sympathetic nurses in the community who can provide gynecological examinations and discuss the interaction between medical and psychological women's health would greatly benefit returned girls.

III. Promoting traditional healing and rituals: Rituals and traditional healing can play an important role in the psychosocial well-being of children returning to the community. Children and communities described how rituals such as *bhaakal garne* can help children to feel welcome while building family and community cohesion. Furthermore, more than half of the returned children expressed interest in participating in rituals. Returned children were also seeking out the services of traditional healers to treat posttraumatic stress symptoms. In order to maximize the positive psychosocial impact of rituals, we have three recommendations: promote existing rituals, create a safe space for ritual practice, and promote the creative reinterpretation of rituals to maximize social inclusion and other positive psychosocial effects.

8. **Promote existing rituals** → A number of rituals identified in the research appeared to have a positive impact on psychosocial well-being, for example, *bhaakal garne* and *kul devta puja*. Rituals among Tharu groups were also being used to encourage inclusion of returned children, for example *Chaitra Dashain (Chiraai bhagne)* and *Maghi*. Child Protection Committee

(CPC) members in Kailali expressed interest in coordinating with local religious leaders and community leaders to ensure that returned children are included in these programs.

9. **Create a safe space for ritual practitioners and clients** → Traditional healers were underutilized despite the presence of helpful rituals and children seeking traditional healers for posttraumatic stress. One of the recommendations is to establish a space cultural space for practicing these rituals by negotiation with Maoist and other community leaders. Currently, traditional healers in some areas felt unsafe practicing because Maoists had threatened and beaten them. However, in other areas traditional healers provided services to returned children. This was possible in Kailali because Maoists leaders advocated preservation of Tharu culture and customs. Furthermore, Maoist leaders advocated the combined use of traditional healing and biomedicine stating,

“Rituals may be useful for their psychological/mental effect on health. People should also go to doctors, but doctors cannot do everything. Traditional healers can help people psychologically to heal faster. Two years ago our policy was to stop all traditional rituals, but now we know they can be helpful.”

Promoting similar approaches in other areas can help create a safe-space for the practice of rituals. Pragmatically, this could be done by discussing with community leaders how to advocate for acceptance of traditional healing and bringing these arguments to local Maoist commanders if necessary.

10. **Creative reinterpretation of existing rituals** → Rituals and traditional practices can also reinforce discrimination, stigmatization, and the maltreatment of Dalits and women. Promoting rituals where Dalits are excluded or where women’s subservient role in society is emphasized will only augment the ‘push’ factors that initially led to recruitment. However, Dalit activists and feminist activists in Nepal currently are advocating for and practicing rituals in a manner that promotes Dalit and women’s rights. Similar inclusive approaches could be employed for returned children. For example, Dalits who are traditionally excluded from certain rituals could be included in Saraswati puja to create a welcome feeling in the school environment. In addition, rituals, which have traditionally been about women’s subservient position such as Teej and Swasthani, could be reinterpreted to promote women’s rights as is occurring in the Kathmandu area by local women’s rights activists. Inclusion should follow a step-wise process; the first step would be intra-ethnic/caste inclusion (e.g. encouraging Dalit works to worship together), followed by inter-ethnic/caste inclusion (e.g. encouraging Dalit and Brahman/Chhetri groups to worship together). Through community discussions involving religious leaders, public displays of adapted rituals could be advocated as an inclusive practice to augment community support for returned children, to decrease the stigma of returned children, and to reduce push factors driving children toward association with armed groups.

