

**THE PSYCHOLOGICAL EFFECTS ON KENYAN TROOPS PARTICIPATING
IN OPERATION LINDA NCHI IN SOMALIA 2011 - 2012**

BY:

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DECLARATION

I declare that this study represents my original work and that it has never been submitted for examination in any form to another University.

_____ Date _____

Susan Cheboi

This Project Paper has been submitted for examination with my approval as University supervisor.

_____ Date _____

Dr. Herbert Misigo Amatsimbi

DEDICATION

This work is dedicated to my dear loving husband Paul Koech and children Brian, Diana and Adrian.

ACKNOWLEDGEMENTS

First and foremost I thank the almighty God for bringing me this far. Truly in him all things are possible. Secondly, allow me to humbly appreciate all those whose effort and assistance immensely contributed to the success of this project paper. To begin with, I owe most gratitude to my supervisor Dr. Herbert Misigo Amatsimbi who went to great lengths to make sure this work came to fruition. Secondly, my appreciation goes to all lecturers, staff and colleagues at the Department of History and Archaeology, University of Nairobi. Special gratitude goes to Professor Simiyu, Dr. George Gona and Dr. Mary Mwiandi who gave me valuable insights in undertaking the study of Armed Conflict and Peace Studies.

Thirdly, I also wish to thank my parents, for having brought me into this world and nurturing me to adulthood. I equally wish to thank my brothers and sisters for standing by me. More so, I am indebted to thank Mr. Xavier Ichani for proof reading and shaping my thoughts while writing this project paper.

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May God Bless You All.

ABSTRACT

The former United Nations Secretary General Dag Hammarskjold (1905-1961) once said that, “peacekeeping is not a job for Soldiers, but only soldiers can do it”.¹ This is because, the military personnel are trained to conduct combat operation and undertake many other functions such as stability and relief operations.² While this assertion is true that the military has unparalleled capabilities to accomplish some of the most difficult tasks, these operations present the soldiers with significant challenges that often lead to serious psychological impact that current mitigation and identification support systems such as the military command and chaplains may not optimally perform.

The study examines the nature of Kenyan intervention in Somalia and the psychological trauma arising from hot pursuit of Alshabab among the first contingent of Kenya Defense Forces (KDF) troops in Somalia. It begins on the premise that ‘psychological impact of peacekeeping operations have not been subject to much analysis among peace practitioners and military officials in Kenya. In spite of Kenya having served in several peacekeeping missions - in a range of countries - including the war torn Somalia. Therefore, not much has been documented on the plight of Kenyan troops in such missions.

This study attempts to put into perspective the traumatic and psychological effects during the operation on the first contingent of Kenyan troops in Somalia 2011-2012. The study uses both the psychological and historical lens to explore some ramifications and lasting implications of peacekeeping operations on Kenyan soldiers in Somalia. The project paper is particularly concerned with the psychological effects among the first contingent of troops during peacekeeping and peace enforcement following the incursion of Kenya Defense Force (KDF) into Somalia in pursuit of Al-Shabaab on 14th October 2011.

The central thesis of the study is to examine the psychological effects among Kenyan troops. The study also seeks to determine the role of KDF intervention in Somalia. In the preliminary chapters, the study highlights the historical background of Kenya’s engagement in peacekeeping

¹ Robert M. Perito, *Guide For Participants in Peace Stability and Relief Operations*, United States Institute of peace Press, Washington, DC 2010, P.279.

²Ibid.

operation since 1973. It then examines the Somalia conflict and how armed militia groups have thrived in the war torn and stateless nation. One such group is Al-Shabaab which prompted the KDF intervention. The study then looks at the Kenya's military intervention in Somali, the challenges troops encountered and how the operation experiences resulted in psychological trauma, hence the subject of the study, which is investigated in the next chapter. In chapter four the study examines the psychological effects among troops that arose from the intervention. Finally the study discusses the management of the psychological effects arising from the operations.

The study involved both library and field research. Field data was collected through oral interviews, focused group discussion and questionnaires. Observation was used to capture non verbal cues that enriched the study. Where necessary, research assistants were involved. Collected data was grouped, collated, analyzed and presented using qualitative techniques.

The study concludes that the first Kenyan contingent to enter Somalia experienced both positive and negative psychological effects during these operations. The negative psychological effects arose from the stressors during pre-deployment and deployment phase. The major included: the crowded and austere living conditions, harsh weather, high workload, mission uncertainty and concerns about the family.

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DEFINITION OF TERMS

Peace – An absence of war and more importantly the presence of non-violence in relations within societies. Peace necessarily calls for a political condition that encompasses justice and social stability through formal state and informal institutions, practices and norms.

Peacekeeping – An activity that aims to create the conditions for lasting peace. It is distinct from both peace-building and peacemaking and contributes to the furthering of the peace process once established. This includes, but is not limited to, the monitoring of withdrawal by combatants from a former conflict area, the supervision of election, as well as the provision of reconstruction aid. It may also entail the application of force to restore peace.

Peace-building - A process of identifying and supporting structures to consolidate peace in post-conflict situation to avoid a relapse into conflict. Peace building includes both top and down approaches that are sustainable through local ownership of the process rather than a preserve for West multinational corporations. Peace-building includes conflict prevention, conflict management and post-conflict reconstruction.

Psychological impact of peacekeeping – The most frequent mental health problems associated with peacekeepers. They include Post Traumatic Stress Disorder (PTSD), depression, frustration, anger, hostility and alcohol and substance abuse.

Stressors –are traumatic events, typical of war zones that confront peacekeepers. These include; witnessing death and dying, clearing of civilian corpses, serious accidents and injury, close proximity to potential enemy, sudden change in life style, family separation and many more.

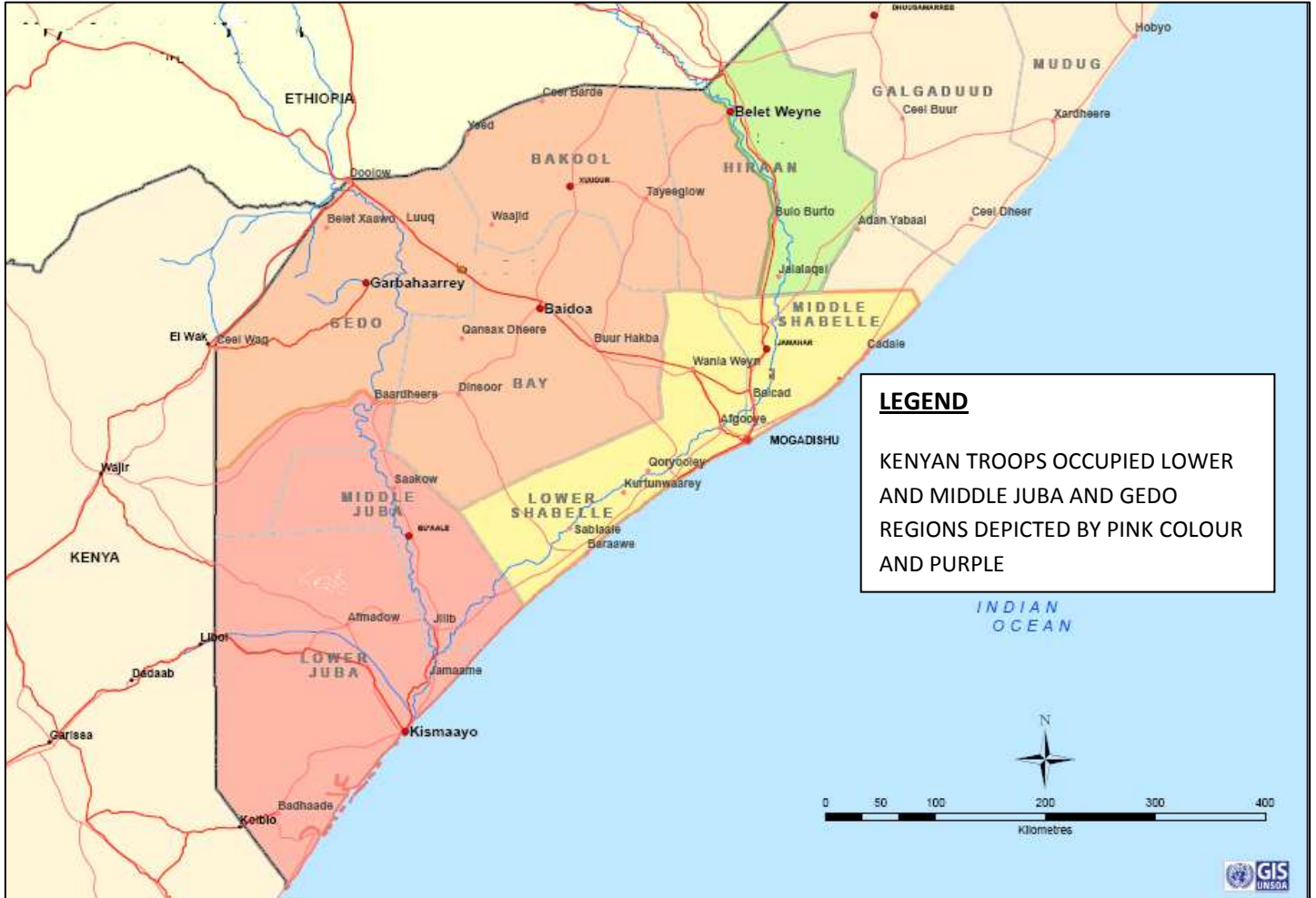
Post-Traumatic Stress Disorder (PTSD)– A psychological condition that develops in response to exposure to severe stress. It involves avoidance of cues associated with the event.

ACRONYMS AND ABBREVIATIONS

AAR	After Action Review
AIAI	Al Itihaad al Islamiya
AMISOM	African Mission in Somalia
APC	Armed Personnel Carrier
ARS	Alliance for the Re-liberation of Somalia
AU	African Union
CED	A Critical Event Debrief
CMS	Centre for Medicine Services
DOD	Department of Defense (of Kenya)
DPKO	Department of Peace Keeping Operations
ENDF	Ethiopia National Defense Forces
ICG	International Crisis Group
ICU	Islamic Courts Union
IDPs	Internally Displaced Persons
IGAD	Inter- Governmental Authority on Development
IU	Islamic Union
KA	Kenya Army
KDF	Kenya Defense Forces
MSF	Medicines' Sans Frontiers
NATO	North Atlantic Treaty Organization
OPTEMPO	Operation Tempo
OSAF	Office for the Supervision of the Affairs of Foreign Agencies
NGOs	Non-Governmental Organizations
PTSD	Post Traumatic Stress Disorder
SNA	Somali National Army
TFG	Transitional Federal Government
UN	United Nations
UNAMSIL	United Nations Mission in Sierra Leone
UNCIVPOL	United Nations Civilian Police
UNDP	United Nations Development Programme

UNPOS	United Nations Political Office for Somalia
UNDSS	United Nations Department of Security and Safety
UNMIL	United Nations Mission in Liberia
UNMOP	UN Mission of Observers in Prevlaka
UNPROFOR	United Nations Protective Force in Croatia
UNTAG	United Nations Transition Assistance Group (Central Africa)
UNUMOZ	United Nations Mission in Mozambique
US	United States of America
WFP	World Food Programme

REGIONS OCCUPIED BY AMISOM TROOPS IN SOMALIA



SOURCE: GIS SOMALIA

CHAPTER ONE

BACKGROUND OF THE STUDY

1.0 Introduction

The primary role of the Kenya Defense Forces is to defend the Republic of Kenya's territorial boundary against external aggression. KDF has a secondary role of aiding civil authority by providing support during disasters. Besides these roles, the Kenya Defense Forces participates in international Peace Support Operations. Peace Support Operations within the Kenya Defense Forces can be traced back to 1973 when the United Nations requested Kenya to contribute forces for Peace Support Operations in the volatile Middle East after the 1973 Israel-Arabs war. Even though Kenya acceded to the UN request the troops were not deployed due to various logistical constraints.³

The first comprehensive participation of the Kenya Defense Forces in Peace Support operations was in 1979 when the Commonwealth requested Kenya to contribute troops for a Peace Mission in Rhodesia (now Zimbabwe). Rhodesia was then experiencing a liberation war waged by the citizens against the regime of Ian Smith which had unilaterally declared independence from the British. Subsequently, the Kenya Army has contributed Officers, towards peace support operations in Chad in 1982 on the request of Organization of African Unity.

The Kenya Defense Forces also contributed Officers and soldiers towards peace support Operations in Namibia, formerly South West Africa in 1979. Namibia was experiencing a liberation war waged by the revolutionary indigenous people struggling for independence from South Africa. Earlier the country had been made a trust territory by the United Nations in 1946 and administered by South Africa. The United Nations mission (UN mission) was successfully undertaken and even after the completion of the mission, the Kenyan contingent of peace keeping troops stayed on for another three months in 1990 to train the nascent Namibian Army.

³ Permanent Mission of Kenya to the United Nations, Peacekeeping Operations: Kenya Mission to the United States, available on www.un.int/Kenya/peacekeeping.htm, accessed on 29th May 30, 2012.

This was at the request of the host country. Kenyan troops also took part in the United Nations intervention mission in the former Yugoslavia with other multinational forces. This was an overseas assignment through which Kenya Defense Forces then (Kenya Armed Forces) soldiers took part in peace support operations in the Balkan state. A total of four Kenyan infantry battalions were deployed in the Balkan state between 1992 and 1995.⁴

Kenya also took part in Peace Keeping mission in Sierra Leone by contributing six battalions between 1999 and 2004. This was in pursuant to the United Nations intervention in the Country following civil war. KDF also deployed troops to the UN Peacekeepers along the Ethiopia/Eritrea border following border skirmishes between the two countries between 2000 and 2005. Members of the Kenya Defense Forces have also served under the United Nations in East Timor, Burundi and Southern Sudan. Currently, Kenya ranks number 6 out of the 90 countries who contribute military and civilian police to the UN peacekeeping operations.⁵

Apart from peacekeeping operations, the Kenya Armed Forces also contributed soldiers for observer duties in troubled spots around the World. These are specialized duties which entail monitoring of cease fires and conducting of patrols and reporting cases of cease fire violations by warring factions by the selected group of officers from various nations of the world. Among the countries in which Kenya military personnel took part in peace keeping operations included Angola, Former Yugoslavia, Democratic Republic of Congo, Ethiopia/Eritrea, Iran/Iraq, Kuwait, Liberia, Morocco, Namibia, Sierra Leone, Zimbabwe, Chad, Rwanda, Uganda, Mozambique, Burundi, Sudan, Cote d' Ivoire and Syria. Since 1989, Kenya has contributed military observers, staff officers, and civilian police monitors and infantry troops. The level of participation has also included force commanders, chief military observers, and chiefs of staff to the following UN Missions: United Nations Observer Mission in Liberia (UNOMIL), United Nations Mission in Sierra Leone (UNAMSIL) United Nation Observer Mission in Mozambique (UNOMOZ), United Nations Transitional Authority in Algeria (UNTAG), United Nations Protection Force in Yugoslavia (UNPROFOR), and United Nations Mission Observers in Prevlaka (UNMOP).⁶

⁴ Ibid.

⁵ Ibid.p.3.

⁶ Ibid.p.4.

In addition to the traditional Peacekeeping Operations and Military Observer duties, in October 2011, the Kenya Defense Forces deployed thousands of troops in Somalia's Juba Land to fight Al-Shabaab.⁷ Kenya had never sent its soldiers abroad to enforce peace. This drastic change from the usual low level UN Peace Keeping Mission was necessitated by a series of terrorist attacks in Kenya and kidnappings of foreign nationals in Lamu and Daadab. The Kenya military intervention in Somalia was aimed at creating a buffer zone of more than 100 kilometers on the Somali side of Kenya-Somalia border so as to prevent the incursion of Al-Shabaab militant into Kenya.

The decision by Kenya to send her troops across the border in Somalia was in line with Boutros Boutros Ghali's *Agenda for Peace 1992*. This introduced the ideas of peace enforcement, preventive diplomacy and peacekeeping among other tools at the UN's disposal to help resolve violent conflict.⁸ It also recognized that peace-building requires full range of capacities - military, political, and human rights policies at all levels.⁹ Kenya's intervention in Somalia was also in line with the international policy on military intervention that allows a state to defend her boundaries. Once again Kenya was obligated to pressure warring parties in Somalia to come to the table, as demonstrated in US led North Atlantic Treaty Organization (NATO) military intervention in Kosovo. The United States of America (USA) Secretary of State argued "three or four days of bombing would force the Serbs back to the negotiating table."¹⁰ But what she had conceived as coercive diplomacy instead became a medium-sized war.¹¹ Such was the case in Kenya's intervention in Somalia that became medium sized war.

From deployment of Kenyan military personnel Somalia has encountered several challenges.¹² While these troops have successfully engaged the Al-Shabaab and managed to capture several towns that were hitherto controlled by the Al-Shabaab, there were concerns that peacekeepers were often confronted with traumatic events that are typical of war zones.

⁷ ICG, "Kenya's Military Intervention in Somalia", International Crisis Group, Africa Report No. 184, February 2012.p 1

⁸ Boutros Boutros Ghali, *Agenda for Peace 1992*, New York: United Nations, 1992.

⁹ Ibid.

¹⁰ Condolisa Rice, "U.S.A intervention in Kosovo" quoted by Charles Knight in *What Justifies Military Intervention*, A PDA Commentary, 27 September 2001.

¹¹ Charles Knight, *What Justifies Military Intervention?* A PDA Commentary, 27 September 2001.

¹² Ministry of State for Defence, Official website on Peacekeeping, available on www.mod.go.ke/army/?page-link peace mission, accessed on 30th May 30, 2012.

Although peacekeeping operations are frequently associated with lower stressor intensity than combat situations like World War II and the Vietnam War due to mainly non-combat actions as traditional peace keeping entails monitoring of cease fires violations. However peacekeeping personnel are also subjected to stressful situations.¹³ During deployment peacekeeping troops have been exposed to life-threatening situations like gun totting by belligerents, serious exchange of fire, being taken hostage, and hostile reactions of the conflicting parties. In Sierra Leone for instance peacekeepers were killed or their limbs amputated and tortured.¹⁴ Faced with this life threatening situation the peacekeepers nevertheless are bound to observe the principle of non-use of force except for self-defense. They must therefore restrain their reactions when faced by the hostile groups. Thus, peacekeeping operations may make greater demands upon peacekeepers and may saddle them with psychological stressors that may affect their wellbeing and future operational capabilities.

Exposure to traumatic situations can result in psychological consequences. Studies among peacekeeping personnel carried elsewhere have shown that although most people adjust well following deployment, a significant group of soldiers develop symptoms of Post-Traumatic Stress Disorder (PTSD). For instance, MacDonald found that only 1% of New Zealand peacekeeping personnel reported PTSD¹⁵. Mehlum and Weisaeth documented that among Norwegian peacekeepers in Lebanon who were investigated six years after their deployment prevalence of PTSD was 5%.¹⁶ Litz, Orsillo, Friedman, Ehlich, and Batres¹⁷ in a large-scale investigation of 3,461 U.S. servicemen and women, found that approximately 8% of American peacekeepers in Somalia met criteria for PTSD five months after their return to the United States.

¹³ Brett T. Litz, Susan M. Orsillo, Mathew Friedman, Peter Ehlich, and Alfonso Batres, "Stress Reactions Among Swedish Peacekeeping Soldiers Serving in Bosnia: A longitudinal Study", *Journal of Traumatic Stress*, Vol. 16-No.6 pp 589-593.

¹⁴ Vladimir Duthiers, Civil War's Legacy: The Amputees of Sierra Leone, available on www.washingtonpost.com/wp-serv/photo-leone/index.htm, Accessed on June 1, 2012.

¹⁵ Carol MacDonald, Kerry Chamberlain and Nigel Long, "Posttraumatic Stress Disorder(PTSD) and its Effect in Vietnam Veterans: The New Zealand Experience," *New Zealand Journal of Psychology*, Vol. 24, No. 2, 1995.

¹⁶ Lars Mehlum & Weisaeth, "Posttraumatic Stress Disorder in Peacekeepers: A Meta-Analysis", *Journal of Nervous and Mental Disease*, Vol. 199, Issue 5, pp 309-312, 2001.

¹⁷ Brett T. Litz, Susan M. Orsillo, Mathew Friedman, Peter Ehlich, and Alfonso Batres, "Stress Reactions Among Swedish Peacekeeping Soldiers Serving in Bosnia: A longitudinal Study", *Journal of Traumatic Stress*, Vol. 16-No.6 pp 589-593.

Although it is clear that not every peacekeeper develops PTSD following exposure to combat or combat - like situations, the studies have demonstrated that peacekeepers are susceptible to psychological disorders such as depression. This paper thus seeks first to document history of KDF participation in peacekeeping operations and secondly, the nature of the Somali conflict that prompted KDF to intervene as a peace enforcing agent rather than the usual low level peacekeeping mission it had participated in before, thirdly, the Somali intervention by the KDF, Fourthly, the role of the KDF in the Somalia intervention and fifthly, the Psychological effects on the KDF contingent troops who have served in Somali peacekeeping operations in 2011-2012. Finally, the recommended management of psychological issues arising from peacekeeping operations.

According P. J Murphy, K.M.J. Farley and T. D. Martinova¹⁸, argue that stressors, moderators, outcomes and mediation as sources of stress. By outcome they imply signs and symptoms of stress. Stressors on the other hand refer to events and conditions that cause stress. Stressors may be acute or chronic; they can be specific to a peacekeeping operational theatre or more occupational in nature. Stressors can also be general life events or daily hassles that are not specific to the military. The trio define moderators as factors which have the potential alleviate the impact of a stressor. Moderators are thus factors which have the potential to impinge upon stressors and hence alleviate the psychological impact of the stressor. Moderators can include perceptions of organizational support, task satisfaction and effective leadership. Specific interventions such as psychological debriefing are also tailored to act as moderators of stress

1.1 STATEMENT OF RESEARCH PROBLEM

When Kenya sent her troops to intervene in Somalia, there was overwhelming support in terms of prayers and goodwill as the soldiers pursued Al-Shabaab militants. In the initial stages of the *Operation Linda Nchi*, the media updated the citizenry with reports on how the troops advanced as they captured several towns. Later, the daily media reports became normal and no longer news. People even forgot to say prayers. What remained unreported though were the traumatic experiences of the soldiers in the battlefield. These experiences impacted negatively on the

¹⁸ P J Murphy K.M.J. Farley and T Dobova Martinova "A Conceptual Approach to the study of stress in Peace Keeping personnel," National Defense Headquarters, Canadian Forces, Ottawa Canada. 2006.

soldiers even long after the operation. The irony is that most societies will adequately prepare their troops for war but very few will prepare the soldiers for the return journey after war.¹⁹

Recent studies by psychologist like Marx, B. P. K. Brailey and S. Proctor. et al on the effects of war on the soldiers reveal that peacekeeping mission like armed combat had profound, direct and indirect impact on the long-term physical and mental health of both military personnel and peace keepers.²⁰ According to Chuck Dean, a war veteran who served in the Vietnam, war forces soldiers to go beyond the paradigms of ordinary life, pushing them beyond what one would think of as humanly possible. As terrible as killing is, it is still not the worst outcome of war. The cruelty to souls of the soldiers who fight is war's greatest casualty.²¹ Dean's assertion can be interpreted to mean that in peacekeeping operation psychological effects rather than killing takes the most negative toll on participating troops.

Yet, since the peacekeeping operations were opened up to the Kenyan troops in 1989, the proportion of soldiers serving in mission overseas has tremendously increased with some serving in repeated deployment. Furthermore, KDF intervened in Somalia contrary to the low level peacekeeping operations. Thus, troops in Somalia may have endured stressful conditions that need to be investigated so that remedial actions can be undertaken in terms psychotherapy.

1.2 OBJECTIVES OF THE STUDY

The study endeavours to answer the following specific objectives:

1. To determine the role of KDF intervention in the Somalia peace process 2011-2012.
2. To determine the psychological effects on peacekeeping among Kenyan troops who served in the first contingent in the Somalia intervention 2011-2012.
3. To document stressful situations arising from peace keeping operations.
4. Stress management of Kenyan peace keepers returning from missions/deployments.

¹⁹ Doreen J. Ruto, "What we Forgot in KDF Homecoming", *The Standard*, Monday, October 29, 2012.

²⁰ George F. Oliver "The Other Side of Peacekeeping: Peace Enforcement and Who Should Do It? "in Harvey Langholtz, Boris Kondoch, Alan Wells (Eds.), *International Peacekeeping: The Yearbook of International Peace Operations*, Volume 8, 2002, p. 99-117

²¹ Chuck Deans as quoted in Doreen J. Ruto, "What we forgot in KDF Homecoming", *The Standard*, Monday, October 29, 2012.

1.3 HYPOTHESES

1. The KDF intervention in Somalia restored peace in Somalia and the Horn of Africa.
2. The first contingent of KDF troops who participated in the Somalia intervention did not encounter any psychological impact.

1.4 JUSTIFICATION OF THE STUDY

Customarily, nations measure the cost of war in terms of money spent on weapons, ammunition and logistics incurred. It is also quantified by the number of soldiers killed or wounded known in the military jargon as ‘ammo and causality report’. Few military establishment attempt to measure the cost of war in terms of individual, family and community suffering due to traumatic experiences in combat operations. Yet in combat operation there is a greater probability of a soldier becoming a psychiatric casualty than of being killed by an enemy.²²

The rise of the number of armed conflict across the world has increased the need for peacekeeping operations. Hundreds of thousand of military troops are every sent abroad to keep peace. These operations have resulted in psychological impact. Thus, psychological impacts of peacekeeping among soldiers have become the focus of many health practitioners. Already a number of valuable researches conducted in the US, Iraq and Afghanistan exist but there is none explaining the actual psychological impact of peacekeeping among Kenyan troops participating in peacekeeping operations. Existing literature shows that although military personnel are trained to carry out peacekeeping operation, there often susceptible to Posttraumatic Stress Disorders. Above all, members of Kenyan Defense Forces have been in the forefront in peace keeping missions in Somalia and may have gone through stressful situations that need to be documented. In some instances, they were inadequately debriefed prior and after their missions which could have led to posttraumatic stress disorders. Thus, the research was undertaken since it appeared that studies undertaken were silent on the psychological impact arising from peacekeeping among Kenyan troops.

Although a number of studies elsewhere in the world have focused on the long-term health consequences of war for veterans and civilians. Little is known as to whether there has been any

²² Doreen J. Ruto, “What we Forgot in KDF Homecoming”, *The East African Standard*, Monday, October 29, 2012.

study which has been carried out to study psychological impact of such operations among Kenyan soldiers.

The findings of the study will help address a number of issues. First, the study will contribute to the body of knowledge on psychological impact of military personnel serving in peace keeping operations. Secondly, it will provide scholars and researchers with more reference information on factors that lead to psychological impact of peacekeeping. Thirdly, the research will motivate policy makers to set up military psychology department in the Kenyan Defense Forces. The research will also give indicators for further research on the subject of psychological disorders in other formation of Kenya Defense Forces.

