

Institutional and Family-based Models of Attention for Colombian Child Soldiers from a Psychosocial Perspective

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ABSTRACT

This qualitative study aimed at analysing the implementation of the strategy of psychosocial accompaniment, its main pillars, gaps and differences between the institutional and family-based models of attention provided to former child soldiers in Colombia. Horizontal relationships based on confidence, guidance directed at empowering the persons, participatory and community-based approaches should form the core of this paradigm. A combination of qualitative methods (semi-structure interviews, field notes from observations, informal talks) and participants (74 adolescents, 42 professionals, 18 foster mothers) was used in this descriptive-analytical study of cross-sectional type. The data were analysed using the deductive content analysis. From the psychosocial perspective, the family-based models permitted more horizontal relationships between the adolescents and the professionals, although the level of confidence remained limited. Within the family environments, adolescents' autonomy, individual interests and social nets could be enhanced more easily than in the boarding institutions, but in practice it depended on the attitudes of the caregivers. The overprotection of the adolescents within the programme constituted the main obstacle to their real empowerment as subjects of rights. As the results showed, the paternalistic design of the programme, unclear understanding of the psychosocial approach by many professionals and related deficiencies in adequate strategies limit the potential of the psychosocial accompaniment to provide the adolescents with positive outcomes on a psychological and social level. These findings may guide the professionals from different areas when working with vulnerable populations worldwide.

Key words: psychosocial accompaniment, armed violence victims, institutional care, foster-family attention, qualitative research.

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Novelty and Significance

What is already known about the topic?

- Children recruited by armed groups may suffer from multiple consequences on their physical, psychological and social health, and need attention not limited to mental disorders.
- Psychosocial accompaniment is a widely used strategy when attending armed conflict victims, and generally trauma-affected populations.

What this paper adds?

- The experience with the implementation of psychosocial strategies from children's and professionals' points of view shows various constraints in practice.
- Overprotection and vertical relationships with professionals impede a real empowerment of the adolescents in both the institutional and the foster-family models.
- Particularly the model of institutional care needs to be reconsidered.

Approximately 420 million children in the world are living in areas stricken by armed conflicts, constituting possible victims of multiple grave violations including the recruitment and use of them by armed groups (Save the Children, 2019, p. 9). Due to

* Correspondence: Jana Hudcovská, Department of Public Health, Faculty of Medicine, Masaryk University, University Campus A21-321, Kamenice 5, 625 00 Brno, Czech Republic. E-mail: jana.hudcovska@seznam.cz *Acknowledgements:* The authors are grateful to the Instituto Colombiano de Bienestar Familiar for its support to this research by allowing the access to respective institutions. The authors also thank to all participants for their cooperation and willingness to share their experiences. *Data availability:* The datasets analysed in this study are available on request to the corresponding author.

the under-reporting and limited possibilities to verify the cases, the exact number of children affected in this way cannot be stipulated. In Colombia the Single Registry of Victims keeps a record of 7971 persons recognized as victims of forced recruitment (*Unidad para la Atención y la Reparación Integral a las Víctimas*, 2019). Although each context has its distinct characteristics and no universally applicable schemes exist (Young, 2017), the reintegration processes for child soldiers usually follow some basic guidelines such as the Paris Principles (Unicef, 2007). In contrast to other countries, in Colombia these efforts are carried out exclusively by the government institution, the Colombian Institute for Family Welfare (ICBF), through contracted organizations and alliances with other external institutions. The adolescents are attended within two types of boarding institutions (shelter house, protection house) and the family-based models, living with their own family members or in foster families (*Instituto Colombiano de Bienestar Familiar -ICBF-*, 2016a). Since 2016 the psychosocial accompaniment became the principal strategy on which the attention should be based (ICBF, 2016b). It stipulates principal axes and criteria the professionals should adhere to while working with the adolescents, such are types of actions, the psychosocial companion, subjects of rights, construction of ties based in confidence, repairing and transformation perspective, identity, participation, family bonds, community ties, construction of social nets, mourning process, construction of life paths, articulation. Despite being rather comprehensive in enumerating all areas that should be addressed, the guideline does not specify how all those activities should be performed.

