

Manifest Effects of Behavioral Therapy Applied to a Typical Pipes of Children out of Force or Armed Groups - Study Carried out in a Transit and Orientation Center in Lubumbashi / DR Congo

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Abstract: *Currently, many pressures to combat the "child-soldier" phenomenon are being exercised by International Organizations to put an end to the use of minors for military purposes, although a growing number of child soldiers are being observed in many countries thousands of children under the age of 18 are forced to become involved in these conflicts and to wage war, thus the Democratic Republic of Congo is not exempt from this global scourge. The literature demonstrates that these traumatic practices experienced in military life have detrimental short- and long-term consequences for the mental as well as the physical health of these children, certainly our diagnostic interviews and our direct observation of thirty-seven children released from Armed Forces and Armed Groups in a Transit and Orientation Center in Lubumbashi Province in Haut-Katanga in the Democratic Republic of the Congo have reported significant psychological changes in these children. These huge behavioral disturbances such as aggression, temper tantrums, insomnia, and the spirit of vengeance, suicide attempt, and despair ... require psychological intervention in favor of these children to improve their behavior to act and behave in order to prepare for their peaceful reintegration into working and family life. The positive change in the behavior of these children through the manipulation of behavioral therapy is the main focus of this study.*

Keywords: Behavioral therapy, atypical behavior, Child Associated with a Forces or Armed Group (EAFGA)

1. Introduction

The continuing presence of armed conflict throughout the Democratic Republic of the Congo during the past two decades is one of the factors underlying the tragic scourge of forced or forced recruitment of children by armed forces or groups. Today, thousands of children under the age of 18 are forced to become involved in these conflicts and to wage war. This is the case, for example, in the Mitwaba territory in the province of Upper Katanga, North Kivu, South Kivu, Ituri, Kasaï Central, etc.

Although many pressures to combat the phenomenon of child soldiers exercised by international organizations to end the use of minors for military purposes, a growing number of child soldiers is lacking in many manifestations of conflict armed.

These child soldiers engaged in the fighting forces are not only targets or victims of excessive violence but also actors of this violence. Indeed, (ML Daxhelet, 2014, p.243) states that: "as an initiation, child soldiers are forced to loot, burn villages (sometimes their own), rape, torture and to kill under the threat of death by their superiors. These antisocial acts, they will then repeat them voluntarily on a daily basis.

Thus, it is not long in coming to believe, of course, that such traumatic practices experienced in military life have detrimental short- and long-term consequences for the mental as well as the physical health of these children. The literature shows that if the entire population is susceptible to post-traumatic stress disorder after a painful experience, children are more exposed because they are more fragile beings (Silva, 1996).

Certainly, our diagnostic interviews and our direct observation of thirty-seven Children exiting an armed force and armed groups in a Transit and Orientation Center in Lubumbashi in the Province of Upper Katanga in the Democratic Republic of Congo have significant psychological changes in these children. These huge behavioral disturbances such as aggression, temper tantrums, insomnia, and the spirit of vengeance, suicide attempt, and despair ... require a psychological intervention in favor of these children in order to prepare for their peaceful reintegration in active and family life.

To do this, following the application of behavioral therapy, "What are the observed positive changes in inappropriate war-induced behavior in children? This is the question that this study proposes to examine.

In this regard, we appreciated that behavioral therapy associated with practical techniques particularly play, psychoeducation, narrative exposure, drawing, life line, assertiveness and some relaxation exercises that are concrete tools provide lasting relief to the behavioral difficulties exhibited by these children.

This study then pursues the following objectives:

- Providing psychological assistance to these children in order to heal their traumatic experiences of war and to improve their ways of acting and behaving;
- Modify their disapproved behaviors in order to prepare for their peaceful return to active, family and school life;
- To sensitize these children to a peaceful resolution of conflicts in order to prevent these social vices.

Moreover, to make this research objective, we used the clinical method, the decryptive method and the experimental case study. They proved to be essential, respectively, to evaluate, to understand in a deep way the general suffering of these children and also to apprehend certain painful events which occurred during the war experience which could in one way or another generate these behaviors atypical. Also using a description based on direct observation, this method allowed us to depict these abnormal behaviors following the trauma of war by discovering acts such as fighting, insults, runaways, change of mood and so on. Finally, the last one, we used to draw clear conclusions about the effects of the behavioral intervention applied to these children.