1.5 SCOPE AND LIMITATION

The study examines the extent to which the Kenya peace keepers, were affected psychologically before, during and post United Nations peacekeeping mission deployment. The study covers first contingent of Kenyan Defense Forces who intervened in Somalia, most of whom were members of Infantry units from 1 Kenya Rifles (1KR) in Nanyuki and the 7 Kenya Rifles (7KR) located Langata Barracks Nairobi.

The period 2011-2012 as the focus of study is chosen because: first, this was the time the first contingent of Kenya peacekeepers intervened in Somalia before it rehattd to African Mission in Somalia (AMISOM). This group was unique because, first it was never given pre-deployment training prior to the intervention. Secondly, it was not offered post mission deployment retraining. Thirdly, it was until *Operation Linda Nchi* in Somalia that did the military saw the need to send psychologist to mission areas. Prior to this, counseling was predominantly a preserve for chaplaincy. The major limitation of the study was the difficult for members of the Defense Force to volunteer information because of confidentiality rules and the sensitivity of the classified operations.²³

1.6 LITERATURE REVIEW

Although literature concentrating on the psychological impact of peacekeeping among Kenyan soldiers is scanty, a number of scholars of different disciplines have attempted to bring out this

²³Eric Ngobilo, 'Sensitivity of military procedure' *The Standard*, Tuesday March 15th, 2011. Standard Media Group, Nairobi.

theme of psychological impact arising from peacekeeping elsewhere in a number of ways that informed the study. The literature review on this study will focus on history of peacekeeping, selection and training of peacekeepers, Post Traumatic Stress Disorder among peacekeepers, combat situations and literature on KDF intervention in Somalia.

Liesbeth Horstman says that the psychological effects of war and peacekeeping upon soldiers are very well known.²⁴ It comprises all problems from mal-adaptation after return, up to and including full blown post traumatic stress disorders. He adds that neither the UN, nor NATO have a clear policy on psychological support before, during and after operations. Thus, it is the responsibility of each participating country to develop its' own comprehensive policy to secure maximum deployment and to minimize the long term effects of stressful encounters during operations. This study informs the intended study as it posits that it is a responsibility of each country to devise her own policy to minimize psychological impact of peacekeeping.

Horstman further argues that the comprehensive policy to minimize the psychological impact of peacekeeping should focus upon the soldiers, before, during, and after missions.²⁵ It should begin with initial selection, up to and including veteran care. Horstman proposes a ten step policy on psychological support for peacekeepers. The ten policy was adopted by the Netherlands National Forces and comprises of: step one, the initial or intake selection for regular soldiers, step two, education and counseling on stress and social support, preferably by the psychologist who will accompany the unit as a field psychologist when the unit is send abroad. In this process of counseling he also advocated for the incorporation of the home front care. Step three, support by a field clinical psychologist in the area of operations, step four, is family support or home front care, and step five is psychological debriefing.

The sixth step takes place after disembarkation. It begins with the Reintegration meetings eight weeks after returning. During this the soldiers are invited to take part in a reintegration meeting guided by the social service section of the army. Step seven, involves filling of an 'aftercare questionnaire', approximately nine months following their return. Step eight, is the Veteran Care

²⁴ Liesbeth Horstman, "Psychological Support Pre-During and Post-Deployment" ,Ministry of Defence The Netherlands, available on maih@army.dnet.mindf.nl. Accessed on, May 31, 2012.

²⁵ Ibid.

which is the responsibility of the army, even though the veterans are no longer part of that army. Step nine, calls for establishment of a special office of the chief of army staff on psychological department to collect and compile all data for future reference. Last, but not least at step ten, there is the systematic evaluation of all steps mentioned above.²⁶ These ten steps are relevant to the study as it advocates for a standard national army policy on selection, training and psychological support for peacekeepers before, during and after deployment. It will be upon the intended study to interrogate the KDF Peacekeeping policy in light of the above outlined steps.

Esther Schubert argues that in spite of the availability of sophisticated selection tools for mission deployment, not all troop contributing countries are utilizing these options.²⁷ Occasionally peacekeepers have been placed overseas who do not have emotional stability. This often leads them to experience severe psychological effects. The article is important as it reviews the need for psychological fitness before overseas deployment. It recommends the need to refine selection policies to include occupational history or personal interviews and individual follow-up on letters of recommendation.

Peter Zimmerman, *et al.* on article “Risk Factors for Psychiatric”, argue that military service in the German Armed Forces is associated with increasing psychological distress due to out-of-area deployments.²⁸ These scholars for instance, give the example of female Bundeswehr soldiers who showed an increase in utilization of psychiatric services. This in their opinion was a confirmation that these women suffered psychological problems associated with their roles. It will thus be interesting to investigate the psychological risk that military personnel and their families in Kenya face during overseas peacekeeping missions.

Edgar Jones and Simon Wessely argue that psychiatric casualties are recognized as an important and inevitable feature of warfare.²⁹ They argue that were less psychiatric casualties in the Boer War in part due to the misdiagnosis of psychosomatic disorder. However, their numbers rose during the First World War. The numbers increased even further during the Second World War

²⁷ Esther Schubert, “Personality Disorder and Overseas Mission: Guidelines for the mental Health professional” in *Journal of Psychology and Theory*, Vol. 21, No 1, pp. 18-25.

²⁸ Peter Zimmerman, Franziska Langner; Manuel Koch; Gerhard Kimmel and Andrea Strolle, “Risk Factors for Psychiatric”, *German Journal of psychiatry*, Volume 13 No. 3, 2010, pp.121 – 126.

²⁹ Edgar Jones and Simon Wessely,²⁹ “Psychiatric Battle Casualties in Intra – and Interwar Comparison”, *British Journal of Psychiatry*, Volume 178, No. 3, 2001, pp. 242 – 247.

because of accurate data collection and more efficient treatment of combat stress. This study sheds lights on the intended study as it asserts proper diagnosis of psychological disorders is critical in the treatment psychiatric casualties.

Joseph Dalton, *et. al* argue that little research has focused on the soldiers as peacekeeper, even though a higher percentage of US soldiers have participated and spend more time in peacekeeping operations than serving at home.³⁰ They argue that in peacekeeping the combat soldier faces a binary friend or foe discrimination task. These shifting of roles result in stress that impact negatively on performance of peacekeepers. This research has a bearing in the intended study as it suggest that peacekeeping roles make different workload demand on the soldiers that may result in psychological impact.

Franz Kernic argues that different kinds of peacekeeping require different kinds of training and correspondingly different kinds of soldiers to carry out the mission.³¹ Based on the experiences of Austrian soldiers who participated in UN peacekeeping operation in two different locations, Kernic's experience showed that those soldiers deployment in former Yugoslavia (IFOR) had a stronger military orientation than their colleagues in the Golan Heights (UNDOF). The IFOR soldiers also rated their own military skills very highly and wanted to be seen as "real soldiers" or "warriors for peace" rather than peacekeepers. Their findings inform this study since they suggest that improvement in preparation and training for peace support operation adequately prepares soldiers for their new tasks so that when they report to the field they have a positive bearing to towards the tasks. This also reduces chances of psychological problems during and after deployment.

Charlotte Baccman, *et. al* argue that most military personnel are able to adjust after peacekeeping missions.³² He says that, 're-usable' soldiers, that is, those who performed well during operation in military capacity are able to adjust in post deployment in terms of civil adjustment could still

³⁰ Joseph Dalton and Laureen Murph, Mark E Koltko–Rivera and P.A Hancock³⁰ "The Peacekeeper: How the Role of Modern Soldiers has changed and how does Affect Workload. Human Performance, situation awareness and autonomy", *Journal of Military Psychology*, Volume 33, No., 5, 2008, pp. 231 – 234.

³¹ Franz Kernic, The soldier and the Task: Autria's experience of Preparing Peacekeepers in *International Peacekeeping Journal*, Volume 6, issue 3, 1999 available on Taylor & Francis online, accesses on 28 May 2012.

³² Charlotte Baccman, Anders W Bergrew and Torsten Norlander, "Military capacity and civil adjustment: Assessment of the re-usable peacekeeping soldier for development of a selection system" *International Journal of Selection and Assessment*, Volume 20, issue 2, 2012, pp. 171 – 181.

be redeployed. In the study they pose two hypotheses firstly that the selection system for conscript in the military cannot identify soldiers with low capacity, secondly that the selection system for conscripts cannot identify soldiers with poor civil adjustment after deployment. This study is relevant to the intended study as it has suggested that it is a daunting task to identify soldiers with problems of maladjustment often during and after deployment.

Nina M. Seratino in an article titled “Policing in Peacekeeping and Related Stability Operation”, says that, one of the most crucial tasks in peacekeeping is creating a secure environment for both peacekeepers and civilians.³³ Seratino adds that, to ensure the secure environment, the UN adopted the use of civilian police (UNCIVPOL) to provide security for peacekeepers and civilians. Seratino says that, despite this measure peacekeepers are still subjected to attacks from criminal networks. This finding informs the intended study because it concurs with the view that peacekeepers work in a stressful environment and are vulnerable to attacks that are likely to have psychological problems.

GaJ Van Dyk studied the role and development of military psychology in the South African context.³⁴ Van Dyk argues that with the end of World War I, military psychologists’ efforts and interventions ceased as military forces throughout the world demobilized. However, World War II saw the expanded use of military psychologists. Van Dyk defines Military psychology as the application of psychological principles to the military environment regardless of who is involved or where the work is conducted. Dyk recommends that greater attention should be given to the rendering of needed psychological services to peacekeeping soldiers and their families. Military psychology should thus prepare families for separation. It should also help to improve communication between deployed peacekeeping soldiers and the home front. Dyk’s finding informs this study as it suggests that the role of military psychology in peacekeeping operations has become an imperative since the World War II.

Kathleen Jennings and Vesna Nikolic Ristanovic, in an article titled “UN Peacekeeping Economies and Local Sex Industries”, argue that peacekeeping lacks gender mainstreaming

³³ Nina M Seratino, “Policing in Peacekeeping and related stability operation: problem and proposed solutions”. Congressional Research Service report, Library of Congress 2004.

³⁴ GAJ Van Dyk “The Role of Military Psychology in Peacekeeping Operations; The South African National Defence Force as an example”, *South African Journal of Military Medicine*, Vol. 6, No, 2, 2003.

which in turn leads to posttraumatic stress disorders.³⁵ They draw examples from four countries, with past or ongoing UN Peacekeeping Missions namely Bosnia – Herzegovina, Kosovo, Liberia and Haiti. The researchers explored some ramifications and lasting implications of peacekeeping economies. They argue that, there is interplay between the peacekeeping economy and sex industry. In examining peacekeeping economies they argue that the highly gendered peacekeeping operations has bred potential and long term effects that can lead to psychological impact among the peacekeepers. These findings are closely related to the intended study as it suggests that that lack of gender mainstreaming in UN peacekeeping has subjected military personnel of either gender to psychological disorders.

Addressing the issue of mandatory HIV/AIDS testing for UN peacekeepers, the Canadian HIV/AIDS Legal network argues that mandatory HIV/AIDS testing goes against human rights.³⁶ In response to UN Security Council Resolution 1308 of 17th July 2000 that mandated the DPKO (Department of Peacekeeping Operations) to formulate a policy mandatory HIV testing of UN peacekeepers. The study argues that, the resolution of mandatory testing goes against the principle of the confidentiality of a person's HIV/AIDS status. The finding of experts informs the study as they pose two fundamental questions: First, is it permissible for Kenya to implement the UN mandatory HIV testing for its peacekeeping personnel? Secondly, are HIV/AIDS positive military personnel excluded from UN peacekeeping personnel on virtue of their status? The finding is relevant to the study as it highlights that the UN has discriminately used the information on HIV/AIDS status to make employment related decisions such as restriction or exclusion from service.

The USA Presidential Task force on military Deployment Service in an article titled “The Global Impact of HIV/AIDS on Peace Operations”, argues that, the spread of HIV/AIDS poses a looming threat to global security as it ravages military forces in the developing world.³⁷ The article further argues that although the connection between the epidemic and global security is

³⁵ Kathleen M. Jennings and Vesna Nikoli-Ristanavic, “UN Peacekeeping Economics and Local Sex Industries: Connections and Implication”, MICRON Research Paper No. 17, Brighton MICRON, 2009.

³⁶ The Canadian HIV/ AID legal network, “HIV testing of UN peacekeeping Forces legal and Human Rights issue”, the Canadian HIV/AIDS Legal Network, 2001.

³⁷ The Presidential Task force on military Deployment Service. “The psychological needs of Peacekeeping military service members and their families.

A preliminary report”, *American Psychological Association* 2007.

indirect, it is nonetheless real. This finding has a bearing in the study as it shows how the spread of the disease among African militaries has affected states' stability and capability to perform regional peacekeeping. While peace operations are meant to protect the human being from a number of threats ranging from starvation to human rights violations, HIV targets the human being with the 'aim' of destroying them. As peacekeepers are among the most mobile populations in the world, they can easily become a vector for the spread of HIV.

The International Crisis Group says that the decision by Kenya in October 2011 to deploy thousands of troops in Somalia's Juba Valley to wage war on Al-Shabaab was the biggest security gamble Kenya had ever taken since independence.³⁸ It was a radical departure for a country that had never sent its soldiers abroad to fight. The ICG further argues that the *Operation Linda Nchi* was given the go-ahead with inadequate political, diplomatic and military preparation. Thus, the potential for getting bogged down was high as the risks of an Al-Shabaab retaliatory terror campaign were real.³⁹ This finding shed light on the study as it advances that the intervention was a security nightmare that subjected troops to psychological impact.

Barker and Berry argue that recent years have seen a dramatic increase in war time deployments during peacekeeping operations.⁴⁰ They argue that during these deployments families are separated and young children are also affected by deployments. Barker and Berry found that young children with a deployed parent showed increased behavior problems during deployment and increased attachment behaviors at reunion compared with children whose parents had not been deployed. Barker and Berry add that child attachment behaviors were related to the length of the deployment, number of deployments, and the number of stressors faced by the parent. This finding has a bearing on the study as it argues that, family separation during deployment leads to behavior problems in young children whose parents are deployed in peacekeeping operations.

The US Marine Corps, *Commander's Handbook on Combat Stress*, describes combat stress as the mental, emotional or physical tension, strain, or distress resulting from exposure to combat

³⁸ International Crisis Group, "The Kenyan Military Intervention in Somalia" Africa Report No. 184, Brussels, 15th February 2012.p.2

³⁹ Ibid. p.2.

⁴⁰ Lisa, Hains Barker and Kathy D. Berry, "Developmental Issues Impacting Military Families with Young Children During Single and Multiple Deployment", *Journal of Military Medicine*, Vol. 174, No. 10, 2009.

and combat-related conditions.⁴¹ It argues that combat stress reactions occur in persons who are wounded or ill. Rates of combat stress casualties vary greatly and they become more intense with heightened prolonged periods of intense combat. For instance in 1945 Okinawa, during a peak month of battle, the combat stress casualties among Marine Forces were reported as high as one for every two wounded in action. The Handbook emphasizes that “combat stress” is not restricted only to combat, but may also arise from combat-like conditions present during peace support operations. This finding is relevant to the study, that combat stress is common in areas of operations characterized by continuous action and high danger where militaries may experience high rates of casualties.

David Jones argues that flexible leadership in chaotic situations is a crucial talent in the management of combat stress.⁴² The medical commanders should be prepared to give care from the announcement of deployment until the dispersal of the troops after homecoming, and even after that. This was because specific deployment stressors begin with a person’s suspicion that he or she may be deployed. Leaders should therefore plan to be self sufficient in stress management for twenty four hours before and after arrival from a mission/deployment area. In addition to emphasizing unit pride, commanders must plan to make troops comfortable. He adds that if troops are to set up in a “tent city,” the site must be selected carefully considering geography, weather conditions, local disease vectors, and access by land and air. Commanders must pay attention to basic amenities such as latrines, water, food and comfort. They should also provide the best quarters, work and rest schedules. They argue that problems associated with these basic amenities are strong stressors if officers share them. Commanders should provide for ‘padre’ hour or religious sessions since during such uncertain times, many people draw strength from their religious faith. Jones finding is relevant to this study because it argues for the need for medical leadership throughout mission deployment. It is also relevant as it recognizes the role of chaplaincy in combat related stress management.

Luigi Pasto *et al* assessed the relations among deployment stressors, coping responses, and

⁴¹ US Department of the Navy Marine Corps, “Combat Stress” *Commander’s Handbook on Combat Stress*, Marine Corps Reference Publication (MCRP) 6-11C, Washington DC, 23rd June 2000.

⁴² David, Jones, “Coping with Stressors in Peacekeeping Force Deployments: the Role of Medical Leadership” A paper presented at the AGARD AMP Symposium on ‘Aero medical Support Issues in Contingency Operations’, held in Rotterdam from 29th September- 1ST October 1997.

psychological well-being among two hundred and nineteen (219) Canadian soldiers after returning from a peacekeeping mission. They found that coping responses were as important as the experiences in determining psychological adjustment among peacekeepers.⁴³ Pasto *et al* argues that those soldiers who engaged in rational coping (the use of specific strategies to solve a problem) of had fewer symptoms of PTSD than those who did not. Conversely, those soldiers that use avoidance or substance abuse as forms of coping had an increased likelihood of post-traumatic symptoms relative to those not using these coping responses. They suggest that training soldiers to use more adaptive coping strategies such as problem solving, and discouraging the use maladaptive strategies such as abusing alcohol, could decrease the likelihood of negative psychological impact of peacekeeping deployments. This study though focusing on Canada is relevant to the intended study as it mentions that problem solving training for PTSD among soldiers plays a key role in determining psychological adjustment among peacekeepers.

Meijer and Vries argue that on the basis of seven international studies that, a single debriefing session for PTSD does not lead to a decline in the incidence of PTSD among the victims of accidents or traumatic events.⁴⁴ Meijer and Vries recommended that the term ‘debriefing’ should be replaced by the term ‘early intervention’, and that a stop should be put to the debriefing of victims of shocking events. Instead there should be a Third Location Decompression, in which redeploying troops stay together on the transit home in a safe place to share experiences and expectations. These findings inform the study as they advocate for transit home for debriefing after deployment.

Paul Bartone argues that although many people suffer physical and mental health challenges following exposure to stress, many others show remarkable resilience, remaining healthy despite

⁴³ Luigi Pastò, Don McCreary, and Megan Thompson, “Deployment Stressors, Coping, and Psychological Well-Being among Peacekeepers” *Defense Research and Development* – Toronto: Canada, 2000.

⁴⁴ Marten Meijer, and Rodney de Vries, “Good Practices of End of Deployment Debriefing in the Royal Netherlands Navy. In *Human Dimensions in Military Operations – Military Leaders’ Strategies for Addressing Stress and Psychological Support Meeting Proceedings RTO-MP-HFM-134*, Paper 46. France: RTO. 2006, pp. 46-1 – 46-6. Available from: <http://www.rto.nato.int/abstracts.asp>.

high stress levels.⁴⁵ Bartone adds that if the factors that account for resilience can be clearly identified and understood, resilience might be enhanced even for those most vulnerable to stress. One potential pathway to resilience is personality hardiness, a characteristic sense that life is meaningful, that people choose their own future, and that change is interesting and valuable. This article informs the intended study as it applies this concept to the context of military operational stress, and argues that highly effective leaders can increase hardy, resilient responses to stressful circumstances within their units.

Dirkzwager *et al* found out that Dutch peacekeeping troops experienced more negative than positive psychological effects.⁴⁶ In their study, they examined both cross-sectional and longitudinally the relationship between social support, coping strategies, additional stressful life events, and symptoms of Post-Traumatic Stress Disorder (PTSD) among Dutch former peacekeeping soldiers. In the study two groups of peacekeepers were investigated: Three Hundred Eleven (311) peacekeepers who participated in the peacekeeping operation in Lebanon between 1979 and 1985, and Four Hundred and Ninety Nine (499) peacekeepers that were deployed after 1990. The results show that more negative social contacts and fewer positive social contacts were associated with more PTSD symptom severity. More use of the coping strategies ‘wishful thinking’ and ‘accepting responsibility’ was related to more PTSD symptoms. Though this study focused on Dutch soldiers the findings are relevant to the study as it indicates that social support and coping strategies may be valuable aspects of prevention and intervention of PTSD.

Fairblank *et al* argue that distressing and intrusive recollection of extreme events is a primary characteristic of Post-Traumatic Stress Disorder (PTSD), which, in the active memory of the survivor, serves as a chronic stressor that requires ongoing coping efforts.⁴⁷ They further argue that a major challenge facing clinicians who treat individuals with chronic PTSD is the

⁴⁵ Paul T. Bartone “Resilience under Military Operational Stress: Can Leaders influence?” *Journal of Military Psychology*, Vol.2, No. 18, 2006.

⁴⁶ Anja, Dirkzwager, Bramsen, I., Ploeg, H.M. van der, “Social support, coping, Life Events, and Posttraumatic Stress Symptoms among Former Peacekeepers: A Prospective Study.” *Journal of Personality and Individual Differences*: Volume 34, No, 6, 2003, pp. 1545-1559.

⁴⁷ John A. Fairbank, David J. Hansen and James M. Fitterling, “Patterns of Appraisal and Coping Across Different Stressor Conditions Among Former Prisoners of War with or without Post-traumatic Stress Disorder”, Yale University, Faculty Publication, Department of Psychology, Paper 302, 1991.

development of intervention strategies that meets the coping demands of distressing traumatic memories. This is because little is known about how individuals who have survived extreme events or cope with memories long after the occurrence of the events. They add that there is need to document basic information on resilient and ineffective coping among survivors of extreme events. Fairbank et al. argument will be investigated in this paper.

Bush *et al* discussing the role of religion on coping with chronic pain argue that many individuals rely upon their religious beliefs and practices to help them cope with negative events.⁴⁸ They posit that religious coping may be compelling particularly for individuals who are acutely aware of their own limitations. They add that individuals with chronic pain often are limited in their ability to control their activity level, their level of pain, and disruptions to their employment and family life. Therefore, religious coping can be used in spite of these limitations and is sustainable throughout one's life. Religion as a part of the appraisal process in PTSD will be assessed in this study in the role of chaplaincy in trauma treatment.

Shery Mead and Chery MacNeil argue that peer support for people with similar life experiences has proven to be tremendously important towards helping many moves through difficult situations.⁴⁹ In general, peer support has been defined by the fact that people who have like experiences can better relate and can consequently offer more authentic empathy and validation. It is also not uncommon for people with similar live experiences, to offer each other practical advice and suggestions for strategies that professionals may not offer or even know about. Maintaining its non-professional vantage point is crucial in helping people rebuild their sense of community when they've had a disconnecting kind of experience. This finding is relevant to the study as it calls for peer support in management of psychological impact arising from peacekeeping. The literature review above clearly shows that there is a gap to be filled on the impact of peace keeping which this study intends to undertake.

⁴⁸ Ellen Greene Bush, Mark S. Rye, Curtis R. Brant, Erin Emery, Kenneth I. Pargament, and Camala A. Riessinger, "Religious Coping with Chronic Pain", *Applied Psychophysiology and Biofeedback*, Vol. 24, No. 4, 1999.

⁴⁹ Shery Mead and Cherly MacNeil, "Peer Support: What makes it Unique?" p., 2.

1.7 THEORETICAL FRAMEWORK

The study is based on the conceptual approach used by the Canadian National Defence Forces to manage stress among its peacekeepers. The theory propounds that there are several catalysts behind the human dimension of performance in the military. First is the recognition that stress associated with peacekeeping operations can adversely affect both individual and group performance. It can also affect the short and long-term well-being of any force participating in peace or combat operations and consequently the families of troops involved if outcomes, stressors and moderators are not dealt with. The model also demonstrates that particular aspects of morale and good military leadership could assist commanders to command more effectively and to alleviate stress.

This theoretical framework is relevant to the study in that it identifies the stressors, moderators and the outcomes, which to this study are sources of psychological trauma arising from peacekeeping operation and management practices of these operational stressors. The moderators include individual coping skills, satisfiers of the peacekeeping experience, perceived organizational support and unit climate among peacekeepers. The theory is also relevant as it emphasizes coping which is regarded as the appraisal process whereby an individual evaluates a stressor and classifies it as a threat or a challenge. The individual may also utilize it to determine how to adapt and which coping resources to marshal. It also recognizes that coping may occur subconsciously or could result as an habitual response pattern. The theory is also relevant since it acknowledges group and family participation in stress management.⁵⁰

1.8 METHODOLOGY

The study is based on library research and fieldwork. Primary data and secondary data were collected and analyzed complementarily in examining the psychological impact of peacekeeping among Kenyan soldiers. Upon the approval of the research proposal and acquisition of research permit from the ministry of Higher Education the researcher proceeded to the field to conduct oral interviews and focused group discussions using an open-ended question guide and questionnaires. The open ended question guide gave the respondents complete freedom of

⁵⁰ Ibid.

response on their feelings about peacekeeping. It also provided them with an insight into their feelings, background, and hidden reservation of about UN peacekeeping.⁵¹ The questionnaires were used where the respondent could not be interviewed orally. Probing was used to direct respondents adhere to research questions. The researcher also engaged a research assistant where necessary, to interview families of UN peacekeepers especially living within the Langata military barracks.

To get respondents, purposive snowballing method was used. In this method the researcher visited Langata military barracks and the Defence Forces Memorial Hospital to interview and administer questionnaires. At the same time the researcher interviewed the Officers in charge of Welfare and Mental Health in the Kenya Defense Forces. The few identified soldiers named other officers whom they knew had participated in the Somalia peacekeeping. Purposive snowballing helped to overcome the problem of everyone wanting to be identified with the study. However, random sampling technique was also be used to ascertain the general perception of the soldiers towards the Peacekeeping operations in Somalia.

The observation method was also be used to capture the non-verbal cues such as expressions of bitterness from the informants that enriched this study. Qualitative method was finally used while analyzing the data, in which arguments were presented and narrated. Statistical expressions such us percentages were also used to present some data where deemed necessary.

⁵¹ Olive Mugenda and Abel Mugenda, *Research Methods*. Nairobi, Acts Press, 1999 p. 73.

CHAPTER TWO

THE SOMALI CONFLICT AND ITS EFFECT ON KENYA 1991-2011

2.0 Introduction

Armed conflict appears an intractable feature of Somali. Almost two decades of peace initiatives by regional and international community have proved to be futile in attaining peace.⁵² The protraction of war has seen Somalia become a stateless territory with opportunities for al-Qaeda operatives, a safe haven for other forms of terrorism, piracy and a threat to regional and international tranquility. This chapter will demonstrate that the Somali syndrome as a failed state has had consequences on warfare and international diplomacy that have made it almost impossible to bring peace to Somalia. It will also show that the lack of central government in Somalia and the resulting state of lawlessness has led to mushrooming of numerous militia groups in country. One such armed group is the Al-Shabaab whose activities forced the Kenya Defence Force to intervene in October 14th 2011.

