

Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement

PRINCIPLES AND APPROACHES



Save the Children works for

- a world which respects and values each child
- a world which listens to children and learns
- a world where all children have hope and opportunity

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Working Group on Children Affected by Armed Conflict and Displacement

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Photos, left to right: Lebanon, Said Elatab; Iraq, Chris George;
Rwanda, Rudy von Bernuth.

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***“All wars, disastrous or victorious,
are waged against children”***

—Eglantyne Jebb,
Founder, Save the Children

p r e f a c e

Save the Children began in the aftermath of the First World War and the Russian revolution to help refugee and displaced children across Europe.

Since then, wars, especially civil wars, have increased: More than 50 of them were raging in 1995. A central feature of these conflicts is that 80-90 percent of the victims are civilians, most of them women and children.

Today, members of the International Save the Children Alliance (the Alliance) work with children affected by war all over the world. In 1994 some of the larger members joined together in a Working Group on Children in Armed Conflict and Displacement. Among its objectives are to improve communication between policy-makers and practitioners and facilitate learning and the sharing of experiences among our member organizations.

The members of the Group are its lead agency, Save the Children Federation of the United States (SCF/US) with Rädga Barnen of Sweden (SC/S), Red Barnet of Denmark (SC/D), Redd Barna of Norway (SC/N) and Save the Children Fund of the United Kingdom (SCF/UK).

In May 1995, this Working Group brought together several of the Alliance's most experienced child psychiatrists, psychologists and social workers to discuss their work in different parts of the world, draw out common factors and lessons learned and to prepare a joint Alliance contribution to the United Nations Study on the Impact of Armed Conflict on Children, led by Graça Machel, former Education Minister of Mozambique.

The resulting paper is a working document that we hope will stimulate debate on different approaches to psychosocial assistance to war-affected children. We look forward to a productive dialogue on the problems and methods of psychosocial interventions with those engaged in funding, planning and implementing them.



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i n t r o d u c t i o n

In recent years there has been wider recognition that programs designed to assist war-affected populations need from the onset to include considerations of the psychosocial effects of war, in particular on children and their development. This applies whether the programs are called emergency relief, humanitarian assistance, protection of human rights or development cooperation.

Greater acceptance of children's rights, at least on paper, has accompanied this recognition: the United Nations Convention on the Rights of the Child has gained almost universal acceptance.

Knowledge about the effects of conflict and displacement of children, particularly in non-Western cultural contexts, and the effects of different types of intervention, is still sparse. It is expected that the UN Study on the Impact of Armed Conflict on Children, due to be presented to the General Assembly in November 1996, will add to our knowledge.

This paper is the Alliance's joint contribution to the UN study. Its purpose is to help clarify some of the key issues and enter into areas where approaches differ about how best to assist children affected by armed conflict — both through programs that address their psychosocial needs and by promoting an understanding of these needs so they will be reflected in all assistance programs. The intended readership therefore consists mainly of aid professionals, donors and policy-makers.

Most of the Alliance members' experience of war-affected children has come from programs to document and re-unify unaccompanied children, from work in refugee camps and among displaced communities and efforts to improve the quality of children's institutions. Those who contributed to the paper (listed in Annex I) are a group of psychologists, psychiatrists and social workers from several Alliance members with programs in war-affected countries in Africa, the Middle East, Asia, Central America and eastern Europe. The illustrative examples in the text are drawn from their experience.

The paper went through several drafts by different members of the group and benefits from comments from all of them, as well as certain Alliance field staff. This final version reflects the main concerns of the group as a whole.

The paper is organized in the following way: first, it provides background, discussing some of the major psychological and social effects of warfare on children; then it suggests — in the main section — principles for programs to promote the well-being of war-affected children; and, finally, there is a summary and conclusions. There are two annexes, the first naming those who contributed and the second listing a selection of relevant literature produced mainly by, or in collaboration with, Alliance members.

psychosocial effects of war on children

Children's well-being and development depend very much on the security of family relationships and a predictable environment. War, especially civil war, destroys homes, splinters communities and breaks down trust among people — undermining the very foundation of children's lives.

The social fabric of society tends to be targeted increasingly in warfare: schools and health posts, as well as teachers, health workers and community leaders. Recent examples have come from conflicts in southern Sudan, Sri Lanka, Burundi, Rwanda and former Yugoslavia.