These approaches being abstract, to materialize them, we used the techniques below to produce the information relevant to our investigation. We have maintenance and direct observation.

Being both a diagnostic, therapeutic and support tool, the clinical interview was useful during our discussions during the intervention process, in the discovery of children's problem behaviors and in the emotional discharge by the verbalization of the traumatic experience in order to bring about a positive change in the difficult behavior of these children. As for the second strategy, it allowed us to capture certain acts, gestures, expressions (signs of atypical behavior), feelings and / or unpleasant emotions expressed by these children during the psychological support.

The choice of this theme is not a coincidence. It draws on an experience of psychological assistance conducted with children out of the Forces and Armed Forces interned in a Transit and Orientation Center. Accompanying these children for eight months during their stay in Lubumbashi, we observed that the recruitment of children for military purposes is one of the practices that dishonor the right of the child by reducing it to an object or a fierce animal. . These traumatic acts disturb not only the development of the personality still evolving for the maturation of the child but also his education. These children are at great risk of becoming bad parents and thus maintain this process of violence or vegance as a means of achieving ends in their adult lives. That's why we feel involved in this area of care. The goal is to provide effective psychological services to these children because most of our Congolese communities suffering from war trauma do not have the resources of psychological help to improve their upset mind and to rehabilitate their disrupted behaviors.

In addition, this study is of particular interest in attracting the attention of non-governmental organizations working in the field of mental health, advocacy and the promotion of the rights of the child, clinicians, psychosocial counselors and the professional who practices profession of psychological treatment. Through this study, they are urged, respectively, to continue the fight against the recruitment and use of children by armed forces and groups and to strengthen specialized human resources in mental health capable of preserving and guaranteeing the realization of fundamental rights. of the child. And for the other social actors, they will understand through this text that they have a

very important role to play early with these children by pulling these young people from their military mentality and reintegrating them peacefully into their working lives.

More importantly, this work is also beneficial to parents who are most concerned about their children falling prey to this enlistment phenomenon. In this regard, these parents are warned and have a great responsibility in adopting appropriate disciplinary measures to punish antisocial behavior to avoid the escape of children at home to take refuge in this movement.

State of the question

The review of the literature within our reach reflects the mental and behavioral disturbances resulting from the war trauma of Children in the Forces or Armed Groups.

In his research with Rwandan children after the 1994 genocide, F. Da Silva noted the various manifestations of the psychological trauma felt by child victims of trauma following the war. Thus, the following elements were observed: night terrors, nightmares, hallucinations, irritability, aggression, anxiety, intense fears related to stimuli of the environment, thefts, fights, alcoholism, prostitution, suicides. Thus, she also notes that: "all these children do not react in the same way. These observable reactions differ according to the age, the family situation, the presence or absence of the family at the time of events etc. "(Silva, 1996: 107).

According to a study of 330 ex-Ugandan child soldiers, Klases et al (Daxhelet, 2014, p.249) report that 33% of them meet the criteria for a state of stress post-traumatic stress disorder and 36.4% of major depression. Older children would have more emotional and behavioral problems than younger ones: feelings of having to be perfect, headaches, nightmares, worries, stomachaches and suicidal ideation are the main problems reported by these children.

Another research is conducted by M-L Daxhelet and L. Brunet with 22 former child soldiers in a Transit and Orientation Center in the South Kivu Province of the Democratic Republic of Congo. This study demonstrates, unlike the previous ones, a specific element that seems to play a considerable protective role in the avoidance of trauma in these children: the use of the magic thought embodied by the army and by what the children call "fetishes ». By embodying this belief in fetishes, this system claims that these fetishes, whatever their form, allow the soldiers who wear them to obtain supernatural powers such as being impenetrable to bullets and knives, teleporting, etc. Then, in addition to these natural powers, the fetishes allow the ex-soldiers not to feel fear, anxiety, to avoid psychic terror, a feeling of power and to protect themselves against the trauma of war. However, he adds that this use of fetishes has had the negative consequence: the child-soldier feels "penetrated" and "inhabited" by a spirit that controls him in his actions; hence the desubjectivation (M-L. Daxhelet, 2014).

