<u>Psychosocial web page – Editor's introduction</u>

Individual through community resilience in social reintegration of children associated with armed forces and groups by Angela Veale

In our 16th edition, we are publishing an original paper by Angela Veale on childhood resilience and its relationship to the reintegration of former child soldiers. This paper represents a real addition to the resilience literature in this field, offering a thoughtful reflection on the contributions of different theoretical conceptualizations of resilience, summarizing both their strengths and their limitations. Questions addressed include: what are the major theoretical definitions of resilience – and what is their relevance or utility for programmatic interventions? Is resilience an intra-individual psychological trait? Can resilience be 'fostered' by environmental support? Do all former child soldiers have the same capacity to access and utilize community support networks?

In seeking to answer questions such as these, Angela argues for the centrality of taking a systemic stance – that is, acknowledging that the starting point for any useful conception of resilience is a recognition of the importance of transactions between systems *internal* to the child (such as biological systems that regulate the management of emotions) and those *external* to the child (such as potential support networks ranging from the social to the ecological). If we can view resilience as an emerging property of the systems within and between individuals, then we can move away from regarding it as residing within the individual. Within the former framework, resilience becomes the ability to engage in social relations within transactional relationships - i.e. in relationships chosen by the child and where support is not only received but also given. One question then becomes: Can such systems be fostered in post-conflict societies, and if so, how?

Angela answers this question with illustrations from a Participatory Action Research project (PAR) by McKay, Veale, Worthen and Wessells (2010)[1] with young mothers formerly associated with armed forces/groups in Liberia, Sierra Leone and Northern Uganda. The project was designed in such a way that leadership roles were undertaken by the young mothers themselves in projects that were highly responsive to local contexts. All the young mothers were active participants providing each other with peer support and garnering local resources so as to maximize both their acceptance and their contribution to their local communities. While the McKay et al paper presents the major project and key findings in detail, in this paper Angela focuses on the systemic, transactional processes by which the girls moved from being vulnerable and socially excluded, to being engaged in satisfactory reciprocal relationships with their peers, families and local communities.

Dr Linda Dowdney
Editor

[1] McKay, S. Veale, A., Worthern, M. & Wessells, M (2010). Community-Based Reintegration of War-Affected Young Mothers: Participatory Action Research (PAR) in Liberia, Sierra Leone and Northern Uganda. http://www.uwyo.edu/girlmotherspar/

Coalition to Stop the Use of Child Soldiers
4th Floor, 9 Marshalsea Road, London SE1 1EP
Tel/Fax: +44 (0)20 7367 4110/4129
Email: info@child-soldiers.org Web: www.child-soldiers.org

Registered as a limited company (no. 4458380) in England
Registered Charity no. 1095237

INDIVIDUAL THROUGH COMMUNITY RESILIENCE IN SOCIAL REINTEGRATION OF CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS
by Angela Veale, 2010
Department of Applied Psychology, University College Cork, Ireland.

INTRODUCTION

In "Trauma, resilience, healing-How do we move forward?" Dowdney (2007) utilised 'resilience' as an integrative concept in the psychosocial field as it had the potential to bridge mental health and community-based approaches to social reintegration. Since then, empirical evidence on psychosical adjustment and social reintegation has found that while the majority of former child soldiers are resilient and reintegrate successfully, there are those that do not. Youth perceived by community members to have been actively involved in killing experience more discrimination and less community acceptance (Betancourt et al, 2010), as also do those discriminated against for other reasons such as having returned home with 'rebel' babies (McKay & Mazurana, 2004) or as a result of extreme poverty and being perceived as having nothing to offer. It remains a challenge in psychosocial practice as to how we can best support those who are experiencing major difficulties in social reintegration. This paper explores whether 'resilience' can offer us a conceptual tool in the social reintegration of former child soldiers that continue to experience significant challenges.