In all wars, social services and facilities are starved of funds, which go to armies and armaments; and so children are deprived of education and health care essential to their well-being and development. This violates their rights under the Convention on the Rights of the Child.

Even when children have crossed a national border to escape fighting, they may not be safe. Inequitable distribution of food and other material goods, sexual and physical harassment and abuse and recruitment of children to armed forces are among the dangers. Certain groups will continue to be particularly vulnerable, such as young girls and unaccompanied, sick and disabled children.

Effects on individuals

When children have been exposed to "events beyond the normal boundaries of human experience," that is, traumatic or psychologically-wounding events, all kinds of stress reactions will be apparent — a normal reaction to abnormally distressing events. Some children may withdraw from contact, stop playing and laughing, or become obsessed with stereotyped war games, while others will dwell on feelings of guilt, or fantasies of revenge and continual preoccupation with their role in past events. In a few cases, depression sets in and may even lead to suicide.

Other reactions include aggressiveness, changes in temperament, nightmares, eating disturbances, learning problems, repeated fainting, vague aches and pains, loss of speech and of bladder and bowel control, and cling-

ing to (or withdrawal from) adults. In most cases, such stress reactions disappear over time (See page 9).

Long-term effects are likely to have their roots in loss of the child's close emotional relationships and the events surrounding that loss. During events marking the 50th anniversary of the Second World War, this was poignantly expressed by many people who recalled the pain and sorrow they suffered as children at the loss of loved ones, and how such losses affected and continue to affect their lives.

Research from that war has shown that the psychological and social effects suffered by one generation in many ways affect the next generation, partly through the parenting role.

Most children are affected at first through a breakdown in civil society: no school, no services, shortages, danger, fear and a family without its menfolk. This might be sufficient reason to make people flee. Another frequent scenario is that the home is attacked and children witness the death of one or more family members or become separated from their parents. In extreme situations, children will be lured, coerced or forcibly recruited into armed forces.

Some children who lived through the Rwanda genocide blame themselves for it, while some blame themselves for surviving, or feel it would have been better to have been killed with their families. A sense of helplessness and hopelessness lives with many of them.

Those who can make some sense of the violence appear to be coping better than those who cannot; at least this seems to be the case according to evidence about Palestinian youth during the *intifada*.

Remarkable resilience

Yet we know little about how children from different cultures and backgrounds react to war experiences, especially the long-term effects, and how these effects are perceived and dealt with in different cultures. Nor have the effects on girls compared to boys or on unborn children

been thoroughly researched. Few rigorous studies of effects of war on children have been undertaken in Third World countries and most of those that have been made tend to view the issues mainly through Western eyes.

Effects of war on children's lives are dependent on a range of contextual and personal factors. It has often been noted that those who belong to caring and supportive families withstand severe psychological stress better than others. Stable, affectionate relationships between children and their closest care-givers are a protective factor against psychological disturbance, especially if the adults are able to maintain their caring roles.

A large group of unaccompanied boys from southern Sudan provide some remarkable evidence about resilience. These boys, trained from an early age to adjust to and survive in harsh conditions in a nomadic cattle camp away from home, arrived in Ethiopia after a harrowing journey on foot, and with very few exceptions were able to recuperate quickly (See page 7).

Normal reactions to abnormal stress are sometimes referred to as post-traumatic stress reaction, which must be distinguished from the more severe post-traumatic stress disorder (PTSD); this signifies a more long-term disturbance of emotions and behavior. In an emergency situation, the distinction between the two is not easy to perceive. Also, so far PTSD has been defined within the context of one specific traumatic event rather than an accumulation of stressful events that is typical for children affected by war and displacement.

The fact that a child experiences symptoms of psychological distress may not be apparent to adults, sometimes not even to parents. If a child's changed behavior is not understood as distress, the adult reaction may be to punish, reject or simply ignore the child. Loss of speech and bladder control may even be interpreted as mental retardation.

One result of misinterpreting reactions is to separate the child from a family environment and place him or her in an institution, perhaps for special treatment, a separation likely to cause more distress.

Secondary distress

Once children have lost the protection of their family, or if the family is seriously weakened, they are immediately vulnerable to all kinds of distressing experiences, usually inflicted by adults but sometimes by other children. Examples of secondary distress include unnecessary separation of children from their widowed mothers

or siblings when placed in institutions or foster families, where the risk of neglect and abuse is greater, sometimes by those who should be caring for them. However, care-givers can not always protect children from secondary distress.