This study differs from those of our predecessors in its behavioral therapeutic dimension. Thus, it is not only a study of the symptoms of war trauma but also a care to cure

this experience and readapt these inappropriate behaviors of the children so that they find their normal life mentally as well as physically and are easily accepted by their home community.

2. Conceptual Considerations

In this section, we discover the definitions of key words considered as basic notions of this analyzed theme. They are essential in order to get a clear and distinct idea of their use in this study. These are: behavioral therapy, atypical behavior, Child Associated with Forces or Armed Groups.

2.1. Behavioral therapy

The first behavioral therapies practiced in humans go back to the 1940s (Mirabel-Sarron, 2014). His theories are inspired by the works of the law of learning (Thorndike, Pavlov, Skinner). Thus, this therapy is conceived as the application of learning to problem behaviors (Winfrind Huber, 1993).

The best definition that can be given remains unquestionably that of Yates (O. Fontaine JC, 1984, p.12) which says: "behavioral therapies are an attempt to systematically use this body of empirical and theoretical knowledge experimental protocols of the law of learning to explain the genesis and the maintenance of abnormal patterns of behavior, as well as the application of knowledge to the treatment or the prevention of these anomalies by controlled experimental studies of unique cases both descriptively and therapeutically".

Behavioral therapies focus on the disoriented behaviors or disorders caused by the occurrence of the disease and that they must change through the implementation of a technique or set of techniques according to a program, finally the evaluation of the results. (Gustave-Nicolas Fischer, 2014, pp. 224-225)

In this research, we applied the behavioral approach with the general aim of readjusting or transforming these abnormal behaviors acquired in adapted behavior with these children. To do this, this behavioral dimension was based on various techniques, we cite: exposure to traumatic memory, psychoeducation, drawing, assertiveness, play and some relaxation exercises.

2.2 Atypical conduct

In the literature available in Psychology, some authors distinguish behavioral disorders from conduct disorders. For others, these two terms are synonymous. In this study, we adopt this last trend. Thus, we say that the most commonly used term is conduct disorder rather than atypical conduct.

Conduct disorder is a clinical concept used to describe serious and persistent disruptive behaviors. We distinguish, among other things, the problems of manifest, open or observable behavior such as aggression, provocation or threat, more devious, covered difficult or unobservable problems such as lying, theft, fraud or school truant (Hervé and ChristelleBénonny, 2008, 62).

These conduct disorders, Heuyer had also detailed the main manifestations: mythomania, vagrancy, fugues, pyromania, inactivity, anger, violence, eroticism ... (Petot, 2014, 325)

The DSM IV (Marc-Antoine Crocq, 2015, pp. 547, 557) specifies four main diagnostic criteria for conduct disorders:

- 1) Aggression towards persons or animals;
- 2) Destruction of material goods;
- 3) Fraud or theft;
- 4) Serious violations of established rules.

Some personal characteristics of young people with conduct disorder (Hervé and ChristelleBénonny, 2008, pp. 64-66):

- 1) They lack tolerance for frustration and patience;
- 2) They do not accept criticism and get carried away easily;
- 3) In conflict situations, they fuel rivalry rather than appease it;
- 4) Moreover, they make their entourage responsible for confrontations that their behavior provokes or justifies by accusing others: when they fight it is to defend them; when they attack someone or destroy what belongs to him, it is because they have been provoked; and when they react aggressively, it is because they were pushed to the end etc.

Enfant Associé à une Forces ou Groupe Armé (EAFGA)

Dans la littérature et dans l'expression populaire, le terme le plus fréquent est celui de l'enfant-soldat. Cependant les Organisations Humanitaires préfèrent l'expression « **Enfant Associé à une Force armée ou à un Groupe armé** » (Platt, 2012) à celle de l'enfant-soldat. Car, selon ces dernières, cette définition ouvre des nouveaux horizons de régime de protection de l'enfant élaboré par les Conventions de Genève du 12 août 1949 et leurs Protocoles Additionnels du 8 juin 1977, qui leur étaient fermés jusque-là (Ngondzi, 2013, p. 43). Ayant œuvrant dans ce domaine, pour nous, nous nous référons à cette expression.