The term “psychosocial accompaniment” has become very popular mainly within the Latin American continent (Watkins, 2015). It stems from the theories by Martín Beristain *et alia* (1999) and Martín Baró (1988) and considers not only the individuals and their social environments, but also their mutual interactions (Villa Gómez, 2012). The persons are seen as empowered agents with capacities and multiple resources (Podder, 2011) that should be enhanced by those who accompany them (Villa Gómez, 2012). In practice, the programmes focus more on long-term guidance in the scopes of education, labour and productive opportunities, support in concrete daily situations, and symbolic and creative actions than on short-term therapeutic care with rigid protocols. Therefore, the persons responsible for that support do not have to be mental health specialists and their relationship with the vulnerable individuals should be horizontal and based on mutual understanding and respect (ICBF, 2016b).

The study aimed at making visible the psychosocial accompaniment as a strategy used to help armed violence victims to prevent more serious or prolonged suffering and negative impacts on the normal functioning in their daily lives. The principal objective of the research consisted in analysing actual gaps in the implementation of this strategy within the different models of attention for child soldiers in Colombia. In this way the results serve directly to the professionals permitting them to understand the psychosocial perspective and make the attention for vulnerable populations more effective.

METHOD

Participants

The non-random purposive sample of 42 professionals (65.6% of the targeted population) and 18 foster mothers (37.5% of the targeted population) was based on the criteria of availability, willingness to participate and experience within the programme.

The 74 adolescents (27.6% of adolescents actually attended by the programme in Colombia and 32.7% of the population attended in the 5 visited departments) were selected non-randomly as multiple cases following the criteria of voluntary participation, availability and diversity of profiles. The 47.3% of them were interviewed being in the institutional models of attention, 44.6% being in the foster families and 8.1% living with their own families.

The mean age of interviewed adolescents was 16.97 years (range 13-21 years), 40.5% were females. As to their ethnicity, 23% belonged to an indigenous community and 9.5% to the Afrocolombian community. The mean time spent in the armed group was of 2 years and 4 months (from a few days to approximately 8 years) and the mean time spent in the ICBF programme was of 1 year and 4 months (from a few days to nearly 5 years). The professionals (71.4% females) had from one month to ten years of work experience within the programme as psychologists (31%), social workers (21.4%), institution coordinators (14.3%), educators (14.3%, those who supervise the adolescents in the boarding institutions 24 hours every day), pedagogues (9.5%), family ombudsmen (4.8%) and nutritionists (4.8%). The foster mothers counted with an experience of one to ten years.

The research was guided by the Declaration of Helsinki, the Colombian resolution No. 8430 (1993) of the Ministry of Health about the scientific, technical and administrative norms in health research, and the Colombian law No. 1090 (2006) that regulates the professional psychological practice and the Code of Bioethics. Due to the sensitivity of the topic, the Department of Rights Restoration of the ICBF headquarters in Bogotá revised and approved the research project (S-2018-501093-0101, 28 August 2018). The first author signed the confidentiality agreement form with the ICBF. All information that could identify the participants was eliminated. The investigators always adhered to the principles of confidentiality, anonymity, dignity and no harm.

Design & Procedure

A combination of qualitative methods (semi-structure interviews, direct observations and field notes based on informal talks with participants) was used in this descriptive-analytical study of cross-sectional type. The first author visited institutions responsible for attending children disengaged from armed groups in five Colombian cities (Cali, Medellín, Armenia, Villavicencio, and Bogotá), interviewed 134 persons from September 2018 to January 2019. The first author received a brief training by the professionals of the ICBF headquarters on how to address the adolescents in the programme, and was provided with the contact information of the family ombudsman offices in the five Colombian cities. The ombudsmen were contacted by a telephone call, in three cases a personal appointment was held, and then they arranged the access to the institutions that directly run the different models of attention with the coordinators. At first, the investigator was presented to all the staff and where possible, also to the adolescents. Then she was allowed to observe the daily routines and activities in each institution, do home visits with the professionals and carry out informal talks. All participants selected for the study received information on the objectives of the research and signed the informed consent alone or together with their legal guardian if being under 18 years old. No one refused to participate nor dropped out during the interview. All interviews were conducted face-to-face in Spanish, always in a private and secure place, and took from about 20 minutes to about 110 minutes. At least one professional was always present in the institution to attend any possible emotional distress, but finally no interviewed

adolescent needed such support. The interviews followed several guiding questions focused on the criteria and axes of the psychosocial accompaniment guidelines. The majority of the interviews were tape-recorded, only 30% of the adolescents ($n= 22$) asked the investigator to take only notes. The interviews, observations and field notes were transcribed by the first author and subsequently revised by a Colombian native sociology student.