In a small Asian village all the menfolk over 15 were forced into the village meeting house, which was then bombed. There were no survivors. The wives, sisters, mothers and daughters were forced to witness this atrocity. A few months later, one of the widows sent her daughter, aged eight, to the village school for the first time. Because of her mother's changed economic circumstances, she had no uniform. This annoyed the teacher, who made the girl kneel in front of the class throughout her first day at school, after which she dropped out.

The humiliation that children experience following their distressing experiences may well in the end be more damaging as far as suffering and long-term consequences are concerned.

A number of Western psychologists, researchers and journalists interviewed Rwandan children, survivors of genocide, who had undergone harrowing experiences. They were made to recount their distressing memories and even provoked into deep distress — then left alone to deal with it.

Our experience suggests that the long-term threat to child development lies in the accumulation and interaction of distressing experiences and chronic secondary stress factors, which are almost always associated with the loss or partial destruction of the family.

proposed principles and approaches

What has been learned about the effects of war and displacement on children poses a big challenge to all organizations that seek to assist them. The implications are valid for all types of relief and emergency interventions, such as the response of UN, governmental and non-governmental organizations (NGOs) to the Rwanda genocide of 1994 and its aftermath.

Although it is essential that exploration of different methods and approaches continues, we believe that certain basic principles of good practice can be formulated and that experimental efforts should be made within the framework set by them.

When it comes to planning psychosocial programs, knowledge and experience from three main areas need to be combined:

- **THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD**

Other human rights and humanitarian conventions are, of course, also applicable, but this convention is especially relevant, not only because its focus is children, but because after less than 10 years it is almost universally accepted (at the beginning of 1996, 189 governments had signed it, and 187 of them had ratified it) and because it deals not only with legal rights, but also with every child's right to development.

- **RELIEF, HUMANITARIAN ASSISTANCE AND DEVELOPMENT COOPERATION**

This field has grown enormously in size and transformed itself in nature during the past four decades. Once fiercely-contested development issues that divided aid organizations along ideological lines (e.g. treating symptoms or attacking causes) have faded or merged into more refined aid strategies that take account of individual situations and conditions.

As a result, significant changes have occurred in the aims, also in some cases the practices, of aid organizations and donor agencies. Instead of claiming to do things to or for Third World peoples, they are more

inclined today to claim to be doing things with them, assisting them to organize and carry out plans for their own welfare and development.

- **PSYCHOLOGICAL HEALING**

Over the last few years, recognition of the suffering caused by psychological wounds, and how it affects not only individual well-being but also that of society as a whole has brought about a wave of psychosocial programs for war-affected children. A sign of this is that the word "trauma" has become part of everyday vocabulary — though its meaning is not always clear. A key issue that has emerged is to distinguish between what is culture-specific and what is universal when it comes to psychological healing.

So a rights perspective, coupled with knowledge in child development and psychology, is not a sufficient basis for psychosocial programs. It needs to be combined with knowledge about culture, history, traditions and political realities where the program is to take place, as well as consequences of different aid methods and techniques. No individual or discipline can claim to have expertise in all these areas; the point is that all are relevant and inter-related.

The principles and approaches we suggest are:

- 1. Apply a long-term perspective that incorporates the psychosocial well-being of children*

Emergency assistance conjures up images of material aid such as water and sanitation facilities, food, shelter and health care. Non-material aspects, however, are central to the psychosocial well-being of children. In particular, will the way the help is provided tend to create passive receivers without influence on their daily life or help people to help themselves?

Emergency aid staff work under great pressure, which helps to explain why we repeatedly come across aggressive and insensitive behavior by them that undermines people's coping capacity. For example, mothers humiliated by health workers stop bringing their children to the clinic, and thoughtless

handouts of material goods fuel competitive tensions and lead to exploitation of vulnerable groups.

The main United Nations body concerned with refugees, the Office of the High Commissioner for Refugees (UNHCR), recognizes the importance of non-material aspects of emergency relief. One of its first moves in response to an emergency is to send out a team of experts to assess the situation and start up programs. Social workers (supplied under an agreement with an Alliance member) are these days usually part of the team; their task includes identifying vulnerable groups, and assessing and mobilizing resources among the refugees themselves, as well as those of local authorities and NGOs.

