

Are They Soldiers? Or Are They Children? Preparing the Canadian Military for the Contemporary Security Environment

—Part Two of Two



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Operational Stress Injuries and Moral Dilemmas

As outlined above, when professional Western forces encounter children in combat situations it often affects a soldier's sense of what is right or wrong, thus creating a moral dilemma. Limited clinical experience suggests that these moral dilemmas can be particularly traumatic and lead to a moral injury, especially if someone was injured or killed.⁵² According to clinical psychologist Brett Litz and his colleagues, moral injury arises from a psychological conflict which results from "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."⁵³ For military personnel, moral injuries are associated with a spectrum of damaging psychological and interpersonal outcomes.⁵⁴ Moral injuries demolish the capacity of the affected individual to trust, both him or herself and society in general. It ultimately continues to erode until their ideals and ambitions are irrevocably damaged. When their sense of self and trust are destroyed, there is often evidence of an elevated level of despair and increased likelihood of committing suicide or other forms of interpersonal violence.⁵⁵

Such moral injuries are a form of Operational Stress Injury (OSI), defined as "any persistent psychological difficulty resulting from operational duties while serving in the Canadian Armed Forces."⁵⁶ While many of the symptoms of Post Traumatic Stress Disorder (PTSD) and moral injuries overlap, it is important to note that they are distinct conditions. PTSD is the result of a fear-conditioned response when an individual is the victim of or witness to any event where there is actual or threatened death, or serious injury.⁵⁷ Moral injury, on the other hand, can stem from any acts that violate fundamental moral values regardless of whether the individual is a perpetrator, victim, or witness.⁵⁸ Furthermore, while PTSD is associated

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with fear, horror, and a feeling of helplessness, moral injury is deeply connected to emotions that express moral transgressions, like feelings of guilt and shame.⁵⁹ Additionally, whereas PTSD is associated with a loss of safety, moral injury is linked to a loss of trust. Although these differences are subtle, they are significant in ensuring soldier's who are suffering from OSI's receive proper treatment. While treatments for moral injury and PTSD sometimes overlap, healing moral injuries are distinctive in their need to engage in an ethical dialogue.⁶⁰ Morally injured soldiers "need to understand not only the trauma he or she experienced, but also the damage left by the decisions made in war."⁶¹ As such, existing frameworks of treating PTSD may not adequately deal with all aspects of moral injury.

The Canadian Armed Forces: Implications for Training

Currently there is not much training available for Canadian Army personnel regarding potential interactions with child soldiers. There is nothing contained in the Canadian Army training procedures laid out in the Individual Battle Task Standards (IBTS) for Land Operations (Land-Ops). This is the capstone policy by which all Canadian Army individual training standards are measured. Although the IBTS Land-Ops does cover topics such as the Law of Armed Conflict (LOAC) human rights, and ethics, it does not address any topics specifically concerning children in conflict. Essentially, child soldiers are not an aspect of standardized Canadian Army training. From this, one could conclude that if child soldier related training is mandated to occur, it would likely take place during pre-deployment initiatives like Mission Specific Training. However, it is unlikely that child soldiers would be discussed during Mission Specific Training unless a need was identified in advance of deployment to prepare members of the Canadian Army for potential interactions with child soldiers.

Importantly, although the IBTS Land-Ops does not include child soldiers as a standard aspect of Canadian Army training, the topic of interactions with child soldiers could

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still be addressed at the volition of the instructors or facilities which conduct pre-deployment training. For instance, the Peace Support Training Centre (PSTC) in Kingston, Ontario, regularly includes the subject of child soldiers in their training programs. The PSTC is a “Joint, Inter-agency, and Multinational training establishment...[that] supports the intellectual development and training of Canadian Forces, members from other government departments, and international audiences.”⁶² In their courses, they include a variety of methods as well as academic and legal resources to inform CAF personnel of the various elements of encounters with child soldiers. Some of their methods include the distribu-

Arguably soldiers would benefit from a more in-depth analysis of these issues, particularly those who deploy to nations where child soldiers are prevalent like the Democratic Republic of Congo, South Sudan, Haiti, and Iraq. Despite all of this, the training provided by the PSTC is a strong starting-point from which more standardized CAF initiatives should be built on.

The Canadian Armed Forces: Implications for Mental Health Services

With regards to mental health initiatives, the CAF also does not provide specific preparation to mentally cope with encounters with child soldiers. However, it is mentioned as a possible challenge when CAF mental health practitioners deliver pre-deployment mental health briefs for combat missions. At this stage, child soldiers are discussed in the context of some of the possible extreme challenges of combat and, moreover, how these challenges may impact CAF personnel. Furthermore, pre-deployment mental health briefs also include a rather detailed explanation of the human stress responses, like the fight-flight-freeze response, as well as its effects on cognitive functioning while soldiers are in a level of heightened physiological response. It is emphasized that these stress responses are automatic and, as such, it is important for soldiers to understand that no



matter how well trained they are, it is impossible to predict how their brain will respond to signals emitted by the amygdala in the milliseconds after exposure to a stressor. Other CAF initiatives, like the Road to Mental Readiness (R2MR) awareness and skills training program, are also designed to ensure that appropriate training on responses to sources of stress is available throughout each stage the deployment cycle.⁶³

At the end of the deployment cycle, the CAF conducts an Enhanced Post-Deployment Screening (EPDS) process with the intent of getting individuals with deployment-related health problems into care more rapidly. The EPDS is a fairly comprehensive process which consists of:

tion of information pamphlets, slide show presentations, scenarios, and role-playing. Using slide show presentations, the PSTC educates CAF personnel on the legal background of children in combat, defining child soldiers according to the previously mentioned Paris Principles. They also review classic perceptions of child soldiers, including the perpetrator versus innocent victim debate, and provide a brief overview of DDR initiatives.