IV. Developing new interventions: The recommendations described above operate well to reduce mild psychosocial distress, to act as secondary prevention of psychosocial distress, and to include the community in the healing process. This is the ideal approach for the majority of returned children, who suffer from moderate distress. However, a smaller group of children (15-20%) displayed severe psychosocial distress and impairment in their daily activities. For these children, specialized mental health interventions will be required. This can be done through increased tiers of specialized activity depending on child needs. CBI (*Sanjeevani*) can be used as a school based approach for moderate psychosocial distress. Peer support groups can be used for children with more impairing psychosocial problems. Lastly, individual and family counseling, and working together with the limited governmental mental health resources can be used for the smaller top tier of children with impaired functioning. Central to establishing new interventions

and psychological services for children will be a culturally appropriate screening process. Children will need to be screened in schools or in the community to determine who needs these more specialized interventions. The results of this research could be used to develop such a screening tool that assesses the main risk factors for psychosocial distress.

11. **Classroom-based intervention (CBI, *Sanjeevani*)** → Children could be screened in the school setting to identify individuals with moderate psychosocial distress. As mentioned above, CBI is an ideal intervention for moderate psychosocial distress. CBI can also be done in an inclusive fashion to bring together children from the community who were not associated with armed groups. Returned children had heard of *Sanjeevani* and requested such activities. CBI's existing modules include safety, self-esteem, danger/fear, coping, and future planning. These modules could be adopted for returned children to include issues of peer pressure, discrimination, and the experience of traumatic events during association. In addition, CBI would need to be adopted because most returned children are older than the current CBI age group. In working with older children, issues of sexuality could also be addressed because it is an important source of discrimination and psychosocial distress for this population.
12. **Peer support groups** → One of the most dramatic impacts of the CLI process in this research was the children's opportunity over a three- to five-day period to share their experiences with other children who had also returned from association with armed groups. For many of these children, this was the first time that they discussed their difficulties upon reintegration and their experiences of association. Based on this experience, it would be ideal to foster peer support groups that could meet regularly to discuss their reintegration and the challenges they are facing. CPSW or psychosocial counselors could facilitate such support groups. These peer support groups would also be advantageous because, unlike CBI, they would not be limited to school-going children. Peer support groups would be especially important for married girls who have been separated from their natal support network.
13. **Individual and family counseling** → Based on screening and referrals from CPSWs, teachers, and other community leaders, children could be identified who need individual or family counseling. Counseling is necessary when the psychosocial problems are severe or when the main source of psychosocial distress is within the family. For example, 30% of children reported that their families did not welcome them or approve of the return home. For these families, empathetic listening and family discussions are steps to facilitating reintegration. Furthermore, for problems like sexual violence individual counseling may be more appropriate than other activities described.
14. **Promoting Child Led Psychosocial Indicators (CLI) as a tool for social healing** → CLI is a process which brings children together from all backgrounds for psychosocial problem identification and identifying local solutions. Children engage in a participatory manner in child-friendly activities such drawing, playing, and singing to express their psychological (*manko*) feelings through drawings, creative art and in the support of their peers. When they are among their peers in the group, they find it easy to express their feelings, which they find difficult to express it in an interview setting. With our experience with CAAFAG, we found that returned children focused on their strengths, their skills, and their creativity in a manner that promotes resiliency. Children motivated each other to solve their own problems and develop indicators, tools, and techniques to monitor changes in their lives. This process helps to build confidence and self-esteem of the children. CLI also could be used to build dialogue between returned children and never associated children.

Ultimately, CLI helps children to identify themselves as rights holders rather than merely beneficiaries of a program.

V. Addressing structural inequity: In addition to addressing psychosocial distress through the issues addressed above, returned children’s psychosocial status can also be improved by addressing structural inequity.

15. **Integrating psychosocial programs with poverty reduction:** Psychosocial programs cannot operate in isolation. This is especially true for vulnerable populations where the ability to meet basic needs is precarious. Poverty was a strong “push factor” for association with armed groups and it is associated with poor psychosocial functioning in many vulnerable groups. Thus, the psychosocial recommendations described above should be tied to poverty reduction programs, whether they take the form of income generation, skill training, or other programs addressing basic needs and livelihood. This also entails improving access to services such as health care, education, employment, and security. Furthermore, children pointed out in the research that they lacked transportation so they could not take advantage of these services even when they were offered. Access, thus, is a key issue for all service provision, psychosocial or otherwise.