Selon les Principes de Paris (Février 2007 : 2.1), (Unicef, 2007) :

Un "**enfant associé à une force armée ou à un groupe armé**" est toute personne âgée de moins de 18 ans qui est ou a été recrutée ou employée par une force ou un groupe armé, quel que soit la fonction qu'elle y exerce. Il peut s'agir, notamment mais pas exclusivement, d'enfants, filles ou garçons, utilisés comme combattants, cuisiniers, porteurs, messagers, espions ou à des fins sexuelles. Le terme ne désigne pas seulement un enfant qui participe ou a participé directement à des hostilités.

In 2002, with the entry into force of the Rome Statute of the International Criminal Court (1998), the recruitment of children under the age of 15 had become a war crime. Despite these laws, there are children involved in armed conflict in some Asian countries and parts of Latin America, Europe and the Middle East, the problem is particularly serious on the African continent. In particular, the Democratic Republic of Congo (DRC) is regularly accused by human rights defenders of sending children to the front lines (M-L Daxhelet, 2014, pp. 249-250).

2.2.1. State of Play of Children Emerging from an Armed Force or Armed Groups

The first recruitment of children called "kadogos" into fighting forces in the DRC was reported in 1996 with the Alliance of Liberation Forces (AFDL) by civil society. Thousands of children were enlisted in the eastern part of the country, actively participating in the so-called "liberation war", leading to the fall of President Mobutu (Bodineau, Figures of Child Soldiers, Vulnerability and Power of Action, 2011).

In some Provinces (¹) facing armed conflicts mainly Bandundu, Bas-Congo, Ecuador, Kasai Oriental, Katanga, Kinshasa, North Kivu, Province Orientale and South Kivu, Unicef and its partners provided in June 2011, the statistics recorded in the database since 2002 of Children Released to an Armed Force or an Armed Group. The total enrollment is approximately 32804 (²) (Bodineau, Program Evaluation Report 2007-2011 for Children Associated with Armed Forces and Groups in the DRC, 2011, p.19)

The MONUSCO report of 10 March 2017 states that "children continued to be recruited and used by armed groups. The main armed groups recruiting and using children were: Mai-Mai Mazembe / Union of Patriots for the Defense of the Innocent (14), Nyatura (12), Nduma Defense of the Congo-Renovated / Guidon (8), FDLR (8), Mai-Mai RayiaMutomboki (7) and Alliance of Patriots for a free and sovereign Congo (6)" (Monusco, 2017, p.46).

Without resorting to other statistics provided by some local institutions, this observed figure shows that the children were brought and effectively participated in the war in the different provinces of the Democratic Republic of the Congo.

3. Framework of Intervention

Fieldwork was done in a Transit and Orientation Center (CTO). It is a center of supervision supervised by the Eagles. Les Aiglons is a local non-governmental organization that works in the supervision of children out of Armed Forces and Groups and children in difficult situations. This institution enjoys the support of Unicef DRC through the protection and reintegration project. This structure is located in Lubumbashi, capital of the Province of Upper Katanga in the Democratic Republic of Congo. This center pursues the following general objectives:

- The physical and psychological rehabilitation of children released from armed forces and groups and in difficult situations;
- The fight against the re-recruitment and peaceful reintegration of children in their community of origin.
- It also offers training in cutting and sewing, carpentry, mechanics and other to catch up with children who have not had the chance to follow a normal school curriculum.

¹Nous reprenons la base des données telle quelle avant la décentralisation du pays en 26 provinces.

² Source : Statistiques fournies à M-L Daxhelet et Louis Brunet par Bosco SimbiKenda, responsable de la base de données de l'UNICEF/RDC

We met in this center thirty-seven children, all of them male whose age ranged approximately between 12 and 16 years. It is these children who voluntarily accepted the psychological service and constitute our study population. These children were all recruited either into the Congolese armed force or into an armed group before the age of 18, and the average length of years in the army is 4.6 years. Of these children, 26 were voluntarily enrolled and 11 were forced to do so. During their war experience, they also all carried arms and were directly involved in armed conflict.

4. Manifest Effects of Behavioral Therapy

We show the psychological care actions carried out with these children from the observation phase to the phase of positive modifications of the disturbed behaviors and negative emotions of the young people. At the same time, we determine the results of these therapeutic actions.