Data Analysis

The analysis of the data pursued the Deductive Content Analysis (directed approach) Method (Elo *et alia*, 2014; Hsieh & Shannon, 2005), since a theory-driven categorization matrix was constructed. The two authors repeatedly went through the transcripts of all sorts of data to refine the codes and determine sub-codes for the analysis. NVivo10 software was used to identify the recurrent themes according to the general coding framework of six categories: subject of rights, role of the companion and relationships based on confidence, types of activities, identity, social networks and life paths. Each category comprised several sub-categories, in total 15 sub-categories were stipulated for the analysis, as shown in Table 1. Both authors, initially independently and then through mutual discussion, revised the key emerging themes and contrasted them among the different models of attention. During the process, the data was also compared to the internal documents from respective institutions and the existing literature. Finally, verbatim quotations were extracted from datasets to illustrate the identified themes. The first author presented the preliminary results of the study to the representatives of the visited institutions during a video-conference held by the ICBF headquarters.

The qualitative interpretative studies required subjective analysis of the data that will always be influenced by the formation, attitudes, cultural and professional background of the investigators. The principal investigator was a white European mid-thirty woman who had been living in Colombia for more than five years. She spoke fluent Spanish,

Table 1. Categorization matrix for the content analysis

Categorization framework for the study	Sub-categories for the analysis
Subject of rights	Empowerment Norms and restrictions Mechanisms of participation
Role of the companion-confidence	Mutual sympathy Position of authority Space for attention
Types of activities	Psychosocial strategies Ways of spending time
Identity	Attitudes to the past experience Cultural identity
Social networks	Family co-responsibility Affective ties Security and social isolation
Life paths	Individual interests and needs Plans and concrete steps

had professional background in public health and previous substantial knowledge of the ICBF programme and the population under study. The second author was a native Colombian mid-forty physician with extensive experience in public health.

RESULTS

The different models of attention are summarized in Table 2. Six major themes were identified by the analysis process following the stipulated categories, some of them common for both the institutional and the family-based models of attention, other with considerable differences across them.

Table 2. Types of institutions and attention model-ICBF specialized programme.

Type of Attention Model (cities)	Contracted Institutions (models of care)	Nº adolescents	Pillars of attention
Shelter House (Cali)	Hogares Claret (Therapeutic community)	30	Diagnosis/profile identification Strict daily routine, everyday rituals, afternoon classes, group activities.
Protection House (Cali) (Medellín)	Don Bosco (Salesian Community)	30	Integral attention and preparation for leaving Gain the trust of adolescents. Education and vocational trainings, but also group leisure time and creative activities, individual counselling.
		56	
Foster Family (Armenia) (Villavicencio) (Bogotá)	CEPAS (University-based)	46	Integral attention, preparation for independent life Individual counselling, orientation to foster mothers, home visits, group activities, vocational courses.
	Crecer en Familia (NGO model)	25	
	CRAN (Foundation)	28	
Supervised (own) family (Cali, Medellín, Villavicencio, Bogotá)	ICBF support teams (Psychosocial accompaniment)	16	Guidance and support to families Monthly economic support and home visits, individual counselling, strengthening family ties, orientation on day-to-day situations.

Concerning the first theme, *Overprotection as barrier to autonomy*, according to many professionals and foster mothers, the design of the programme was considered as overprotective and too paternalistic, hindering a real empowerment and co-responsibility of the adolescents. The professionals and foster mothers often preferred to organize and arrange everything for them. In this way, the adolescents could turn even dependent on the programme and benefits they received:

“I feel that we indulge them a lot and, in this way, we cause them much harm. Finally, in just stupid things they get stuck. (...) I feel that the boys and girls lack independence. I mean that the professional will not be there so that they could ask what I have to do.” (P14, Institutional Model -IM).

They had everything assured, but were also limited by numerous restrictions, for example, they could not manage the money, use a cell phone or have sentimental relationships with their fellows. Therefore, they often felt bored and stayed in the programme only to make use of the offered benefits:

“Here we treat them as small children, we have to protect them, take care of them (...) since the ICBF has a model of attention for children, based on respecting a set of norms. But they are adolescents who have already lived a lot of experiences, they do not like this model, following the norms is too hard for them, they do not like when someone order them something.” (P23, Foster Family Model -FFM).
 “One gets bored here, being closed in the institution all the time, with so many restrictions, having to ask for permission for everything, going everywhere accompanied. But one adapts and bears the programme. Sometimes I think to quit, but I want to study.” (A28, IM)

In family-based models, the norms were less strict and the real enhancement of adolescents’ capacities depended particularly on the attitude of each foster mother or family member. When the adolescents lived with own families, they had more possibilities to be active agents of their lives:

“I see that many adolescents in foster families become, how to say it, even lazy, not doing anything. But in own families, particularly boys even work search for their ways to live an independent life and help economically to the family.” (P42, Ombudsman Office -OO).