ANNEX: Research Methods and Demographics of Research Sample

Research Methods

A combination of qualitative, quantitative, and participatory methods were used to conduct this study. The research was divided in two phases in phase one we employed key informant interviews, narrative focus group discussions, case studies, and child led indicator sessions. In phase two, we conducted quantitative psychosocial surveys comparing returned children with children in the community who were not associated with armed groups. Below we describe the different approaches used.

Key Informant Interviews (KII) - Key informant interviews were used to identify community perceptions of and experience with returned children. We designed a 38 question survey regarding beliefs of child development, children's ability to understand politics and conflict, reasons for recruitment to armed groups, experiences during armed groups, return from armed groups, experience in community upon return, use of traditional healing, and supports available to returning children. This survey was designed for use among any individuals, but was especially targeted to parents of returned children, community leaders, teachers, traditional healers, journalists, health workers, etc.

KEY INFORMANT INTERVIEW DEMOGRAPHICS

	Ilam	Surkhet	Dailekh	Kailali	Other*	TOTAL
Women	3	12	10	16	5	46
Men	23	24	18	30	12	107
Teachers	2	5	5	3	5	20
CAAFAG	2	8		5	5	20
Health Workers			3	4	2	9
Political/ Community Leaders		1	3	9	1	14
Maoist Party Members	3	2			1	6
Traditional Healers		1	3	5		9
NGO Staff	1	9	4	11	2	27
CAAFAG Parents	2	7		2		11
Businessmen	3	1	2	1		7
Journalists	3		3	1		7
Students/ Youth/ Club Members			3	3		6
Police	3			1		4
Other	2	2	2	1	1	8
TOTAL	25	36	28	46	17	152

* Other includes Jumla, Terhathum, Taplejung, and Sankhuwasabha.

Narrative Focus Group Discussions (NFGD) - NFGDs were designed as a modification of standard focus group discussions. In NFGDs, individuals are provided with a story (narrative) about a returned child, and then the respondents discuss major issues with regard to the psychosocial reintegration of the child in the community. The NFGD was designed for use among returned children, their families, other community children, women's groups, teachers, etc. Below is the narrative provided to focus groups to discuss the issue of returned children.

NARRATIVE PROVIDED FOR NFGD

"Mailaa is a 13 year old boy [Optional, you can also present the story as a 13 year old girl.] His home is in Sindhuli district. He has two little sisters, one little brother, and one older brother. He studied up to class 7 in the middle school. During class 7, he left school and became associated with armed forces. He was involved with armed forces for 2 years."

NARRATIVE FOCUS GROUP DISCUSSIONS DEMOGRAPHICS

	Ilam	Surkhet	Dailekh	Kailali	TOTAL
Non-CAAFAG Children	1	1	2	1	5
Community Leaders/ Groups	2		2		4
CAAFAG		2		1	3
Women's Groups	1		1	1	3
CAAFAG Parents	1	1			2
NGO		1		1	2
Teachers		1		1	2
Student Union (Maoist)		1			1
Journalists	1				1
TOTAL	6	7	5	5	23

Case Studies – We developed a case study checklist to obtain case studies of well-integrated and poorly-integrated returned children in the community. The goal was the get one positive and one negative case study from each of the four major districts where we would be working. The case study intended to record the returned child’s narrative as well as corroborating narratives from family members, teachers, NGO workers, etc.

Child Led Indicators (CLI) – CLI is a participatory approach developed by Save the Children-Sweden Regional Office for South and Central Asia to promote children involvement in program monitoring and evaluation. We adapted CLI for use with psychosocial issues by focusing on the local Nepali concept of the heartmind (*man*) which is the center of psychosocial functioning. The CLI involved a three to five-day activity involving returned children in groups in each of the four regions. The main activities are listed below: (See also the separate TPO-Nepal CLI report on CAAFAG.)