4.1. The observation phase

It is a period of contact and trust with children and social workers. During this phase, we attended the various sensitizations led by the supervisors (social workers) and on certain occasions, we intervened to highlight the negative effects in the children victims of the war and especially the work of the psychologist with the child victims. Here are some themes animated by the social workers during the course of the sensitization:

- The regulations of the CTO;
- The general and specific objectives of the CTO;
- The right of the child;
- Savoir vivre (the right way to be in society);
- Stratégies conflict resolution strategies;
- How to manage romantic relationships during youth;
- Body hygiene;
- Adaptation of the environment;
- How to avoid re-recruitment;
- The National Program for Disarmament, Demobilization, Reinsertion and Community Rehabilitation (PNDDR) etc.

4.2. The clinical evaluation phase

Under this heading, we have designed a Child Clinical Assessment Sheet with the following information:

- The identity of the child;
- The history of the traumatic event;
- Addiction problems before joining the cto;
- Measurement of some symptoms of post-traumatic stress;
- Specific psychological problems of the child;
- Stress management mode for the child;
- The wishes and expectations of the child after the cto;
- Project his project for the future and;
- Appropriate intervention strategies in children

To avoid subjectivity in the measurement of symptoms, we used the technique of cup schema / Problem Rating Scale which contains four goblets corresponding to a scale of evaluation (See Appendix).

After talking with the children from the Kamwenasampu militia rebellion movement (Luilu Territory, Lomami / Kasai Central Province and Lomami), the Mai-Mai group from

Gedeon(Mituaba Territory / Upper Province) Katanga) and Force Armée of the Democratic Republic of Congo, the psychological evaluations carried out, led us to identify the following psychological problems:

- a) For the children / militia of Kamwenasampu:
 - Insomnia;
 - Big fear;
 - Anxiety and;
 - Intense despair.
- b) For children / May-May group Gédéon:
 - Anger;
 - Revenge and;
 - Despair.
- c) For children recruited in the Congolese Armed Forces:
 - Aggression;
 - Déclarations suicide attempt statements;
 - Guilt and;
 - Despair.

It is these observed psychological difficulties that justify the choice of the application of the behavioral approach associated with the different complementary strategies. We applied it in talk group and individual sessions.

Then another treatment plan sheet was designed for each child. It contained the following relevant information:

- The code ;
- The age of the child;
- The specific psychological problem;
- The severity of the problem or symptoms;
- Therapeutic goals;
- The psychotherapeutic strategies used;
- The result obtained and;
- The psycho-educational action to be undertaken by the social worker.

4.3. Planning of the intervention program

We organized the groups, we organized the framework and we planned the meeting times. Each group consisted of 10 to 11 children. Psychological care is taken in an office, a quiet and safe place. Our therapeutic sessions were held in the afternoons and lasted no more than 90 minutes.

4.4. Overall objective of the intervention

The general idea of this intervention is to act on the psyche of children to reduce their suffering, improve their mental health and rehabilitation of the disturbed conduct.

4.5. Therapeutic sessions

We proceeded as follows:

- The care of the children in group of speech and;
- The care in individual.

a) The course of sessions in group of speech

The choice of this framework in children allowed each child to understand that he was not the only one to experience this or that other traumatic experience. For each child, the group is a safe place to be together and to share the experience, the feeling and the doubts related to the occurrence of suffering.

Then through the dynamics of the group, the child benefited from the support of others and had the opportunity to speak, to open and speak freely his difficulties related to the trauma of war (Jean Audet, 2006). The speaking group framework was held in eight sessions, one session per week, and each session had a specific theme and was typically no longer than ninety minutes. Here is the outline of the themes mentioned, the objectives pursued and the strategies applied during the course of each session.

Session I: Orientation and construction of my speaking group

This first session of contact is summarized in the following way:

- Objectives of the session:
- Establish the climate of trust, set the rules of the group (confidentiality);
- Show the importance of the group in the face of resentments.
- Strategies used: play and psychoeducation

Session II: My happy memory of my life

This session focused on these points:

Objectives of the session:

- Broaden the vision of children by creating awareness for positive experiences in their lives;
- Strengthen relationships between group members by sharing good memories.

