Research Article

Post-War Psychosocial Recovery Challenges on Zimbabwean War Veterans

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Abstract: Helping war veterans "move away from the roles and positions that defined them during the conflict to identifying themselves as citizens and members of the local communities" is a significant component of the lengthy and challenging process of psychosocial healing. Most combat veterans face significant obstacles in their psychosocial rehabilitation in an uncertain economy marked by high unemployment rates. The reasons behind their initial decision to fight, their involvement during the battle, and their options for reintegration are only a few of the variables that affect combat veterans' capacity to do so. The majority of the paper's evidence comes from focus group discussions with war veterans who participated in the liberation movement and their oral testimonials. The research findings indicate that Zimbabwe was unable to effectively finish the last phase of Disarmament, Demobilization, and Reintegration (DDR), leading to significant issues that jeopardized the peace process as a whole. Since most of them are becoming older, the persistent presence of jobless former war veterans has threatened social security and psychological rehabilitation, endangering all other attempts at peacekeeping and economic recovery.

Keywords: Psychosocial recovery, Reintegration, peace building, unemployment

INTRODUCTION

Helping former combatants and child soldiers recover from the damaging impacts of war is a common goal of psycho-social therapies. These treatments seek to improve the person's capacity to engage with the outside environment in a healthy way rather than concentrating on specific symptoms and diseases. According to Bloom (2019), the foundation of psycho-social therapies is the idea that reintegration is more likely to be successful when family and community support is present. This, however, is predicated on the idea that former child soldiers and fighters would easily be reunited with their families. Psycho-social reactions, therefore, prioritize local involvement and the restoration of native defense mechanisms. Psychosocial treatments often concentrate on reestablishing relationships to families and communities, reestablishing social networks, and giving former child soldiers and fighters more resilience to the difficulties they encounter when reintegrating into society (Allison, 2014).

Psychosocial programs may include a wide range of activities, according to Burman and McKay (2017). Reconciliation efforts, remedial education, skills training, family tracing, food and school fee distribution, and community indoctrination on how to recognize and manage psychological concerns are some of the things they mention. In post-conflict nations like Sierra Leone and Liberia, for instance, NGOs manage the majority of these programs. Results from a youth education and reintegration program in Sierra Leone demonstrated that after finishing the program, former child soldiers and war veterans had a good view of themselves. Community members also said that the program helped the participants better grasp cultural norms and values and regulate their temper, which allowed them to perform better in their communities (USAID, 2020).

Other effective methods, particularly in post-conflict African nations, are discussed by Betancourt et al. (2008). The first one is a clinical group intervention, which is perfect as it also addresses the resource limitations that are present in the majority of African post-conflict nations. Group interpersonal therapy, created to address depression and short-term group crises, is one kind of therapeutic intervention. The method emphasizes overcoming a recognized crisis via narrative, free play, sketching, and emotional expression.

Additionally, the Boston Center for Trauma Psychology created a classroom-based intervention program that has been utilized with traumatized children and adolescents in Burundi and Sudan (Kaplan, 2017). In order to improve psychosocial outcomes throughout time, the program seeks to discover and enhance traumatized youth's current coping mechanisms and techniques. Through play, learning, and innovative problem-solving, the intervention's highly organized expressive-behavioral exercises aim to lessen traumatic stress responses, anxiety, fear, and sad mood. Long-term benefits are anticipated to include improved problem-solving skills, heightened optimism and safety, elevated self-esteem, and favorable perspectives about oneself and the society.

The majority of African post-conflict nations, including Sudan, depend on NGOs and the UN to provide psycho-social therapies as part of the healing process, claims Golafshani (2013). Additionally, many

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NGOs conduct post-conflict psycho-social interventions in post-conflict nations with the goal of involving kids in artistic endeavors (dance, music, and theater) and leisure pursuits (sports, football, and volleyball) that highlight collaboration, creativity, and the growth of other social, emotional, and cognitive abilities. Funding is necessary to (re)establish such services as quickly as feasible if they are not accessible in adequate numbers. Setting reasonable deadlines is part of effective planning as it guarantees that the required services will be available when they are most needed. The lack of necessary services at the beginning of DDR programs and the short duration of service delivery make it difficult for recipients to attain psychological rehabilitation, which is one of the main reasons for their failure.

