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## Working with Young Children Who are Victims of Armed Conflict

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**ABSTRACT** Young children are particularly vulnerable to war and armed conflict. Although the long-term priority is always to try to unravel and reduce violence and conflict, in the short term some interventions may reduce suffering. In this article the authors report on recent evidence on psychosocial interventions designed to mitigate the impact of armed conflict on young children's development. A systematic review method was used to explore evaluations of interventions addressing the cognitive and psychosocial development of young children directly affected by armed conflict. In general the literature suggests therapeutic interventions drawing on the concept of post-traumatic stress disorder run the risk of imposing cultural norms from the global North. In contrast, more general psychosocial interventions and normalisation routines are likely to be more effective. But recent reviews also suggest that evaluation of interventions with children affected by armed conflict is weak. More robust evidence is badly needed.

### Introduction

In a previous issue of *Contemporary Issues in Early Childhood* (Penn & Lloyd, 2007) we made the case for the use of systematic reviews and evidence-based policy in early childhood. We provided an account of this work and of one such review conducted by the Early Childhood Education Review Group. This is one of a number of education groups contracted to carry out systematic reviews for the Evidence for Policy and Practice Information and Coordinating (EPPI) Centre in the United Kingdom. We concluded that the systematic review process is an independent and useful tool for analysing and critiquing existing studies. Here we do not intend to revisit the argument and justify systematic review methods and techniques, but focus on the findings of the Group's second review. We acknowledge, though, that many academics and practitioners continue to regard systematic reviews as a contested form of reviewing evaluative research. This especially applies in areas where any controlled research is scarce due to the difficult circumstances in which it is conducted.

### Background

War is characterised at the beginning of the twenty-first century by its impact on civilian populations (UN General Assembly, 2007). Whereas the casualties of war were previously predominantly soldiers, now eight out of ten casualties are likely to be civilians (Kaldor, 1999, p. 8). In addition, countries affected by war or other forms of armed conflict are, post-conflict, most prone to continued civil disorder and poverty (UN General Assembly, 2007). This has led one prominent development economist to argue that any international aid and support should most urgently be directed at these countries (Collier, 2007). Afghanistan, Iraq, Sudan, the Democratic Republic of the Congo, the Occupied Palestinian Territories and Sri Lanka are all recent examples of countries whose civilian populations have been afflicted by armed conflict.

Of these civilian casualties, children are estimated to form 80%, according to UNICEF (UNICEF, 2002, 2006). The 2002 report highlighted that over a million children were orphaned or separated from their families, 12 million left homeless, 2 million killed and 6 million seriously injured or permanently disabled, as a result of armed conflicts in the last decade of the twentieth century. According to the UN Security Council (2008), another quarter of a million children and young people have been exploited as child soldiers in at least 30 countries over the last 20 years. Globally, some 20 million children are currently affected directly by armed conflict. While previously the impact of war on children has been equally catastrophic (Marten, 2002), the sheer scope and breadth of the current impact of armed conflict on children is unprecedented (UN General Assembly, 2007).

As well as the threat to their physical health, very young children are likely to be vulnerable from an educational, psychosocial and welfare point of view (Wessels & Kostelny, 1996; Machel, 2001; Sommers, 2002; Barenbaum et al, 2004). Evidence is strong that the psychosocial and cognitive implications for the youngest children affected by armed conflict may be particularly serious and long lasting (Dubrow & Garbarino, 1989; Wessels & Monteiro, 2004; Kalksma-Van Lith, 2007). Scientific evidence confirms that children's early experiences can actually affect whether and how genes are expressed, with enduring consequences for their healthy development (National Scientific Council on the Developing Child, 2010). Armed conflict also utterly infringes children's rights as laid down in the UN Convention on the Rights of the Child (Harvey, 2003).

There are many reports of severely traumatised children who have escaped from war zones (Cunninghame et al, 1999). These include children actively engaged in military activities. A recurrent feature of current armed conflict is the use of child soldiers, some as young as seven (Wessels, 2000). This issue has until recently received more policy and research attention than that of children affected by armed conflict in other ways (Williamson, 2007).

Worldwide, governments, inter-governmental and non-governmental organisations are involved in organising reconstruction in conflict-ridden countries and providing practical support, including education, for millions of refugees and internally displaced people. These agencies, as well as academics, practitioners and concerned individuals, all need and want to know about the effectiveness of cognitive and psychosocial interventions with young children affected by armed conflict, as well as needing to know what may cause harm (Euwema et al, 2008).