RESILIENCE AND WAR-AFFECTED POPULATIONS

'Resilience' means different things in different contexts. Within the mental health literature, resilience often refers to an absence of pathology following adversity. Epidemiological studies of war-affected populations typically find that between a quarter and a third of individuals exposed to traumatic stressors exhibit mild or no symptoms of PTSD and refer to these as resilient individuals. In a sample of 330 former Ugandan child soldiers, for example, Klasan et al., (2010) concluded 27.6% showed "posttraumatic resilience" as indicated by the absence of PTSD, depression and clinically significant behavioural problems. Cortes & Buchanan (2007) found 26% of their sample to be "resilient child soldiers", defined as those who, having lived through war related events, exhibited mild or no trauma related symptoms. Knowledge and awareness of the existence of significant numbers of resilient individuals after war has been important to balance out stereotypes of 'traumatised

populations'. However Mancini & Bonano (2010) warn against conceptualising resilience as an internal personality trait as it implies that individuals with low levels of trait resilience are condemned to poor functioning when facing challenging circumstances and such an approach within psychosocial programming could lead to victimising assumptions.

Another view is that resilience can be fostered through enhancing the supportive context into which children are reintegrated (in Dowdney, 2007). However this emphasis on environmental support does not capture the reality that some children or youth are less able to access or make effective use of such resources than others, either because of the impact of suffering on their ability to access, engage with or sustain contact with the support offered, or because they may be positioned 'outside' the boundaries of such support as a result of severe stigma or social isolation. In this case, efforts to utilise support may not be met with corresponding efforts from the broader community to engage with the individual's efforts.

WHAT IS 'RESILIENCE'?

In this paper, resilience in social reintegration is defined as an ability to be able to engage in reciprocal social relations so that the relationship between the formerly associated young person and family members and community is not a hierarchical, dependent relationship but is transactional and characterised both by giving and receiving support. The application of a 'resilience' lens to the social reintegration of children associated with armed forces and groups sparks some profound questions. From a practice perspective, a particularly challenging question is whether resilience processes can somehow be 'activated' in less resilient, vulnerable returnees. Can individual resilience be developmentally induced through the mobilisation of collective support networks close to that individual? Can resilient systems be *mobilised* around vulnerable individuals so that resilience is emergent in both the individual and the community? Furthermore, there is a gap in our understanding of the mechanisms by which such community-based support transform the emotional, social, and material lives of individual former child soldiers. There is also the critical issue of whether all returning former child soldiers have the same capacity to access and utilise such community-based supports.

Masten & Obradovic (2008) identify three forms resilience may take: achieving better than expected outcomes in high-risk populations ('overcoming the odds'); sustaining competence or effective functioning in very difficult conditions (stress-resistance); or regaining effective functioning after exposure to traumatic stressors (recovery). They note that:

> "*individual resilience refers* **to the processes of, capacity for**,
> **or patterns of positive adaptation** *during or following*
> *exposure to adverse experiences that have the potential to*
> *destroy the successful functioning or development of the*
> *person*" (Masten & Obradovic, 2008, p 2, bold added).

Resilience as positive adaptation is dynamic and open-ended. It also fits with where the energy is in psychosocial practice. There is an increased emphasis on how the

field can move from interventions based on deficit models to a strengths-based, systems-level approach (Wessells, 2009). Masten & Obradovic (2008) note that resilience in children and youth arises from "*ordinary magic*" that is inherent in the biological and cultural human adaptive systems that have evolved over time; when these systems operate normally, they convey capacity for resilience for children within them but if these systems are damaged or destroyed, such as through war, capacity for resilience is reduced.

RESILIENCE AND RESILIENT SYSTEMS

Empirical research has identified some key elements that foster resilience. Some relate to intra-individual factors, while others characterise social systems that are themselves resilient. It is important to note that resilience does not simply mean positive wellbeing or good outcomes. Masten & Obradovic (2008) note that the identification of resilience always involves two judgements: the criteria for judging threats or challenges to a system and the criteria for judging the system's adaptation. 'System' here can be defined at multiple levels but refers to a nested, ecological model of human functioning. It may be useful to develop a working definition of a 'system' for the purposes of particular psychosocial programming and to define the position of the psychosocial worker or organisation either in relation to, or even within, the system.

Intra-individual systems
Biological systems: At the individual, biological level, factors that have been found to relate to resilient functioning include well-functioning emotional regulatory systems in the brain that control arousal, affect, attention, and behavioural responses to stress. These **systems** in turn affect higher cognitive executive functioning such as decision making and problem-solving abilities.