With regard to the second theme, *Tendency to vertical relationships based on authority*, with the exception of the own-family model of attention, the adolescents saw the professionals as the authority that required the fulfilment of norms and educated them. Therefore, they often preferred not to comment much about themselves and avoid any call of attention for bad behaviour. Many of them shared more personal issues with foster mothers and in boarding institutions with their fellows or some concrete professional with whom they felt some sympathy:

“I do not feel confidence with any of the professionals, only with one educator. My relationships with the professionals are normal, with much respect. [...] I just answer their questions, I do not share my personal staff. And I behave in an appropriate way to avoid problems and finish the process as soon as possible.” (A5, IM).

Some professionals, especially the social workers and coordinators, expressed that their roles consisted in applying the norms and guiding the adolescents to behave appropriately:

“Thus, there is where I tell them, to each one of them, you have these characteristics, you lack such things, you should improve in such a way, you are wrong, you are doing something you should not do, and I cannot let you do it in this house.” (P1, IM)

At the same time, some professionals perceived that this position of being an authority impeded them to create an adequate relationship with the adolescents and carry out expected psychosocial processes with them:

“Some of them gave me the confidence, but then, suddenly it broke up because I had to scold them or said them something like that, and they immediately adopted a defensive position again. It happened to me with various adolescents. [...] The thing is that, as we say, they are as our children, and thus sometimes we have to take the role of scolding parents.” (P27, FFM)

The confidence towards professionals was affected also by their frequent rotation, their personal traits, perceived lack of interest about adolescents’ worries and lack of time to attend the adolescents when they needed it:

“To say the truth, I have been in the programme for 4 months, but I cannot say anything about the professionals because I have seen them maybe twice. I feel I need to talk to somebody, but nobody has given me that space.” (A68, FFM)

Regarding the third theme, *Avoidance and silencing of the past experiences*, in the boarding institutions, but also within some foster or own families, the past of the adolescents was treated from the prohibition and avoidance, sometimes even with fear and prejudice. Particularly some educators and foster mothers induced the adolescents to forget their experiences and focus on their new life. In this way, the healing and re-signifying of the past, recognizing the lessons learned and gained strengths were not appropriately considered:

“I mean, as if we would like to wipe out the whole story they lived in the group, and we want to work with them as if they were any adolescents, any youth. And we wipe out all the stories of abandonment, sexual abuse, mistreatment, plus all the experiences they had to live in the war.” (P7, IM)

“In some moments they mention their past, (...) But I think it is better to leave the past behind, even for me it is easier to see them as normal adolescents if I do not know any details about what they did there. Of course, I listen to them, but I try to stop them saying: your past is already gone, think about the present and the future.” (FM6, FFM)

On the other hand, the adolescents themselves often did not want to address their profound emotional wounds directly and during the individual sessions they pretended being fine, talking about current issues. Several of them also stressed they preferred alternative spaces and strategies to approach what they could not express by words:

“I cannot speak about it, I feel I cannot, I am not prepared, I prefer to leave it locked inside. I want to help the others, I do not know, just participate in some social project, this would help me feel better, but they have not given me the possibility to do such activities so far.” (A31, IM).

With regard to the fourth theme, *Multiple constraints to construction of social ties*, the ties with biologic families were targeted within various limitations, especially the lack of commitment by the families themselves and limited possibilities to be in contact with them. Therefore, the topics of forgiveness and family bonds were dealt with more on an individual level:

“Many times, the boys and girls here are orphans of parents who are alive, right, since many adolescents are those who require the phone contact, their families do not even remember. [...] In the group they had thousands of things, traumas, but here we work more as to negative emotions toward the mother, reconciliation toward the father, just like that.” (P15, IM)

The principal and most appreciated spaces to do a real process with the biologic families were the so-called family meetings. Their frequency was considered insufficient by the majority of the adolescents and some professionals:

“I had a family meeting last year. This year there was one meeting, but I could not participate. Now I am waiting if there is the second meeting so that I can see my family. It is difficult to see my mom only for three days per year.” (A43, FFM)

For security reasons, the adolescents in the boarding institutions were practically isolated from the community, thus having limited possibilities to create own social networks. If they did not have contact with their own families, the institution itself and their peers from the programme became their only support network:

“Since they are under specialized protection here, and for security reasons as well, we try to avoid them to get involved so much with people that they do not know.” (P16, IM)

“I do not know anybody here, those who already left the programme will help me.” (A10, IM)

In foster families, they had more opportunities to make friends outside the programme and have direct contact with other civilians, however, more profound community activities were also lacking, or limited to some external projects:

“No, we do not carry out activities with the community, only the activities we perform here. Well, because you cannot know what kind of people are there in the community. More for the questions of security, their contacts with other people are limited to those at school and their free time activities.” (P25, FFM)

Concerning the fifth theme, *Unclear concepts about psychosocial strategies*, the principal strategy across all institutions and according to all types of participants was to maintain the adolescents occupied so that they did not think about the past and avoided bad moods. The adolescents saw the group activities or training courses sometimes as boring, but often participated in them to “kill time”:

“These adolescents are doing nothing, so they get bored, particularly those who are new, they come frightened, they come and see what I am going to do. Thus, they are thinking of other things if we do not have them occupied, having a lot of activities.” (P21, FFM)

“I do not like the weekends because there is not much to do. During the working days I have classes and vocational trainings and the days pass quickly. (...) To tell the truth, I do not like to participate in the activities they prepare, but sometimes I go just to listen to because I prefer to have my mind busy.” (A30, IM)

Practically all the activities were organized by internal or external professionals, the initiative by the adolescents and possibility to make decisions were quite low in all institutions. They appreciated the creative and leisure time activities, and some smaller group focused strategies, such as a football tournament for boys or special sessions for girls:

“I received a lot of workshops and activities, but I cannot remember any, just one. We met with other like five girls and the psychologist to paint our nails and talk about different things. I really enjoyed it, but nothing similar took place again.” (A55, FFM)

The professionals themselves often felt that due to the administrative tasks and the number of reports they had to prepare, they did not have enough time to carry out a real psychosocial accompaniment. Therefore, they felt they were attending crisis and “put out fires”:

“My aim is to be able to dedicate to the adolescents at least 50 per cent of the time. But unfortunately, at the moment the programme is implemented in such a way that the interventions are in crisis, when something happens, and there is no possibility to really accompany the process of the adolescents.” (P31, FFM)

Foster mothers and educators more frequently brought support and orientation in day-to-day situations since they spent with the adolescents much more time. Nevertheless, they often lacked necessary tools and professional background to attend more complex situations:

“They tell me: teacher, you know, I like talking with you more than with such a person, because you listen to me, and you guide me. I know they have all the psychosocial staff, but we are there, we are present. [...] But when they come with some more complicated problem, I’d rather refer them to talk with the psychologist.” (P9, IM).

Regarding the sixth theme, *Confusion about future goals and preparation to reach them*, the programme was preparing all adolescents for an urban life, but the majority of them came from rural areas, sometimes even from indigenous communities. Despite the fact that the education was deemed essential by nearly all the adolescents, in the medium-term various adolescents planned to return back to the rural regions or to start their own business:

“Here I am studying, but I want to work in the rural area, I am really good at this kind of work. My friend has an estate; I will not be able to continue my studies there.” (A44, FFM).

They saw their process as a new life opportunity, learned to have goals and dreams, but lacked general orientation about the real possibilities. Thus, during the programme many of them did not dedicate time to their real interests since they did not know what they wanted to do, were changing their opinions frequently or lost motivation and got frustrated easily. Moreover, in the boarding institutions, the space for individual needs and activities was limited. Finally, as some professionals, foster mothers and also adolescents mentioned, the outcomes of the adolescents depended primarily on their own will and self-determination:

“I want to study a university degree and dedicate myself to my dream which is the music. I want to earn enough money as well and contribute to my community. I have plans, but I do not know how to reach them.” (A24, IM)

“There are very successful adolescents, but only few of them. Although the accompaniment provides tools, it is more about what the adolescents have inside, if they achieve to take the process seriously, to project themselves here and now.” (P36, OO)

DISCUSSION

The implementation of the strategy of psychosocial accompaniment evinced several gaps. In general, the institutional model permitted more direct contact with the team of professionals and offered more possibilities to enhance their labour skills in vocational courses that could help them clarify their future life paths. Nevertheless, the offered courses and activities were in great part given by the institutions and the professionals, therefore they could not focus on their individual needs and interests. Moreover, the adolescents had to fulfil relatively strict routines and rules and were practically separated from the outside society, the fact widely criticised in previous studies (Mariño Rojas, 2005; Thomas, 2008), that has not changed a lot as the investigation showed. On the other hand, without appropriate alternative models and well-trained foster mothers and professionals, the institutional model remains the only option for the adolescents with particular characteristics.