2.1 Historical Background of the Somali conflict

The Somali Civil War began in 1991 after the collapse of the Siad Barre's regime. It caused destabilization and instability throughout the country. The first phase of the civil war stemmed from the insurrection against the repressive regime of Siad Barre. Barre's regime came into power in 1969 following a military coup. During its early years it constituted a top-down, socialist-oriented development programme called 'scientific socialism'. This communist ideology ruffled feathers, especially among the country's muslim leaders. The scientific socialism however, was transformed in 1971 to tyranny and policy of dictatorship.⁵³

Siad Barre's power was based on irredentism. He capitalized on the Ethiopian revolution of 1974 that overthrew Emperor Haile Selassie and installed Mengistu Haile Mariam as an opportunity to seize the Somalia occupied territory of Ogden in southern Ethiopia. In 1977, Somalia attacked Ethiopia and was in the verge of success until when USSR switched the support from Siad Barre

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⁵³ Hussein, M. Adam: 'Somali, Rural production organization and prospects for Reconstruction' in *Beyond Conflict in the Horn of Africa* pg 150

who had conducted a few wars against Ethiopia towards the greater Somalia ideal. Consequently, Barre's regime became weakened and shrank to clan base as a result from the withdrawal of support from her strong ally the USSR. Civil war later then broke out in northern Somalia, where the Isaq clan was supported by Ethiopia. This led to civil war in Somalia amongst various emerging clans and sub-clan led by 'warlords'.⁵⁴ The civil wars persisted for long periods and eventually in 1991 after protracted engagements, Siad Barre was finally overthrown. After Siad Barre was ousted from power on January 26, 1991, a counter-revolution took place to attempt to reinstate him as leader of the country. This intensified the war.

The Somali civil war erupted at a time of profound change in the international order. The Cold War had come to an end and America was at the helm of managing an era of 'new wars'. In 1991, Somaliland declared her independence from the greater Somalia. This was in order to insulate her from the more violent fighting and famine in the south. However, her sovereignty has never been recognized by any nation or regional or international organizations.⁵⁵ The initial troops of peace keepers trying to stabilize the country entered into Somalia soon after the ouster of President Siad Barre. They comprised mainly Pakistani and US soldiers.

In the period between June and October, 1993, several gun battles were fought in Mogadishu between local gunmen and peacekeepers resulting in the deaths of 24 Pakistanis and 19 US soldiers, most of whom were killed.⁵⁶ The number of local gunmen killed has been documented. These sent shock waves across the world and US withdrew its soldiers. In 2004, the Transitional Federal Government (TFG) was established in Nairobi after the IGAD peace process. The TFG operated from Nairobi for two years because the situation inside Somalia was too chaotic to run the Government.⁵⁷

In early 2006, the TFG established a temporary seat of government in Baidoa. During the early part of 2006, the Alliance for the Restoration of Peace and Counter Terrorism (ARPCT) was formed of mostly secular Mogadishu-based warlords. It was opposed to the rise of the Sharia law oriented Islamic Courts Union (ICU), which had been rapidly consolidating power in Somalia. It

⁵⁴ Peter Woodward, *Somalia and Sudan: A Tale of Two Peace processes*, The Round Table Vol. 93, No 375-481 July 2004 Carfax Publishing.

⁵⁵ Ibid.

⁵⁶ ITN/CNN Report "War tears Somalia apart, an up-to-date report on Mogadishu, October, 2007.

⁵⁷ Ibid.

was also backed by funding from the United States Criminal Intelligence Agency (US CIA). The differences between the two groups led to increasing violence in Mogadishu.

By June 2006, the ICU succeeded in capturing the capital, Mogadishu, in the Second Battle of Mogadishu. They drove the ARPCT out of Mogadishu, and succeeded in persuading or forcing other warlords to join their faction. Their power base grew as they expanded to the borders of Puntland and took over southern and middle Jubaland.⁵⁸ In December 2006, the ICU and TFG began the Battle of Baidoa. Fighting also broke out around the Somali town of Bandiraley in Mudug and Beledweyn in Hiran region. The Islamic movement's growing power base and militancy led to increasingly open warfare between the Islamists and the other factions of Somalia, including the Transitional Federal Government (TFG), Puntland and Galmudug, the latter of which formed as an autonomous state specifically to resist the Islamists. The Islamic movement also caused the intervention of Ethiopia, who supported the secular forces of Somalia.⁵⁹ Ethiopia had earlier intervened in 1997.

To help establish security, an African Union Mission to Somalia (AMISOM) was authorized to deploy as many as 8,000 peacekeepers to the country. This mission widened the scope of countries that could participate over the earlier mission led by IGAD -based nations. The Islamist group leading the insurgency which had come to be known as the Popular Movement in the Land of two Migrations (PRM), vowed to oppose the presence of foreign troops.⁶⁰

In January 2009, Ethiopian soldiers withdrew from Somalia after having been in Somalia since 1997, leaving behind an African Union Mission in Somalia (AMISOM). The AMISOM contingent of several thousand troops was to help the fragile coalition government and its troops enforce authority. Following Ethiopia's withdrawal from Somalia, Southern half of the country fell into the hands of radical Islamist rebels. The rebels quickly routed the government and AMISOM troops in key provinces and established Sharia law in areas under their control. In May 7 2009, the rebels attacked the capital city Mogadishu and captured most of the city but

⁵⁸ Michael, Van Notten, *From Nation-State to Stateless Nation: The Somali Experience* Amsterdam, 2000

⁵⁹ Ibid.

⁶⁰ Ibid.

failed to overthrow the government. The TFG government maintained control of only over a few square kilometers of the city.⁶¹

The Somali conflict is thus a conflict of a failed State and collapsed society.⁶² It shows manifestations of complex conflict and failed international diplomacy which provoke sovereign nations to want to intercede.

2.2 Mutative Nature of the Somalia Conflict

It is clear from the above that the two decade civil war in Somali has constantly been changing. It has mutated from a civil war in the 1980s, through state collapse, clan factionalism and warlordism in the 1990s to date. In the first decade of the 21st century the conflict became globalised as al-Qaeda operatives joined.⁶³ According to Ken Menkhaus the Somali conflict could be disaggregated into four distinct crises. First, the Somali conflict is protracted as result of state collapse. Somalia has had no functional government since January 1991. Efforts to establish a central authority have been unsuccessful on numerous occasions because all attempts to revive a centralized government exacerbated violence.⁶⁴ The unending violence in Somalia has made the remaining semblance of the state insecure and inaccessible to regional and international community. Menkhaus described the Somalia conflict as a nightmare which:

‘The world has grown numb to Somalia seemingly endless crisis. 18 years of state collapse, failed peace talks, violent lawlessness and warlordism, internal displacement and refugee flows, piracy, regional proxy war and Islamic extremism is what Somalis is. We can conclude that today’s disaster is a continuation of long pattern of intractable problem in Somalia’.⁶⁵

⁶¹ Peter Woodward, *Somalia and Sudan: A Tale of Two Peace processes*, The Round Table Vol. 93, No 375-481

⁶² Abdi Ismai Santan: *Social Decay and Public institution; the Road to Reconstruction in Somalia* 1992 pg. 213

⁶³ Ken Menkhaus ‘State Collapse in Somalia: Second thoughts’ in *Review of African Political Economy*, Vol. 30, No 97 The Horn of Conflict 2003 pg.405

⁶⁴ Ibid.

⁶⁵ Ken Menkhaus ‘Somali: A country in Peril, a policy Nightmare’ in *Violence, Political culture and Development in Africa*, 2004

Somalia is thus a land of violence and destruction, a land of fragile economy unable to establish a civil service.⁶⁶

Secondly, prolonged conflict in Somalia, according to Ken Menkhaus, was not simply a product of diplomatic incompetence or missed opportunities, and lack of external intervention, but has also been actively been promoted by certain political and economic interest groups within Somalia.⁶⁷ Some key actors in the conflict are profiteering in the state of anarchy and will endeavor to perpetuate the conflict in order to continue benefiting. The Somali leaders have also been irresponsible and myopic in their quest for power seen from their continued refusal to compromise. The forces around the clan system have also been working against the idea of establishing a western- styled democracy.⁶⁸

Thirdly according to Menkhaus, intermittent Somali conflict is due to the changing interest of various actors in the Somali conflict. In 1991 the country was in a genuine state of civil war, but since then the armed clashes have been localized. In the early 1990s the fighting was mainly inter-clan in nature, pitting large groups against one another, for example the Darood versus Hawiye. In the late 1990s the war fragmented further with deadly internal quarrels within the clan. The descending nature of conflict into lower levels of clan lineage had many implications. It meant for instance that the warfare had to be more localized and fighting between sub-clans. This increased insecurity and propagated lawlessness, especially kidnapping for ransom.⁶⁹

The fourth disaggregate crisis of the Somalia civil war, is lawlessness and criminality perpetuated by the 'Mad max' anarchy of young, armed gunmen riding battlewagons and terrorizing citizens. The collapse of state has created conditions ripe for lawless behavior and opportunistic criminality. Piracy and terrorism for instance posed a serious logistical problem in the Gulf of Aden, the waters of Yemen and the port of Mombasa. These four aspects of the conflict made Somalia to defy all foreign, diplomatic, military and state building interventions

⁶⁶ Koen Vlasenroot, 'A societal view on Violence and War' in *Violence, Political culture and Development in Africa* 2004.

⁶⁷ Ken Menkhaus 'State Collapse in Somalia: Second thoughts' in *Review of African Political Economy*, Vol. 30, No 97, The Horn of Conflict 2003 pp405

⁶⁸ Ibid.

⁶⁹ Ibid.

and peace processes.⁷⁰ For instance the ICU was able to institutionalize the communities and constitute a legal system in 2006. However, moderate Somalis blamed the ICU for implementing the sharia law to the letter in a polarized society before reconciliation was achieved.

2.3 Failed Peace Initiatives in Somalia

Since 1991 there have been a total of thirteen peace processes that were convened on Somalia. Six of these, were fully fledged Somali national peace conferences.⁷¹ However all have failed. The attempt in Kenya which began in October 2002 which led to formation of TFG, was the fourteenth and longest running it was also the most costly of all.⁷²

First, there were Djibouti Talks of June-July 1991. The talks intended to negotiate and to form an interim government of national unity. At the conference, Ali Mahdi was declared interim President. However General Mohamed Farah Aideed rejected the move because he wanted to continue being the president. This peace process only convened six factions.⁷³ It aggravated a political split within the United Somali Congress (USC) and triggered a brutal battle for control of the capital, Mogadishu which destroyed much of Mogadishu in late 1991.⁷⁴ The second was the Addis Ababa National Reconciliation Talks of January and March 1993. This was the linchpin of the UN intervention in Somalia and was meant to provide the blueprint for the creation of a two-year interim government. During the Addis Ababa talks fifteen clan-based factions participated. The talks came up with an accord. The resolutions reached during the accord sparked tensions between the UN and some armed factions over whether the creation of district and regional councils were to be a bottom-up process or controlled by factions. Armed conflict thereafter broke out between General Aideed's faction and UN peacekeepers. The fighting derailed the mission and blocked implementation of the accord.⁷⁵ As a result, U.S. and UN forces were withdrawn from Somalia in 1994, and 1995 respectively.⁷⁶

⁷⁰ Mark Bradbury and Sally Healy 'Whose peace is it anyway? Connecting Somali and international peacemaking' in *Accord an international review of peace initiative Issue 21*; London, Conciliation and resources publishers 2010

⁷¹Ibid.

⁷² International Crisis Group, African Report No 79 *Biting the Somalia Bullet* p. 2

⁷³ Mark Bradbury and Sally Healy (Eds) *Accord an international review of peace Issue 21* p. 16

⁷⁴ International Crisis Group, African Report No 79 *Biting the Somalia Bullet* p. 2

⁷⁵ Ibid pp 16-17

⁷⁶ International Crisis Group, African Report No 79 *Biting the Somalia Bullet* p 2

The third Somali peace initiative was the Sodere Conference of 1996-97 in Ethiopia. This was spearheaded by Ethiopia which had sought to revive a decentralized, federal Somali state. The factions that opposed Ethiopia also ran a rival fourth peace process in Egypt namely the 'Cairo Conference', which undermined Sodere peace conference. The Sodere talks introduced the principle of fixed proportional representation by clan, the '4.5 formula', used subsequently in the country.⁷⁷ The two initiatives produced two regional administrations: the short-lived Benadir Administration supported by Egypt and Libya and the government of Puntland Federal State of Somalia. The Benadir Administration collapsed when its leadership failed to agree on modalities for reopening the Mogadishu seaport, while in Puntland a combination of a community-driven political processes and strong leadership produced a functional administration.⁷⁸

Somalis were also divided over the right approach to achieving a lasting peace for the entire country. As the multiple clan-based factions merged into larger regional and Trans regional polities in the late 1990s, they also mutated into broader political coalitions. One such coalition was based in Mogadishu and the sub-clans of the Hawiye clan-family which included Habir Gedir, Abgal, Mursade, Hawadle, Galjeel, Murule, Ajuran and Degodia. Although the Hawiye had failed to reconcile with each other and Mogadishu remained a divided city, political, business, civic and religious leaders supported the revival of a strong central state in which they would dominate the capital. The other coalition, backed by Ethiopia and led by Puntland President, Abdullahi Yusuf, was dominated by the Darood clan. This was anti-Islamist and favored a federal state.⁷⁹ This clearly elaborated the failure of the peace agreement of 1996 as well as the 1997 Cairo conference.

Fifth, was the Arta Peace Conference of 2000 convened in Djibouti and headed by Abdiqasim Salad Hassan, a former Minister. This brought civic rather than faction leaders to the talks and used telecommunications technology to broadcast proceedings back to Somalia. In the end, it produced a three year Transitional National Government (TNG) that empowered the Mogadishu-based coalition at the expense of the pro-Ethiopian alliance. It faced numerous domestic opponents as well as Ethiopian hostility and never became operational.⁸⁰ The hostility of

⁷⁷ Mark Bradbury and Sally Healy (Eds) *Accord an international review of peace Issue 21* p. 17

⁷⁸ Ibid p 13

⁷⁹ Ibid., 13

⁸⁰ Mark Bradbury and Sally Healy (eds) *Accord an international review of peace Issue 21* p. 17

neighboring Ethiopia contributed to the failure of the Arta peace conference as some of the ‘spoilers’ gained support from Ethiopia.

The TNG failed to establish its authority beyond parts of the capital, and in 2001 a Coalition of leaders backed by Ethiopia, the Somali Restoration and Reconciliation Council (SRRC) was established in opposition to TNG. For some observers, the emergence of two rival "blocs" in Somalia was seen as a positive step that could simplify the dynamics of the peace process, bringing a political solution within reach.⁸¹

Finally, the Mbagathi conference of 2002-04, was sponsored by regional organization IGAD. It was a lengthy conference in Kenya to produce a successor to the failed TNG. With heavy Kenyan and Ethiopian direction, the delegates consisted mainly of militia and political leaders, not civic leaders, and promoted a federalist state. One phase of the talks was dedicated to resolution of conflict issues with the facilitators in trying to resolve the underlying causes so that the outcome of the talks does not appear to be mere power sharing deal with no signs of progress.⁸²

The Mbagathi talks ended up creating the Transitional Federal Government (TFG) in late 2004 with the controversial election of President Abdullahi Yusuf because some clans felt they were not represented during the election. The TFG was deeply divided from birth, with many Somalis raising objections about the legitimacy of representatives at the talks. The TFG struggled in subsequent years and it is yet to become a minimally functional government or to advance key transitional tasks.⁸³

In addition to the six conferences outlined above, a number of other national peace initiatives were held by external actors. However they were more appropriately described as peace ‘deals’ – attempts to forge a narrow ruling coalition without wide consultation across Somali society. In early 1994, for example, a desperate UN peacekeeping mission, the UN Operation in Somalia (UNOSOM), tried to broker a deal bringing together three of the most powerful militia leaders. This culminated in the ill-fated ‘Nairobi informal talks’. Such external attempts to broker deals

⁸¹ International Crisis Group, African Report No 79 *Biting the Somalia*

⁸² Mark Bradbury and Sally Healy (eds) *Accord an international review of peace Issue 21* p. 18

⁸³ *Ibid.*, P18

also never succeeded.⁸⁴ This was because of various Somali clans failing to agree in the formation of a unified and all inclusive government.

In nutshell, the conflict in Somalia and the total lack of central government for over 22 years led to lawlessness and mushrooming of several militia groups in the country. One such armed militia group was the Al-Shabaab.

2.4 The Origins of Al-Shabaab

The practice of Islamic faith in Somalia has traditionally been characterised by apolitical Sufi orders.⁸⁵ This was a principle where by religious leaders or clan elders normally give guidance and the masses normally obey them. Islamist movements did not emerge until the late 1960s when Somalis gained greater exposure to less moderate currents of Islam in Saudi Arabia, Egypt, and elsewhere. In 1969, General Mohamed Siad Barre executed a bloodless military coup that installed him as president of the then nine year old state of Somalia.⁸⁶ During his early years of governance, Siad Barre constituted the ideology of ‘scientific socialism’ which met strong opposition from the country’s Muslim leaders. Siad Barre employed draconian tactics for dealing with Somalia’s fledgling Islamist movements for example when Muslim leaders denounced Siad Barre’s regime in 1984, he executed ten prominent scholars and prosecuted hundreds. In response, underground Islamic Somalia organizations grew and proliferated in every region of the world in defense of the faith against the “Godless socialists”.⁸⁷

Though Barre ruled for more than twenty years, by the early 1990s his regime faced widespread insurrection initiated by the clans and powerbrokers.⁸⁸ His opponents forced him to flee the country, which collapsed into civil war and prolonged anarchy. In these lawless conditions, two Islamist groups became prominent. The first was the Islamic Union (IU) also known as Al-Itihad founded around 1983.⁸⁹ The IU was comprised mainly of educated, young men who had studied

⁸⁴ Ibid., 18

⁸⁵ I.M. Lewis, *A Modern History of the Somali*, 4th ed., Oxford: James Currey Ltd., 2002, p. 15.

⁸⁶ Michael Walls, “State Formation in Somaliland: Building Peace from Civil War,” paper presented at 2008 International Peace Research Conference, Katholieke Universiteit Leuven, Belgium, July 14-19, 2008, p. 10.

⁸⁷ Abdurahman M. Abdullahi, “Perspective on the State Collapse in Somalia,” in Abdullahi A. Osman and Issaka K. Souaré, eds., *Somalia at the Crossroads: Challenges and Perspectives on Reconstituting a Failed State*, London: Adonis and Abbey Publishers, Ltd., 2007, p. 44.

⁸⁸ Shaul Shay, *Somalia between Jihad and Restoration*, New Brunswick, N.J.: Transaction Publishers, 2008, p. 8.

⁸⁹ ICG, “Somalia: Countering Terrorism in Failed State” International Crisis Group (ICG), *Africa Report*, no. 45, May 23, 2002, p. 16.

or worked in the Middle East.⁹⁰ The IU received significant funding and support from the Salafi/Wahhabi movement and the Saudi Arabia based charity organizations. Members of Islamic Union believed that political Islam was the only way to rid Somalia of its corrupt leadership. The group had two main goals. First, in the initial stages it sought to defeat Siad Barre's regime and replace it with an Islamic state. Secondly, it wanted to create the greater Somalia that included northern frontier districts of Kenya and the Ogaden region in Ethiopia.⁹¹

In 1991, after the forces of the warlord Mohamed Farrah Aideed drove Siad Barre into exile and the IU attempted to seize strategic sites such as seaports and commercial crossroads.⁹² The IU managed to hold the seaports of Kismayo and Merka for almost a year but was quickly expelled from Bosaso.⁹³ After the defeat in Bosaso, the IU moved its base inland and controlled the town of Luuq near the border with Ethiopia and Kenya. In line with its original aspirations, the IU implemented strict Sharia law, meting out punishments that included amputations. This pattern of leadership would later work to the advantage of the subsequent Somali Islamists groups.⁹⁴

The control of Luuq region and its close proximity to Ethiopia and Kenya was significant to IU. This was due to IU's commitment to create a Greater Somalia. In particular, the group focused on Ethiopia's Ogaden region and the Northern Frontier District of Kenya. This region was inhabited by among others Somali speakers. The IU stirred up separatist unrest, and from 1996 to 1997. Ethiopia experienced a string of assassination attempts and bombings by Al-Ittihad or the Islamic Union.⁹⁵ In response, Ethiopian forces intervened in Luuq and destroyed the IU's safe haven. The IU disintegrated and rejuvenated as the Islamic Court Union in 1997.

The Islamic Court Union (ICU) was the next incarnation of the Islamic Union. The ICU was more militarily adept than the old IU. It had more external support and had more leaders committed to a global jihadist ideology. The ICU drew international attention when it seized Mogadishu in June 2006. It thereafter, won a series of rapid strategic gains. The ICU then took

⁹⁰ Menkhaus, *Somalia*, p. 56.

⁹¹ Gregory Alonso Pirio and Hrach Gregorian, "Jihadist Threat in Africa," *Middle East Times*, July 11, 2006.

⁹² Menkhaus, *Somalia*, p. 56.

⁹³ *Ibid.*, p. 57.

⁹⁴ Ameen Jan, "Somalia: Building Sovereignty or Restoring Peace?" in Elizabeth M. Cousens, *et al.* Eds., *Peacebuilding as Politics: Cultivating Peace in Fragile Societies*, Boulder: Lynne Rienner Publishers, 2000, p. 56.

⁹⁵ Menkhaus, *Somalia*, p. 60.

control of critical port cities such as Kismayo meeting little resistance as it expanded.⁹⁶ Typical of the ICU's advance was its seizure of Beletuein on August 9, 2006. The local governor of Beletuein fled to Ethiopia.⁹⁷

The rise of ICU was centered on its long term ideology of the greater Islamic state carved out of Eastern Africa. This ideology was similar to the old goals of the IU, which wanted to create an Islamic state out of Somalia and Ethiopia.⁹⁸ Other reasons for the rise of ICU focused on the ICU leadership. Sheikh Hassan Dahir Aweys, the most prominent ICU leader as the head of its consultative council, had previously been an IU leader. Aweys was also connected to al-Qaeda movement. Indeed, the USA had named Aweys as a global terrorist in September 2001.⁹⁹

By late October 2006, the ICU controlled most of Somalia's key strategic areas such as sea ports and airports. It was able to move supplies from the South to North and had effectively encircled the U.N. and other Non-governmental humanitarian organizations that provided relief in Somalia. Neither the Transitional Federal Government (TFG) recognized in the South-Central city of Baidoa was spared. By December 2006, ICU had some sixteen operational terrorist training camps in Somalia.¹⁰⁰ Immediately the ICU controlled most strategic areas in Somalia, hundreds of terrorists from Afghanistan, Chechnya, Iraq, Pakistan, and the Arabian Peninsula arrived to train in these camps. Towards the end of 2006, the United Nations (UN) Monitoring Group on Somalia reported that foreign volunteers (fighters) had arrived in considerable numbers to give added military strength to the ICU. The foreign volunteers also provided training in asymmetric warfare.¹⁰¹

The presence of foreign fighters amongst the ICU forces catapulted its ambitions beyond Somalia. ICU recruitment video tapes proclaimed all Brothers in Islam from Mogadishu had to unite to fight against foreign domination. The ICU called for all to join the military. The ICU thus, had thousands of fighters. Some of them were drawn from Somalia and others from the rest

⁹⁶ Asaf Maliach, "Somalia: Africa's Afghanistan?" International Policy Institute for Counter-Terrorism (ICT), June 22, 2006.

⁹⁷ Sunguta West, "Somalia's ICU and Its Roots in al-Ittihad al-Islami," *Terrorism Monitor*, Aug. 4, 2006

⁹⁸ Ibid.

⁹⁹ Executive Order 13224, U.S. Treasury Dept., Sept. 23, 2001.

¹⁰⁰ Partners International Foundation, "Initial Assessment on the Potential Impact of Terrorism in Eastern Africa. Focus on Somalia," Partners International Foundation, Newtown, Conn., May 5, 2002, p. 48.

¹⁰¹ Bruno Schiemy, et al., "Report of the Monitoring Group on Somalia Pursuant to Security Council Resolution 1676", U.N. Security Council Committee, New York, Nov. 2006, p. 42.

of the Muslim world. In the guise of fighting the Americans 'infidels', the ICU called on Muslims to wage a holy war against any person or nation invading Somalia.¹⁰²

International jihadist leaders took note of the ICU's rise. Soon they began rallying support for ICU and urged Muslims to fight against those opposed to Islam across the world. One such leader was Osama bin Laden. In an audiotape released in June 2006, Osama bin Laden stated:

'We will continue, God willing, to fight you and your allies everywhere, in Iraq and Afghanistan and in Somalia and Sudan, until we waste all your money and kill your men, and you will return to your country in defeat as we defeated you before in Somalia. We warn all the countries in the world from accepting a U.S. proposal to send international forces to Somalia. We swear to God that we will fight their soldiers in Somalia, and we reserve our right to punish them on their lands and every accessible place at the appropriate time and in the appropriate manner'.¹⁰³

This speech by the al-Qaeda leader gave impetus to the ICU. It also confirmed that the group had the backing of Somalis in the Diaspora and other foreigners.

While the IU had little chance to rule beyond Luuq, the ICU imposed Shari'a laws on part of the key territory it controlled. The rules it imposed were far-reaching. It conducted mass arrests of citizens watching movies, abolished live music at weddings, executed several people for watching soccer, and arrested a karate instructor and his female students because the lessons constituted mixing of the sexes which is against the Islamic teachings.¹⁰⁴

The strict implementation of Shari'a law by the ICU often alienated the locals. Despite this the ICU continued to consolidate power by instilling fear through execution of those going against shari'a law. It was also determined to win over the population. Under the leadership of Hassan Dahir Aweys, the ICU sought to harness Islam and Somali nationalism and ICU did not approve the existence of the warlords in Somalia. Aweys' emphasis on stability and the rule of law won the sympathy of the business community, which saw the ICU's strict rule as a means to reduce security costs for instance the ICU abolished checkpoints established by the warlords. The roadblocks costed businesses several million dollars a year.¹⁰⁵ The Somali citizens who had lived

¹⁰² Michelle Shephard, "Back to Somalia: Asho's Sad End," *The Toronto Star*, Dec. 21, 2008.

¹⁰³ Osama bin Laden as quoted by Alex Wilner, "Is Somalia the Next Afghanistan?" Atlantic Institute for Market Studies, Halifax, Nov. 24, 2006.

¹⁰⁴ J. Peter Pham, "Financing Somalia's Islamist Warlords" *World Defense Review*, Sept. 21, 2006

¹⁰⁵ Schiemy, *et al.*, "Report of the Monitoring Group on Somalia," p. 33.

under insecure, anarchic conditions also benefited from improved security under the Islamic Courts Union.