Psychological systems – cognition: Cognitive beliefs about the 'self 'are also important. Masten & Obradovic (2008) emphasise that in disaster planning and management, it is critically important to reflect on how to promote individual agency and self-efficacy (the belief that one is capable of performing in certain ways to achieve certain goals). These beliefs are central to a *mastery motivation system* whereby, if individuals experience themselves as effective in adapting to challenging environments, this experience is highly rewarding and enhances the motivation to keep responding. So "from an early age, human individuals who overcome adversity report more positive views of their own effectiveness and self-worth, express more confidence about success, and experience pleasure in doing well" (p 7). This seems particularly important to reflect on with respect to former child soldiers. In contexts of abduction, many former child soldiers report experiences of prolonged exposure to uncontrollable events, such that their mastery systems may need slow, deliberate, reflective nurturance. Alternatively, in conditions where as soldiers children or young people may have experienced significant power (even resilience) through the use of aggression or violence, they may need to experience agency and power through different means to reinforce behaviours and coping strategies that support successful reintegration. Equally important, factors that dampen and may eventually extinguish the mastery system, include those such as not having

decisional power in domains important to one's life or a lack of control over key aspects of a situation or its outcome.

<u>Psychological systems – social communication:</u> Communicative capacity has also emerged as central in empirical research on resilience. Children's capacity to communicate effectively with others is mediated not only through the use of language, but also through body language, eye contact, tone of voice, words and the ability to be heard and have one's needs recognised and met. Stigma can have a powerful inhibiting effect on communicative capacity. Styles of communication that may have been effective for survival in the bush can be experienced as aggressive or rough in civilian life. Communication style is powerful because of the response it elicits from others. Annan et al. (2009), for example, notes that resilient former child soldiers in Northern Uganda used passive responses to provocation as a coping style. This may be an appropriate social response but how might learnt passivity as a relational style relate to development or suppression of mastery systems in the lives of young adults seeking to become independent and take their place in their communities? Coping responses that promote resilience in some settings may not be adaptive in the longer term or in helping young adults achieve change in their lives.

Social support systems
The core importance of social support is one of the most universal findings in resilience research. Attachment relationships and informal social networks that extend beyond the family support children to engage in more complex and sustained problem-solving. Informal or "hidden" support within the family and community has been noted to be particularly effective as it is characterised by day-to-day availability, low levels of stigmatisation, the potential for mutuality and low cost (Dolan, 2008). This view of support has particular resonance for psychosocial practice as there are concerns that the 'professionalisation' of support through training community counsellors may overwhelm the 'hidden' support that may exist within children's support networks. An alternative approach is to work with children and young people to learn about their self-identified support networks and then build on the resources or capacities within these networks. Young people themselves are often the most motivated to respond to challenges and hardships but may be the first 'hidden support' to be pushed aside when professionals arrive on the scene.

The generalised finding about the importance of social support has been reaffirmed in empirical research on the mental health and well-being of former child soldiers. Betancourt at al. (2010) have documented that one of the most influential factors affecting long term psychological outcomes for returnees is increased community acceptance such that a significant increase in community acceptance was associated with decreased behaviour problems and decreased depression/anxiety. Youth that had entered fighting forces at a younger age or who were involved in killing or injuring others exhibited less resilience overall but this was also partly mitigated by post-conflict factors of retention in school and increased community acceptance.

The empirical evidence with respect to protective factors that promote individual resilience in former child soldiers becomes more interesting when we compare it with

what we have learnt about effective child-focused community-based interventions. Wessells (2009) in a comprehensive review of emergency child protection practices, found factors that most influenced effectiveness included child participation; building on existing resources, in particular social supports for children already present in their environment; support from leaders, community ownership, inclusivity and linkages across actors and systems.

What emerges from the above analysis is that factors important for individual resilience - agency, self-efficacy, the mastery system, social support (in particular 'hidden' social support) and community acceptance - mirror those that characterise effective child-focused community-based practice. This gives confidence that we must be on the right track!