Statement of the problem

Demobilized war veterans suffered from psycho-social problems due to post-traumatic stress disorders. In the longer term, the perceived lack of definition between "military" and civilian status, due to the lack of a prolonged demobilization process, may lead to psycho-social behavioural problems and poorly defined social cohesion in communities. Although this might represent a smaller proportion of ex-combatants it is nonetheless worth noting and paying attention to. Specialized psychosocial programs need to be put in place to address these extreme cases.

OBJECTIVES

The study was guided by the following objectives

* To assess factors causing psychosocial challenges on war veterans
* To identify roles played by government after the conflict.
* To proffer alternatives available to the war veterans.

Psycho-social' model

When used in DDR, the "psycho-social" concept tackles stigma, rejection, and behavior modification by fostering constructive interpersonal interactions throughout the reintegration process. The UNICEF reintegration plan encourages the use of youth centers and children's clubs to promote leadership, self-confidence, and healthy interpersonal interactions since there are insufficient resources to provide individual counseling. Finding out what kinds of treatments are available locally to aid in the healing and improve reintegration of combat veterans will be crucial. Coping strategies used by combat veterans to manage everyday obstacles in their communities are as significant.

The process of psycho-social reintegration at different levels and the key areas that need to be addressed are described in the Multi-year Disarmament, Demobilization and Reintegration Programme (MYDDRP) (2008: p. 21). "The program will also advocate for the design and implementation of local, regional, and national mechanisms to address psychosocial concerns and foster reconciliation and an emotional healing process," according to the MYDDRP (2008: p. 22) policy. The family that a combat veteran is expected to live with is another factor taken into account during their psycho-social reintegration. "Social reintegration, as part of the DDR process, is in part an effort to re-establish trust, rebuild social capital, and restore social cohesion between ex-combatants, families, communities, and the state," according to SSDDRC (2006) in Olson (2010).

Returning combat veterans back their towns and families is a major matter in any African culture. Community leaders, elders, and traditional healers greet these guerrilla warriors with customary ceremonies. The veterans of the conflict are asked to give up their military attire and conduct and are promptly acclimatized to civilian life. A return to harmony and peaceful cohabitation with the rest of the community is symbolized by the donning of civilian clothing. This marks the start of the war veteran liberation fighters' psycho-social reintegration back into their villages. Education and skill development are key components of military veterans' economic reintegration. When they return to their villages, however, they get temporary assistance in the form of three-month food rations that may feed five people (MYDDRP, 2008). Along with a one-time cash distribution, a basic kit of non-food goods is also given out.

Because they aid in defining the psycho-social background of the former combatants, theories of social identity and self-identification are pertinent to the reintegration process. Veterans of the conflict were first enlisted in an army of troops who had a common goal and tight relationships. Their homes, families, and villages were replaced by the barracks. Their military training and conditioning continuously influenced their attitudes, ways of thinking, how they behaved, and how they interacted with others. When they return to their towns, a completely different atmosphere has an impact on their lives. The family, friends, neighborhood, schools, and churches are the immediate social structures. This may also be seen in the context of Herman's (2012) explanation of the idea of "resocialization."

Psychosocial support

Psychosocial support is the belief that one is taken care of, that there is help from others, and that one is a member of a supportive social network, according to Patton (2018). These options for support might be real (like financial aid), emotional (like nurturing), informational (like guidance), or companionship (like a feeling of belonging). Social support may be defined as help that is really provided or as the degree to which an individual is incorporated into a social network or the belief that help is accessible. Support may be obtained from a variety of people, including coworkers, friends, family, and organizations. Military social workers try to

address the emotional, social, mental, and spiritual needs of patients by visiting them at home and in hospitals. By buying and distributing "Get Well Soon" cards, fruit baskets, and sometimes toiletries, all of these are crucial components of helpful human healing. In addition, social workers review hospitalized patients' well-being, make sure they comprehend the nature of their condition, encourage them to take their prescribed medications, and take the necessary action.

METHODOLOGY

The paper draws the bulk of its evidence from oral testimonies captured from focus group discussion with war veterans who were involved in the liberation struggle.

FINDINGS

About 70% of respondents to the study also mentioned the impact of trauma, the need of counseling and help to cope with it, and how the trauma may impact their relationships with others. Even though several of the references emphasized the absence of psycho-social assistance during the short period of demobilization, this again demonstrates self-awareness. In certain places, some combat veterans' grievances about reintegration may be seen as an indication of reliance or an exaggerated sense of entitlement. Community members sometimes voice this opinion because they believe the software gives their past tormentors unfair advantages while leaving the rest of the community to fight for itself. Only after the war did this self-organized activity emerge, and it demonstrates their willingness to go forward with establishing a living. It's interesting to note that these programs were not included in the reintegration program, but they are an example of an adventurous move made by individuals or small groups that has created a position in the society and a means of subsistence.