2.5 The Rise of Al-Shabaab

By the late 2006, Baidoa the last stronghold of the Transitional Federal Government was under siege from ICU who had become more powerful as a result of external support from Muslim jihadists from the entire world. Many TFG fighters defected to the ICU. What kept the TFG government in power were the Ethiopian soldiers manning roadblocks around the city and protecting key Government facilities.¹⁰⁶ Whenever the ICU launched an assault on Baidoa, Ethiopia responded with greater force which the Islamic Courts could not match. The U.S. supported Ethiopia's intervention by sending armaments and personnel including helicopter gunships and elite Task Force 88.¹⁰⁷

However, Ethiopia had no coherent plan to stabilize the country and make the Transitional Federal Government viable. The head of the ICU executive council, Sheikh Sharif Sheikh Ahmed later became Somali's president and called for an insurgency against Ethiopia. Even before Ethiopia intervened, the U.N's Monitoring Group on Somalia had warned that the ICU was fully capable of turning Somalia into an 'Iraq-type' scenario with roadside and suicide bombers, assassinations, and other terrorist and insurgent-type activities.¹⁰⁸

Al-Shabaab emerged as a distinct force during the course of the ensuing insurgency and made a clear break with other insurgent groups in late 2007. Earlier in September 2007, the ICU attended a conference of opposing factions in the Eritrean capital, Asmara, and reemerged after mutation and change of name to the Alliance for the Re-liberation of Somalia (ARS). Al-Shabaab boycotted the conference, and its leaders launched vitriolic attacks on the ARS for failing to adopt a global jihadist ideology. In late February 2008, fighting between supporters of the ARS and Al-Shabaab in Dhobley resulted in the deaths of several people. Ethiopian fighters left Somalia in early 2009 and fighters affiliated with Al-Shabaab took their place and implemented a strict version of the Sharia law in areas they came to control.

¹⁰⁶ Bill Roggio, "The Battle of Baidoa," *The Long War Journal*, Dec. 23, 2006.

¹⁰⁷ Daveed Gartenstein-Ross, "Blackhawk Up," *Weekly Standard*, January 29, 2007.

¹⁰⁸ Schiemsy, *et al.*, "Report of the Monitoring Group on Somalia," p. 33.

2.6 The Transformation of Al-Shabaab

There were three strands of evolution of Al-Shabaab from the IU through the ICU and finally to Al-Shabaab. The first transformation was ideological, in which the component groups went through a funneling process and slowly became less ideologically diverse. Though all these groups embraced Islamic law, a significant faction of IU and ICU leaders had a vision that focused on a Somali nation.

The second strand lay in the groups' affiliation relations with al-Qaeda. Karen Mingst *et al.* argue that Bin Laden's organization had a long presence in Somalia¹⁰⁹. Mingst further argues that the al-Qaeda terror movement dispatched trainers to liaise with the Islamic Union prior to the 1993 battle of Mogadishu when eighteen U.S. soldiers were killed.¹¹⁰ Despite that connection, Al-Shabaab emerged as a distinct entity, although its leaders reached out to al-Qaeda's senior leadership. The chief military strategist of the Al-Shabaab for instance, openly declared his allegiance to Bin Laden.¹¹¹

The third and final strand of Al-Shabaab was the groups' opportunity and ability to govern. Since all three had been dedicated to implementing Shari'a, they ideally needed a governing apparatus through which to apply Islamic law and mete out God's justice. The Islamic Union could not control any territory for a sustained period apart from the town of Luuq. In contrast, the Islamic Courts and Al-Shabaab came to control broad swaths of Somalia, and the governing strategies they put in place indicate that both groups thought hard about how to maintain and expand their power. Although, Somalis were not especially extremists and adhered to the moderate Sufi branch of Islam, the courts were largely welcome in Somalia as a result of the disappearance of the police and judicial System.¹¹²

2.7 Characteristics of Al-Shabaab

The Al-Shabaab group, a multi-clan terrorist group, emerged to occupy the 'power vacuum' left by the ICU, when it was dismantled by a powerful Ethiopian military operation in 2007. The

¹⁰⁹ Karen A. Mingst and Margaret P. Karns, *The United Nations in the 21st Century*, 3rd ed., Boulder: West view Press, 2006, p. 100

¹¹⁰ Ibid.

¹¹¹ Nick Grace, "Al-Shabaab Reaches Out to al Qaeda Senior Leaders, Announces Death of al Sudani," *The Long War Journal*, Sept. 2, 2008.

¹¹² Rob Wise, "Al-Shabaab", *AQAM Futures Project Case Studies Series No.2*, Centre for Strategic and International Studies, July 2011.p.6.

group comprised of approximately six thousand (6,000) well-armed and regularly salaried militants.¹¹³ Its fighters were predominantly drawn from Somalia but also from other countries across the globe. According to strategic intelligence from strategic intelligence group based in South Africa, indicated that Muslim dominated regions of East Africa, Gulf States and the Somali Diaspora communities in the US and Europe provide rich recruitment enclaves for the Al-Shabaab.¹¹⁴ Thus Somalia's Al-Shabaab became a global melting pot of extremist Islamic elements.

Originally, the Al-Shabaab had a domestic agenda for creating an Islamic Somali state governed by Shari'a Law. Its aim was to topple the Transitional Federal Government (TFG) which the group termed a foreign imposition. The Al-Shabaab employed various tactics including brutal beheadings, assassination and suicide bombings from mosques to government installations inside and outside Somalia. They also practiced and enforced radical forms of purported Shari'a law, ranging from forcing women to wear *Burqas* and banning the wearing of brassieres. It also compelled men to grow beards and wear ankle-long trousers. Al-Shabaab banned music, dancing, watching of football games and movies and went to the extremes like the making and sale of the triangular-shaped popular snack, *Samosas* which they considered un-Islamic.¹¹⁵

2.8 Al-Shabaab's Ideology

Al-Shabaab represented a step toward a global jihadist vision. Like the Islamic Union and Islamic Courts Union, Al-Shabaab believed that religious governance was the solution to Somalia's ills and anarchy. While addressing a rally in the Southern city of Marka on one occasion, Sheikh Mukhtar Robow, an Al-Shabaab spokesman, emphasized the importance of complying with Islamic law. In an effort to show that Shari'a was equitable. He specified commitment to Islamic law as a means of distinguishing Al-Shabaab from the Alliance for the

¹¹³ Andrew Liepman, "Violent Islamist Extremism: Al-Shabaab Recruitment in America", Report on A Hearing before the Senate Homeland Security and Governmental Affairs Committee, National Counterterrorism Center USA. 2009.

¹¹⁴ Ibid.

¹¹⁵ Shamsia Ramadhan, "Somalia in the eye of Terror", *Horn of Africa Bulletin*, September 2011.

Re-liberation of Somalia. He cited that Al-Shabaab had boycotted the Asmara conference because its leadership refused to work with the non-Muslim Eritrean state.¹¹⁶

Sheikh Mukhtar Robow further argued that cooperation with “infidels” would corrupt the jihad because Eritrea would open “the door of politics in order for them to forget armed resistance,” while leaving members of the Courts in the lands of the *Kuffaar*. He added that, Al-Shabaab had a pan-Islamism ideology in opposition to the ICU’s clan- backed politics. While the ICU used to judge over each individual’s tribe, Al-Shabaab was made up of many different tribes.¹¹⁷ Thus, the group wanted to undermine the country’s clan structure.

The Al- Shabaab was also against Western civilization and Christian Values. In 2011 the militant group banned the teaching of Geography and History in primary schools in the Middle Shabelle region.¹¹⁸ Instead the Al-Shabaab fighters toured the schools in the main districts of Middle Shabelle, including Jowhar, and donated new textbooks in Arabic ostensibly to replace the Geography and History. Early 2012, the Al-Shabaab group in Lower Jubba Region banned the learning of English in schools in the region. The Islamist group also prohibited ringing of bells in schools. It claimed that ringing of bells promoted Western and Christian values.¹¹⁹

2.9 Al – Shabaab - Al-Qaeda Links

Little is known over the degree to which the IU was linked to Al-Qaeda during its heyday. For example, an analysis published by West Point’s Combating Terrorism Center found numerous alleged ties between the IU and Al-Qaeda. This was denied by Menkhaus arguing no Somalis appear in al-Qaeda’s top leadership. Menkhaus also argued that until 2003, no Somali was involved in a terrorist plot against a Western target outside Somalia.¹²⁰

While Menkhaus views were diverged from other views, there are two important points about the IU-Al-Qaeda relationship. First, al-Qaeda’s leadership recognized Somalia’s role in one of its first skirmish with the Americans specifically ‘the black hawk down’ in which several American soldiers were killed in Mogadishu. Al-Qaeda dispatched a small team of military trainers to

¹¹⁶ Amriki, "A Message to the Mujaahideen," p. 4.

¹¹⁷ Ibid.

¹¹⁸ Mohamed Shill, “Al – Shabaab Ban Teaching of Geography and History” *HomeLAND: Society* 10/16/2011.

¹¹⁹ Ibid.

¹²⁰ Menkhaus, *Somalia*, p. 65.

Somalia in 1993, which liaised with the IU prior to the battle of Mogadishu.¹²¹ Second, it is clear that certain key members of the IU had strong relationships with Bin Laden's group. One such was Aden Hashi Ayro, who went on to lead Al-Shabaab. After Ayro's death, Al-Shabaab posted a Somali-language biography of him, claiming the battle of Mogadishu was the first time he fought under the supervision of al-Qaeda, using the latter's logistical support and expertise.

Al-Qaeda did not ignore al-Shabaab's overtures. They first took note of the developments in Somalia in 2006 when the Islamic Courts captured Mogadishu. When Ethiopia intervened to push back the ICU advance on Baidoa, al-Qaeda's leader Ayman al-Zawahiri soon appeared in a web-based video and called for Muslims to fight the Ethiopians:

I appeal to the lions of Islam in Yemen, the state of faith and wisdom. I appeal to my brothers, the lions of Islam in the Arab Peninsula, the cradle of conquests. And I also appeal to my brothers, the lions of Islam in Egypt, Sudan, the Arab Maghreb, and everywhere in the Muslim world to rise up to aid their Muslim brethren in Somalia.¹²²

On July 5, 2007, al-Qaeda released a video that described Somalia as one of the three main theaters for al-Qaeda's mujahideen along with Iraq and Afghanistan. Al-Qaeda also called Al-Shabaab a brother.¹²³

Osama bin Laden also issued a video devoted to Al-Shabaab in March 2009, entitled "Fight on, Champions of Somalia," Bin Laden had explicitly endorsed Al-Shabaab and denounced the Alliance for the Re-liberation of Somalia, saying that when NATO supported former president Abdullahi Yusuf, the mujahideen were not fooled. In bin Laden's view, Sheikh Sharif Sheikh Ahmed -who had been an ICU official before becoming ARS's leader had gone against Islam.

2.10 The Al-Shabaab's Strategic Outlook

Al-Shabaab was a capable fighting force that implemented a strict version of Sharia law in key areas of Somalia. Its range was enhanced by having several training camps in the south especially Badadhe and Burgavo from which many Western Muslims had graduated such as

¹²¹Evan F. Kohlmann, *Shabaab al-Mujahideen: Migration and Jihad in the Horn of Africa*, New York: NEFA Foundation, 2009), p. 4.

¹²² Frederick Nzwili, "Somalia Mujahideen Confirm al-Qaeda Suspect Abu Talha al-Sudani Killed 2008" *Terrorism Focus*. Jamestown Foundation, Washington, D.C., September 10, 2008. Available on <http://www.jamestown.org/program/gta/single/>

¹²³ Ibid.

Almiriki. This made Al-Shabaab a significant security concern to several countries, including Kenya. Given the relationship between Al-Shabaab and Al-Qaeda, which includes ideological affinity and interlocking leadership, Al-Shabaab had direct connections to transnational terrorism. These concerns were bolstered by Al-Shabaab's operation of terrorist training camps, successors to the ICU camps. The CIA confirmed the planner of 1998 bomb blast in Kenya Fazul Mohammed, later went back to Somalia where he was later killed by the TFG soldiers when he was netted in a road block and attempted to flee.

Al-Shabaab's training was both military and ideological. In 2006, Frederick Nzwili, reported that training camps run by Aweys and Al-Shabaab founder Aden Hashi Ayro included indoctrination into fundamentalist ideology aimed at advocating jihad in Islamic states.¹²⁴ The *Economist* highlights the fundamentalist environment in which Al-Shabaabs trained. The Al-Shabaab recruits disavow music and videos. They also smoke cigarettes and chew *qat* to get mildly high.¹²⁵

Al-Shabaab's militias were estimated to be between 6,000 and 7,000 in 2006.¹²⁶ These fighters were very experienced with asymmetrical warfare, small unit tactics, and a wide array of weaponry. Al-Shabaab is said to have introduced suicide bombing to Somalia. They had also carried out assassination attempts on Kenya and Somali government officials.¹²⁷ Furthermore, Al-Shabaab fought competently against the Ethiopians. In late 2008, it made geographical gains and consolidated power in the Lower Juba region, allowing it to establish a Sharia-based administration. It also showed ability to strike at and control Mogadishu.¹²⁸

The strictness of Al-Shabaab's Shari'a rulings can be seen in the laws that it implemented and the punishments it meted out. Amnesty International claims that a 13-year-old rape victim was stoned to death in Kismayo in 2007 for alleged adultery. In late 2008, as Al-Shabaab seized Marka town, near Mogadishu in the map. The Al-Shabaab leaders informed the residents that cinema houses and music recording studios were banned. It also warned that action would be taken against anyone found on the streets or opening shops during prayer times. In January 2009,

¹²⁴ Frederick Nzwili, "Leadership Profile: Somali's Islamic Court Union," *Terrorism Focus*, Jamestown Foundation, Washington, D.C., June 13, 2006.

¹²⁵ "The Rise of the Shabab," *The Economist*, Dec. 18, 2008.

¹²⁶ Austin, Tex, "Somalia: Al Qaeda and Al- Shabab," Stratford Intelligence Service, May 5, 2008.

¹²⁷ Ahmed A. Hassan, "Al-Shabaab Threat Clouds the Horn of Africa" *Wardheer News* (Somalia), Feb. 3, 2009.

¹²⁸ *ibid*

in the same city, Al-Shabaab executed a politician for apostasy, alleging his cooperation with Ethiopian forces. On January 28, 2009 they amputated the hand of a Kismayo man convicted of stealing fishing nets. In February the same year, they sentenced a number of youths caught using qat in Baidoa to public lashings.¹²⁹

In addition to Sharia law, Al-Shabaab implemented other rules designed to help it maintain power. It implemented rules directed at journalists that required that no reports could be disseminated without the approval of the Al-Shabaab administration. It also insisted that only “factual” news be presented and that nothing detrimental to the practice of Sharia law was to be reported. Al-Shabaab also insisted that no music could be played on the radio as this encouraged sin in the world.¹³⁰

Al-Shabaab’s rules were enforced not only by administrative methods but also through intimidation. In 2008, London’s *Sunday Times* reported that Al-Shabaab was shutting down business sectors in Mogadishu by carrying out selective attacks and sending ‘night letter’ warnings to some business owners. Somalis expressed displeasure over Al-Shabaab but they were also afraid. In January 2009, for example, Kismayo residents rioted after Al-Shabaab transformed a soccer stadium into a market.¹³¹

Al-Shabaab needed a strong economic and financial resource base as they were critical for its survival and accomplishment of set goals. In addition to donations from financiers and sympathizers in the Gulf States, Horn of Africa region and certain segments within the Somali Diaspora, the group’s major sources of income was its control of the strategic Mogadishu city and seaport and Kismayo port. Other sources of finance arose from tax revenues from Barawe market, taxation of goods in other cities, levies imposed on *khat* and other narcotics. Al-Shabaab also netted proceeds from piracy and taxation and diversion of humanitarian aid.¹³²

¹²⁹ “Somalia: Al-Shabaab Bans Films, Music in Southern Port City of Marka,” *Gobolada.com*, Nov. 13, 2008, en Source Center, Trans.

¹³⁰ Ibid.

¹³¹ Michael Weinstein, “Somalia: Ideological Diversity in Country's Islamic Courts Movement,” *Garowe Online*, Sept. 25, 2008.

¹³² Ibid.

Furthermore, through foreign commanders' links, the al-Qaeda establishment might have provided logistics and cash for operational support. This is evidenced by the very fact that when he met his death on June 7, 2011, Fazul Mohammed had about US\$41,000 in cash on him in addition to other communication gadgets and mobile phones. This links to Al-Qaeda because the network had earlier indicated the planner of Nairobi bomb blast was their mujahideen. So believably, where they share common strategic convergence, Al-Qaeda provided considerable financial and operational support to Al-Shabaab. With motivated fighters, Al-Shabaab boasted of an expansive territory covering about 70-80% of south and central Somalia.

Al-Shabaab had highly trained men and commanded by experts in various fields of war as well as tight command and control structures. They operated well-manned regional command zones such as: Mogadishu city, Hiraan, Bay and Bakool, Middle and Lower Shabelle, Gedo, Middle and Lower Juba and Kismayu among others. In Mogadishu, each regional command focused on key targets such as Villa Somalia, Mogadishu airport, strategic highways, sea ports. This was confirmed by the TFG and currently the AMISOM troops. Finally, Al-Shabaab's decision-making structure was quite centralized and led by a 10-member governing council or *Shurah*.

2.11 Conclusion

The chapter has outlined Somalia's history of turmoil and instability from the collapse of the Siad Barre regime in 1991, which resulted into factional fighting and near anarchy in Southern Somalia. Following multiple failed attempts to bring stability in 2006, a loose coalition of clerics, local leaders, and militias known as the Council of Islamic Courts emerged. In December 2006 and January 2007, the Somali Transitional Federal Government joined with Ethiopian forces and routed the Islamic Court militias in a two-week war. Since the end of 2006, Al-Shabaab - the militant wing of the Council of Islamic Courts has led a collection of disparate clan militias in a violent insurgency, using guerrilla warfare and terrorist tactics against the Transitional Federal Government of Somalia and the Ethiopian presence. Al-Shabaab has al-Qaeda links and uses intimidation and violence to undermine the Somali government and kills activists who have been working to bring peace. The group has claimed responsibility for several high-profile bombings and shootings in Mogadishu targeting Ethiopian troops and TFG officials. It also responsible for assassination of civil society figures, government officials, and journalists.

Al-Shabaab fighters have also conducted violent attacks and targeted assassinations against international aid workers and nongovernmental aid organizations. It also claimed responsibility for numerous grenade attacks on Kenyan soils and abducted foreign nationals visiting or working in Kenya and this is one of the reasons the KDF intervened in Somalia and that is discussed in the next chapter.

CHAPTER THREE

THE KENYA MILITARY INTERVENTION IN SOMALIA 2011-2012

3.0 Introduction

Since the collapse of the Somali central government, armed UN forces have intervened in Somalia in at least a dozen conflicts, always at the request of the unstable government concerned or with their tacit consent. Although peacekeeping tasks often placed peace keeping troops in the line of fire, the UN force had largely been limited to self-protection. This was the case with the UN Operation in Somalia (UNOSOM) and the African Mission in Somalia (AMISOM) troops. However, the decision by Kenya in October 2011 to deploy thousands of troops in Somalia's Juba Valley to wage war on Al-Shabaab was a radical departure. The International Crisis Group (ICG) report termed this operation the biggest security gamble Kenya had taken since independence.¹³³ This Operation was code-named Operation *Linda Nchi* which means to “protect the Country” in Kiswahili. The operation was launched after several foreigners were abducted on Kenya's soil and taken across the border. The operation aimed at creating a buffer zone of more than 100 kilometers on the Somali side of Kenya. It was meant to prevent more incursions of Al-Shabaab militants into Kenya.¹³⁴

Whereas the operation promised to improve the security of Kenya once a buffer zone was achieved, it added a new twist to the dynamic of security in Somalia and the entire Horn of Africa. Kenya which had previously preferred diplomacy and a non-military approach to the Somali crisis changed its tactics. The implication of this was that the Al-Shabaab who had little motivation to target Kenya now had the reason to do so. Initially Kenya had suffered from the activities of such belligerents for hosting “Westerners”. By intervening Kenya stood as a target for Al-Shabaab attacks. This chapter looks at the circumstance that led to the military intervention in Somalia, the operation, and the challenges of the operation on the Kenyan military.

¹³³ International Crisis Group, “Kenya's Military Intervention in Somalia”, International Crisis Group, Africa Report No. 184, February 2012.p. 1

¹³⁴ Ibid.

3.1 Reasons for Intervention

There were several reasons that made the Kenya Defense Forces to intervene in Somalia. These included; the terror threats, kidnappings of foreign nationals in Kenya, the Somalia refugee problem and the Jubaland project of the Inter-Governmental Authority on Development (IGAD). The operation also arose after AMISOM peacekeeping had already proven inadequate in restoring order and alleviating human suffering in Somalia and in Refugee camps in Kenya. Some of the reasons for the intervention are discussed hereunder:

3.1.1 The Terrorism Threat

The collapse of central government in Somalia in 1991 caused several militias to thrive. Since 1991, a number of these extremist groups freely operated from Somalia and facilitated terrorist attacks in the region.¹³⁵ The first was al-Ittihaad al-Islami (AIAI), a Somali Islamist and nationalist political grouping linked to Al-Qaeda. AIAI had aimed to establish an Islamic state in Somalia. Its strategy relied upon use of intimidation and violence to undermine the Somali government. It also killed government activists who had been working to bring peace in Somalia. The group claimed responsibility for several high-profile bombings and shootings in Mogadishu targeting Ethiopian troops and Somali government officials.¹³⁶

AIAI relied upon regional and wider international networks linked to the Somali in the Diaspora. Its members secretly travelled to Kenya, Somalia and elsewhere in the region. In Kenya they built considerable infrastructure for recruitment, fundraising and communication centered on the Somali populations in Nairobi, Mombasa and North Eastern Province.¹³⁷ In the mid-1990s, it claimed responsibility for several terrorist attacks in Ethiopia. When Ethiopia engaged in retaliatory raids on AIAI's bases Somali in early 1997 their military and political command structure was dismantled, and the movement was formally disbanded. However some leaders remained active and played a supporting role in the 1998 bombing of the U.S. Nairobi embassy.¹³⁸ Prominent names of those believed to have taken part in the Nairobi bomb blast are

¹³⁵ International Crisis Group. Africa Reports N°95, *Counter-Terrorism in Somalia: Losing Hearts and Minds?*, 11 July 2005; and N°100, *Somalia's Islamists*, 12 December 2005; and Briefing N°74, *Somalia's Divided Islamists*, 18 May 2010.

¹³⁶ Ibid.

¹³⁷ Crisis Group Report, *Counter-Terrorism in Somalia*, op. cit., pp. 1-5.

¹³⁸ International Crisis Group, Briefing No.85, *Kenyan Somali Islamist Radicalization*, 25 January 2012.

Azzam the driver of the explosive laden truck and Rashed Daoud Al – Owhali the person responsible for detonating the explosives inside the truck at the blast site.

The Kenyan government insisted that the August 7, 1998 attack in the U.S Nairobi embassy as well as one carried out the same day against the U.S. Dar es Salaam embassy, which together killed 225 and wounded over 4,000, were carried out by members of al-Qaeda cell in East Africa who were also based in Somalia.¹³⁹

Although increased international involvement led to the capture or killing of a number of the group's leaders, Al-Qaeda operatives remained a serious threat to Kenya. On 28 November 2002, it attacked the Paradise Hotel, a beachfront lodge in Kikambala, Kenya. The hotel was owned and frequented by Israeli tourists. The attack killed fifteen people and injured about eighty people. That same day at about 5 pm, Al-Qaeda operatives in East Africa also tried to bring down an Arkia airline flight 582 a Boeing 757-300 aircraft departing Mombasa's Moi International Airport for Tel Aviv. The aircraft carrying two hundred and sixty three passengers and 10 crew members was narrowly missed by two air-to surface missiles.¹⁴⁰

In addition to the attacks on Kenya, Al-Shabaab proved the most dangerous group in the East African countries, as opposed to the AIAI and the ICU which were relatively calm and operated within Somalia. There was the mass attack attributed to Al-Shabaab on 11 July 2010 in the form of bombings in Kampala which killed eighty five civilians and injured dozens. The bombings came after several explicit warnings. Al-Shabaab would "bring war to Uganda and Burundi." This would be revenge for their troop contributions to AMISOM in support of Somalia's Transitional Federal Government (TFG) and for civilians killed by AMISOM shelling. Al-Shabaab had also fired mortars from civilian-populated areas into AMISOM bases, prompting AMISOM troops to retaliate.¹⁴¹

¹³⁹ Ibid.

¹⁴⁰ Crisis Group Report, *Counter-Terrorism in Somalia*, op. cit., p. 8.

¹⁴¹ United Nations "Report of the Monitoring Group on Somalia pursuant to Security Council resolution 1853", 10 March 2010, pp. 55-56.

3.1.2 The Famine of 2010 and Humanitarian Aid in Somalia

The United Nations in 2010 declared that there was a famine in Lower Shabelle and Bakool regions and near-famine conditions throughout southern Somalia.¹⁴² This declaration called attention to the humanitarian plight in Somalia. It also raised questions about the wisdom of trying to send humanitarian aid to an area dominated by an al-Qaeda-affiliated militant group. The dilemma was also one of practicality. Al-Shabaab, which had Al-Qaeda ties and controlled most of the southern and central regions of the country, had from 2007 banned international aid agencies from operating within territories under its control. The group had often enforced this ban with violence. Militants raided donors' local offices, destroyed foodstuffs and medical supplies, and also kidnapped aid workers.¹⁴³

On July 2009 Al-Shabaab established an Office for the Supervision of the Affairs of Foreign Agencies (OSAFA). This body monitored the movements of all non-governmental organizations (NGOs) and international organizations that operated within Somalia.¹⁴⁴ At the same time, Al-Shabaab ordered and closed offices of the United Nations Development Program (UNDP), the United Nations Department of Security and Safety (UNDSS), and the United Nations Political Office for Somalia (UNPOS) for engaging in activities "hostile" to Islam.¹⁴⁵ Immediately following the issuance of the ban on the UN agencies in Somalia, Al-Shabaab militants raided UN offices in Baidoa and in Wajid. The UN was forced to suspend its operations in these cities.

Strict restrictions on aid activities and food distributions severely impacted on humanitarian assistance operations in areas under Al-Shabaab control. In early November 2009, Al-Shabaab leader Sheikh Mukhtar Robow Ali, also known as Abu Mansur, accused the World Food Program (WFP) of destroying the local agriculture market by distributing aid.¹⁴⁶ This criticism came at a time; the WFP was the only aid agency permitted to operate in al Shabaab-controlled

¹⁴² Katherine Zimmerman, "Al-Shabaab History with Humanitarian Assistance", 2011.

¹⁴³ Ibid.