Ecological systems

Yet there are real constraints within which people live their lives that impact on their capacity for resilience. Macro-economic policies, the success or failure of peace negotiations, local social and political contexts all act as 'structuring environments' which support or hinder individual effort. There is some suspicion that an undue focus on 'resilience' will lead to unbounded, unrealistic expectations of what can be achieved in challenging post-conflict contexts or that children or young people that do not display 'resilience' will somehow have failed to achieve as expected.   This is partly a danger of falling into a trap of seeing 'resilience' as situated within individual psychological processes. Ecological, dynamic-systems models of resilience ensure we do not go down that conceptual cul-de-sac. Resilience is an *emergent property of the system in which individuals act and live-* not of the individual him or herself. Returning to one of the questions raised earlier, *can individual resilience be developmentally induced through the mobilisation of material and social resources close to that individual?*

Ungar (2008) offers an ecological, cultural definition of resilience:

> *"In the context of exposure to significant adversity, whether psychological, environmental or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in a culturally meaningful way"* (p 225).

Therefore, resilience is based on "*navigation, the agentic exercise of personal power directed towards the acquisition of resources*" (Ungar, 2010, p 405), to be provided in ways that are meaningful to and tolerated by the culture. Resilience therefore emerges from the efforts of the individual child or youth to mobilise people and resources for his or her needs and from the capacity of the environment to provide those resources in such as way that there is a "goodness of fit" between the support needed and the support offered.

For former child soldiers, 'resources' which have been found to be important include community acceptance which promotes self-esteem, the availability of mentors, medical support, income-generation activities, active participation in programming or

opportunities for community or political engagement. Psychosocial programming can play an important role in facilitating children and young people to mobilise these resources.

An important implication of Ungar's work is the need for an individualised 'lens' as each child has different capacities and needs, and their own social and material ecologies from which resources may be forthcoming. There is also a dialogical relationship between the child's personal coping style and the resources and social support that is available. If the personal coping style of a returned child soldier is withdrawal due to stigma and a fear of others, this will determine the forms of agency he or she will be comfortable in expressing. Environmental feedback that is responsive to small acts of help-seeking behaviour and initiative will be important for this child or youth, combined with active engagement to draw out such responses.

If a returnee's personal coping style is aggressive, or violates community norms (not being respectful of elders, not within gendered norms), this may mean that agentic efforts such as starting a business may be scuppered by a lack of responsiveness/engagement from community members. Support to help regulate the returnee's behaviour and advoca**cy** with others to enhance their motivation to support the business venture may be important. In these ways, individual resilience is promoted within responsive systems.

Ungar points out the system is more likely to be responsive if the tension can be balanced between '*one's own interests'* and '*a sense of responsibility to the greater good'.* This may be central to successful social reintegration as this adds an important second 'lens' of fostering social cohesion to resilience-promoting practice.

Mobilising resilience systems
In reality in complex, post-conflict environments, there are limits to what can be achieved through personal efficacy. Psychosocial interventions increasingly work through child-centred community-based structures such as Child Rights Committees, Child Protection Committees, and Child-Friendly Spaces. So we come to our next question: *Can resilient systems be mobilised around individuals so that resilience is emergent in both the individual and the community?*

One of the characteristics of many community-based projects to support former child soldiers such as Child Protection Committees is that returned children or youth may have limited power or token participation in such projects. Yet child participation enhances overall project effectiveness (Wessells, 2009). What are the mechanisms by which child participation promotes individual resilience while simultanously enhancing collective outcomes?

Levitt (2005) proposes a social convoy model to refer to the multiple relationships in children's lives that convey diverse support and material aid, and the convoy model may give insight into this dynamic. The convoy model differs from a social network model in so far as children are direct participants in their social convoys. Members of Child Protection Committees may include local civil, religious and political leaders in a supportive network for former child soldiers but without an emotional attachment or relationship to the child, they are not members of their convoy.

Secondly, unlike attachment theory which positions children in hierarchial, typically dependent relationships to adult attachment figures, the convoy model recognises the qualities of social exchange and mutuality in supportive relationships and that children and youth have the capacity to provide nurturance and support in relationships as much as to receive it:

> *"The convoy functions optimally to afford the exchange of support in the form of affective support, self-affirmation and direct aid"* (Levitt, 2005, p 38).