Applied Strategies: Life Line, Drawing, Narrative Exposure, Psychoeducation and Play

Session III & IV: The Difficult Times

In this support session, we did this:

- 1) Objectives of the session
 - Identify and discuss difficult moments experienced by children;
 - Provide new tools for managing emotions to children;
 - Mutual support: give and receive.
- 2) Strategies applied: Drawing, narrative exhibition, psychoeducation and relaxation exercise.

Session V & VI: Our self-esteem

Let's discover the objectives and therapeutic means applied in these two sessions

- 1) Objectives of the session:
 - Get the child to identify his qualities, his skills;
 - Raise the self-esteem of children who feel inferior.
- 2) Applied strategies: play and assertiveness

Session VII: My Life Project

The salient points to remember in the course of this session are:

- 1) Objectives of the session:
 - Transform feelings of hopelessness and weakness into positive feelings or potentialities
 - Restoring hope in children
 - Reinforce the use of old and new resources, internal and external resources often not exploited.

2) Applied strategies: psychoeducation and drawing

- The ritual of the group;

Session VIII: Finish the speaking group experience and say goodbye

The last session closed with these aspects below:

Objectives of the session:

- Model a healthy and appropriate process to say "goodbye";
- Help the children identify what the speaking group has been for them and what they have gained;
- Recognize, emotionally manage and symbolize the end of group therapy.

Actions of the individual sessions

After the group sessions, we met fourteen children who were referred to us by the social workers. These supervise these children during the sensitization and in the group of life. These children had intense nightmares, declared attempts at suicide and blamed themselves for certain events. Through these problems, we organized two to three sessions for each child and the objective was to reinforce some stress management tools used in the group sessions and provide new strategies appropriate to each suffering known to the child.

4.6 The merits of the therapeutic strategies used

a) The Game

In this study, the integration of a games area into the care of children was a good time that encouraged the children to get to know each other in the group, to feel part of the group, to discover their contributions and to enhance their potential. It is also thanks to the intervention of different games that these children have apprehended the different periods of life (moments of joy, moments of woes, waves ...), the right way to settle disputes and manage emotions, and they have also internalized their qualities, their skills and those they can improve in their behavior. This result matches Winnicott's idea (Lucia castelli, 2008, p.4), in the need to play the child insists on the following reasons: "we play for pleasure, to release aggression in a known place, to manage anxiety, to promote the process of integration of the personality, to communicate one's own inner reality".

The various playful activities applied in our psychological maneuvers were inspired by the book of (Lucia castelli, 2008) and (Gerber, 2000). As an illustration, we quote:

- Space for us to know ourselves;
- Rain, wind, storm and sun;
- Let's inflate the balloon;
- Rope shooting;
- Identity circle and self-esteem etc.

b) Psychoeducation

In this care, psychoeducation focused on three main dimensions: pedagogical, psychological and behavioral and whose objectives were as follows (Birangui, 2015: 186):

- Allow the victim to better understand his post-traumatic symptoms;
- Enable him to better understand what they serve;

- Explore personal factors associated with post-traumatic stress response;
- Normalize the reactions she had at the event;
- Enable him to better understand the reactions of those around him;
- Provide him with some tools for managing negative emotions

In practical terms, psychoeducation has allowed children in the first place to experience the work of the psychologist and this has created a climate of trust in the sharing of traumatic experiences. And it is thanks to the action of this medium that children have grasped the importance of being in a group of words where they have benefited from the help of others.

Then they also came to learn that life is a mountain that has the top and the bottom, we can meet there rains (moments of joy) and also storms (war). It is through the manipulation of psychoeducation that these children have discovered that they are valuable and everyone is special, deserve to have hope and plan for the future. We explained this to them through the metaphor of the cut tree and which was stripped of its leaves and some of its branches and the tree still keep its image thanks to the roots and the buds, signs of life.

Finally, thanks to the drawings and the metaphor of the scale, these young people managed to share their life project (further education, hair salon, carpentry, breeding, agriculture, etc.) and showed the available resources they can use to materialize these projects.

c) The narrative exhibition

The subject who has experienced painful events avoids confronting these memories under the pretext of reliving in memory these traumatic images. Applying this strategy, we discovered that confronting these young people with the verbalization of their fears with painful memories through the narrative was an indispensable means because it provoked emotional discharges during the sharing of the difficult moments and allowed them to free themselves feeling and correctly digest their emotions through habituation.