¹⁴⁴ "Shabaab Restricts NGO Activity; Closes UN Offices," *Site Intelligence Group*. Available at <http://www.criticalthreats.org/Somalia/Zimmerman-Shabaab-humanitarianassistance-somalia-july-27-2011>.

¹⁴⁵ "Shabaab Bans UN Mine Action," *Site Intelligence Group*, December 18, 2009.

¹⁴⁶ "Al-Shabaab Bans WFP Food Distribution in Southern Somalia," *Garowe Online*, November 2, 2009. Available: http://www.garoweonline.com/artman2/publish/Somalia_27/Al-Shabaab_bans_WFP_food_distribution_in_southern_Somalia.shtml

territory. The WFP was forced to suspend its operations in southern Somalia on January 5, 2010 due to lack of security.¹⁴⁷

Al-Shabaab's attacks on aid workers and agencies' offices made most of southern and central Somalia one of the most hostile environments for humanitarian activities. The WFP reported that since 2008, fourteen of its employees had been killed by Al-Shabaab.¹⁴⁸ Al-Shabaab had used the presence of aid agencies to its advantage. In some instances, the group benefited financially through fees extracted for security assurances or from ransom payments from the kidnapping of aid workers. In other instances, the families of Al-Shabaab militants had registered as refugees in camps for internally displaced persons (IDPs), where they received food rations. Access to the camps was controlled by Al-Shabaab militants.¹⁴⁹

The severe conditions in southern Somalia drove families to seek assistance in areas outside of Al-Shabaab's control. Reports indicated that Al-Shabaab had prevented some of these families from leaving its territories in Kismayo.¹⁵⁰ Al-Shabaab spokesman Sheikh Ali Mohamed Rage, also known as Ali Dhere, refused the entry of banned humanitarian agencies into famine-afflicted regions, saying that the declaration of a famine was part of a political agenda.¹⁵¹ The drought in 2007 in the Horn of Africa was one of the worst in 60 years. The WFP estimated that 2.85 million Somalis needed emergency assistance. 57 percent of these people (1.65 million) lived in Al-Shabaab-controlled territory.¹⁵² Access to food and water, however, remained limited and on average 3,500 Somalis a day entered Kenya seeking help.¹⁵³

¹⁴⁷ Ibrahim Mohamed, "Somali Rebels Order WFP to Halt Relief Food Imports," *Reuters*, November 25, 2009. Available: <http://uk.reuters.com/article/2009/11/25/idUKGEE5AO2B2.CH.2420>

¹⁴⁸ UN, "UN Security Council Report of the Monitoring Group of Somalia", March 10, 2010. Available: <http://www.un.org/sc/committees/751/mongroup.shtml>

¹⁴⁹ Ibid. p 61

¹⁵⁰ Shabelle Media Network, "Al Shabaab Blocks Drought-Hit People from Fleeing to Kenya," *Shabelle Media Network*, July 9, 2011. Available: <http://allafrica.com/stories/201107110361.html>

¹⁵¹ Hamsa Omar, "Somali Militants Reject Aid as Thousands Seek Shelter in Nation's Capital," *Bloomberg*, July 23, 2011. Available: <http://www.bloomberg.com/news/2011-07-23/somali-militants-reject-aid-as-thousands-seek-shelter-in-capital.html>

¹⁵² "Somalia Emergency Operation 200281," *UN World Food Program*, July 2011. Available: http://one.wfp.org/operations/current_operations/project_docs/200281.pdf

¹⁵³ *Horn of Africa Drought Crisis Situation Report*, No. 5, *UN OCHA*, July 21, 2011. Available: http://reliefweb.int/sites/reliefweb.int/files/resources/Full_report_170.pdf

3.1.3 The Refugee Problem

Kenya hosted approximately six hundred and forty thousand refugees from Somalia.¹⁵⁴ This refugee burden exacted an enormous toll on locals and the government. The Kenyan government was deeply alarmed at the ever increasing refugee population in the Dadaab refugee camp. Some of them sneaked into urban centers. The government and the people of Kenya were uneasy about the increasing numbers of Somali population and more so over the increased economic clout of Somalis in Eastleigh estate in Nairobi. There was growing anti-Somali sentiments in the major urban centers as often proclaimed by the Kenyan Somali leaders. The documentation of refugees also became a big problem largely because of the presence of Kenyan Somali population. A large but unknown number of non-Kenyan Somalis obtained Kenyan identity cards and passports illegally. This was largely due to corruption, but also because it was often difficult to distinguish between Kenyan Somalis and Somali Somalis.¹⁵⁵

Francois Mitterrand, French president once said that all countries had a threshold of tolerance (*seuil de tolerance*) when it comes to the number of foreigners in their midst.¹⁵⁶ Kenya was a signatory to the UN refugee convention, which bars forced return of refugees and was forced instead to establish a “safe zone” in which the Somali refugees could function.¹⁵⁷ The Kenyan government, however, planned to settle refugees on safe places inside Somalia following the *Operation Linda Nchi*.¹⁵⁸

3.1.4 Juba land

For years Kenya was surprisingly passive in the face of spillovers from Somalia’s two decade’s long conflict.¹⁵⁹ Unlike Ethiopia, Kenya did not try to shape Somali political developments to advance its interests through the sponsorships of local militia along the border to create a buffer

¹⁵⁴ International Crisis Group, “Kenya’s Military Intervention in Somalia”, International Crisis Group, Africa Report No. 184, February 2012, p 6.

¹⁵⁵ International Crisis Group Briefing, *Kenyan Somali Islamic Radicalization*, op. cit., p. 8.

¹⁵⁶ Franco Mitterrand quoted in James Hollifield ‘Ideas, Institutions and Society: on Limits of Immigration Control in France, December 1997.

¹⁵⁷ African Blog “Kenya, Jubaland, and Somalia’s Refugees: No Quick fixes”, Africa blog, London School of Economics, available on (<http://blogs.lse.ac.uk/africaatlse/>), accessed 24 November 2011.

¹⁵⁸ Cyrus Ombati, “Relocation of Somali refugees from Dadaab to start ‘soon’”, *The Standard*, 22 January 2012.

¹⁵⁹ Ken Menkhaus, “After the Kenyan Intervention” *Enough project Paper*, January 2012.

zone. Nor did Kenya engage in cross-border military operations against armed groups. But as the costs of the Somali crisis mounted, the Kenyan government became more pro-active.¹⁶⁰

From 2002 to 2004 Kenya sponsored a lengthy Somali peace process that culminated in the creation of the Transitional Federal Government (TFG). Kenya subsequently became a strong diplomatic supporter of the TFG, which earned her Al-Shabaab's wrath. From 2007 Al-Shabaab occasionally issued threats against Kenya. With the exception of a few minor incidents, it did not act until late 2010. Kenya had permitted an Ethiopian military incursion against Al-Shabaab through Kenyan territory into the border town of Bulo Hawa. Many Kenyan Somali claimed that this move led to subsequent instability and an increase in Al-Shabaab violence in Kenya.¹⁶¹

Faced with disappointing performance of TFG and Al-Shabaab's consolidation of control of the Jubbaland border regions, Kenya conceived a plan to create a friendlier buffer zone along its borders. Kenya was borrowing a leaf from the Ethiopia's "containment" policy on Somalia. Ethiopia had sought to cultivate and maintain local Somali allies along its long border with Somalia. In trying to mediate this, Kenya made alliances with militant groups rivaling Al-Shabaab. The Kenyan government succeeded in encouraging some of these Somali groups to work together in the "Joint Task Force" operated with Kenyan forces in the Jubba regions. Some of the groups allied to Kenya included the Ras Kamboni militia as confirmed by KDF spokesman through his routine press briefings.

The Jubaland project included training some 2,500 militiamen and establishing an administrative structure headed by Mohamed Abdi Mohamed "Gandhi". He was the TFG defence minister and ultimately became the president of Jubaland also called "Azania".¹⁶² Over the course of 2011 Kenya attempted to work with at least six Somali allies namely: Ras Kamboni, the TFG, the self-declared "Azania" regional administration, the Isiolo militia, the Al-Sunna Wal Jamma militia and various Gedo region clan militias. This made the prospect of crafting a regional

¹⁶⁰ Ibid. p3.

¹⁶¹ Ibid. p4.

¹⁶² International Crisis Group, "Kenya's Military Intervention in Somalia", International Crisis Group, Africa Report No. 184, February 2012.p 6.

buffer state very challenging.¹⁶³ Yet, the project was not entirely Kenyan-conceived. Many Somali clans in the Juba Valley had long desired an autonomous regional state, and this sentiment coincided with that of the majority of Somalis in the periphery, who had suffered from the domination of the other Somali regions.

3.1.4 Kidnappings of Foreign Nationals

Although a military intervention was in the process, the timeline for KDF intervention was accelerated by a string of cross-border kidnapping and attacks that targeted Western tourists on the Kenyan coast and aid workers from the refugee camp in Dadaab. Tourism which is a key industry in the Kenyan Coast was threatened. Several European citizens were kidnapped in the Lamu area in September and October 2011. These incidents hit hard the key tourism industry. Above all Kenyan capital Nairobi hosts a large UN presence. The last straw reached when two Spanish aid workers with Médecins Sans Frontières (MSF) were kidnapped in a Dadaab refugee camp, on 13 October 2011. One day later, Kenyan troops crossed into Somalia.¹⁶⁴

3.2 The Nature of Kenyan Intervention

The intervention was announced on 16 October 2011 by Kenya's Internal Security and Defence Ministers. However, Kenyan troops had crossed into the Somali border on 14th October 2011. President Mwai Kibaki finally informed the public that Kenya was at war two days later after the cabinet's approval of the intervention.¹⁶⁵ The hasty intervention appeared to have been carried out without prior consultation with other senior officials.¹⁶⁶ Most of the regions' governments, including allies, seemed to have been taken by surprise. The hasty decision also meant that Kenya had not pre-trained her forces prior to overseas deployment as is usual with peacekeeping missions.¹⁶⁷

Operation *Linda Nchi* showed failure of international diplomacy for several reasons. First, ordinarily, such operation should have been preceded by regional and wider shuttle diplomacy to

¹⁶³ Robert Young Pelton, "Kenya Modified Invasion to suit US Concerns", *Somalia Report* www.somaliareport.com, 11 November 2011.

¹⁶⁴ Ibid.

¹⁶⁵ Peter Leftie, "Kenya, Somalia Seal Pact to Hit Al-Shabaab", *Daily Nation*, 19 October 2011.

¹⁶⁶ International Crisis Group, "Kenya's Military Intervention in Somalia", International Crisis Group, Africa Report No. 184, February 2012, p 9.

¹⁶⁷ Oral Interview, John Kibett*, Defense Forces Memorial Hospital, 10th October 2012.

obtain moral and material support. Instead, Kenya's foreign Ministry spearheaded the diplomatic effort on the justification of the intervention days after the operation began.¹⁶⁸ Secondly, the clumsiness with which the Kenya and TFG administrations handled the operation revealed lack of diplomatic consensus between the two. Mogadishu denied Nairobi's claim of prior consultations.¹⁶⁹ It was not until 18 October after Foreign Minister Moses Wetang'ula and Defense Minister Yussuf Haji met President Sheikh Sharif Ahmed and Prime Minister Abdiweli Mohamed Ali that the deal sealed. In this consultation Kenya obtained a joint declaration with the TFG to conduct joint operations. On 24 October, the Somali president appeared to be in breach of the agreement. This was due to the fear of being seen to support foreign intervention. He made confusing and contradictory statements that appeared not to support the intervention. He stated that although he welcomed Kenya's support, he was against the presence of the military. This was double speak in order to appear not to disappoint his supporters back home¹⁷⁰

After the diplomatic row TFG began supporting the campaign after all. It deployed an estimated 2,500 young Somali soldiers to Juba region. These soldiers had been trained and equipped in Kenya. To consolidate regional support, the Minister for Foreign Affairs also travelled to Addis Ababa belatedly the support of Ethiopia and of the chairperson of the African Union (AU). In the wake of these developments in Somalia, the Intergovernmental Authority on Development (IGAD) convened a meeting on October 21st 2011 to deliberate on the issue. At the end of the meeting, IGAD issued a tepid communiqué that welcomed the operation. It also supported the 'up-scaling' of the security operations.¹⁷¹ The West had also been taken by surprise. Kenya's Western allies questioned the operation's feasibility and only expressed support days after it was launched. Despite Kenya's pleas for direct military assistance, several key allies, including the United States of America, the United Kingdom and France, only provided modest logistical and intelligence help.¹⁷²

To garner greater international support for the operation, the Kenyan Prime Minister Raila Odinga's visited Israel in early November to bolster this effort. This proved to be a diplomatic

¹⁶⁸ International Crisis Group, "Kenya's Military Intervention in Somalia", p.9.

¹⁶⁹ Peter Leftie, "Kenya, Somalia Seal Pact to Hit Al-Shabaab", *Daily Nation*, 19 October 2011.

¹⁷⁰ Star Reporter, "Why Somali President wants Kenya Army Out", *The Star*, 27 October 2011.

¹⁷¹ IGAD Council of Ministers, "Communiqué of the 41st Extra-Ordinary Session of the IGAD Council of Ministers", 21 October 2011.

¹⁷² International Crisis Group, "Kenya's Military Intervention in Somalia", p.9.

blunder as it antagonized many Muslims. Israel made a statement promising to help build a “coalition against fundamentalism” in East Africa, incorporating Kenya, Ethiopia, South Sudan and Tanzania. Such aid was seen by Al-Shabaab as a ploy for “destroying Muslim people and their religion”.¹⁷³ Israel agreed to provide Kenya with drones, tanks, ammunition and electronic surveillance equipment.¹⁷⁴ A ‘shuttle diplomacy’ to have the West and the Gulf nations support the operation succeeded and the Kenyan administration began push for its troops to be rehatted into AMISOM. This would have made it financially and legally easier for its allies to give it more assistance. In December 2011, the African Union (AU) approved Kenyan troops participation in the mission.

Kenya’s move to join AMISOM also provided new challenges for the operation. First, there were concerns that AMISOM’s mandate - to protect the Transitional Federal Institutions - could restrict KDF enforcement operation. KDF had its own rules of engagements that it adhered to during the initial conduct of operations. Their entry to AMISOM implied they had to adhere to the AU rules of engagement. As result, KDF started pushing for a broader mandate.¹⁷⁵ Secondly, there were disputes among troop contributing countries over leadership and command of AMISOM with the entry of Kenya. The U.S. Ambassador and alternate representative for special political affairs to the UN Jeffrey DeLaurentis and UN Under-Secretary-General for Political Affairs Lynn Pascoe also cited the need to clarify “command and control” arrangements for the added AMISOM troops.¹⁷⁶

3.3 Objectives of Operation Linda Nchi

The purported aims of the operation *Linda Nchi* have evolved over time. Initially the aim was “hot pursuit” of kidnappers identified as Al-Shabaab.¹⁷⁷ Second, at the 21st October IGAD meeting, the goal stated by Kenya shifted to destroying or weakening Al-Shabaab and establishing a buffer zone between Kenya and Somalia.¹⁷⁸ Ten days later, the Chief of the Kenya Defence Forces, General Julius Karangi, declared the operation had no time limit and would

¹⁷³ Ibid.

¹⁷⁴ Maxime Perez, “Israel’s Big Return to East and Horn of Africa”, *The Africa Report* 16 December 2011. available on: <http://www.africareport.com>.

¹⁷⁵ Ken Menkhaus, “After the Kenyan Intervention in Somalia”, *Enough Project*, January 2012, p. 7.

¹⁷⁶ UN Security Council “UN Security Council Press Statement on Somalia”, SC/10517, New York, 11 Jan. 2012.

¹⁷⁷ Ken Menkhaus, “After the Kenyan Intervention in Somalia”, *Enough Project*, January 2012, p. 7.

¹⁷⁸ Ibid.

continue until Kenya was safe from Al-Shabaab attacks.¹⁷⁹ Over time, it came to appear that the aim for the Kenyan intervention was not only security but also the capture of the port city of Kismayo.¹⁸⁰ This was because Kenya believed that, the Al-Shabaab earned substantial revenue there, the loss of which would break its economic backup. According to the UN, Al-Shabaab collected an estimated \$35 million-\$50 million annually in custom tolls and taxes on businesses in the port of Kismayo.¹⁸¹

There was only modest progress due to the torrential rains. By February 2012, Afmadow town had not yet been captured as planned. Kenya had initially hoped to end the operation within six months.¹⁸² This had to happen before an attempt on Kismayo. Defence Minister Haji acknowledged the challenge, when he said on 15 January that Kenya was unwilling to take Kismayo without international financial and logistical support. There were also lingering question over the capture of Kismayo. The crucial question was what to do with Kismayo if it was captured. There were three options for the port city according to Kenya's Defense Minister, Yusuf Haji. First, was to hand control of the port city to a Somali militia allied to Kenya, the second option was for Kenya to stay and control it and the third was to give the city to the Somalia Transitional Federal Government.¹⁸³

3.4 The KDF Strategy

According to KDF Weekly media briefs on 26th February 2012, the Kenya Defence Forces (KDF) had liberated ninety five thousand (95,000) square kilometers initially controlled by Al-Shabaab in Somalia. The military spokesman, Colonel Cyrus Oguna said the ultimate objective of Operation Linda Nchi after the capture and control of the second largest city in the south which was Afmadow was to capture the strategic port city of Kismayo which was the main revenue source for Al-Shabaab.¹⁸⁴ The KDF operated along three axes with corresponding

¹⁷⁹ Gabe Joselow, "Kenya to Stay in Somalia until Safe from Al-Shabab menace", *Voice of America*, 29 October 2011.

¹⁸⁰ Oral interview, Crisis Group interview, Kenya Army Officer, Nairobi, November 2011.

¹⁸¹ Ibid.

¹⁸² Oral interview, Focused Group Discussion, Langata Barracks, 10th Oct. 2012

¹⁸³ Fred Oluoch and Mwaura Kimani, "Haji says no to Kismayu attack without back-up", *The East African*, 15, January 2012.

¹⁸⁴ Isaiah Lucheli, "KDF Capture Major Areas in Somalia", *Sunday Standard* Feb. 26, 2012.

sectors. These were Northern Sector, proceeded from the Kenyan town of El Wak to El winley, Elade, Busaar, Fafadun then towards Baardheere on the Juba River. Secondly the Central Sector, proceeded from Liboi,Dobley, Beles cogani to Afmadow and thirdly the Southern Sector, proceeded from the Somali coastal town of Ras Kambooni,Burgabo, Badadhe to the port city of Kismayo but was hampered by many inlets and by lack of roads. The KDF initially never divulged any information about exactly which and how many forces that were involved during the intervention. However they gave a figure of four thousand six hundred and sixty (4660) after joining AMISOM in January 2012.¹⁸⁵

According to the International Crisis Group, KDF had two battalions between October-December 2011. These numbers increased significantly after the Cabinet approved an African Union request that Kenya Defence Forces battling Somalia militia Al-Shabaab join the African Union Mission in Somalia (AMISOM). These approvals meant about 4,700 Kenyan troops were to join AMISOM. The Kenyan Cabinet also approved to host a Summit in Nairobi in 2013 on piracy off the Coast of Somalia.¹⁸⁶

In the Northern Sector, the KDF dealt mostly with the remnants of the 2,500-strong Ogaden force that it trained at the beginning of the Jubaland project in 2009. In Central and Southern Sector, the proxies were mostly the Ras Kambooni brigade. Conflict amongst allied militias, especially the TFG forces and the Ras Kambooni Brigade, hampered the operations and explains in part why the offensive along the Liboi-Afmadow-Kismayo road made little progress in the beginning of the operation.¹⁸⁷

3.5 The achievement of the Intervention

Although the operation was bogged down by heavy rains that made the dirt roads impassable for Armour and APCs Kenya met its objectives. Despite the slow start and dismal performance of her Somali allies who were ill-equipped to deal with counter-insurgency warfare, the KDF by the

¹⁸⁵ Oral Interview, Crisis Group interview, Army spokesperson, Nairobi, November 2011.

¹⁸⁶ UN Security Council, “Somalia: February 2012 Monthly Forecast,” UN security Council Report, New York February. 2012

¹⁸⁷ International Crisis Group, “Kenya’s Military Intervention in Somalia”,p.9.

end of first Month of October 2011 had advanced Busaar and Fafadun in Northern Sector, Bilis Cogani in Central Sector and Burgabo and Badadhe in Southern Sector.¹⁸⁸

In the Central Sector, arguably the most important because it led directly to Kismayo, the advance stalled before Afmadow. Credible information however suggested the town was poorly defended until mid-November, when hundreds of Al-Shabaab fighters were reported to have deployed there and begun to reinforce their positions.¹⁸⁹ KDF in early 2012 managed to take control of Afmadhow. The Southern Sector was more active in December 2011, because the Ras Kambooni Brigade was operating alongside Kenyan forces. This allowed the clearing of several Al-Shabaab training camps and bases, providing more protection to Kenya's northern coastal resorts, but further advances were blocked by a large inlet of water about 50 km south of port city of Kismayo. The Ras Kambooni Brigade also reportedly seized the border town of Kulbiyow from which hit-and run attacks were launched against military bases in Kenya. Kenya also stepped up its aerial bombardments in Gedo and Juba regions, causing little harm to Al-Shabaab but significantly increasing collateral damage.¹⁹⁰

The most important military development was the direct, large-scale involvement of Ethiopia National Defence Forces (ENDF) and their proxies in Hiraan in central Somalia and Gedo. On 31 December 2011, ENDF, operating with the Shebelle Valley Administration and Ahlu Sunnah Wal Jama'a militias, captured the strategic town of Beledweyne from al-Shabaab. Ethiopian forces were also reportedly massing in Luuq (Gedo) and were planning a push towards Baidoa (Bay), the major inland city in south and central Somalia. Al-Shabaab had reinforced its units there, and pro-government media reported that it was preventing inhabitants from fleeing.¹⁹¹ The offensive was both taking valuable territory and weakening Al-Shabaab by forcing it to fight on multiple fronts. Finally, on 28th September 2012, The Aljazeera news channel reported that Kenyan Defence Forces (KDF) and Somali Transitional Government Forces (TFG) had captured the port of Kismayo, 'the last rebel bastion of Al-Shabaab fighters'.¹⁹²

¹⁸⁸ Ibid,p.9.

¹⁸⁹ Ibid, p.6.

¹⁹⁰ Ibid.p.7.

¹⁹¹ Ibid.p.7.

¹⁹² Oral interview, Colonel Cyrus Oguna, During Weekly KDF Media Briefs, September 28, 2012.

3.6 Conclusion

The chapter has demonstrated that Kenya has long suffered from spillover of Somalia crisis. Armed conflict and lawlessness from Somalia have at times destabilized Kenya's North Eastern province. The Somali neighborhood of Eastleigh in Nairobi in particular is a booming commercial center that is largely beyond the control of Kenyan authorities. It has served as a center of Al-Shabaab recruitment and fund-raising. The strife in Somalia ensured an enormous flow of Somali refugees into Kenya, placing considerable strain on the country. Uncounted numbers of Somalis -including some Al-Shabaab members - have taken advantage of corruption in Kenya to secure Kenyan ID cards. Al-Shabaab was also responsible for a series of terror and grenade attacks in Kenya. Al-Shabaab also kidnapped foreign nationals in Kenya. This and other reasons prompted the Kenya's intervention in Somalia. Though the intervention received both local and international support, Kenyan troops in Somalia were faced with challenges that have led to various psychological effects. These effects are broadly discussed in the next chapter.

CHAPTER FOUR

SOURCES OF STRESS AMONG KENYAN SOLDIERS IN SOMALIA

4.0 Introduction

Internal conflicts in Somalia have historically been off-limits to UN sponsored military forces.¹⁹³ One such was the frustrating case of the traditional approach in Somalia, when the United Nations attempted in mid-1992 to introduce a peacekeeping force to restore order and safeguard humanitarian relief operations. The UN efforts were thwarted largely by the stubborn refusal of the United Somali Congress headed by General Mohammed Farah Aideed to cooperate. The consequence of this intervention made the UN and the US almost a laughing stock after their humiliating defeat and withdrawal. In response to this the international system did not take keen interest to the Somali peace process leaving it to be an African affair.

The African Union through AMISOM began engaging in Peace keeping in Somalia in 2006 but made little headway towards getting rid of militias in Somalia. A major success came when the Kenya's troop's invaded Somalia in October 14th 2011 in pursuit of Al-Shabaab in *Operation Linda Nchi*. The Kenyan military deployed over 4,000 troops into Somalia. How well the KDF personnel adopted to the psychological stressors of the operations was both critical for mission success and their wellbeing after deployment. This chapter will examine the nature and effects of psychological stressors of the Somali intervention among the KDF troops.

Despite the remarkable success achieved by the Kenya Defense Forces in its incursion into Somalia since October 2011, the Kenyan troops faced various challenges. The first challenge the KDF soldiers faced was fighting counter – Insurgency Warfare. Although, the KDF troops had killed hundreds of Al-Shabaab and destroyed their weaponry, Al-Shabaab remained a fearsome enemy, due the fact that they understood the local environment and terrain more than the Kenyan troops. This gave Al- Shabaab an advantage over its foes in terms of asymmetric warfare. It was already clear that rather than fight in the open, the Al-Shabaab employed the tactics of melting into the population whenever they robustly pursued by the KDF. This tactic also worked to the advantage of KDF allowing its mechanized infantry units to move deeper

¹⁹³ Frank, Crigler, "The Peace-Enforcement Dilemma," *JFQ*, Autumn 1993.

into Somali heartland. The Al-Shabaab fighters had strategically blended with the civilian population. The Al-Shabaab also employed guerrilla tactics. The ideology adopted by the group had attracted the recruitment of the youth willing to fight for the cause of Islam. The Al-Shabaab had also become a force fighting a foreign ideology and “Christian” occupation of Somalia. KDF was quick to learn their strategy and adapted to asymmetric warfare and acquired more weapons to counter the Improvised Explosives Device (IED) being used by the Al-Shabaab.

Al-Shabaab also promoted commanders from groups that were supportive in the past, thus putting pressure on the fragile coalition of interests among the Kenya-sponsored militias. At the same time, it had launched a recruitment drive among Harti, Hawiye and Dir clans against “Ogaden and Christian invasion”. Although Al-Shabaab was unpopular, because of its poor handling of the famine and harsh enforcement of Islamic law, inter-clan fighting had accelerated the urge by many Somali to bear arms, especially in rural areas since many Somalis were grateful to the relative peace established by the Al-Shabaab rule. The Kenyan intervention was also questioned in parts of Somalia untouched by the fighting, including Puntland. Resentment of foreign occupation has always been an effective rallying tool for Somalia. That, together with the perception that Somali refugees in Kenya were badly treated, was stirring up nationalism, on which both Al-Shabaab and TFG President Sheikh Sharif were trying to capitalize on.