This is an important part of the motivational force driving the development of emotional, supportive social relations. Engaged adults in a child's convoy may for example gain self-affirmation, a self-identity as someone who is useful and effective; who provides nurturance, positivity, or hope for the future. This in turn strengthens the supportive bond. At different moments or over time, roles may change and the larger part of the energy, support or aid may come from the child or youth to the adult.

Thirdly the convoy model does not make assumptions about which relationships are most important. Parents are part of the convoy only if so named by the child; 'role' does not equate with function. Children are asked to nominate members of their convoy and these usually operate from an intimate to a more distant level. High levels of support are typically provided by those in the child's inner circle but the multiple relations and the diverse functions played by other convoy members are also important.

How can the convoy model provide insight into resilience-promotion in social reintegration practice? It starts with asking children or youth to nominate their existing convoy, to reflect on the social exchange or social expectancies that may operate within those relationships (the mutuality of support), to foster and not undermine such qualities, to facilitate widening or strengthening the convoy. The supportiveness of children's networks is related positively to resiliency but similarly it has been found that active and engaged returned child soldiers enhance family and community wellbeing (Mckay, Veale, Worthen & Wessells, 2010, see also following section: 'Individual Agency/Community resilience': A case in practice)

Furthermore, how can former child soldiers be facilitated to mobilise community leaders and those with influence, who are not within their immediate social convoys but within their broader community social networks, to act in their best interests? Additionally, how can this be done in such a way that their 'best interests' are defined by returnees themselves rather than through top-down processes as is common in much community-based programming, particularly those operating through committee structures? One possible strategy is to seek to link returnees to other individuals with similar priorities or needs so they can collectively strive to achieve their goals.

Bandura (2000) has recently distinguished two forms of efficacy, proxy *agency* and *collective efficacy* in addition to personal efficacy, to capture outcomes that can only be achieved through interdependent efforts. *Proxy agency* occurs where people*:*

"*do not have direct control over social conditions and institutional practices that affect their lives…..they seek their well-being and security through the exercise of proxy agency. In this socially mediated mode of agency, people try to get other people who have expertise or wield influence and power to act on their behalf to get the outcomes they desire*" (p 75).

There is a fundamentally different dynamic between a group with a common purpose mobilising leaders within the community to act in their interests versus when those with influence initiate the process. In the latter case, the assumptions that underpin the intervention may often aim to address 'a problem' thus problematising the group. They are also likely to be based on assumptions of lack, need or vulnerability.

'Collective efficacy' refers to people's shared beliefs in their collective power to produce desired results. Perceived collective efficacy is not simply the result of individual efficacy but also the *"interactive, coordinated, synergistic dynamics of transactions"* (p 75) emergent in the group process. Collective efficacy influences how individuals mobilise their concerted efforts and impacts on their staying power, how much of their individual resources (energy, contacts, money, time) they will expend on group activity, the likelihood of the group to persevere in the face of internal or external challenges, and their vulnerability or otherwise to discouragement. A group composed of highly talented individuals will not necessarily produce a successful group outcome if they cannot work together. Similarly: *"a collective system with members plagued by self-doubts about their capabilities to perform their roles will achieve little*" (p 77).

The mobilisation of proxy agency and collective efficacy in the social reintegration of former child soldiers has the potential to be highly effective. A group can function as a site to support the development of the skills outlined earlier on individual resilience such as emotional and behavioural regulation, problem-solving and decision-making so that individual agency and collective resilience are simultanously enhanced. It is not easy to portray the skills-building involved in programming undertaken within this framework. The next section gives some short examples from a recently concluded participatory action research project "Community-based reintegration of war-affected young mothers: Participatory action research (PAR) in Liberia, Sierra Leone & Northern Uganda" (McKay, Veale, Worthen & Wessells, 2010) that convey some of the resilience fostering processes in that can be incorporated into psychosocial programming. The full report can be accessed at http://www.uwyo.edu/girlmotherspar/