What is done at this early stage has long-term implications. For example, it is essential to involve women in decisions: if this is not done right away it is much more difficult to do it later on, and without women's participation children become more at risk. Reconstructing a social web and a sense of community helps refugees act together to improve their lives. The care and protection of children is usually an area where people can work together.

Earning ability

Psychosocial well-being and competence to satisfy material needs are inter-related. People in war-torn societies — whether in an emergency, reconstruction or development phase — need their earning ability. Vocational and skills training for young people not only helps to augment income-earning ability and economic independence, it also serves to increase a feeling of identity and self-worth that enhances psychological healing.

An international NGO started a project in Huambo, Angola, offering teenagers the opportunity to build their own houses in the municipality of their choice. In conjunction with local authorities and traditional chiefs, young people were provided with land on which they were assisted by experienced builders to construct their own homes, with building materials provided by the NGO. They were also given basic household equipment. About 50 houses were built in this way.

A flare-up of the civil war prevented any visits for more than a year. When visitors finally came, they found the young home-builders had survived the period of conflict extremely well compared to other youngsters in the many institutions in the area. They had managed to establish small businesses, maintain their houses and, perhaps most significant of all, they were coping well with no external support.

2. Adopt a community-based approach that encourages self-help and builds on local culture, realities and perceptions of child development

If interventions are to be effective and appropriate, those who make them need to take account of the situation and the people involved. (“You need to know those you try to help.”) This means having a more-than-superficial knowledge and experience of local history, culture, traditions, ways of life and local power structures. An expatriate organization is more likely to avoid mistakes if it is already established locally or regionally, and has knowledge of local socio-political realities.

More than one Western aid organization in the Rwanda emergency employed local staff to assist and protect children without being aware they were Hutu extremists. Yet to Rwandan children in their care, this was obvious.

In all interventions, even short-term ones, expatriates need to know basic principles of child development and how it is understood locally, as well as about local culture and practices. What are attitudes toward orphaned children (including definition of an orphan), and who has the obligation to care for them? What are attitudes to widows, their rights to remarry and inherit, and how do these affect children?

Deeper knowledge

Program staff involved with psychosocial aspects need knowledge that goes deeper, touching on ceremonies and rites around growing up and becoming adult, about death, burial and mourning, as well as ceremonies to give spiritual and psychological cleansing (e.g. for a girl who has been raped or a child who has killed).

What are children told about the death of parents, and of death in general? How are they expected to behave when they lose both parents, or experience other distressing events? What are the rituals and ceremonies associated with growing up in peacetime?

Integrating modern knowledge of child development and child rights with traditional concepts and practices may take time but is likely to result in more effective and sustainable ways to meet children's needs.

When she was 10 years old, a girl and her mother were captured by a rebel group in their (African) country. The rebels were about to rape the child when the mother protested, and was herself raped and killed in front of her daughter. The girl then

lived as the concubine of three men at the rebels' base but managed to escape with some women two years later. All went for treatment to the provincial hospital, where a nurse realized there was something particularly wrong with the girl; as well as having a sexually-transmitted infection, she was very withdrawn and sad.

Encouraged by the nurse's soft and caring treatment, the girl told her story. She repeated it later to a social worker and was moved to a foster home, where she developed a close relationship with her foster mother. At the girl's wish, she organized a traditional cleansing ceremony to rid her of all the bad things that had happened to her. The ceremony also made the abused girl potentially marriageable.

A culturally-sensitive and community-based approach was tried with some 14,000 Sudanese refugee boys. Results have been encouraging: In spite of repeated traumatic experiences and separation from their families, very few of them (less than 1 percent) developed what could clinically be described as post-traumatic stress disorder.

Leaders within the refugee population in Ethiopia advised an international NGO how best to care for the thousands of unaccompanied children, mostly boys, who had arrived after a harrowing escape on foot from the civil war in southern Sudan. As a result, "villages" were created with 3-5 children living in a traditional hut under the overall supervision of a care-giver from among the refugees. The system was modeled on cultural practices in the boys' home society where groups of them would spend long periods away tending cattle on the move. It built on the value placed on self-reliance, leadership patterns among the boys and traditional coping mechanisms. School attendance was highly valued and a wide range of activities developed. The boys retained a significant degree of control over their daily lives.

It is our experience that community involvement is always valid. An international NGO that conceives its role as assisting rather than directing can stimulate and help start up a variety of activities.