The second challenge was that of pacification operations. Winning the hearts and minds of Somalis was a big challenge for the KDF once the troops were deployed further than when close to the border. This was not only because Kenya lacked logistical capabilities, but also because of the threat of ambushes to supply convoys. The terrain along Juba valley was thickly forested and ideal for ambush attacks. The challenge of winning the hearts and minds proved difficult especially when Al-Shabaab began a campaign of painting the KDF as an occupying force. Something similar had happened in 2006, when Ethiopian troops were sucked into an unpopular “occupation” that turned local Somalis against them.

The third challenge that faced the Kenyan troops was the Challenge of staging urban conflict in Kismayu. When Al-Shabaab threatened to fight in Kismayo, KDF and its allies were to have engaged in grinding urban warfare, in which the KDF had little experience. This meant that

Kenya could not utilise the heavy mechanized machinery it had put in place. Kenya was also under pressure to prove its capability since it had taken AMISOM's thousands of troops mostly from Burundi and Uganda almost two years and some 500 casualties to capture most of Mogadishu.

The KDF however managed to overcome the challenges in Somalia by capturing the port city of Kismayo. Kenyan Beach landing Strategy was successful in the capture of Kismayo on the night of 27th September 2012. In the beach landing operation four Kenyan warships approached the port city of Kismayo stealthily and in the silence of the night, deployed hundreds of Special Forces into the beaches of Kismayo. According to KDF command, the special fighting troops made the beach landing using 11M Naval Special Warfare Rigid Inflatable Boats.

The spectacular beach and air landing, the first by an African country, helped main fighting units of the KDF to overcome the challenge of engaging in urban conflict in the port city of Kismayo. The Kenya Air Force also shelled Al-Shabaab's main armory and warehouse near the coast destroying both facilities and completely denting the long term capacity to resupply.

After overcoming challenges inside Somalia, there was yet another challenge of guerrilla and terrorist attacks in Kenya. Kenya had emerged as a theatre of conflict. Since the intervention was launched in October, Kenya has experienced more than twenty attacks linked to Al-Shabaab in the first few months of the Operation Linda Nchi in 2011. The first attacks occurred in Nairobi and targeted bus stops, restaurants, nightclubs, and churches. With the build-up of security across the country, particularly in Nairobi, the majority subsequent attacks were in Garissa town and North Eastern Province, along the Somalia border. More so, Al-Shabaab sympathizers within Kenya posed a major threat, the police swoop against Al-Shabaab especial of Somali decent, become a deepening concern that could radicalize Kenyan Somalis, as well as Muslims in general. The Human Rights Watch report blamed the police for terrorizing Somalis along the Northern border and Eastleigh in Nairobi.

Though KDF has managed to overcome most of the challenges, some challenges affected the tempo of the operation. First, several soldiers succumbed to the operation. During the first anniversary to commemorate KDF intervention it officially announced that KDF recorded 26

deaths from the time the operation commenced. A number of soldiers have too been declared missing in action. Several others were abducted and their whereabouts has not been established. Other soldiers suffered permanent injuries while others mild injuries. Secondly back at home several Kenyans have lost lives due to the grenade attacks by the Al-Shabaab. Soldiers back at home also faced similar challenges. Several grenade attacks in Garissa had claimed several soldiers. Third, soldiers in the battle front have witnessed massive deaths hardly witnessed before. All these events have led to psychological effect among the soldiers and that is why the next chapter covers the psychological effects associated with the intervention operation.

4.1 Stressors in Pre-Deployment and Early Deployment Phase in Somalia

The *Operation Linda Nchi* was launched despite a known history of Somalia resentment of foreign intervention. Though Somalia had endured a long history of civil war, civil strife and sporadic secession movements, her people both at home and in the Diaspora have portrayed resentment to invaders.¹⁹⁴ The history of intervention in Somalia has never been easy to invaders. The Pakistanis and the United States soldiers lost in Somalia following the ill-advised “Operation Restore Hope” in 1993.¹⁹⁵ Thus, when KDF launched the operation, Kenya had to embrace the consequences of intervening in Somalia where the UN and Ethiopia failed before.¹⁹⁶ In the first phase of deployment in Somalia, the pre-deployment stressors witnessed by troops just prior to the deployment reflected concerns about their family welfare and safety. The soldiers hastily crossed the border into Somalia without adequately preparing their families for the operation. Further more grenade attacks on civilians kept soldiers worried over the survival of their families and themselves. Secondly, during the early deployment phase in Somalia, the Kenyan forces in Somalia were bogged down by heavy rains. The militants also wounded and killed a number of Kenyan Soldiers using the Improvised Explosive Devices (IED).

Other major stressors in the early deployment period included: harsh weather, heavy workload, failure to complete personal business before deployment, loss of education opportunities for

¹⁹⁴ John Sagala, “The Sunday Night Air Strike near Somalia Capital Targeted a Meeting of top Al- Shabaab Commanders” *Africa Review*, Wednesday 9, November 2011.

¹⁹⁵ Ibid. p2.

¹⁹⁶ International Crisis Group, “Kenya’s Military Intervention in Somalia”, International Crisis Group, Africa Report No. 184, February 2012.p 2.

some officers, failure to adequately prepare family for deployment, separation from families and friends, concern of whether the rear detachment would take care for the family, and worry about family duties and responsibility plus mission uncertainty. Three months into the operation boredom, isolation, poor sanitation, lack of leisure and restricted movement emerged as major stressors. Other stressors included anxiety after witnessing death or serious injuries, frustration and increased anger as will be discussed hereunder. These were disclosed by one of the my respondents I used as my primary source.

4.1.1 Lack of Information

Lack of adequate preparation for the soldiers on the nature of the operation meant that soldiers lacked key information. Key decisions made in Nairobi took long to reach the soldiers due to the extended line of communication. The troops were frustrated by lack of information about what was occurring or what plans were being made and what the overall status of the operation was to be. Indeed, soldiers had a hard time getting any information about the world outside of their units and cantonments.¹⁹⁷ Most soldiers did not have access to current newspapers or magazines, and there was no television access. Some soldiers were able to get news from radio stations such as the Radio Citizen, but they were a minority due to limited radio frequency coverage. Opportunities for telephone calls were not available. Even though soldiers possessed mobile phones the networks were not compatible and mobile use was restricted for security reasons and the fear that the enemy may intercept their communication.

Lack of correct information led to reliance on rumours among the troops. There were rumours about dates when the operation would end or when they would return home. One such rumour was that there was going to be troop rotations after every six months. When the dates came after six months and there was no troop rotation, the soldiers were disappointed.¹⁹⁸ Soldiers also heard rumours about problems that could affect their families back home. Problems associated with crime in the largely deserted military housing areas, grenade attacks targeting hotels and restaurants frequented by military personnel and their families.

¹⁹⁷ Oral Interview Focused Group Discussion, Langata Barracks 10th October 2012.

¹⁹⁸ Ibid.

Without the ability to communicate directly with their families, soldiers found the rumours worrisome and stressful. They therefore relied on re-assurance of situation briefs from their superiors. Another effect of the lack of information was that many soldiers were not aware of the overwhelming public support they received from their country men and women for their services in Somalia. Soldiers were still greatly affected by the legacy of the *Shifita* War and the Operation *Okoa Maisha* in Mount Elgon.¹⁹⁹ Many soldiers wondered, with considerable apprehension, what the Kenyan public thought of them and how they would view them upon their return to Kenya.²⁰⁰

4.1.2 Uncertainty.

Operation Linda Nchi was hurriedly conceived and the soldiers never underwent the proper pre-deployment training to prepare them for impending task. There were a lot of mission uncertainties for many soldiers during the early phase of the operation. What had been initially conceived by many soldiers as the routine North Eastern Operation detachment along the Kenya Somalia border that began in December 2010 changed to Operation *Linda Nchi* in October 2011 and they had to cross the border to another country. Later on, the operation that was exclusively a KDF undertaking transited to AMISOM in February 2012. All these changes within a short time frame caused uncertainty. There was still uncertainty of the duration of the operation, since soldiers had no idea whether they would be there for a few more weeks or, at the other extreme end, possibly a year or more. They had been sent to deter further Al-Shabaab incursions into our territory. The soldiers also wanted to know whether they were going to liberate Kismayu or whether they were going to stay longer in Somalia for a face-off with the Al-Shabaab militants.²⁰¹

Though the tour of duty was initially for six months in Northern Kenya, the duration of the mission inside Somalia was unknown until January 2012 when it was clarified that it was going to last for six months.²⁰² It was also not known whether the mandate was peace enforcement, peace keeping or war in pursuit of Al-Shabaab. In many cases soldiers found they were

¹⁹⁹ Georgette, Gagnon, “Kenya Army and Rebel Militia Commit War Crimes in Mt. Elgon”, Human Rights Watch Report 2008. Available on http://www.hrw.org/English/docs/2008/Kenya_18421.htm, retrieved on 2010-05-01.

²⁰⁰ Oral Interview, Focused Group Discussion, Langata Barracks, 10th November 2012.

²⁰¹ Oral interview, Focused Group Discussion, Langata Barracks, 10th October 2012.

²⁰² Oral interview, Moses Kamau* Langata Barracks, 14th September 2012.

helpless to respond to militia fire because the enemy looked like non-combatants. They were hampered by not knowing whether the rules of engagement existed at that moment or not.

In one of the scenes in May 2012 one company went out on patrol as usual and came across the Al-Shabaab hide out. The Al-Shabaab were got unawares and several Al Shabaab were killed by KDF. Two weeks later the Al-shabaab decided to revenge at around 4 p.m. This was very unusual since all their attacks were around 10 p.m. They almost took over the Somalia National Army (SNA) camp that was just next to the KDF camp. A heavy exchange of fire ensued. In the process, KDF lost two soldiers. The SNA lost three soldiers while the Al-Shabaab lost over twenty fighters. Killing was stressful for the soldiers but not as it was during their initial incursion in December 2011. What stressed them more was staying with the dead bodies until the following day because aircrafts could not evacuate the dead that evening since the area had not been declared safe for the aircrafts to land evacuate the casualties. More so, they could not get assistance from the AU as it was at night and visibility was poor.²⁰³

4.1.3 Isolation

During operations the fighting units were normally deployed in small groups in far flung distances. The camps were far apart and in remote locations. This created anxiety as small units were vulnerable to enemy attacks and could easily be over run. Troops deployment in Somalia were in three sub sectors namely the northern, central and southern sector placed over hundreds of kilometers apart. Still the Kenyan troops deployed in Somalia were far away from home and living in what was foreign bleak environment. They experienced foreign culture and language barrier. There was unreliable communication implying soldiers were not getting up to date information leading to anxiety. Some soldiers decried the lack of family support units. During this period, soldiers reported increased frustration in placing telephone calls through the military telephone network.²⁰⁴

4.1.4 Ambiguity and Mission importance

Many soldiers expressed doubts about the importance of the mission and the significance of their part in it. Their reservations were based on several factors, for example whether the

²⁰³ Focused Group Discussion, Langata Barracks 14th September 2012.

²⁰⁴ Oral Interview Focused Group Discussion, Langata Barracks, 10th November 2012.

Somali themselves were ready for peace.²⁰⁵ Secondly was the question whether Kenya would succeed where the US and Pakistan failed.²⁰⁶ There was also worry on whether the public, especially Kenyan Somalis would rally behind the operation. However situation reports and briefs worked to inspire the troops to fight on. Soldiers needed to be reminded by leaders of why this was an important mission worth the sacrifices being asked of them. These issues included kidnappings, piracy, and the Jubaland project.

4.1.5 Workload and “Operations Tempo” (OPTEMPO)

Fighting is an art which requires meticulous planning for its success. The soldiers who took part in Linda Nchi operation were exposed to intense activities and long working hours associated with primary mission requirements of quickly moving vast numbers of soldiers into their areas of operation. There were also stressors associated establishment of safe zones within the areas of responsibility allocated to each unit which was attributed to enemy action. In general assessment, the Kenyan troops in Somalis performed their mission with high professionalism care and energy as expressed by the strategic intelligence organization based in South Africa. Within this period they were able to capture the several towns that were controlled by Al-Shabaab militants such as Fafadun, Afmadhow and Kismayu. Nevertheless, it was highly a stressful period.

From the beginning of the *Operation Linda Nchi* on 14th October 2011, the operational tempo or the rate of activities expected to be performed by the soldiers had steadily increased, yet the numbers of soldiers available to fulfill these missions were few. The operation had begun with one battalion. The AU through AMISOM approved over 4, 600 troops in early 2012. This meant that from the launching of the operation on 14 October 2011 to January 2012 the workload was heavy. Units had to work 24/7 without relief and without weekends or holiday breaks in a hostile environment where the enemy was constantly trying to them. This was very challenging. Though the soldiers were familiar with the tactics and weapons used by the enemy, the variation in tactics through the use of ambushes, sniper fire, mortars, roadside bombs and grenades and

²⁰⁵ Mark Bradbury and Sally Healy “Whose Peace is it anyway? Connecting Somali and International Peacemaking” in *Accord an International Review of Peace Initiative*, IssueNo21; London, Conciliation and Resources publishers 2010.

²⁰⁶ Kenneth Allard, *Somali Operations: Lessons Learned*, CCRP Publication Series 1994.

Improvised Explosive Devices (IEDs) proved stressful. Overall, the fast OPTEMPO actually began some few days prior to the deployment in Somalia. Since the operation was hasty most units had to work a round the clock to meet the deadline. Some had operational challenges like serviceability of equipment. But with short notice to advance the soldiers had to work with whatever was available. Most of them were already sleep deprived before leaving rear units. Furthermore the torrential rainfall that begun a few weeks into the operation and slowed the work tempo and brought other challenges.

The enemy was expected to attack the defended positions or headquarters at any time. There was heightened alertness at night when the enemy mostly attacked but the enemy could also attack during the day when the soldiers were on resupply duties or escort protection. They were also ambushed during convoy movements hence working period was extended for longer hours. Others included preparation of new camps, digging of trenches carrying and wearing heavy equipments such as body armor, fragmentation jackets and helmets.²⁰⁷

The rapid-paced operational tempo placed extraordinary demands on military service. There were repeated patrols and deployments to guard defended positions and during the pacification operations. The strategy of operation also included frequent moves, and habitually highly stressful enemy tactics such as roadside IEDs and suicide bombers were the norm.²⁰⁸

During the offensive, the load carried by a service members significantly exceeded optimum recommended weights. In the case of a light infantry troops, the combat load was as much as double the recommended load. There were new Kits the Soldiers had not accustomed to. They included fragmentation jacket, steel helmet and life jackets. Physical conditioning to compensate for this degree of excess weight was unavailable. Service members got tired faster and, in continuous combat, recovery from fatigue became more time-consuming.²⁰⁹

²⁰⁷ Focused Group Discussion, Langata Barracks, 14th September 2012.

²⁰⁸ Lisa H. Barker. and Kathy D. Berry, "Developmental Issues Impacting Military Families with Young Children During Single and Multiple Deployments" *Journal of Military Medicine*, Volume 174, No. 10, 2009.

²⁰⁹ Oral Interview, Focused Group Discussion, Langata Barracks, 14th September 2012.

4.1.6 Limited Recreation Opportunities

The Somalia environment offered little opportunity for recreation exercise, which is an important way to “blow off steam” as well as stay fit for many troops. Concerns about security led to restricted travel and movement. Most troops were confined to their defended positions with regular patrols. There was also no time for off from work where soldiers could engage in recreation during their time off. There were no such facilities as a gym or weight – lifting room, movie theatre, and library.

Due to the strong Islamic Culture the Somali community embraced, there was no possibility of the KDF introducing the beer and the music that the Kenyan troops liked. There were no bars and only limited places where non-alcoholic drinks were sold. For security and operational reasons soldiers were not allowed to leave their base camps. They were also unable to interact freely with the local populace due to security concerns. These prevented them from doing the things they were used to including sex.

4.1.7 Lack of privacy

Living and working with the same people in closed and crowded conditions often leads to increased irritability over time because everyone needs some privacy, or time alone. Living quarters are configured to provide privacy barriers. Also, some private areas for telephone calls would be valuable in trying to relay intimacy to close friends. Back home, the Soldiers used to enjoy good accommodation in the Barracks. However, this was never the same in the operation area. There were no private rooms and no special accommodation for female soldiers. All the soldiers shared facilities and slept in trenches. This contributed to combat stress.²¹⁰

4.1.8 Lack of water and other basic amenities

There was a major shortage of clean water in Somalia. The water is saline and for the soldiers, it was drawn from boreholes and dams located far away. At times the dams dried forcing the troops to travel even longer distances in search of water. These increased distances, exposed troops to ambushes and improvised explosives devises (IEDS) which destroyed vehicles,

²¹⁰ Oral Interview, Focused Group Discussion, Langata Barracks, 14th September 2012.

equipment and critically injured personnel and occasionally led to death. When it rained vehicles and heavy armaments got stuck which exposed soldiers to attacks by the enemy.

The increased main supply routes as the operation progressed deep inside Somalia posed a challenge in getting the required logistic items such as food, fuel, oils and lubricants from Kenya to far flung units. For example in April 2012 while soldiers were on their daily routine to fetch water at Border Point One (BP1) on the Kenyan - Somalia border an IED that had been laid on the road exploded damaging an Armored Personnel carrier (APC). The soldiers on board got stuck in the APC after the IED ripped it off. The APC was damaged beyond repair but fortunately none of the soldiers were hurt. However, the encounter stressed them. They had encountered similar incidents in Mandera and the APC had never been damaged to that extent. In some other critical incidents which took place in various sectors such as Afmadhow, Badadhe and Fafadun most of the injured soldiers remained with permanent physical injuries and psychological trauma.²¹¹

4.1.9 Monotony, boredom

Psychologists agree that doing similar duties every day breeds boredom. In relation to military strategy, this routine can be exploited by the enemy to attack the troops. By the time operation Linda Nchi entered the third month, most units were fatigued. This led to complacency, loss of mission focus, and depression. Countermeasures includes varying the schedule on weekends, and building special events into calendar, such as prayers and holiday celebrations or parties were never practical and were never used to motivate the troops. However, regular interdenominational prayers whenever security conditions allowed gave soldiers something to look forward to.²¹²

4.1.10 Sleep deprivation

The operation in Somalia was quite intense and demanded a lot from the soldiers. This led altering of normal routine activities such as supper was served at 3 P.M to enable soldiers prepare for enemy attacks which often took place during last light (sun set). Several soldiers reported cases of insomnia, difficulty in falling asleep, nightmares and restlessness when they

²¹¹ Oral Interview, Focused Group Discussion, Defense Forces Memorial Hospital, 10th September 2012.

²¹² Ibid.

were off duty. Sometimes, troops who had experienced intense battle conditions often could not fall asleep even when the situation warranted. When they fell asleep, they frequently woke up and had difficulties getting back to sleep.²¹³ The troops also had nightmares and flash backs. Sleep disturbances in the form of dreams are part of the coping process. This process of *working through* combat experiences is a means of increasing the level of tolerance of combat stress. The individual may have battle-related nightmares or dreams that a close relative or another person important in his life had been killed in the battle. Whereas occurrence of these nightmares were intense in the early phase of deployment they tended to occur with less intensity and less frequency in the later phase of the operation or in post-deployment phase.

In extreme cases, troops even when awake, intuited or re-experienced the memory of the stressful event as if it were recurring. The flashbacks were usually triggered by a smell, sound or a sight. Although this kind of reaction was not psychologically harmful as soldiers realized that it was only a memory it lowered their esteem as they felt distressed at going through that before the family members or when it happened too frequently.

Research has shown that soldiers who report being sleep deprived were at significant risk of reporting mental health issues. It was however unclear whether sleep deprivation was a symptom or the cause of mental health issues. In general soldiers reported an average of two to three hours per day of sleep in the entire operation period, which is significantly less than what is needed to maintain optimal performance.²¹⁴

4.1.11 Family Separation

Studies have proved that stress at home occasioned by family separation is usually transferred as an aggression into work place. Family stress therefore, adds to combat-imposed stress and causes distraction and interference with performance of essential duties. Family stress also has a negative impact on stress-coping ability. Overall, this will result in the unit's inability to perform at its peak. An example was an incident where a soldier had family problem and due to his

²¹³ US Marine Corps, *Combat Stress*, Department of the Navy, Headquarters United Marine Corps, Washington DC. 23rd June 2000.

²¹⁴ David Jones, "Coping with Stress in Peacekeeping Force Deployments: The Role of Medical Leadership", Paper presented at the AGARD AMP Symposium on 'Aero medical Support Issues in Contingency Operations' held in Rotterdam Netherlands on 29th September to 1st October 1997.

problem he transferred the same by killing three innocent civilians. The unit should help the soldiers to resolve important family care matters before deployment and develop methods for helping families when troops are deployed.

Although it is common for military families not to live together in combat zones due to deployment and accommodation challenges. In Kenyan military families have attempted to live together despite that accommodation in the barracks is not enough. Most soldiers have what they casually regard at *ghetto* in estates adjacent to military camps. This habitation in peace time ensured family union.

Separation from families and lack of regular communication created anxiety. In the case of deployment in Somalia, there were no prior preparations for family finances, no leave, no passes and all these compounded the problem. There was a general feeling by KDF psychologists that the soldiers could finally win the war and lose their families and themselves. Principal stressors for soldiers included having to hastily leave their families just before crossing over to Somalia in pursuit of the dreaded Al-Shabaab.²¹⁵

Significant isolation among military families happens both during and after the deployment. Spouses also suffer from depression, PTSD, parenting and marital strain. Children were stressed by the many deployments, and often their schools and communities were unaware when their parents were deployed and the effects they faced. Married soldiers and other soldiers on deployment on duty in the sand sentry box or jungle understand what it is being shot at every day or living constantly under that threat, while their spouse are far away waiting. Spouses worried with single parenting and running the house hold alone or juggling life back at home and so on. This was specifically soldiers married to other soldiers.

Soldiers were also constantly worried of losing their spouses. Several of these cases especially for newly married soldiers had occurred during other peace keeping mission. There were reported cases when soldiers threatened never to go on mission until they were assured that the rear unit would take care of the spouse. As one of the respondents narrated:

²¹⁵ Focused Group Discussion, Langata Barracks, 14th November 2012.

I felt like I had lost my mind and soul, when I was in Somali. I was deployed in Badade. While on duty I constantly thought about my family. I had just gotten married when I was deployed to the operation area in October 2011. I thought it was going to last for six months as usual but all in vain. By the time I returned. My worries of losing my wife were confirmed. My wife left me due to lack of communication and also felt that I was cheating on her since I had told her that I was to return within six months. I come home in April 2012 and found my wife gone.²¹⁶

Other than fear of losing spouses some soldiers returning from deployments have killed their spouses on suspicion that they were involved in extra-marital affairs. In Mombasa, a soldier killed his wife and injured his son.²¹⁷ On interrogation, he claimed the spouse endangered his life even when he escaped death in Somalia. The soldier attributed her sexual immorality to contracting HIV. It was not confirmed whether the soldier really contracted HIV or not. Another Soldier in Amukura of Busia County attacked and stabbed a fellow villager on suspicion that the later was entangled in a love affair with his wife.²¹⁸ Although there could be other reasons for these actions, all cases involved soldiers that had returned from deployed in Somalia. There were cases also where junior soldiers due to stress fought their superiors over allegation of fraternization. Fraternization is the term used to mean sexual relations between seniors and juniors and vice versa. In Gilgil Barracks a soldier fought a colleague of senior rank for having dated his wife while he was on a six months attachment in Somalia.²¹⁹ Such incidents were found to have increased after the deployment in Somalia as few incidents were ever reported before the deployment.

Deployment has also affected families and more so children. It was noted that moving frequently was one of life's greatest stressors, especially for children. For military families, who typically can expect to move an average of every three years, the effects are magnified. In times of war, fathers and mothers are deployed to combat zones and are expected to be away from loved ones for as much as an entire year. Many military families are amazingly resilient, giving up a great deal to support their soldier throughout the deployment cycle. In some families, these stressors take a toll on the relationships between spouses, parents and their

²¹⁶ Oral Interview, Paul Maritim Koech, Defence Forces Memorial, 10th October 2012

²¹⁷ Alphonse Gari, "Soldier Kills Wife and Injures Son", *The Star Newspaper*, Monday, October 22, 2012.p. 16

²¹⁸ Sammy Jakaa, "Soldier Stabs Man in Love Triangle", *The Standard*, Tuesday, October 23, 2012.pg.24.

²¹⁹ Oral Interview, Ali Mohammed, Gilgil, 18th November 2012.

children, and within the immediate nuclear family. It is known that children of age 5 and younger comprise the largest group of minors who are dependents' of active duty military service members.²²⁰ The young children are affected by being supported by single parents and prolonged multiple operations.

According to the spouses of soldiers deployed in Somalia, parenting young children during deployment was particularly stressful, since children constantly demanded to know where their parent was deployed, when he/she is returning and why he/she never called. As Kelley²²¹ argued the burden of bringing up younger, less self-sufficient children without assistance makes it difficult to maintain regular routines. Kelly adds that young children have shown increased behavior and mood problems during parent deployment. They also develop home discipline problems, sadness, and increased demands for attention. The percentage of such affected children below five years ranged between 25-50 percent.²²² After news of reported casualties among Kenyan troops, anxiety increased among the spouses and older children. Children over the age of eight feared if their fathers were safe and not among the casualties. For a number of days, the family lived worried waiting for assurance from the military command of their relatives' safety.²²³

After returning from deployment some soldiers reported difficulty adapting to their families. Disciplining the children became a problem. Most children became used to be corrected by their mothers. Children got upset if they were corrected by the fathers. They often ran to their mothers and clung to their mother more than their fathers the same case was reported if the mother was deployed. Children especially born just a few months before the father's departure and had not interacted with their fathers before had negative attitude about the returning soldier. These children wanted nothing to do with their father because they had never known them. They cried a lot and sometime smacked them. They did not want to be touched. They also

²²⁰ Lisa Hains Barker, and Kathy D. Berry, "Developmental Issues Impacting Military Families With Young Children During Single and Multiple Deployments" *Journal of Military Medicine*, Volume 174, 10:1033,2009

²²¹ Kelley ML: "The effects of military-induced separation on family factors and child behavior" *Journal of Orthopsychiatry*, Volume 64: 103-11, 1994.

²²² Ibid.

²²³ Oral Interview, Faith Kanini, Defence Forces Memorial, 10th October 2012

seemed nervous and shy at first took about a week to “warm up” to daddy. Their fathers were not like part of the family anymore and they took some time to readjust.

4.1.12 Anxiety, Fear of Death, Pain, and Injury

Fear of death, pain, and injury causes anxiety reactions. After witnessing the loss of a comrade in combat, a Service member may lose self-confidence and feel overly vulnerable or incapable.

The death of a ‘buddy’ leads to serious loss of emotional support. Feelings of “survivor guilt” were common among veterans.²²⁴ In most cases the survivors each brooded silently, on what they thought they might have done differently to prevent the loss. While the Service member felt glad he survived, he also felt guilty about having such feelings.