Then, this process also served the children to express their positive emotions during the narratives of moments of joy in order to reduce the weight of the suffering before confronting them with the painful memories of the bad treatment. These positive effects achieved by this tool are based on the discovery of (Birangui, 2015: 202) that "narrative exposure or exposure to the memory of trauma allows the reduction of reviviscences and modification from the structure of fear □ ... □ by proposing to the victim to gently contact the memory of the trauma, to describe it, to share his experience, to name what happened and to express his emotions. In addition, it allows the victim to reconsider the event in a less shameful way and to fully feel the therapeutic acceptance.

d) The drawing

In most cases, the child or youth who has experienced traumatic events such as those experienced by our examined children is often unable to describe in words what they feel

or have experienced as does the adult. To circumvent this difficulty, it has proved indispensable to resort to a mediating technique such as drawing that could be used by children to exteriorize their inner experience.

Thus, we have discerned in our therapeutic actions that this directed process has been an underpinning of expression for these children to expose their happy and more difficult memories known in their pathways. Then it is through the drawing that they revealed their life plans and how they want to go about it. Note that to draw, the children used the simple material: papers, pens and pencils in colors. And the instruction given to them was, for example, during the difficult moments experienced during the war, "to draw a moment or a situation which you have more fascinated".

e) Assertiveness

Reinforcing the positive qualities, the talents of children and valuing their esteem through assertiveness was essential to reduce the frequency of atypical behavior. In this regard, thanks to the action of this strategy, the children immediately agreed that they were confronted with two voices, one of which is discouraging and the other is encouraging. Finally, the positive affirmation phrases recorded allowed these young people to feel valued and to be useful in the community in the future. These results attest to the idea of (Louis Chalout, 2014, pp. 56-65) who affirms that this means gives the subject "the ability to express his emotions, his thoughts and opinions and to defend his rights while respecting those of others, this is direct, honest and appropriate. It's self-esteem in action. This skill comes from learning.

f) Relaxation exercises

After experiencing a traumatic event (Birangui, 2015: 190), victims often feel extremely stressed physiologically. They feel intense muscle tension, difficulty sleeping, irritability, an impression of being constantly on the skin, a state of permanent alert □ ... □. This is where the breathing and relaxation strategies intervene.

By way of illustration, the relaxation exercises carried out by the children during their psychological care are hereafter: Get up and stretch:

The young people get up and exercise movements in the different organs of their body: to stretch the shoulders, the hands, the hip etc.

Diaphragmatic breathing:

- put your hand on your chest and another on your belly;
- try to inhale through the nose by inflating your stomach without moving the chest muscles too much;
- To inhale slowly, by saying to yourself in your head: I am sorry;
- slow down the rhythm of your breathing;
- exhale through your nose and say: caaaaaa-lllllll-mmmmm-eeee;
- start again slowly etc.

In our interventions, the contribution of the relaxation exercises was not less. Because, they have promoted the decrease of the muscular tension, the tension in the chest, the

bodily discomforts and to provide as far as possible a peaceful sleep to the children.

4.7 The positive load recorded in children.

The application of the behavioral approach associated with complementary psychotherapeutic strategies in children was so essential. The positive aspect of the behaviors recorded after the speech and individual group sessions reveals the following elements:

- Physiologically: there is a considerable decrease in physical symptoms; for example: stomach ache, headache, chest pain, stomach pain, palpitations, muscle tension, bodily discomfort, etc.

Which would explain that these symptoms would be consecutive to the disorder of the psyche of the child victims of the war.

- Psychologically: decreased anxiety and aggression, despair, and the orientation of aggressive behavior towards the learning of certain trades: hairdressing, repair of generators etc. and improving children's sense of life through life projects and planning their materialization in their community of origin.
- Behavioral: readjustment of disapproved behaviors through the active participation of children during therapy (hand play, coarse lyrics, suicide attempts etc.) and they were brought to the game of football, play of lady, six, cards, handicraft center maintenance etc.
- Emotionally and sentimentally: decreased guilt and feelings of revenge and fear and the transformation of revenge into a peaceful resolution of conflicts through ongoing dialogue and negotiation.
- On the level of social functioning: the harmonization of group life relations as well as the willingness and courage to participate in daily activities.