'INDIVIDUAL AGENCY/COMMUNITY RESILIENCE': A CASE IN PRACTICE

The Participatory Action Research (PAR) project *"Community-based Reintegration of War-Affected Young Mothers: Participatory Action Research (PAR) in Liberia, Sierra Leone & Northern Uganda*" project involved 658 young mothers predominantly aged 16-24 years from rural and urban communities. Participants were young mothers formerly associated with armed forces or armed groups as well as community young mother**s**, identified as vulnerable by local leaders or project staff. Over three years, the young mothers met regularly in groups of approximately 30 participants where

they slowly shared their problems and experiences, identified their priorities and developed 'social action' projects to address the challenges they faced, in particular poverty, stigma, marginalisation and the poor health of themselves and their children (p 11-17) . Emergent social actions included individual and group livelihood initiatives, community dramas, and pro-social activities such as community cleaning or helping at funerals. As the project progressed, we witnessed how individual functioning was transformed through group engagement, and how over time, young mothers were able to engage in relationships characterised by social exchange and reciprocity which enhanced collective and community resilience. 'Change' occurred at multiple systems levels.

Individual resilience evidenced by enhanced higher cognitive executive functioning, greater communication effectiveness and a strengthened mastery system.

Young mothers strongly identified themselves as group members and were active participants in their group. It was noticeable that group participation supported the members'sustained attention, reflection and problem-solving over many months and years. Within their groups, members had to regulate their communication styles and behaviour for the group to function. For example, community group member peers noted that they initially had to encourage CAAFAG young mothers to speak and to have their voice heard in the group and modelled how to moderate aggressive language. Through their interactions, the CAAFAG young women taught the group how to relate to them to build their trust. Groups initially took on tasks within their competencies and resources such as performing community dramas, then gradually developed confidence as they launched their income-generation activities.

Social convoys/ proxy agency

A striking emergent feature of the young mothers' groups was their ability to mobilise people in their immediate support networks to help them when they faced critical challenges. In some communities, initially established advisory committees failed when it was clear there was no financial stipend in return for their time and support. These advisory groups were dissolved and re-formed, composed of individuals chosen from the young women's own support networks or those very motivated to support young mothers. In this sense, advisors formed a 'social convoy' (Levitt, 2005) of involved actors and provided a secure base for the groups' functioning.

> *"Community advisory committees composed of both men and women who had a commitment to the young mothers' development were essential to the success of participatory processes and in facilitating their social and economic reintegration. They provided a crucial link between the young mothers' groups and the larger community and were intermediaries who encouraged the participants and provided pragmatic advice"* (Mckay, Veale, Worthen and Wessells, 2010, p 25).

Furthermore, as a group, the young mothers were able to seek their well-being through the exercise of proxy agency, for example, by making an approach to local

leaders. In this way, they obtained support in the form of land for group cultivation, or accommodation to start a restaurant or advocacy to counter stigma.

> "*When organised in groups, young mothers were more visible, had a stronger voice, and were better able to access community resources and withstand external threats, like jealousy or criticism by some community members….*
> "*Groups are better able to cultivate relationships with more powerful people who can support and advocate for them*" (Mckay, Veale, Worthen and Wessells, 2010, p 33).

Collective resilience

As mentioned above, organising individuals in a group structure does not in itself foster collective efficacy. Collective efficacy seems closely linked to *ownership*, that the group believes it is acting in its own interests, to address its priorities with control over its own resources. In the project, this was not easy to foster, in particular as there was a fundamental 'shift' that had to take place within the group from viewing the project and its resources as belonging to the agency to realising the resources (and the responsibility for success or failure) belonged to their group alone. This 'moment' of realisation was noted by many groups as stimulating a shift in the group dynamics and accountability, from external (which led to stealing from the project and lack of group cohesion on input and time and energy) to internal to the group.

> "*Through ongoing dialogue and conflict resolution, young mothers came to understand over time that because ownership of the project lay with them, they were responsible for outcomes and to each other and were also accountable to agencies and donors. This marked a key shift in the group dymamics as young mothers realized that they had real power and decision-making responsibility and their efforts resulted in real change in their life conditions*" (Mckay, Veale, Worthen and Wessells, 2010, p 31).

Community resilience

Psychological and material change in the lives of the young women brought about changes for their children and also their families. Through individual agency, they contributed to the collective resilience of the family and community.