Groups of refugees in former Yugoslavia wanted to start pre-schools once again. In collaboration with local community groups, and assisted by an international NGO, sites were selected and staff drawn from local and refugee teachers. An expatriate psychologist was teamed with a local psychologist to provide training and supervision. The pre-schools also served as a catalyst for other activities (e.g. discussion groups for parents and youth groups). The international NGO has since

been able to hand over full responsibility for several of the pre-schools to local associations and a national refugee organization.

3. Promote normal family and everyday life so as to reinforce a child's natural resilience

Some factors that promote the psychosocial well-being of children seem to be universal: safety and security; sympathetic care-givers (preferably one or both parents); familiar routines and tasks (such as school provides) and interaction with other children (e.g. in play and sports).

It is important never to lose sight of the aim of a normal family life. Monitored foster care is usually preferable to an orphanage as it does not separate the child from family and community life, though sometimes older children prefer to live with siblings or others of the same age and sex.

Flexible fostering is practiced in a camp in Kakuma, Kenya, to which most of the unaccompanied Sudanese boys fled in 1991, following a change of regime in Ethiopia. Those under 14 or those who were for some reason considered at risk were helped to choose their own foster family. They formed themselves into groups of three or four and built themselves a hut next to that of their chosen family.

Reuniting families

Evacuating children from a war zone carries the risk that obvious short-term benefits may be outweighed by the trauma of separation and the negative effects of temporary or permanent loss of contact with their family.

In an emergency, family reunification must take priority. It is crucial at once to begin documenting refugee children and tracing lost family members, especially parents. All organizations involved need to collaborate to make this effective. Other options, such as creating orphanages, child centers and other institutions encourage the separation of children from their families and, in any case, have a vested interest in their own continuance and survival.

In Rwanda in late 1994, an NGO assisting national family reunification efforts made a decision affecting a group of children at a care center in a town far from the capital, Kigali. Without prior consultation, and knowing little about these children, the NGO moved them to the capital so as to "speed up the process of reunification." But the vast majority were not orphans; in fact, they knew the whereabouts of their parents or relatives. Most had been left at the center by parents attempting to secure better mater-

ial advantages for their children than existed in their communities. It was the aid organization moving them to the capital that caused them to become unaccompanied.

A local NGO in Tanzania, with good intentions but little experience of refugee emergencies, opened a child care center for orphan children from a camp for Rwandan refugees that attracted media attention and donor interest. It also attracted a large number of alleged orphans, many of whom in fact had parents or relatives in the camp. Quickly outgrowing its capacity to maintain an adequate level of care, the center became unmanageable for those trying to run it, with negative effects on the children.

Creating a sense of normality

Familiar routines and tasks create a sense of security, of purpose and meaning; they also allow people to start functioning again as fully as possible, given their circumstances. In addition to family routines, organized activities, especially educational ones, are important for children. Even without a school building, lessons and play groups can be held and sports and games organized.

In Yemen, Somali refugees run a primary school that has maintained and expanded its activities in spite of the refugee camp being moved twice, once because it found itself in the crossfire of the civil war. With the support of an international NGO, the teachers have not only kept the school going but started a range of sporting and cultural activities, including songs and story-telling, to benefit the overall well-being of the children. Activities have also sometimes involved adults, e.g. a workshop exclusively for parents on the psychosocial effects of war on children.

4. Focus on primary care and prevention of further harm in the healing of children's psychological wounds

What promotes a child's well-being also helps to heal the psychological wounds of war. Essential steps in the healing process, once security is assured, include re-building trust in others; re-establishing self-esteem; and developing a positive sense of identity and direction.

Children who have been continually exposed to violence often express a significant change in their beliefs and attitudes, including a fundamental loss of trust in others (especially if they have been attacked or abused by people previously considered neighbors or friends, as happened, for example, in former Yugoslavia and Rwanda).

Rebuilding the ability to trust is a task for everyone, but especially for those closest to children in their daily life. The most effective way to do this is by establishing good relationships with children, through play, listening, supporting, keeping promises, involving children in real tasks and giving them proper feedback.

One of the most important contributions that can be made to improve children's psychosocial well-being is to help adults in a family re-establish their capacity for good parenting. A particularly risky combination is a deeply-depressed and isolated young mother with small children.