Although the PSTC identifies to trainees that children suffer immensely while living in societies in conflict, CAF personnel are trained to understand that an armed child is still a combatant, and must be treated as such. They stress the fact that a child does have lethal capacities in order to acclimatize soldiers to the harsh realities of such asymmetric conflicts. For this reason, the PSTC attempts to make their practice scenarios as realistic and intense as possible, occasionally even incorporating actual children into the situations.

- The completion of a health survey. This is a general questionnaire on the health status of soldiers returning from deployments;
- Segments of a “Patient Health Questionnaire (PHQ)” which assesses physical symptoms of OSI like depression, suicidality, panic disorder, and generalized anxiety;
- Reviewing a “Patient Checklist for PTSD”;

- Examining alcohol abuse through an “Alcohol Use Disorder Identification Test”;
- Using a 30-item questionnaire that attempts to define a level of scale to combat exposure, and
- A traumatic brain injury screening.

Following the completion of the EPDS process, soldiers participate in a 40-minute interview with a clinician based upon the interpretation of the questionnaire responses. Finally, the clinician creates a summary of their impression of the health of the returning soldier and provides recommendations for the soldier going forward. While the primary purpose of the EPDS process is to promptly identify and offer treatment to those who have deployment-related health problems, the screening serves other purposes as well including: providing advice on the reintegration process or other issues that may arise during the process; screening for health problems which may be unrelated to deployment, and; de-stigmatizing mental illness and mental health care.

It is interesting to note that although the EPDS questionnaire is supposed to identify OSI, most of the questions concerning mental health appear to be geared towards distinguishing if a soldier is showing symptoms of PTSD. These questions primarily revolve around feelings of fear, helplessness, and involvement in horrific events. However, there do not appear to be any questions related to moral injuries, which would revolve around issues of trust, feelings of guilt or shame, or a transgression of deeply held beliefs. Furthermore, there are no questions concerning encounters with child soldiers, although some question skirt the issue by inquiry about engagement with civilians and if the soldier has had difficulty distinguishing between combatants and noncombatants.⁶⁴

Conclusions

Given the prevalence of children on the modern battlefield, the CAF must recognize and prepare Canadian soldiers to encounter the asymmetric threat posed by child soldiers in regions afflicted by conflict. Although children have been present in conflict throughout history, their recent use by terrorist organizations like the IS creates a pressing problem not only for professional Western forces, but the international community as a whole. Indoctrinated from birth into the radical and violent culture promoted by the IS, children of the ‘caliphate’ are raised to be dangerous, effective, and committed fighters. Therefore, it becomes incumbent that Canadian soldiers overcome Western cultural assumptions of children as innocent, vulnerable, or nonresponsible threats. CAF personnel must be made aware of and acclimatized to the real and serious threats posed by these young combatants through training and mental health initiatives, particularly those that promote mental resilience. Indeed, the split second of hesitation that could be created by an uninformed stress response to an encounter with child soldiers could result in serious injury, or even death. It is important to note, however,

that not all children constitute a threat to Canadian soldiers, and certainly should not be treated as such. Nonetheless, to ensure adequate force protection measures are undertaken, it necessitates the inclusion of potential encounters with child soldiers.

Interactions with child soldiers also raise moral and ethical dilemmas for Canadian soldiers that could result in an OSI, like moral injury. Unless proper treatment is received, moral injury could cause debilitating psychological and interpersonal effects for members of the CAF. These injuries, which stem from a transgression of fundamental moral values, manifest through the destruction of a sense of self, elevated levels of despair, and increased suicidal tendencies. Though many of the symptoms of moral injury are similar to those expressed by individuals with PTSD, the two injuries are unique in scope and treatment options. Mental and physical health care in the CAF today not only encompasses all stages of the deployment cycle, but also every level of career progression for Canadian soldiers in order to improve their psychological resistance. Ultimately, in order to prevent or heal the psychological wound inflicted by encounters with children in combat, it becomes necessary to further study moral injury in the context of CAF mental health initiatives.

The presence of children in conflict may be a violation of the laws of war, however it is a global reality that is unavoidable by both policymakers and professional Western forces.⁶⁵ Considering the prevalence of child soldiers, there is a very real possibility that CAF personnel will confront children in combat. Thus, the question remains whether or not they will be adequately trained to respond to these encounters with the level of professionalism the Canadian public expects of its unsung heroes. ♦

The views expressed are those of the author and do not necessarily reflect the views of the Institute or its members.

NOTES

52 Ibid., p. 2 – 4.

53 Brett Litz and Shira Maguen, “Moral Injury in Veterans of War,” *PTSD Research Quarterly*, vol. 23, no. 1 (2012): p. 1.

54 Meagan M. Thompson, *Moral Injury in Military Operations: A review of the literature and key considerations for the Canadian Armed Forces* (Toronto, ON: Defence Research and Development Canada, Scientific Report, March 2015) p. i.

55 Jonathan Shay, “Moral Injury,” edited by Elliot L. Jurist, *Psychoanalytic Psychology*, vol. 31, no. 2 (2014): p. 182 and 185

56 The Royal: Mental Health Care and Research, “Areas of Care: Operational Stress Injuries and PTSD,” accessed 21 April 2016, <http://www.theroyal.ca/mental-health-centre/mental-health-programs/areas-of-care/operational-stress-injuries-and-ptsd/>.

57 Thomas Gibbons-Neff, “Why distinguishing a moral injury from PTSD is important,” last modified 09 March 2015, accessed 04 April 2016. <http://www.stripes.com/opinion/why-distinguishing-a-moral-injury-from-ptsd-is-important-1.333520>; and Jonathan Shay, “Moral Injury,”

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