These overall results of our research confirm that the application of behavioral therapy materialized by various techniques has shown interest and efficiency by gradually reducing the frequency and intensity of the symptoms or signs at the origin of atypical and improving children's sense of life prior to their reintegration into their home community. These obvious effects adhere to the idea of (Jean Audet, 2006: 347) who argues that the goal of psychic treatment is to restore to the patient "mastery of him" and also the renewal of his existential will, reconstruction, reorientation and the development of his personality. Behavioral psychotherapy involves a process of change.

From the foregoing, based on the results obtained, we affirm that our objectives have been achieved and our assumptions are confirmed.

5. Conclusion

Thousands of children under the age of 18 were recruited as soldiers, porters, messengers, cooks or sex slaves following armed conflicts in the Democratic Republic of the Congo for several years. These vulnerable people manifest certain inappropriate behaviors that worry not only the victims but also the entourage after leaving the army. In order for these children to be accepted easily by their community, it was

essential that psychological help be provided for them so that their behaviors would change positively. That's what pushed us to focus on these child victims of war trauma. The main objective of this intervention was to act on the psyche of children in order to reduce their suffering, improve their mental health and readjust their disturbed behavior.

After our study and our therapeutic actions carried out with thirty-seven children out of the Congolese armed force and the armed groups interned in a Transit and Orientation Center (CTO) in Lubumbashi, let us retain the following:

Our exploratory interviews using the various evaluation sheets and our direct observations, led us to discover the following negative behaviors in these children: insomnia, great fear, anxiety, intense despair, anger, revenge, despair, aggression, suicide attempt statements, guilt and despair.

These few psychological difficulties identified, led us to plan eight sessions in group of speech and five in individual. And it is these specific problems induced by the war on which the choice of the behavioral approach used in this psychological care was based through these different complementary strategies namely the game, the psychoeducation, the narrative exhibition, drawing, life line, assertiveness and some relaxation exercises.

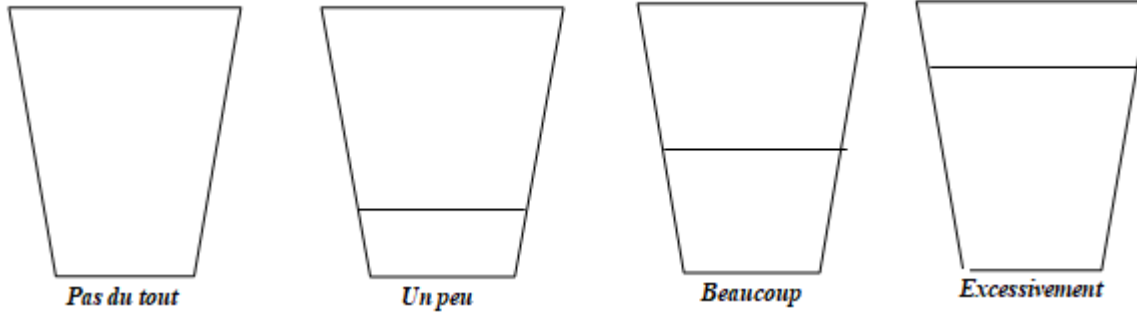
The application of this therapy revealed to us the physiologically, psychologically, behaviorally, emotionally, emotionally and relatively relevant positive changes in the behavior of the children in the center. These obvious effects of this intervention were obtained during the therapeutic process and after the group and individual sessions in our "follow-up" interviews. These advances in these children have shown the effectiveness and the need for psychological treatment based on the behavioral approach.

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ANNEXE

Schéma de gobelet/Problem Rating Scale



Ce schéma a servi dans les mesures des symptômes du client pour éviter la subjectivité
Consigne

Fournir des explications au client :

- Les gobelets correspondent au corps
- Les liquides correspondent aux problèmes ou symptômes
- Le niveau de liquides est en rapport avec l'intensité ou la gravité du problème
- Pointer le gobelet qui correspond au degré du problème