Patients, mainly women and children, who came regularly to a health post in a refugee camp in Malawi complained of difficulties in breathing and sleeping, lack of appetite, low energy, and generalized aches and pains. No medical cause for their complaints could be diagnosed. As a result, a referral system was set up that allowed them to receive home visits from a community worker (a para-professional from among the refugees) with whom they could discuss their ailments and any other concerns. Such sessions often revealed a range of stress factors within the family and led to people being referred to appropriate support services in the camp: a school, a pre-school, recreation programs, activity groups for adolescent girls, others for skills training, and so on. The system included follow-up with each client that involved both the health post and the support programs.

Assisting development of self-esteem is something that can be done by anyone; expensive clinical intervention is not needed. A caring environment is what matters.

After 18 months with Renamo rebels, a 16-year-old Mozambican refugee arrived at a camp in Zimbabwe, sullen, isolated and withdrawn. But he seemed to take some interest in camp activities and was invited to join a skills training program. Gradually, he began to form a few relationships with other teenagers and a strong one with an older male trainer, also a refugee. During his second year there he became an *activista* or program assistant, a role in which he blossomed, helping to organize the recreation program in two of the camp's villages. Also, he became the leader of one of the camp's best traditional dance groups. Having been provided with opportunities to feel competent, his self-esteem grew steadily and his relationships deepened. In addition, he gained significant status and respect in the community, especially during public performances by the dance group.

Inappropriate action

We believe that interventions in emergency and refugee situations that automatically provide individualized trauma therapy and recommend establishment of residential treatment centers are most often inappropriate, unsustainable and a poor use of resources. They may sometimes even inflict further psychological harm on children.

Exploring a child's experience of violence and displacement and the meaning it holds in his/her life can be important to the process of healing and recovery. Yet it should take place in a stable, supportive environment with participation of care-givers who have a solid and continuing relationship with the child.

In-depth clinical interviews intended to awake the memories and feelings associated with a child's worst moments may be very harmful, especially if conducted with an unprepared child by a stranger. This kind of interview risks tearing down a vulnerable child's defenses and leaving him/her in a worse state of pain and agitation than before.

For a child in a stressful and unsafe situation, it may be a good coping strategy to avoid recalling traumatic experiences. Also, talking about intimate feelings and fears with anyone but one's closest family is taboo in many cultures.

Of course, there may always be a small percentage of psychologically wounded children who do not respond to opportunities to re-create a role for themselves, and they may need special attention. Yet the thought that an outsider, even an experienced child psychologist or psychiatrist, can enter a refugee community for the first time and recognize such cases is, in our view, totally unrealistic. Caring adults in a supportive environment not only help the majority of war-affected children in a community but also help to identify the few who need special attention.

The approach to healing we prefer is to mobilize the care system around the child. This can involve, for example, mobilizing refugees' own ability to provide care for children and vulnerable groups e.g. by training community social and health workers, rather than by building and staffing expensive facilities that involve removing the child from the community.

During the civil war in El Salvador a group of psychologists formed an organization to help with counselling and therapy in war-affected areas. Interaction with the communities they worked with contributed to a change in their approach to

one in which social workers, in consultation with the community, agree on a range of activities promoting the well-being of everyone.

One experience that helped to turn them in this direction was with a village that had considerably less violence, drug abuse and teenage delinquency than most. Here, people hardly ever spoke about their war experience but once a year they re-lived it in drama, song and dance in a memorial festival. The children who didn't remember this part of the community's history were able to feel part of it.

As a general rule, we believe integration (into the community, into traditional culture and practices) to be preferable to segregation. Narrow, specialized programs for vulnerable groups, e.g. widows, unaccompanied children, former child soldiers and orphans, may contribute to their social marginalization, unless they are geared to social reintegration.

5. Provide support as well as training for personnel who care for children

Field staff do not always act as if they are aware that their own behavior and attitudes affect the psychosocial well-being of children in their care. This is a point that their training must emphasize if they are to be effective. Relief and development cooperation programs in war-affected communities often require staff to work under highly stressful and sometimes dangerous conditions. A heavy work load, risk of injury, even death, and frequent ethical dilemmas all contribute to high staff turnover.

To counteract work pressures, maintain motivation and prevent "burnout," we have found that it is important to involve front-line staff in developing a work plan that assures them adequate moral and emotional support and guards them against mental and physical exhaustion.