The soldiers also pondered over real risk of serious injury or death, from enemy fire, bullets, mortars, mines, and explosive devices. Sometimes they were also concerned over accidents, including “friendly fire,” diseases, infection and toxins in the environment as a result of chemical, biological, or nuclear materials used as weapons.

Witnessing mass killings or being threatened with death usually causes severe psychological trauma to peace keepers. One of the soldiers interviewed narrated how in October 2011 soldiers stared at death. It was after KDF had captured Busaar town in Southern Somalia when the soldiers were caught unawares. The soldiers had believed that the Al-Shabaab had been neutralized and were incapable of revenge attacks. To their surprise one evening the Al-Shabaab came for a revenge mission. The Al-Shabaab wanted to reclaim their lost territory from KDF and shooting ensued. The KDF soldiers were unprepared and were not in their trenches. They were pinned down and could not move due to the intense fire power from the Al-Shabaab fighters. During the incident one KDF soldier was killed.²²⁵

During the exchange of fire, the KDF troops over-powered the Al-Shabaab and killed several of them but the Al-Shabaab had killed one KDF soldier. This was the first causality in the Somalia Operation and sent shivers and panic across the whole force. Moreover soldiers had to

²²⁴ US Marine Corps, *Combat Stress*, Department of the Navy, Headquarters United Marine Corps, Washington DC. 23rd June 2000.

²²⁵ Oral Interview, Joram Mutiso*, Defence Forces Memorial, 10th October 2012

stay with several dead bodies of Al-Shabaab militants until the following morning when they were buried. The body of the fallen Kenyan Soldier too had to remain in the camp till the following day when it was airlifted to Nairobi.²²⁶

In another encounter, a soldier deployed in Elwinley narrated how traumatizing it was to be caught in an ambush. The soldier narrated that although they were pre-warned of the attacks of by Al-Shabab, what happened on February 14th 2012 was beyond his expectations. His company was deployed to counter the attacks and as they moved in with armored vehicles alongside the Somali National Army (SNA) soldiers, they encountered an ambush, during which five of the SNA soldiers were killed. Their bodies were mutilated and their heads blown off. He was very frightened and since then he encounters flash backs and nightmares of the scene. He thus lacks sleep. He has also vowed never to eat meat again as it reminds him of the event.²²⁷

Another soldier recounted how his life would never be the same again after witnessing a six hour heavy exchange of fire between the Al Shabab and KDF soldiers. He also stared death in the face especially when they ran out of ammunition after a protracted battle. He is grateful for the immediate air support they received which was a game changer. It would have been certain death if the support did not arrive. The respondent says that though he survived the shoot-out, his colleague was unlucky and he had to put up with the body as he narrated:

My life will never be the same again. One evening at Chana Cabdallah in Somali we were attacked by the Al-Shabaab .The battle was so intense that it took almost six hours. We almost ran out of ammunition when the 50 Air Calvary attack helicopters came to our rescue. After the shoot-out was over, darkness approached and my colleague attempted to move forward towards the edge of the trench in order to have a clear view using the binoculars. In a split of second, I saw a flash. My colleague had been shot dead. There was another shot aimed at me but missed by a whisker. I responded very fast and managed to kill the enemy. I was shocked. I thought life was coming to an end. I spent the rest of the night with my dead colleague.²²⁸

During the interview, the soldier reported that he was attending psychiatric clinic as a result of that particular incident and was planning to leave the service. The respondent also narrated how

²²⁶ Ibid.

²²⁷ Ibid.

²²⁸ Oral Interview, Casper Mutua, Langata Barracks, 19 September 2012.

he still experiences nightmares about his colleague shouting for help which he could not help him.

On the contrary, witnessing this death had emboldened some soldiers. As Boerner *et al* argue the death of a loved one is a ubiquitous human experience and is often regarded as a serious threat to health and well-being but at times offers psychological resilience. Boerner *et al* add that coming to terms with personal loss is considered to be an important part of successful adult development.²²⁹ They also further argue that such losses provide an excellent arena in which to study basic processes of stress and adaptation to change.²³⁰ The negative effects of death lead to both the physical loss of troops and the psychosocial loss.

4.1.13 Drug and Substance Abuse

Some Service members may have attempted to use substances such as alcohol or other drugs as a means of escaping combat stress. The use of drugs in a combat area made some Service members less effective to undertake missions. They are less able to adapt to the tremendous demands placed on them by combat requirements. Troops who served in the first phase of the Kenyan Operation in Somalia reported that quite a number of KDF personnel fell victims of drug abuse particularly the use of bhang and tobacco.²³¹

4.1.14 Lack of Recognition

Soldiers have a strong desire for recognition as professionals who are contributing to an important mission. Just like Mau Mau fighters, most soldiers believed their sacrifices were not recognized. In combat soldiers lose lives and limbs. Nobody had recognized them as heroes. The fighting soldiers could not attend mandatory courses for promotion and constant fears grew amongst them that those in rear detachments had an edge over them since they were attending courses back at home units. There were hardly any field promotions either.

However some soldiers felt content with promises as leaders provided recognition in a variety of ways including promises of awards, special events, and simple praise or a “pat on the back”.

²²⁹ Boerner, K., Schulz, R., & Horowitz, A. , “Positive Aspects of Care Giving and Adaptation to Bereavement.” *Journal of Psychology and Aging*, Volume19, 2004, pp 668–675.

²³⁰ Camille B. Wortman and Kathrin Boerner, “Beyond the Myths of Coping with Loss: Prevailing Assumptions Versus Scientific Evidence” Applications to Health Promotion and Effective Treatment, 2004.

²³¹ Oral Interview, Focused Group Discussion, Defence Forces Memorial, 10th October 2012

Media recognition was also a powerful countermeasure to this source of stress. The media including leading Radio stations in Kenya heaped praise for the Kenyan Soldiers. Political leaders also praised the action the troops had taken and from time to time urged the Kenyan population to pray for the operation. This was attributed to a soldier in one of my interviews.

4.1.15 Economic and Financial gains

Being deployed to the UN peacekeeping missions has financial implications. In many instances troops deployed on UN missions are normally given some allowances for services rendered. This is one of the main motivators for many soldiers deployed in peace support operations. The Somalia case was different. Soldiers were initially unaware of any financial gain. This became a stressor. Financial problems were recorded in a small percentage of peacekeeping soldiers from the first group of deployed KDF personnel in comparison to those of the second KDF team which replaced the first group. This could be explained in the light of peacekeeping soldiers being more aware of or receiving clear guidelines on financial implication of their mission. The first contingent of KDF in Somalia had no clue of any financial gain. However, the second contingent went to Somalia when KDF had already rehattd to AMISOM. Thus, receiving clearer guidelines from the military had a positive influence on the process of how the stressor was overcome.

4.3 Resilience to Psychological Trauma

Although only a few people suffered physical and mental health decrements following exposure to stress, many others showed remarkable resilience, remaining healthy despite high stress levels. If the factors that account for resilience can be clearly identified and understood, perhaps resilience can be enhanced even for those most vulnerable to stress. One potential pathway to resilience was personality hardiness among troops.²³² Resilience is also achieved by highly effective leaders capable of increasing hardiness among troops.

²³² Paul Bartone, "Resilience Under Military Operational Stress: Can leaders Influence Hardiness? *Military Psychology*, Volume 18, No.1 2006, pp. 131- 148.

According to the hardiness theory, three sets of considerations lead to the proposition that hardy leaders can indeed increase hardy cognitions and behaviors in groups. These considerations concern firstly the likely underlying mechanisms of hardiness, which have to do with how experiences get interpreted and made sense of, secondly are the relevant theoretical positions on leader social influence, including transformational leadership and path-goal leader theory and thirdly several empirical studies that have shown indirect support for a hardy leader influence process.²³³

Achievement of military objectives and general feeling of success in the general operation along side unit cohesion among the Kenyan troops also offered the soldiers' resilience as an aftermath of the psychological effects experienced in Somalia. Many researchers have found that strong unit cohesion and leadership reduces the risk of PTSD. High levels of unit cohesion seemed to increase the resilience of service members to cope with military-related stressors.

The peacekeeping troops also derived positive benefits from the UN peacekeeping missions. Soldiers who participated in the peacekeeping mission showed that being engaged in meaningful work to bring peace to Somalia was more beneficial than the negative consequences of participation in peacekeeping operations. More than 85% acknowledged that they had positively benefited from the UN Peacekeeping allowances. Close to 80% of them felt that their peacekeeping experience broadened their horizon. 70% looked back on the deployment with a good feeling, and more than half reported that the deployment period increased their self-confidence and was characterized by comradeship.

4.4 Conclusion

Participation in peacekeeping operations is usually stressful. However majority of soldiers deployed as peacekeepers coped very well with the demands of peacekeeping due to military "training" and did not develop acute psychological problems. A number of psychological distresses, such as depression and alcoholism, do occur following deployment in a notable

²³³ Ibid.

percentage of peacekeepers.²³⁴ The first Kenyan contingent who took part in peacekeeping operations in Somalia experienced both positive and negative consequences arising from peacekeeping operations. The negative psychological consequences arose from the stressors peacekeeping troops and their families experienced prior to, during and after returning from deployment missions abroad. The stressors in pre-deployment phase reflect concerns about the family welfare and well-being and safety in the early deployment phase.

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²³⁴ Elisa E. Bolton, "Traumatic Stress and Peacekeepers," National Center for Post-Traumatic Stress Disorder, US Department of Veterans Affairs, 2004. Available on http://www.ncptsd.org/facts/specific/fs_peacekeepers.html.

CHAPTER FIVE

MANAGEMENT OF PSYCHOLOGICAL TRAUMA ARISING FROM PEACEKEEPING OPERATIONS

5.0 Introduction

The participation of soldiers in peace keeping operations has been associated with stress related challenges during the deployment period and even after deployment with varying degrees on those who take part. Experiencing trauma is an essential part of all human beings.²³⁵ However peace keepers do not have an extraordinary ability to adapt to combat related trauma. The most common response to trauma is resilience.²³⁶ Nonetheless, traumatic experiences alter one's social, psychological, and biological equilibrium. Psychological effects experienced long ago can remain in one's memories for years. These events affect the present day experiences.²³⁷ Despite advances in our knowledge of Post-Traumatic Stress Disorder (PTSD) and the development of psychosocial treatments, almost half of those who engaged in treatment for PTSD fail to fully recover.²³⁸ Furthermore, no theory has provided an adequate account of all the complex phenomena and processes involved in the treatment of PTSD.²³⁹

Sarah Schubart and Christopher W Lee argue that the diagnosis, prevention and treatment of psychological effects associated with military deployment were put into perspective with the recognition of the effects of trauma in veterans of the Vietnam War in 1980.²⁴⁰ Since then the studies on PTSD have spawned a vast literature on the treatment of victims of many different sorts of trauma. This chapter attempts to summarize a range of management of psychological effects arising from peacekeeping operations. The chapter advocates for application of several prevention and treatment schedules. This is because of firstly, the multidimensional nature of PTSD requires an integration of a variety of different approaches in its treatment. Secondly, dealing with a traumatized people often requires a staged process of treatment that is responsive

²³⁵ Bessel van der Kolk, Alexander McFarlane, and Lars Weisaeth (Eds.) *Traumatic Stress: The Effects of Overwhelming Experience of on Mind, Body and Society*, New York, Guilford Press, 2006, p.3.

²³⁶ George A. Bonanno, *Loss, Trauma and Human Resilience*, London, Oxford University press, 2005, p.18.

²³⁷ *Ibid.* p.19.

²³⁸ Bradley R. Greene, Russ Dutra and Western L., "A multidimensional Meta- Analysis of Psychotherapy", *Journal of Psychiatry*, Volume 162, No. 4, 2005.

²³⁹ Sarah Schubert and Christopher W. Lee. "Adult PTSD and its Treatment with EMDR: A Review of Controversies, Evidences and Theoretical Knowledge", *Journal of EMDR Practice and Research*, Vol. 3, No. 3, 2009, pp. 117.

²⁴⁰ *Ibid.* p. 123.

and how far the victims can tolerate. Thirdly, the chronic and severity of post traumatic stress disorder and reluctance of many victims to get involved in the treatment process means that a range of approaches are needed to be explored.

5.1 Prevention of Psychological Trauma

Robert K Gifford argues that the best management practice for Psychological effects arising from peacekeeping operations are prevention. The following PTSD prevention practices could be used to prevent the development and prevalence of psychological effects including post-traumatic stress disorder in peacekeeping operations:

5.1.1 Good Military Leadership

Psychological effects arising from peacekeeping operation can be prevented through good military leadership and command. Military commanders argue that the same military leadership skills that apply to troop's welfare and war fighting can effectively reduce or prevent combat stress reactions.²⁴¹ According to this school of thought military leaders could take preventive actions and address stress symptoms as they appear among troops. Ignoring the early signs of PTSD could increase the severity of stress reactions. Positive action to reduce combat stress also helps soldiers cope with everyday situations. It also makes them less likely to experience harmful combat stress reactions.²⁴² Proponents of this theory argue that to reduce stress, the leader should lead by example and inspiration, not by fear or intimidation. They should also initiate stress management programmes, provide information to focus stress positively and ensure that each soldier has mastered at least two stress coping (relaxation) techniques.²⁴³ This method has not been fully implemented by the KDF.

Prevention and control of psychological stressors of peacekeeping operation begin with assuring the troops that every effort is made to provide for the troops' welfare. Leaders could do this by instilling confidence in each peacekeeper and his family. Leaders ought to be decisive and

²⁴¹ Robert K. Gifford, et al. "Stress and Stressors of the Early Phase of the Persian Gulf War" *The Royal Society Journal*, Volume 2, No. 4, 2004.

²⁴² Marine Corps Reference Publication (MCRP) 6-11C, *Combat Stress*; Navy Tactics, Techniques, and Procedures (NTTP) 1-15M, *Commander's Handbook on Combat Stress*; and Army Field Manual (FM) 90-44/6-22.5, Headquarters of United Marine Corps, Washington DC, 2000.

²⁴³ Ibid.

assertive. They should demonstrate competence and fair leadership. They should also provide sleep and/or rest, especially during continuous operations, whenever possible. Leaders should also set realistic goals for progressive development of the individual and team. Leaders should also recognize that battle duration and intensity increase stress and thus, military leaders should be aware of environmental stressors such as harsh weather, high OTEMPO and poor living conditions. Leaders should also be aware of background stress sources prior to operations such as family concerns and or separation, and economic problems. Leaders could also prevent psychological effects by providing an ‘upward, downward, and lateral’ information flow.²⁴⁴

5.1.2 A Critical Event Debrief

Marten Meijer and Rodney de Vries argue that a critical event debrief is another way military leaders could prevent the stress and stressors associated with peacekeeping. A Critical Event Debrief (CED) is a structured group process designed to mitigate the impact of a critical event in the operation and to accelerate normal recovery of those personnel involved in it. The CED is conducted by a team composed of trained members of the military namely; medical officers, chaplains, and mental health professionals. A CED’s main value is to quickly restore unit cohesion and readiness to return to action. This is done through clarifying what actually happened and clearing up harmful misperceptions and misunderstandings about the critical event. It may also reduce the possibility of long term distress through sharing and acceptance of thoughts, feelings, and reactions related to the critical event. Ideally, CEDs are conducted 24 to 72 hours after the occurrence of the event, away from the scene and separate from any operational debriefing. The typical CED lasts from 2 to 3 hours. Situations that warrant a CED include death of unit member, death or suffering of noncombatants - especially women and children, handling of the dead and serious fire incidents.

5.1.3 After Action Review

In the event that access to A Critical Event Debrief (CED) by trained professional team is not available, small-unit leaders can modify their After Action Review (AAR) to assist in identifying the level of stress reaction of unit members. The AAR is a routine practice used by leaders to debrief post-mission operations. It provides a familiar, non-threatening forum for leaders to

²⁴⁴ Marine Corps Reference Publication (MCRP) 6-11C, *Combat Stress*; Navy Tactics, Techniques, and Procedures (NTTP) 1-15M, *Commander’s Handbook on Combat Stress*; and Army Field Manual (FM) 90-44/6-22.5, Headquarters of United Marine Corps, Washington DC, 2000, p.26.

identify the levels of stress reaction experienced by the unit members. It may also identify personnel who need immediate or later referral for chaplain or mental health. As opposed to CED, AAR is performed by any military leader not mandatorily trained as CED officer.

In those instances when access to CED trained facilitators is not available, the unit leader should incorporate the following questions in the AAR. These questions are used as a template in trying to isolate those soldiers with potential psychological effects which need to be identified earlier so that mitigation measures can follow. Firstly, ask the team members to describe the event from their individual perspectives giving what was each member's specific role in the event. Secondly, what were each member's first thoughts at the scene or when the incident was first experienced? Thirdly, what was the worst thing about the event? Fourthly, peacekeepers should describe probable thinking, physical, and emotional responses both at the scene and a few days afterward. Fifthly, military leaders should relay information regarding stress reactions and what can be done. If prepared handouts are available, they should be distributed. Finally, debriefing team leaders should decide which individuals need more help or referral. A similar module should have been used by KDF.

5.1.4 Pre-Deployment Training and Family Sensitization

KDF Unit commanders could have as well averted stress while in operation by carrying out pre-deployment training. They could have borrowed leaf from stress management in the barracks because unit leaders have dealt with the stressors associated with garrison living during peacetime. Soldiers on training should be made aware that unit training had prepared them thoroughly for combat. Stress is reduced if the training helped soldiers' belief in their own capabilities to fight and win. Unit training at peacetime could be geared to meet combat requirements and peacekeeping operation so as to provide the ability to fight successfully in case duty demands.

In dealing with challenges of heavy workload, monotony and OTEMPO by the KDF soldiers, realistic mission rehearsals could be carried to help desensitize soldiers against potential combat stressors. For example, wearing of steel helmet, life jackets and fragmentation jackets and other protective gear is important. By wearing these protective gears during pre-deployment training,

soldiers become less distressed in combat and peacekeeping operations. Such training has two advantages namely; stress reduction through building confidence and preparing troops for combat. Leaders who provide their men with military intelligence about the enemy preparedness help their men to psychologically encounter the enemy. It is important during such training to talk realistically about enemy strengths and weaknesses as well as those of their troops.

The US Department of Veterans Affairs and Department of Defense for example asserts that Cognitive fitness and psychological resilience can serve as barriers to developing PTSD. The Veterans Affairs and US Department of Defence developed the following general guidelines to cope with combat stress. Firstly, the military should provide realistic training that includes vicarious, simulated, or actual exposure to traumatic stimuli that may be encountered during operations. Secondly, pre- deployment training must strengthen the perceived ability among soldiers to cope with PTSD by providing instruction in coping skills. Thirdly, prevention of PTSD could be enhanced through creating supportive interpersonal working environments.

Peacekeepers could also be encouraged to generate or update their wills, finalize power of attorney for spouses, and update life insurance policies. KDF troops going for peacekeeping could also develop lists of telephone numbers of reliable points of contact for specific problems such as mechanics, emergency transportation, babysitters and sources of emergency money for their families before deployment. KDF unit commanders should also brief families as a group before deployment or as soon as possible after deployment. In the brief, the commander should outline the nature of the mission the spouse was to undertake. Even if a mission was highly confidential, families benefit from such a meeting by being told of the support available to them while separated. It is recommended that the Family Services Office be established, and Base Medical centre or Medical Reception Centre and the chaplain's office could assist in staging this briefing.

5.1.5 Psychological support for overseas Deployment

One other method to manage psychological effects arising from peacekeeping among military personnel is the application of a model similar to the Royal Netherlands Policy of the Land Army on psychological support for overseas operations. This policy comprises of 10 'steps': the first being the initial or intake selection for regular soldiers. This policy outlined that selection of

troops for deployment should be based on among other things on personality tests and an interview on abroad deployment and psychological fitness. These initial selections assess psychological stability and try to filter out the high risk groups among troops to be deployed.²⁴⁵

The second step involves education and counseling on stress and social support. This is preferably done by the psychologist who accompanies the unit as a field psychologist when the unit is sent abroad. In this process of counseling attention ought to be paid to the family back at home. This education consists of training and lessons on stress management.

The third step of the Royal Netherlands Policy of the Land Army on psychological support for overseas operations involves the support provided by a field clinical psychologist in the area of operations. Each unit of battalion size has a so called social coordinating committee, already in the barracks in Holland. This committee comprises the unit medical doctor, the chaplain, the welfare officer, the personnel officer. Once the unit is assigned duties abroad, the unit is accompanied by a field clinical psychologist. The field clinical psychologist in this context has three tasks: he is an advisor to the commander; he supports the key personnel; and he acts as a counselor or therapists when necessary. This model was to some extent implemented in the Somali intervention when for the first time KDF deployed Psychologists to the operation area.²⁴⁶

The fourth step involves family support or home front care. Here, clinical psychologists or established military committees on counseling called 'home front committees' provide psychological assistance that could enable families to be prepared for the oncoming deployment. These committees are comprised of partners or parents of soldiers deployed in UN operations, and help each other in difficult times, in meetings and through so called telephone circles. Of

²⁴⁵ Marten Meijer, and Rodney de Vries, "Good Practices of End of Deployment Debriefing in the Royal Netherlands Navy, *Human Dimensions in Military Operations – Military Leaders' Strategies for Addressing Stress and Psychological Support Meeting Proceedings RTO-MP-HFM-134*, Paper 46. France: RTO. 2006, Available from: <http://www.rto.nato.int/abstracts.asp>.

²⁴⁶ Oral Interview, Focused Group Discussion, Defense Forces Memorial Hospital, 15th November 2012.

course a situation centre at the Army Headquarters – is available on a 24 hour basis for the family that needs information on the whereabouts of their relatives.²⁴⁷

Step five is focused on psychological debriefing. This takes place after each serious traumatic incident has occurred. Here, the clinical psychologist or the key functionary in the unit, conducts a debriefing. Moreover, a psychological debriefing takes place before the personnel return home after their duty abroad. This is normally done in the area of operations and in the Units, but if necessary, with personnel deployed individually as UN monitors for example, the Debriefing should be done immediately after return to Kenya. As such post-deployment training currently handled in Kenya upon completion of UN peacekeeping should be done in the country of peacekeeping soon after the missions' ends. During these debriefing meetings written material must be handed out on possible delayed effects and when future problems arise.²⁴⁸

Step six is about reintegration. As suggested by the Royal Netherlands Policy of the Land Army on psychological support for overseas operations, reintegration should begin on the eighth week after returning to Kenya. The soldiers are invited to take part in a reintegration meeting guided by the social service of the army. This is done in units. During these meetings the soldiers discuss their adaptation to normal life, in work and family, the so called reintegration process, and the problems they are confronted with. Together they try to find solutions to their predicaments.²⁴⁹

The seventh step involves an active, personal approach where psychologists are deployed together with soldiers to provide an 'aftercare questionnaire', to people drastically affected by PTSD. This could be done approximately nine months following their return. The home front of the servicemen or women also receives a questionnaire.

²⁴⁷ Marten Meijer, and Rodney de Vries, "Good Practices of End of Deployment Debriefing in the Royal Netherlands Navy, *Human Dimensions in Military Operations – Military Leaders' Strategies for Addressing Stress and Psychological Support Meeting Proceedings* RTO-MP-HFM-134, Paper 46. France: RTO. 2006, Available from: <http://www.rto.nato.int/abstracts.asp>.

²⁴⁸ Ibid.

²⁴⁹ Ibid

Step eight is the Veteran Care stage. In the Netherlands, veteran care is the responsibility of the National army, even though the veterans are no longer part of that army. In veteran care the military provides an active approach, an outreach to the veterans. It carries out survey of possible problems the veterans have encountered and offer help. The help offered by the army is as accessible as possible. That is, there are no barriers. A veteran in need of support can approach his own psychotherapist.²⁵⁰ KDF should adopt a similar strategy. Step nine involves a repeat of all lessons learned above. Last, but not at least in step ten, there is the systematic evaluation of all steps mentioned above.

5.1.6 Outreach Screening Programme

Another preventive intervention mechanism for psychological effects arising from peacekeeping operations is the implementation of Outreach, Assessment, and Diagnosis of PTSD. In this intervention early screening to identify PTSD and other stress situations is critical. Once PTSD has been diagnosed, referral for treatment is done. Immediate referral assists to reduce suffering and reduced serious impairment in future.

The effectiveness of screening remains controversial for two reasons. First, screening troops immediately upon return from combat yields false positives perhaps due to financial gains of the mission. This means that screening at that stage misidentifies cases of stress reactions. Treating these reactions may cause the individual to take on a patient role and symptoms that may normally dissipate over time, rest, relaxation, and social support may persist.²⁵¹

Second, people may misrepresent their symptoms based on the situation. For example, troops returning from peacekeeping mission may not admit to have symptoms of psychological effects, when they are screened immediately upon return. This is because they are eager to get back to their families and in any case being diagnosed requires psychiatric help will delay their travel home as it will require hospitalization. Soldiers who plan to re-engage further in the military may also hide symptoms so that they can be fit for service. Due to these reasons screening for psychological effects should be done 3-6 months after return from peacekeeping operation.²⁵²

²⁵⁰ Ibid

²⁵¹ US DoD Defense Instruction Number 7650.02, November 2006.

²⁵² Oral Interview, Oloo Otieno*, Defense Forces Memorial Hospital, 12th November 2012.

There is need to integrate mental health screening and diagnoses into primary care this because soldiers who encountered trauma during peacekeeping operations are likely to seek medical care for a general medical ailment.²⁵³ During this checks medical practitioners may refer someone to care. There are two models for integrating mental health into primary care that can address this problem. The first is a model of co-located collaborative care between a mental health provider and primary care physician. In this model, if the primary care physician believes the patient has PTSD, that same day she or he can refer the patient to a mental health clinician located in the same building. The second approach is a case management model, in which a primary care physician can refer patients to a mental health provider, and will conduct ongoing phone follow-up to encourage continued engagement in the treatment process and to assist in negotiating needed adjustments in the treatment plan.²⁵⁴ KDF are in the process of implementing a similar module.

5.2 Other Management practices of PTSD

These practices include treatment of psychological impact arising from peacekeeping. Available PTSD treatment can address the primary symptoms of psychological impact arising from peacekeeping by helping clients bring under control the vivid re-experiencing of the trauma and the continual re-appraisal of the event so that they can feel better about themselves and their actions.²⁵⁵ In addition to addressing the symptoms, treatment addresses functional limitations such as relationship and trust issues, anger management, feelings of alienation, sleep disturbances, and other limitations.²⁵⁶ This section examines these intervention mechanisms for treatment of psychological impact of peacekeeping operations.

5.2.1 Individual Psychotherapy

In individual psychotherapy, the therapist explains to the client the range of available and effective therapeutic options and then the therapist and client should jointly agree on an approach. The guidelines strongly recommend the following four evidence-based practices: the

²⁵³ Ibid.

²⁵⁴ US Department of Veteran Affairs Office of Inspector General, "Healthcare Inspection: Implementing VHA's Mental Health Strategic Plan Initiatives for Suicide prevention", Report No. 06-03706-126, VA Office of Inspector General, Washington, DC, May 2007.