Given the large numbers of children currently directly affected, the effectiveness of supportive interventions is of pressing practical, political and theoretical importance (Machel, 2001; Barenbaum et al, 2004; Kalksma-Van Lith, 2007). However, there is a dearth of hard evidence about what are the most beneficial and appropriate intervention strategies for such children (Wessels & Kostelny, 1996; Betancourt & Williams, 2008). One in-depth review of studies of psychosocial group intervention programmes for children fleeing from armed conflict in majority world countries found that most of the authors only gave anecdotal evidence for the effects (Paardekooper, 2002).

The danger of interventions by any type of aid agency, however well intentioned, is that through lack of adequate information, they may do harm rather than good (Euwema et al, 2008). For example, Rose et al's (2002) review of psychological interventions for traumatised adults found evidence of possible adverse effects of commonly used interventions developed in the North and applied in the South. Reynolds, moreover, argued that children's expression of pain and how adults deal with it are highly contextualised: 'pain is not just "pain"' (2005, p. 100).

The understandings underpinning such interventions have largely been forged in the North (Richman, 1993; Boyden & Mann, 2000; Gielen et al, 2004). Indeed, 'helping to alleviate distress by the exploration of intrapsychic cognitions, emotions and conflicts is a form of healing somewhat peculiar to Western societies and of doubtful relevance to societies holding different core assumptions about the nature of the self and illness' (Bracken et al, 1995, p. 1075). There seems to be a clear need for more effective strategies for collaborating on such sensitive interventions, which should be informed by the knowledge and experience of local practitioners.

The concept of post-traumatic stress disorder (PTSD), for instance, is widely used in this context, but is also contested (Pupavac, 2001; Bemak & Chung, 2004). Summerfield (1998) explored the role of social processes in shaping the impact of war at the level of the individual, while Bracken (1998) argued that the current discourse on trauma, in particular the development of the concept of

PTSD, has promoted a strongly individualistic focus at the expense of the social dimension of suffering. This view was echoed by Wessels & Monteiro (2004). Paardekooper (2002) maintained that the relevant literature (Eth & Pynoos, 1985; Mahjoub, 1995; Punamäki, 1996) leaves it open whether a clearly defined complex of symptoms such as adult PTSD can be identified at all in the case of children.

The dominant view on the traumatic effects of armed conflict on children continues to have an impact on the nature of interventions, according to Jones (2008). She illustrates how stereotypical assumptions about children involved in disasters being 'traumatised' is associated with dominant 'clinical' treatment models of intervention: 'One consequence of such stereotypes is that in post-disaster situations donors and humanitarian agencies have prioritized trauma identification and treatment programmes for children over other psychosocial programming' (Jones, 2008, p. 292).

In her article Jones (2008) illustrates how returning child refugees in Sierra Leone and internally displaced Kurdish children in Iraq express worries and fears centring on their present lives rather than on past experiences. We do not wish to suggest at all that trauma symptoms are imaginary or that suffering is unreal. Children in situations of war and conflict without doubt experience terrifying physical and mental shocks and prolonged and acute stress. The key question remains, if helping young children affected by armed conflict is an urgent priority, what kind of help works best? We would argue that rigorous investigation is essential, because the consequences of making mistakes are so severe for children who have already suffered (Betancourt & Williams, 2008).

We share Jensen's (1996) view, reported in Euwema et al (2008, p. 198), that a scientific perspective may be hard to maintain in conflict situations, and we acknowledge the ethical dilemmas and constraints inherent in practising research with young children under such conditions (Euwema et al, 2008, p. 200). But our systematic review and subsequent research on this topic reflect our strongly held position, shared with Euwema et al (2008, p. 200), that:

Both research into the nature and reactions and problems of children affected by war, and research into the effects of programmes for these children are necessary. But perhaps more than in other contexts, research with children in war-affected areas should never be done just for the betterment of science. The practical usefulness of the information that is gathered is of the utmost importance and this should therefore always play a leading role in deciding where, how and with whom research takes place.

For pragmatic reasons alone, the adoption of group psychosocial interventions in the global South, especially in areas of conflict, as opposed to those which are individually delivered or individualised to some degree, has to be considered. This is also important for other reasons than those related to efficacy. It may well be impossible to find enough practitioners and resources to work one-to-one with trauma on this kind of scale. We acknowledge that in working with refugee communities in countries of the North it may be more feasible, though nevertheless challenging (Davies & Webb, 2000; O'Shea et al, 2000), to combine group interventions with individualised work for seriously traumatised children, but such interventions in the global South are even more highly problematic.