When it comes to going back to their hometowns and beginning again, a lot of young former fighters show a range of emotions, including happiness, anxiety, and uncertainty. Many people legitimately worry about getting re-enlisted in the military. Particularly hesitant to return to the regions where their organizations are still active were demobilized veterans of the conflict. Others worry that their involvement in the battle would lead them to be shunned by their communities. It is reported that a large number of young, ex-combatants were compelled to invade home villages and massacre their own families. The participant's interview revealed that the murder of a guy from their community was a frequent occurrence, which affected several young females. Whether voluntarily or involuntarily, they fought with guerrillas. When former young guerrilla soldiers returned home to their parents, relatives, and friends, they were often happy to have left the bloodshed and horror behind. However, many fear that their houses or communities have been torched or attacked, and that their relatives will be discovered alive.

In Zimbabwe, there is currently no adequate treatment for war veterans who are experiencing emotional trauma. There are two types of mental stress that need special attention: post-conflict stress, which results from poverty, social exclusion, and financial reliance, and traumatic stress, which is brought on by wartime injuries. The psycho-social requirements of war veterans' military members have not been satisfied, for instance, in Zimbabwe. Much suffering has resulted from the fact that many former freedom fighters were first hailed as heroes before the government abandoned them to reintegrate into society on their own. Psychological disorders and impairments have increased as a consequence, making it harder to participate in society as a parent, husband, job, student, and so on. In addition to the lack of social, psychological, and physical support following demobilization, the social and cultural stigma associated with being a war veteran who participated in or saw violence has negatively impacted their position and sense of self.

Existing psychiatric and mental health services have not been able to meet the demands of war veterans with mental diseases. The issue must be acknowledged as being severe enough to need the creation of specialized services provided by qualified staff. Occasionally, these staff members are themselves trained and recovered veterans of the conflict who have been allowed to work among their peers and have learned some rudimentary counseling techniques. However, there is need to recognise the importance of African traditional methods. The failure of the counselling processing is not because they do not work but because those people to whom it is being administered did not believe in it but they believe in their African traditional methods of cleansing evil spirit, the same of which was never considered in the spirit. On the other hand, the loss of a beloved one whom they would have spent most of their time with and also the spilling of blood with a gun or with their own hands needed cleansing through traditional means.

RECOMMENDATIONS

The following social reintegration initiatives can be recommended
1. Community sensitization: dissemination of information on the peace process, and specifically on disarmament, demobilization and reintegration of communities; preparation for receiving demobilized ex-combatants
2. Counselling: psychosocial counselling, trauma healing, health and sanitation information and referral
3. Provision in villages of temporary homes for persons with no home:' unaccompanied children, ex-'fighters, handicapped or traumatized people with no identified family'

4. Community organization: motivation, training, organization building, support for village initiative, support for women in development
5. Reintegration of ex-combatants: temporary Food for Work, referral to vocational training or schooling, assistance in farming general counselling
6. Monitoring of ex-fighters to ensure their capability to earn a living and belong to family and community groups
7. ·Identification of special health problems of ex-fighters and assistance for their treatment: drug abuse, depression, physical illnesses
8. Rehabilitation of war-affected people: women, children, ex-fighters
9. Referral, tracing, and family unification
10. Youth recreation, sports

CONCLUSION

Many demobilized soldiers have lost family members, and their towns and neighborhoods are unwilling to take them home. This is a common assumption made by "transitional" assistance programs designed to assist young soldiers. Prolonged combat has severely weakened the ability of communities and kin-groups to create productive environments for returning warriors. Not to mention the fact that many young men who were enlisted early and served for years in the military have completely missed the initiation, education, and job training that typically occur during those years. Even though many demobilized young men lack a path to adulthood, they must be self-sufficient.

The transition from military to civilian life is challenging for many young men and women who have participated in wars as soldiers. Anger and aggression are very difficult for some people to manage, and they sometimes yearn for the high-adrenaline lifestyle they had before the conflict. An illustration of this may be seen in the remark above from a young Angolan guy who still yearned for conflict and violence. It may be a lesser percentage of former warriors, but it is still important to note and take note of. These severe situations need the implementation of specialized psychosocial treatments.

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