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| <ol style="list-style-type: none"> 1. Child calendars (Seasonal, life, and armed groups) 2. Psychosocial ‘Heartmind’ Map (<i>Manko chitra</i>) 3. Strengths & difficulties from armed groups 4. Problem ranking and resources 5. Cause & effect analysis of main psychosocial problem 6. Ideal psychosocial well-being 7. Activity mapping with psychosocial indicators |
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Table 1: Surkhet

SNO	Age	Education	Gender	Caste
1	17	7 class	Male	Bhramin
2	14	4 class	Male	Chhetri
3	16	5 class	Male	Dalit
4	15	6 class	Female	Dalit
5	13	4 class	Male	Dalit
6	17	4 class	Male	Dalit

Table 2: Kailali

SNO	Age	Education	Gender	Caste/ethnicity
15	17	9	Female	Thakuri
16	14	6	Male	Dalit
17	17	9	Male	Dalit
18	17	7	Female	Brahmin
19	17	8	Female	Brahmin
20	17	9	Male	Magar

Table 3: Dailekh

SNO	Age	Education	Gender	Caste
7	16	9	Male	Chhetri
8	14	8	Male	Chhetri
9	13	8	Male	Chhetri
10	15	8	Male	Chhetri
11	15	8	Male	Brahmin
12	14	8	Male	Brahmin
13	14	8	Male	Brahmin
14	14	7	Male	Brahmin

Table 4: Ilam

SNO	Age	Education	Gender	Caste/ethnicity
21	14	7	Female	Dalit
22	14	6	Female	Dalit
23	17	9	Female	Dalit
24	12	6	Male	Rai
25	17	I.Ed	Male	Rai
26	13	6	Male	Rai
27	12	8	Male	Magar
28	17	6	Male	Chhetri

Quantitative Surveys – Quantitative surveys were designed to assess the psychosocial well-being of returned children and compare this with children who did not associate with armed groups. The goal was to identify the special psychosocial areas of need among children associated with armed groups versus general effects of armed conflict on children. This was designed to help identify specific needs of returned children. The quantitative survey included a number of psychological surveys that have been adapted specifically for use in the Nepali context. Furthermore, other psychosocial questions were taken directly from indicators that returned children identified in the CLI process. Other questions were included based on the results of the qualitative research phase. See the components of the survey below:

CAAFAG and non-CAAFAG Survey

Section A: Identification
 Section B: Demographic Background
 Section C: Daily functioning questionnaire (DF)
 Section D: Experiences while associated with armed groups*
 Section E: Strengths and challenges from association with armed groups*
 Section F: Strengths and difficulties questionnaire (SDQ)
 Section G: Reintegration Process*
 Section H: Anxiety questionnaire (SCARED)
 Section I: Depression questionnaire, Depression Self Rating Scale (DSRS)
 Section J: Use of traditional and community healing
 Section K: Physical aggression questionnaire (PA)
 Section L: Health and well-being including physical and spiritual illness
 Section M: Child-led measures of psychosocial well-being
 Section N: Traumatic events and exposure to violence
 Section O: Child PTSD questionnaire, Child Posttraumatic Symptom Scale (CPSS)
 Section P: Attitudes toward politics
 Section Q: Child Hope Scale (CHS)
 Section R: Future life expectations

* Items were administered only to CAAFAG participants.

142 CAAFAG and 142 non-CAAFAG community children completed the survey. The sample was 54% female, 35% Dalit, 35% Janajati, and 30% Brahman/Chhetri. Regarding age, 48% were 17 years old, 31% 15-16 years old, and 21% 11-14 years old. Participants were predominantly single (84%), with 14% married, and 2% divorced. District breakdown is listed below.

District	CAAFAG	Non-CAAFAG
Surkhet	31	31
Dailekh	31	31
Kailali	30	30
Ilam	15	15
Panchthar	10	10
Palpa	8	8
Dolakha	8	8
Sindupalchowk	7	7
Morang	1	1
Kavre	1	1
TOTAL	142	142

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