#### **A Systematic Review: methods adopted in the EPPI children and armed conflict review**

We have written in detail in an earlier article in *CIEC* (Penn & Lloyd, 2007), as well as elsewhere (Penn & Lloyd, 2006), about the methodology of using systematic reviews which follow agreed protocols to assess evidence. We consider that whatever one's views about 'richness or rigour' in the evidence being put forward, the process of systematic reviewing reveals with detail and clarity the strengths and shortcomings of evidence on a topic, even though – or because – the process values critical examination of experimental evidence. It offers *depth*, rather than breadth, in terms of reviewing evidence. Our second review dealt with the effectiveness of measures to mitigate the impact of war and conflict on young children (Lloyd *et al*, 2005). There are various systematic review systems, but we used the Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre) systematic review process (EPPI, 2003).

EPPI reviews usually involve policy and practice end-user involvement in the design, write-up and evaluation of the literature and involve negotiation and discussion over the scope of the review and the interpretation of the findings. Our review group, which included a Bangladeshi psychologist, an exiled Israeli researcher, and an experienced aid worker, used a two-stage filtering to identify and map relevant studies. We firstly concentrated on development of definitional statements, inclusion criteria and codes to describe studies. Armed conflict was defined as any experience of armed conflict, i.e. conflicts on a continuum ranging from war between states to organised crime and large-scale violations of human rights (Kaldor, 1999). Inclusion criteria for the mapping process were:

1. the provision under study should be an intervention aiming to mitigate the effects of armed conflict on children;
2. the children under study should be aged eight or under and have experienced armed conflict;
3. the provision should be aimed at psychosocial or cognitive development or well-being;
4. the study should be evaluative; and
5. the study should be published in English in or after 1939.

A highly sensitive search strategy was developed based around terms describing children under eight and terms relating to armed conflict. Major databases, websites and library catalogues were searched, and 2087 abstracts and titles were reviewed. Most of the studies conducted in the global South were descriptive case studies, relying on self-reporting from the adults involved. While many case studies of relevant interventions for this age group were found, these did not meet the inclusion criterion of being evaluative. On this basis – after considerable discussion – it was agreed to exclude them from the review, particularly in the light of Paardekooper's (2002) comments as cited above.

Following this exercise, a map of relevant literature was produced and further criteria were developed for the in-depth review, following EPPI-Centre reviewing protocols. These were that:

1. the study should be a primary study and not a review;
2. the study should include a comparison group;
3. the study should state the research questions;
4. the study should specify the study design, the tools used to collect the data, and other methods; and
5. the study should provide basic reports on the sample and its recruitment.

At the end of the first stage of scrutinising, we found 16 papers, describing 13 studies. All the studies reported interventions relating to conflicts in Africa or the former Yugoslavia. Most of the interventions took place in the country of conflict or in a neighbouring country. The majority involved a range of complementary interventions, including direct interventions with children, interventions with parents and/or carers and interventions with service providers.

Three of these 13 studies, contained within six reports, met the further criteria for the in-depth review. These were an evaluation of a psychosocial intervention for Bosnian refugees (Dybdahl, 2001a, b); an evaluation of two different psychosocial interventions for Sudanese refugees in Ethiopia (Paardekooper, 2002); and the evaluation of a reorganised orphanage for Eritrean refugees (Wolff et al, 1995a, b; Wolff & Fesseha, 1999). We summarise all three studies below.

#### *Internally Displaced Bosnian Mothers and Young Children*

The first study, by Dybdahl (2001a, b), was a randomised controlled trial conducted in Tuzla, Bosnia-Herzegovina in 1996. Refugee mothers with young children – median age 5.6 years – took part in a five-month support group intervention. The physical and mental health of both mothers and children was studied pre- and post-intervention, using culture-fair measures. The intervention aimed to promote children's cognitive and psychosocial development.

The mother/child dyads were randomly assigned to the experimental or control groups. The control groups only received medical support. Mothers in the experimental groups attended weekly support group meetings where general child development and the particular pressures on development of children who had experienced armed conflict were discussed, alongside mothers'

daily experiences. Confirmation was obtained of the research hypothesis that well-supported mothers could act successfully as intervention mediators for their young children, helping them cope with grief and trauma.

#### *Internally Displaced Orphans in Eritrea*

The second study was carried out towards the end of the Eritrean-Ethiopian war. Wolff et al (1995a, b; Wolff & Fesseha, 1999) compared psychosocial and cognitive functioning of a stratified sample of orphans aged 3-8 living in an orphanage in remote Eritrean highlands with that in a similar sample of children living with their parents in a nearby refugee camp. Two years previously the orphanage had been reorganised along child-centred and family-group lines, and its young inmates now played an active part in its running. Culture-fair methods of cognitive and psychosocial functioning were used in order to explore the impact of this form of provision on the orphans.