Psychosocial support can be provided in various ways, including the following:

- training sessions that make direct use of experiences of the staff and of issues and problems raised by them;
- regular changes of scene for locally-hired staff, including in particular visits to family members;
- codes of conduct that apply to personnel at all levels and remind them of the difference in power between themselves and those they try to help;

- participation in meetings and exchanges with counterparts in programs elsewhere that serve to upgrade skills, analyze lessons learned and generally assist staff to aid a child's healing process rather than hinder it.

Stressful situations sometimes place aid workers (especially young women) at odds with those in authority (who are often older men). Program management needs to take account of this and to find ways for personnel to share problems and concerns with superiors on a confidential basis.

A young woman aid worker in a refugee camp in southern Africa was called to the health center to deal with an infant whose 16-year-old mother had died in childbirth. It became clear that the young mother had been unaccompanied (without parents or an adult relative) and was not married. Moreover, the father was not a refugee but a host country national working for a local NGO. He and his family refused responsibility for the baby. His colleagues, even the camp administrator, had been aware of his relationship with the teenage girl and had done nothing about it.

The young woman aid worker struggled with her anguish about the failure to protect the adolescent mother's best interests and the serious consequences she herself might face if she raised these issues directly with camp authorities: She might be forced from the camp, lose her job and the income on which her family depended. Also, she feared for those refugees who had confided in her.

6. Ensure clarity on ethical issues in order to protect children

As well as training programs on questions covered by the proposed principles, training in recognizing and dealing with ethical issues is crucial; for example, how to protect children from intrusion into their private lives, which is covered by Article 16 of the Convention on the Rights of the Child.

Many ethical dilemmas for field staff concern protection of individual or small groups of children; for example, when perceiving neglect, abuse or exploitation as in the example above.

Another type of dilemma frequently arises for field staff in connection with interviews of children, in particular those in distress. We often come across children who have been pressured into telling, and re-telling, their "horror stories" to journalists, researchers and some-

times even to officials of aid agencies and psychologists. Interviewers' lack of sensitivity and respect for children may cause secondary distress (see page 4), by opening up wounds and tearing down defenses.

Field staff can not avoid the need to collaborate with researchers and journalists: it is the terms of such collaboration that require clarification. For a start, all staff should be aware of the procedure to follow with would-be interviewers, in particular who is entitled to give permission for an interview to take place. This is a way of ensuring that any government guidelines and regulations are followed.

As the interests of journalists and aid workers are bound to clash from time to time, clear guidelines on interviews such as the following can be helpful:

- Obtain an understanding in advance concerning what (types of) information are confidential and shall not be used; and
- Allow an interview only with a child's informed consent (and, where possible, that of a parent or guardian), ensure privacy for it, prepare the child, and have a familiar adult available during and after it. (Some would argue against allowing any interviewing at all of distressed children.)

A group of children in Mozambique were placed in a residential home after they had escaped from a Renamo rebels' base camp. Most had been there only shortly and few had participated in fighting. Visiting aid workers interviewed them frequently, as well as politicians from inside and outside the country and members of the international media, who presented the children in a highly sensationalized way. Even once back with their families, those considered "the best stories" were harried by foreign journalists.

One national NGO fieldworker had accompanied a reporter to an orphanage and witnessed the interview of an adolescent boy reportedly involved as a combatant. The fieldworker was stunned a few weeks later to read a story in a neighboring country's major newspaper that described the boy as "a killing machine." The article was published with the child's photograph, along with the name and location of his village. The fieldworker was angry with himself for failing to protect the boy adequately and with the reporter for distorting the boy's story and exposing him to the chance of further harassment.

Whose material is it?

Once interviewers have obtained material they tend to consider it belongs to them; the legitimate interests of the individuals and communities supplying it are not always taken into account. Usually, the resulting article or study is not even shared with them and sometimes they suffer from the way it is interpreted and used.

For these reasons, there is a need for clear understandings between those who provide information or pictures (children, parents, communities, aid organizations) and those who obtain it (psychologists, researchers, reporters and photographers). In the case of research, who pays for it and who is it being made for? How will it directly or indirectly benefit those interviewed? How will results and analysis of interviews be fed back to communities and field staff who participated in them?

Those who provide information can demand certain behavior from interviewers, and these demands can be included in a document they are obliged to sign. Rather than one standard document, various elements can be selected to suit the occasion (and the wishes of children and parents or guardians), e.g. joint ownership of data; methods for obtaining it; approval before publication; and sharing of the results of interviews.