²⁵⁵ Chris Brewin, *Autobiographical memory and Symptoms of PTSD*, Medical Research Council Cognitive and Brain Science, London University 2007.p.5.

²⁵⁶ Ibid. p. 6.

first is exposure therapy where the client repeatedly confronts feared situations, sensations, memories, or thoughts in a planned, often step-by-step manner. With repeated, prolonged exposure to previously feared situations, the fear tends to dissipate. Exposure Therapy usually lasts from 8 to 12 sessions depending on the trauma and treatment protocol.²⁵⁷

Exposure therapy may be very intimidating for clients to contemplate and can be time consuming and emotionally wrenching for them to complete. The client may have homework in which they write down a nightmare. During the therapy, the client may begin to have more symptoms before the symptoms begin to subside. Thus, it is important to have a strategy to ensure that the client will continue through the entire therapeutic period.

The second approach is cognitive restructuring. In this approach the client identifies upsetting thoughts about the traumatic event, particularly thoughts that are distorted and irrational, and learns to replace them with more accurate, balanced views. For example, a soldier may feel he was to blame for failing to save a fallen comrade even if he did everything he could. Cognitive restructuring helps them look at what happened in a healthier way.

Stress Inoculation Training is the third. This treatment includes a variety of approaches to manage anxiety and stress and to develop coping skills. The client is taught deep muscle relaxation, breathing control, assertiveness, role playing, thought stopping, positive thinking and self-talk.²⁵⁸

5.2.2 Group Therapy

In group therapy, four to twelve clients are led by a mental health professional and can share their thoughts, feelings and experiences find comfort in knowing they are not alone, and gain confidence by helping others resolve their issues. This therapy could be done in conjunction with individual therapy.²⁵⁹ The participants who are positive heal faster.

²⁵⁷ Ibid. 7.

²⁵⁸ Chris Brewin and Peter Scrag, "Promoting Mental Health Following the London Bombing: A screen and Treat Approach" *Journal of Trauma Stress*, Volume 63, No. 3. 2008.

²⁵⁹ US Department of Veteran Affairs Office of Inspector General, "Healthcare Inspection: Implementing VHA's Mental Health Strategic Plan Initiatives for Suicide prevention", Report No. 06-03706-126, VA Office of Inspector General, Washington, DC, May 2004.

5.2.3 Pharmacotherapy

In terms of pharmacotherapy, evidence indicates that certain medications, especially selective serotonin reuptake inhibitors (SSRIs) such as Prozac and Zoloft, are effective at relieving core symptoms of PTSD. Drugs such as mood stabilizers can also be administered to clients with mood swings, depression or manic. Examples of such drugs are olanzapine.

5.2.4 Family Support

Family support is fundamental to military personnel recovery from PTSD. In research conducted in 2005 in the United States, 74 percent of personnel returning from overseas deployment and were in active-duty coped with stress by talking to a friend or family member.²⁶⁰ The research also showed that spouses and family members were the first to recognize when service members required professional assistance and often played a key role in influencing service members to seek help.²⁶¹ KDF is in the process of commissioning a similar research to determine the coping abilities of her soldiers.

Unfortunately, this support is not always available for traumatized personnel. In fact, the very nature of PTSD works to drive this support away. One of the classic symptoms of PTSD is withdrawal, leading veterans to try to shut out the very family members and friends who could help them alleviate their pain. Clients may also be reluctant to open up because they worry that what they say will upset the family members. Sometimes when they do turn to their family members, they find that those relatives are under a lot of stress as well, and may not be able to offer needed psychiatric support.

Providing support and education to the whole family can go a long way towards effective treatment. However, family members must be equipped with the ability to recognize distress, and the knowledge of how and where to refer loved ones for assistance.²⁶² This is because family and relationship problems are serious concerns that trigger psychological effects. For example, in a recent anonymous survey of 532 National Guard members, 292 of whom had recently returned

²⁶⁰ Peter Bray et al. "Coping, locus of control, Social support and Combat related PTSD: A perspective study" *Journal of Personality and Social Psychology*, Volume 55, No., 2, 1988, pp 279-285.

²⁶¹ US DoD Defense Health Board Task Force on Mental Health, "An Achievable Vision", Report of the DoD Task Force, No 15205, Leesburg Pike , Virginia, June 2007.

²⁶² Ibid.

from deployment in Iraq, 36% of the deployed acknowledged relationship problems with spouse, 26% relationship problems with children, and 31% emotional numbness that interferes with their relationships. Rates of problems for those deployed were three times greater than for those not deployed. This research also demonstrated that up to 30% of Soldiers and Marines were considering divorce by the midpoint of their deployment, with highest rates for those in their fourth or fifth deployment.²⁶³ Furthermore relationship problems are a key factor in the majority of suicidal behaviors among active duty servicemen.²⁶⁴ In Kenya a number of soldiers returning from UN mission often confess that their spouses had engaged in extra- marital affairs. Some had even become pregnant out of wedlock. A number also divorced for various reasons.

After returning home, relationship problems are often the first symptoms to come to the fore. It is therefore crucial that access to marital and relationship counseling be free of barriers. Early intervention with relationship problems can reduce the long term social costs for peacekeepers and can serve as a means to bring them in terms with more severe problems such as PTSD to the attention of healthcare providers. Although family support is a key component to the recovery of PTSD patients, it has a major disadvantage. This is because the stress of providing care to PTSD patients puts the family at increased risk of developing mental health issues as well.

5.2.5 Peer Support

Empirical evidence and theories of PTSD suggest the importance of social support as a moderator of the effects of trauma. Support from peers who have shared the experience is particularly important. Colleagues can provide information, offer support and encouragement, provide assistance with skill building, and provide a social network to lessen isolation. This approach is more relevant to military personnel bound together by *esprit de corps*.

Peer support can be divided into three categories namely; naturally occurring mutual support groups, the consumer-run services; and the employment of consumers as providers within

²⁶³ US Army Surgeon General, Findings of the Department of Defense Task Force on Mental Health” Washington, DC, US Government Printing Office, 2008.

²⁶⁴ Ibid.

clinical and rehabilitative settings.²⁶⁵ In Naturally occurring mutual support groups service members who return to units/garrisons after their deployment are naturally surrounded by peers. However, this community of peers may not universally exist on the same degree in all units. The peacekeepers returning from operations receive a short homecoming briefing and usually have 40 days disembarkation leave at home before they report back for post-deployment training. This separation from other soldiers comes at a time when support and connections with others who are going through the same emotional adjustments is critical. This separation may account for some of the increased prevalence of PTSD among the infantrymen.²⁶⁶

Though Consumer-run services are rare in Kenya, in the USA a variety of peer consumer run models exist in the community and in the Veteran Affairs system such as: support groups, drop-in centers, consumer-run organizations; warm lines or peer run telephone call-in service for support and information. They are also internet support groups and message boards. Research on consumer-run services has consistently yielded positive results. For example, participants of self help groups have increased social networks and quality of life, improved coping skills, greater acceptance of mental illness, improved medication adherence, lower levels of worry, and higher satisfaction with health.²⁶⁷

In a peer employee model, individuals with mental illnesses are trained and certified and then hired into positions that are adjunct to traditional mental health services. These positions include peer companion, peer advocate, consumer case manager, peer specialist, and peer counselor. Although these models are relatively new, emerging evidence suggests that adding peer services improves the effectiveness of traditional mental health services.²⁶⁸ In addition, the peer provider can alter the negative attitudes of many mental health consumers toward mental health providers, and of some providers toward consumers. In recent years, the evidence for the efficacy and cost-effectiveness of this practice has grown to the point that the Centers for Medicare and Medicaid Services (CMS) has recently allowed Medicaid reimbursement for services provided by peer

²⁶⁵ Larry Davidson et al., "Peer Support among Individuals with Severe Mental Illness: A review of the Evidence", Yale University School of Medicine, 1999.

²⁶⁶ Larry Davidson, "Report from Denise Camp on Pillars of Peer Support Services Summit IV", the Carter Centre, Atlanta GA, September 2012.

²⁶⁷ Phyllis Solomon, "Support/ Peer provided Services Underlying Process and Benefits and Critical Ingredients" *Psychiatric Rehabilitation Journal* Volume 27, No. 4, 2004, pp. 392-402.

²⁶⁸ *Ibid.*

specialists, and the military in Canada has recently established the Operational Stress Injury Social Support Program based on a peer support model.

Peers may also be used as outreach workers. Service members who have been deployed during war need not have PTSD themselves to understand the barriers to seeking services created by stigma and military culture. These peers can help identify people who need professional interventions and facilitate their entry into treatment. Peer support services should be part of the array of services available. However, it should not be used as a cost-saving substitute for clinical services. As a means of insuring quality care, peer services should implement a credentialing process similar to that of clinical services.

5.2.6 Web-based Education and Support

The Internet has become a vital resource for information and interventions. It allows service members, peacekeepers and veterans, and their families to access resources immediately and anonymously. In response to a 2006 Congressional mandate to develop a website for service members, veterans and their families, the US DoD unveiled www.afterdeployment.org. The site has 12 modules, each of which address a post deployment issue including adjusting to war memories, dealing with depression, handling stress, improving relationships, succeeding at work, overcoming anger, sleeping better, controlling alcohol and drugs, helping kids deal with deployment, seeking spiritual fitness, living with physical injuries, and balancing your life. Such initiatives can be established in KDF since most of the soldiers have begun to embrace the internet. The major advantage of Web-based education support is that Web site is self-paced and self-directed and takes approximately eight weeks to complete. The web activities are also complemented.

5.2.7 Social support and Coping Strategies

Social support is considered to be an important factor influencing reactions to stress.²⁶⁹ According to Cohen and Wills suggested two models of social support namely, the main effect

²⁶⁹ Ania J. E Dirkzwager and Bramsen Henk M. Vander Ploeg, Social Support, Coping, Life Events and Posttraumatic Stress Symptoms among Former Peacekeepers: A Prospective Study, *Journal of Science*, Volume 34, No. 2, 2004.

model and the buffering model.²⁷⁰ The main effect model suggests that social support has a beneficial effect irrespective of whether a person is under stress. The buffering model proposes that social support is beneficial only or primarily for persons under stress. Although there is no consensus about the relationship between social support and PTSD, having sufficient and satisfactory social support is generally associated with less psychological distress, such as PTSD.²⁷¹ In the present study, supportive social interactions are expected to be associated with fewer PTSD symptoms.

Coping is defined as the cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of a person. In general, coping has two major functions: dealing with the problem that is causing the distress and regulating emotions. Most studies on coping among combat veterans indicate that using more emotion-focused coping is associated with more PTSD symptoms, whereas the use of problem-focused coping is associated with fewer PTSD symptoms.²⁷² However, most of these studies are limited by a cross-sectional design. The longitudinal study of Benotsch, Brailey, Vasterling, Uddo, Constans, and Sutker in 2000 among Gulf War veterans demonstrated that a higher level of avoidance coping at one time predicted more PTSD symptoms during the second time even after controlling for emotional distress during first deployment.²⁷³

Several studies have been carried out in the USA investigating risk factors for PTSD among combat veterans, found a significant relationship between stressful life events following the combat experience and current PTSD.²⁷⁴ A longitudinal study among Gulf War Army personnel demonstrated a positive relationship between PTSD at times two and the number of negative life events in the preceding period.²⁷⁵ This latter finding concurs with results from the longitudinal

²⁷⁰ Sheldon Cohen and Wills TA. "Stress, Social Support and the Buffering Hypothesis," *Psychological Bulletin*, No. 198:310-57, 1985.

²⁷¹ Ibid.

²⁷² John A. Fairbank, David J. Hansen and James M. Fitterling, "Patterns of Appraisal and Coping Across Different Stressor Conditions Among Former Prisoners of War with or without Post-traumatic Stress Disorder", Yale University, Faculty Publication, Department of Psychology, Paper 302, 1991.

²⁷³ Susan Folkman, Richard Lazarus and Rad Gruen, "Dynamics of Stressful Encounter Cognitive Approach, coping and Encounter Outcomes" *Journal of Personality and Social Psychology*, Volume 50. No., 5, 1986, pp 992-1003.

²⁷⁴ Beit Uchino, John Cacioppo, Janice Kie Colt Glaser and Will TA., "The Relationship Between Social Support and Physiological Process: A review with Emphasis on Underlying Mechanisms and Implication for Health." *Psychological Bulletin*, Volume 119, No., 3, 1996, pp 484-531.

²⁷⁵ Sharankausky et al., *The Oxford Handbook of Clinical Psychology*, Oxford University Press, 2000.

study of Solomon and colleagues among Israeli soldiers active in the Middle East conflicts.²⁷⁶ They demonstrated that two years postwar PTSD was significantly associated with the number of negative life events in the preceding year. In addition, one year postwar PTSD was positively and significantly correlated with the number of negative life events in the following year. In accordance with the study of Solomon and colleagues, it was hypothesized in the present study that more PTSD symptoms would be significantly associated with a higher number of stressful life events in the preceding year and with a higher number of stressful life events in the following two years. It was also expected that more life events would manifest in the future.

5.2.8 Debriefing

At the international level, it is even recommended that the term ‘debriefing’ should be replaced by the term ‘early intervention’. The debate about early interventions in the Netherlands Armed Forces in the year 2004 recommended that deployed military personnel should participate in redeployment activities as end of deployment closure sessions, interviews on homecoming and health care surveillance.²⁷⁷ The end of deployment sessions among the different Armed Forces in the Netherlands vary from group sessions to individual sessions. The Ombudsman of the Canadian Armed Forces suggested in 2004 a policy on End of Deployment Debriefings. It advocated for a third Location Decompression, in which redeploying troops stay together on the way home in a safe place to share experiences and expectations.²⁷⁸ Earlier research on debriefing concluded that these debriefings were part of systemic and systematic interventions, in which good practices in redeployment pay off as good practices in the preparation of the next deployment.²⁷⁹ The KDF has realized the importance of such sessions and has started similar camps for her soldiers returning from missions abroad including those from Somalia before they are given time off to be with their families.

²⁷⁶ Zahaya Solomon, Mario Mikulincer, and , Avitzur, Ehud, “Coping, locus of control, social support, and combat-related posttraumatic stress disorder: A prospective study” *Journal of Personality and Social Psychology*, Volume 55, No.2, 1988, pp, 279-285.

²⁷⁷ Meijer, M. Weerts, J.M.P. Algra, G.E. (2003): Mental Health Care in the Netherlands Armed Forces: Remarks on Policy and Facts. *NATO Research and Technology Organization, Meeting Proceedings of the Human Factors and Medicine Panel Symposium, paper no. 25, RTO-MP-109.*

²⁷⁸ Meijer, M. (2004): *Debriefing of Dutch Stabilization Forces in Iraq*. Poster presentation to the 20th Annual Meeting of the International Society of Traumatic Stress Studies, New Orleans.

²⁷⁹ Meijer, M. , Vries, R. de (2005): *Maintaining Combat Readiness in the Royal Netherlands Armed Forces: the psychosocial perspective*. Paper presented at the NATO Research and Technology Symposium HFM-124/RSY on Strategies to Maintain Combat Readiness During Extended Deployments: A Human Systems Approach, Prague, 3-5 October.

5.2.9 Chaplaincy Services and the role of Religious Teams

Chaplaincy Services and Religious Teams play a role in stress control prevention and management. They provide preventive, immediate, and replenishing spiritual and emotional support and care to troops experiencing stress and PTSD. This is because troops' inner strength is often based on their personal faith, religious beliefs and spiritual values. In combat or peace operations, soldiers may show more interest in their religious beliefs. When religious and spiritual values are challenged during the chaos of operations, troops may lose sight of inner strength that sustain them. Service members can then become targets of fear, despair, hopelessness, and eventually, combat stress casualties. They are also at risk for committing misconduct stress behaviors. In such situations Chaplains become the source of direction and stability to troops experiencing these dilemmas. KDF has fully appreciated the importance of spiritual matters embeds the religious teams during operations.

Negative effects of stress can be lessened when members are prepared physically, emotionally, and spiritually prior to combat/operations. Chaplains and religious teams assist in preparing troops to manage stress with training before and during deployment. This training helps Service members draw upon their personal religious faith, spiritual strength, and values as well as to share strength and confidence during any operation.²⁸⁰

5.3 Conclusion

Peacekeeping operations are inherently traumatic experiences, but PTSD can be mitigated through prevention and training programmes prior to deployment, effective stress reduction techniques during operations and treatment programmes after combat exposure. Although KDF has developed many strategies to diminish the onset and treat both the direct symptoms of PTSD, KDF needs to psychologically plan for each operation to manage these stressors. The department of Psychology and Psychiatric at the Defense Forces Memorial Hospital needs to educate KDF officers to manage such stressors and subsequent implications, in the pre-deployment phase, during and after the peacekeeping operation. These officers need to refer members for treatment

²⁸⁰ Ibid.

to the multi-professional teams at the field hospitals. Only members with a high level of mental health will contribute to successful peacekeeping operations in Africa. KDF also should develop and apply doctrine, in line with international practices such as those in Canada, Netherlands and USA, to develop a PTSD intervention mechanism during peace support operations.

Despite these strategies, a lot more needs to be done to mitigate the adverse effects of conflict on returning soldiers from deployed missions. Media reports and inquiries have revealed deficiencies in outreach, access, care coordination, and treatment. The evidence points to wide variations in access to mental health services, an inadequate supply of mental health providers and resistance on the part of some military leaders to adopt new attitudes. The resistance on the part of the service member or veteran to seek treatment because of the stigma associated with psychological disorders has compounded the problem.

CHAPTER SIX

CONCLUSION

The study has observed that the Kenya Defense Forces before known as the Kenya Armed Forces has had along history of participation in Peace Support Operations. It dates back to 1973 when the United Nations requested Kenya to contribute forces for Peace Support Operations in the then volatile Middle East after the 1973 Israel-Arabs war.²⁸¹ Since then Kenya has contributed troops in the 1979 peace Mission in Rhodesia. Kenya also sent troops to Chad in 1982 on the request of Organization of African Unity. Kenyan troops have served in peace support Operations in Namibia in 1989, in former Yugoslavia in early 1992 to 1995. KDF also sent troops Sierra Leone between 1999 and 2003 and in Ethiopia/Eritrea. The Kenya Defense Forces have also served under the United Nations in East Timor, Burundi and Southern Sudan and currently in Somalia under AMISOM. The United Nations (UN) has ranked Kenya as 6th out of the 90 countries who contribute troops to UN peace operations.²⁸²

The Kenya Defense Forces also contributed troops for observer duties in Angola, Former Yugoslavia, Democratic Republic of Congo, Ethiopia/Eritrea, Iran/Iraq, Kuwait, Liberia, Morocco, Namibia, Sierra Leone, Zimbabwe, Chad, Rwanda, Uganda, Mozambique, Burundi, Sudan, Cote d' Ivoire and Syria.

The study also observed that, contrary to participation in usual peace keeping operation, the Kenya Defense Forces in October 2011 deployed thousands of troops in Somalia to wage war against Al-Shabaab.²⁸³ This was a drastic change in Kenya's approach to peace keeping operations. This became the first time Kenya ever sent her soldiers abroad to enforce peace. This drastic change was necessitated by a series of terror attacks in Kenya and kidnappings of foreign nationals in Kenya among other reasons.

²⁸¹ Permanent Mission of Kenya to the United Nations, Peacekeeping Operations: Kenya Mission to the United States, available on www.un.int/Kenya/peacekeeping.htm ,accessed on 29th May 30, 2012.

²⁸² Ibid.

²⁸³ ICG, "Kenya's Military Intervention in Somalia", International Crisis Group, Africa Report No. 184, February 2012.p 1

The Kenyan intervention in Somalia was not the first one in Somalia. The first intervention to bring about peace in war torn Somalis began in the 1990s when the US intervened. The US intervention was in three stages: the Operation Provide Relief, Operation Restore Hope, and UNOSOM II. This was both humanitarian and peace enforcement mission involving active combat and nation-building. This earlier intervention however, never managed to end violence in the war torn and stateless country.

The study also observed that all interventions to bring peace in Somalia were questioned even in parts of Somalia untouched by the fighting, including Puntland. Thus, resentment of foreign occupation has always been an effective rallying tool for Somalia. Thus Somalia history has provided slim success in interventions. In early 1990s the 50 UNOSOM observers sent to Somalia did not make a noticeable difference in either ending hostilities or securing relief supplies. In reaction to this, President Bush responded by ordering U.S. Forces to support Operation Provide Relief from 15 August 1992 through 9 December 1992²⁸⁴. In this operation the United Somali Congress headed by General Mohammed Farah Aideed refused to cooperate thus thwarted the UN led efforts to bring peace to Somalia.

Lack of peace in the failed state of Somalia led to lawlessness with militia groups mushrooming. One such group was the Al-Shabaab. The Al-Shabaab started as an alternative form of traditional Islamic judicial mechanism of the Union of the Islamic Courts (UICs). These groups had also begun as militant remnants of previous Somali Islamist organization, al Itihaad al Islamiya (AIAD) of the 1980s.²⁸⁵ Since 2008, Al-Shabaab has undergone several transformations to become an Al-Qaeda linked terror movement.²⁸⁶ Today, Al-Shabaab is listed as an international terrorist organization with thousands of fighters drawn from Somalia and from the Muslim world.²⁸⁷

The initial grievance of the Al-Shabaab was the occupation of Somalia by American infidels. Originally, the Al-Shabaab had a domestic agenda of creating an Islamic Somali state governed

²⁸⁴ Kenneth Allard, *Somalia Operations: Lessons Learned*, CCRP Publications Series, 2004.

²⁸⁵ Rob Wise, Al-Shabaab, AQAM Futures Project Case Studies Series No.2, Centre for Strategic and International Studies, July 2011.

²⁸⁶ Ibid.

²⁸⁷ Michelle Shephard, "Back to Somalia: Asho's Sad End," *The Toronto Star*, Dec. 21, 2008.

by Shari'a Law. It aimed to topple the Transitional Federal Government (TFG) which the group termed a foreign imposition. The group employed various tactics including brutal beheadings, assassination and suicide bombings from mosques to governmental installations inside Somalia and outside Somalia. They also practiced and enforced radical forms of purported Shari'a Law as banning of teaching of music and geography. The group too had had a pan-Islamic ideology. The study observed that in the wake of insecurity threat from the Al-Shabaab. Kenya in October 2011 launched a military operation code-named *Operation Linda Nchi* meant to "protect the Country" against external aggression. This was a military incursion launched after several terror attacks in Kenya linked to Al-Shabaab. The group had also abducted foreign nationals from Kenya's territorial boundary. The group was also reported to have displayed its flag in Eastleigh business hub in the Kenya capital city, Nairobi. The *Operation Linda Nchi* aimed at creating a buffer zone of more than 100 kilometers on the Somali side of Kenya-Somalia border so as to prevent the incursion of militants into Kenya. It was also meant to capture the port city of Kismayu that was an economic bastion of the A l-Shsbaab militants.

The KDF and SNA captured the city of Kismayu in late September 2012. Besides the success of the operation, a number challenges marred the operation. The operation also had profound psychological impact on the troops. Previous related studies also revealed that soldiers in peacekeeping missions in Somalia faced various forms of stressors. Some of the psychological impacts led to psychiatric disorders; namely adjustment disorders and generalized anxiety disorder (GAD). Kenyan troops were neither an exception. They underwent traumatic stress during the operation.

The nature and severity of the stressors were not specified. However, the stressors were more often everyday events that were ubiquitous such as loss of a loved one, moving to a new environment, changes in employment or financial situation, family separation and high work tempo among other stressors.²⁸⁸ The study observed that the common sources of stressors were rated by participants in different levels i.e. mild to moderate level amounting to close to 40%. They are however important since if they are not mitigated earlier can progress to critical levels

²⁸⁸ Sa'ed Shunning, "Adjustment Disorder with Anxiety Features among Jordanian Peacekeepers in Liberia", *Journal of the Royal Medical Services*, Volume 17, No.3, September 2010, pp65-70.

and lead to psychological disorders. Those who reported marked severe levels of anxiety were however few.

The study concluded that for the group as a whole, the most frequently reported stressful situations were being far or in a new geographical environment, poor living and working conditions, harsh weather, family separation, and mission uncertainty, loss of loved ones and fear of being injured or killed. Shootings not directed at one-self and witnessing human distress were the other outcomes. Troops were also negatively impacted by insufficient possibilities to intervene on critical events. The sight of dead and wounded people was also a source of stress. Loss of loved ones, fear of being killed or injured and family problems as stressors were found to be highest among the first contingent of the KDF troops. This was similar to McDonald *et al.*'s findings which studied the features of stress in New Zealanders deployed as peacekeepers. McDonald *et al* concluded that, in any mission the most common sources of the stress were the duration, tension, and volatility of the missions.²⁸⁹

On average the peacekeepers reported that they had experienced potentially traumatic situations during deployment. However, troops from different sectors of the peacekeeping operations differed significantly with respect to the mean number of traumatic situations witnessed during deployment and the overall appraisal of the deployment. The study observed that those troops in the central and northern sectors reported on average more potentially traumatic situations than those deployed in the southern sector. This is because of the support received from the Ras Kamboni fighters in the southern sectors.

In occasions where servicemen got injured or traumatized during the operation and were treated and discharged. The study observed that a number wished not to return to Somalia. Others felt like taking an early retirement. The study also concluded that individual single session of debriefing does not lead to a decline in the incidence of Post Traumatic Stress Disorders among the victims of accidents or traumatic events like witnessing death of loved ones. At the international level, it was recommended that the term 'debriefing' should be replaced by the term

²⁸⁹ McDonald C, Chamberlain K, Long N, Mirfin K., "Stress and mental health status associated with peacekeeping duty for New Zealand Defense Force Personnel", *Stress Medicine Journal*, 1999, pp. 235-241.

‘early intervention’, and that a stop should be put to the debriefing of victims of shocking events and be replaced by early intervention.²⁹⁰

In conclusion, the research has pointed out that despite the success in various aspects of the intervention in Somalia. The war with Al-Shabaab exposed the Kenyan soldiers to challenging and stressful situations. These exposed the troops who participated in the first contingent of the operation between October 2011 and September 2012 to psychological effects. In comparison to earlier deployments in peacekeeping operations, the stressors of the Somalia intervention process were more profound than earlier operations because it involved actual combat and not just monitoring of cease fire violations and use of weapons for self-defense which are prevalent in peacekeeping operations.

²⁹⁰ Meijer, M.; de Vries, R. “Good Practices of End of Deployment Debriefing in the Royal Netherlands Navy” *Human Dimensions in Military Operations – Military Leaders’ Strategies for Addressing Stress and Psychological Support*, Meeting Proceedings RTO-MP-HFM-134, Paper 46. Neuilly-sur-Seine, France, 2006, pp. 46-1 – 46-6.: Available from: <http://www.rto.nato.int/abstracts.asp>

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