The foster family models facilitated a more individualized attention, a maximum of two adolescents counted with the 24 hour accompaniment of their foster mother and also of a team of professionals. In this way they could live a more common life of an

adolescent, with social contacts, having friends from other environments, living a family life, although with certain restrictions. The attitudes particularly of foster mothers and the real interest of concrete professionals influenced the outcomes of individual processes, including the involvement of adolescents in free time and vocational activities of their interest. When the adolescents lived directly with their own family members, they had much more autonomy and were more independent, could even work and carry out a common social life. The professionals could work directly with the family and mutual relationships, but the visits were limited in number and time, the fact that in great part impeded to construct relationships based on more profound confidence and carry out real psychosocial strategies. The opportunities to study, vocational courses and free-time activities depended on the current offer in the place of living and also on the real interest of the family members to support these adolescents.

The principal obstacle within the programme was the general overprotection of the adolescents reflected in their lack of autonomy and limitations to consider them as subjects of rights. Therefore, they were treated more as children, not as empowered youth who had multiple experiences, as was questioned also by other studies (Villanueva *et alia*, 2017). Despite the basic principles of psychosocial accompaniment, the majority of the adolescents within the programme could not live like other adolescents of their age. Thus, when they were about to leave the programme, they often lacked necessary personal and social tools, felt lost and stressed. Various studies demonstrated the negative effect of actual daily stressors on the well-being (Betancourt *et alia*, 2013; Miller & Rasmussen, 2010). The relationships with the professionals were predominantly vertical and of limited confidence, only the own family model enabled more horizontal ties. Thus, the role of the professionals, their profiles and also tools and strategies they dispose of need to be reconsidered, the call did also by other authors (Villa Gómez, 2013; Martínez Chaparro, 2018).

The past experiences tended to be in great part repressed, not re-signified and acknowledged as relevant lessons in their lives. These individual stories, related needs and interests should become the guiding principles for the process of each adolescent that should be also much more participatory. Other models of attention should be introduced, particularly rural and ethnic based models, but also other family-based alternatives that would replace the boarding institutions. The adolescents should not be isolated from the society since they need to gain practical, not only theoretical, skills for their independent lives. More frequent contacts and more direct work with the biologic families, but also local communities are a necessity since social networks, community bonds and perceived support are recognised protective factors (Betancourt *et alia*, 2013; Vindevogel, Wessells, De Schryver, Broekaert, & Derluyn, 2014; Cortés & Buchanan, 2007). Last but not least, the systematization of information, strategies, experiences and lessons learned would help to orient the processes and give a deeper insight about effective approaches.

Several limitations to this study have to be considered. Due to the non-random sample and specific characteristics of the ICBF programme whose implementation depends also on the professionals actually in charge of the attention, it may be not possible to generalize the results. The cross-sectional research design does not permit longer-term and broader exploration of respective themes and participant perspectives. Various sources of bias could be present, including a social desirability bias, interviewer bias or bias related to the analysis and coding. The sensitivity of some topics and the distrust common among the adolescents disengaged from armed groups could lead to

the distortion of provided information. Not all the interviews were tape-recorded, and thus some subtle meanings could be lost.

The psychosocial accompaniment is the strategy to promote well-being and adequate outcomes in personal and social environments for vulnerable populations. Its basic criteria and axes are applicable in any context. Nevertheless, as the research showed, the lack of understanding this paradigm and its inadequate implementation in practice may even create additional constraints without bringing expected positive results. Therefore, the professionals who work directly with vulnerable populations need to have a clear idea of this concept, its implications in practice and their own position within the process of accompaniment. They should also have necessary tools to support and guide the individual and community processes of healing and empowerment. The future investigations should focus on participatory research methods aimed at searching adequate strategies and evaluating their long-term impacts.

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