A European psychologist on a UN contract arrived in Mozambique to find out what proportion of the children were traumatized by the civil war. The psychologist spoke no Portuguese, had no experience of epidemiological research and had never previously worked in Africa. Translation of the questionnaires into Portuguese was of questionable quality and the questions were poorly understood by local teachers charged with putting them to the children. No attempt was made to ensure that the questions were valid or translated into local languages.

Results were not shared with local authorities or communities; instead, those who initiated the research merely announced, in melodramatic statements to the media, that a very high proportion of Mozambican children suffered from post-traumatic stress disorder - which normally affects only a small proportion of war-affected children.

7. Advocate children's rights

Implementation of ideas — such as those advocated in this paper, which include lessons learned from experience — often depends on being able to persuade other people of their worth. Another aim of advocacy is to increase awareness, e.g. of the dangers of secondary distress.

The work of certain NGOs and UN agencies in promoting an optional protocol to the Convention on the Rights of the Child, aimed at raising the age of recruitment to armed forces from 15 to 18, indirectly protects the psychosocial well-being of young people.

A different advocacy task is to inform children and adults about the Convention and (e.g. in a refugee camp) try to ensure that its provisions are met, which includes protecting children from being lured or coerced into armed forces.

A national NGO, in collaboration with an international NGO, persuaded Rwandan authorities to allow women in jail to place their children with extended family outside the prison and to allow them regular visits to their mothers in jail. For the younger children who remained with their mothers in prison, a stimulation program was organized.

An international NGO in Mozambique lobbied the government successfully against the policy of segregating former child soldiers in separate centers. Instead, efforts were made to reunite them with their families and help them reintegrate into community life.

A group of Sri Lankan children who had lost one or both parents in the civil war were refused entry to primary school because they had no birth certificate (and insufficient money to pay the high fee demanded for one). An international NGO working in the country brought the facts to the notice of the National Child Rights Coalition, which took it up with the education authorities. The children received their birth certificates, and were able to attend school.

s u m m a r y a n d c o n c l u s i o n s

This paper is a contribution to a search for more clarity in psychosocial work with war-affected children by a group of Save the Children Alliance professionals with extensive field experience. It is concerned with approaches to the healing process for such children and the characteristics of intervention programs, presented in the form of argument and examples that lead to a number of proposed principles and approaches.

These draw on the spirit and letter of the Convention on the Rights of the Child and the accumulated experience of the contributors. They reflect a number of firm beliefs, derived from field work, concerning the need for community-based solutions to problems; for genuine participation of affected groups in decision-making and implementation; understanding of and drawing upon local culture, tradition and resources; and a mistrust of Western treatment models used inappropriately in non-Western countries.

The process of healing in an emergency is not promoted by a premature, intensive focus on children's psychological wounds. Encouragement to recall traumatic worst moments, for example, may tear down needed defenses and undermine active coping. Helping war-affected children to build on their own strengths and resilience, in collaboration with trusted care-givers, is, we believe, a more effective and appropriate strategy.

Genuine reintegration of vulnerable groups into their communities is preferable to their segregation for specialized treatment. We oppose narrow, specialized projects for vulnerable populations such as widows, unaccompanied children, former child soldiers and orphans unless they have reintegration into the mainstream of society as a main aim; otherwise, they may actually contribute to the social marginalization of these groups.

When it comes to unaccompanied children, the overriding consideration must be to try and reunite them with their families. Foster homes are usually prefer-

able to institutions as interim care, but require a community-based system of monitoring. Residential child-care centers may actually increase and prolong unnecessary separations, as they have a vested interest in their own survival.

In summary, the basic principles and approaches we suggest be followed in programs involving war-affected children are

- 1. Apply a long-term perspective that incorporates psychosocial well-being of children.**
- 2. Adopt a community-based approach that encourages self-help and builds on local culture, realities and perceptions of child development.**
- 3. Promote normal family and everyday life so as to reinforce a child's natural resilience.**
- 4. Focus on primary care and prevention of further harm in the healing of children's psychological wounds.**
- 5. Provide support as well as training for personnel who care for children.**
- 6. Ensure clarity on ethical issues in order to protect children.**
- 7. Advocate children's rights.**

A N N E X 1 : c o n t r i b u t o r s

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ANNEX 2: references

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