> "*A fundamental element of familial reintegration centres on young mothers' enhanced capacity to engage in caring, supportive relationships as a support giver, not only as a seeker or receiver of support. This transformed many of their social interactions from those defined by need and victimhood to reciprocal support (p 45). As the young mothers' capacity to care for their children improved, transformation occurred within the atmosphere of family homes (*Mckay, Veale, Worthen and Wessells, 2010, p 47).

CONCLUSION

Individual through community resilience in social reintegration
The challenge of working with a resilience perspective in psychosocial practice is how to work with the multiple levels at which resilience is emergent; biological and individual coping responses operate in a dialogical relationship with the socioeconomic, cultural and political environment. A focus on resilience does not mean a denial of suffering or trauma. What I hope has emerged above is a sense that we are biologically human operating within environments that have opportunities and also real constraints. In psychosocial practice, the challenge is to work with the minutiae of biological responses to suffering, higher cognitive functioning, mastery systems, individual agency, and collective efficacy emergent at group and community level. This is the state of play in psychosocial practice presently, it is exciting and complex, but the theoretical concepts outlined above need to be operationalised and documented in practice to see if the 'magic' of resilience can be fostered in these ways.

References

Annan, J, Brier, M. & Aryemo, F. (2009). From "rebel" to "returnee" .Daily life and reintegration for young soldiers in Northern Uganda. Journal of Adolescent Research, 24, 639-666.

Bandura, A. (2000). Exercise of human agency through collective efficacy. Current Directions in Psychological Science, 75-78.

Betancourt, T., Brennan, R., Rubon-Smith, J., Fitzmaurice, G. & Gilman, S. (2010). Sierra Leone's former child soldiers: A longitudinal study of risk, protective factors and mental health. Journal of the American Academy of Child & Adolescent Psychiatry, 29, 6, 606-615.

Cortes, L. & Buchanan, M. (2007). The experience of Columbian Child Soldiers from a Resilience Perspective. International Journal Adv Counselling, 29, 43-55.

Dolan, P. (2008) Prospective Possibilities for Building Resilience in Children, their Families and Communities, Child Care in Practice, Vol. 14, Issue 1, pp 83 - 91.

Dowdney, L. (Ed) (2007) Trauma, resilience and cultural healing: how do we move forward? Coalition to Stop the Use of Child Soldiers: http://www.child-soldiers.org/psycho-social/Trauma_Resilience_and_Cultural_Healing_2007.pdf (last accessed November 2010).

Klasan, F. Oettingen, G., Daniels, J. Post, M., Hoyer, C. & Adam, A (2010). Post traumatic resilience in former Ugandan child soldiers. Child Development Jul/Aug 81, 4, 1096-1113.

Levitt, M. (2005). Social relations in childhood and adolescence: The convoy model perspective. Human Development, 48, 28-47.

Mancini, A. & Bonanno, G. (2010). Resilience to potential trauma: Towards a lifespan approach. In Reich, J., Zautra, A & Hall, J. (Eds.). Handbook of Adult Resilience pp 258-280. New York: Guildford Press.

Masten, A. & Obradovic, J. (2008). Disaster preparation and recovery: Lessons from research on resilience in Human Development. Ecology and Society, 13, (1), 9 http://www.ecologyandsociety.org/vol13/iss1/art9/ (last accessed November, 2010).

McKay, S. & Mazurana, D. (2004). Where are the Girls? Girls in Fighting Forces in Northern Uganda, Sierra Leone and Mozambique. Montreal: International Centre for Human Rights and Democracic Development.

McKay, S., Veale, A., Worthen, M. & M. Wessells (2010). Community-Based Reintegration of War-Affected Young Mothers: Participatory Action Research (PAR) in Liberia, Sierra Leone & Northern Uganda. http://www.uwyo.edu/girlmotherspar/ (last accessed November, 2010).

Ungar, M. (2008). Resilience across cultures. British Journal of Social Work, 38, 218-35.

Ungar, M. (2010) Cultural dimensions of resilience among adults. In Reich, J., Zautra, A & Hall, J. (Eds.). Handbook of Adult Resilience pp 404-423. New York: Guildford Press.

Wessells, M. (2009) What are we learning about community-based child protection mechanisms? An inter-agency review of the evidence from humanitarian and development settings. http://www.savethechildren.org.uk/en/54_10087.htm (Last accessed 10 Nov, 2010).