Findings did not confirm the original hypothesis that orphans would display more clinically significant psychosocial problems and perform less well cognitively than the control group, given their history and the magnitude of environmental stresses they had experienced. Insufficient evidence was available to conclude that this type of group care constitutes a model of good practice in situations of armed conflict, but the children did better than predicted.

#### *Sudanese Refugees in Ethiopia*

The third study, carried out in the late 1990s by Paardekooper (2002), was also a randomised controlled trial, designed to explore the impact of different group interventions on the psychosocial functioning of a group of 5-16-year-old South Sudanese refugees living in Addis Abeba, Ethiopia. All the children demonstrated impaired psychosocial functioning and were subject to 'daily stressors' in their lives as refugees. The children were randomly assigned to two seven-week creative activity groups, or a control group.

The aim of the intervention was to test the buffering effect of either emotion-focused (Psychodynamic group) or problem-focused (Contextual group) social support and their associated coping mechanisms on the children's psychosocial functioning. Culture-fair measures were employed. Confirming the original hypotheses, children in the Contextual group, which had supported the use of coping strategies devised by the children themselves, showed significantly improved psychosocial functioning compared to either children in the Psychodynamic group, which had emphasised emotion-focused coping, or in the control group.

Paardekooper (2002) goes further than the other authors in highlighting how the format of the programmes had been informed by the culture of the refugees taking part. This had resulted in the inclusion of traditional songs, dances, storytelling and games. She also noted that the programme format which emphasised the children's own coping skills and strategies appeared more acceptable to the Sudanese counsellors involved in implementing it than the format emphasising talking about experiences and feelings.

They felt that in the Contextual programme they were helping the children to build up their life again, while they could not really see the use of talking about things from the past that the children would rather forget. They would not avoid discussing trauma, but they certainly would not stimulate it. (Paardekooper, 2002, p. 174)

The counsellors felt that in this way they were teaching the children to take responsibility, something considered very important within their culture.

#### **Findings Concerning the Impact on the Cognitive and Psychosocial Development of Young Children Affected by Armed Conflict**

All three studies targeted refugee children from mixed social groups in the same country who had extensive direct experience of armed conflict and flight and who were living under exceedingly difficult circumstances, although the age ranges differed slightly. The overall context of the three

studies varied considerably, ranging from an intervention study that used mothers as the mediators of the intervention for their young children (Dybdahl, 2001a, b), to a study that evaluated an intervention for children whose parents had been killed, were missing or presumed dead (Wolff et al, 1995a, b). Situated along a continuum in between these two was Paardekooper's (2002) study of an intervention aimed at refugee children living with one or two parents or with carers.

Paardekooper (2002) and Dybdahl (2001a, b) provided statistically significant evidence of a beneficial impact of interventions on children's psychosocial development, including children in the age group nought to eight, as compared to a comparison group. In both cases, the interventions found to be beneficial focused on 'normalisation' of the children's daily living situation and on strengthening their coping mechanisms. The reorganisation of the Eritrean orphanage into family groups (Wolff et al, 1995a, b) could also be considered a normalising strategy, as in this way greater similarities were encouraged with the home environments the orphans had previously experienced. In this respect, the comparison group of children living with their parents in a nearby refugee camp could be viewed as a genuine control.

In the case of both Paardekooper (2002) and Wolff et al (1995a, b), the interventions involved the active participation of children in identifying coping strategies. Paardekooper found that the development of problem-focused coping strategies was more effective than emotion-focused ones. Paardekooper's study was the only one to attempt to test rigorously and explicitly the psychological theories underlying various approaches to interventions with young children directly affected by armed conflict. The other two studies focused primarily on the practical effect of the interventions without questioning the assumptions about the psychological processes underlying these. Paardekooper compared a 'contextual, problem-focused intervention' with a psychodynamic intervention which lacked this contextual focus, and a control group receiving 'usual services'. She further explored the impact of the nature of the activities promoting 'normalisation' and conjectured that the part played by the children themselves in identifying relevant strategies and activities was crucial to their success (Paardekooper, 2002, p. 174).

Although Paardekooper argued for the effectiveness of group interventions under the circumstances prevailing among refugee communities, our review found no studies of one-to-one interventions with which to make a comparison. Indeed, evaluations of one-to-one interventions with refugee and displaced children tend to be reported as case studies, which were excluded from the review, and this limited the comparisons which were possible. Our review group was aware that our focus on studies that have used a comparison group design has meant that one-to-one counselling or psychotherapy – the dominant paradigm in psychiatry in countries of the North – has effectively been excluded from consideration because of the mode by which it has been evaluated.

Paardekooper's study also raised the question of attrition, an important consideration for all three studies, and particularly so for any more longitudinal study of impact:

Generally, it looks like children with more behavioural complaints and children in more difficult circumstances dropped out, while children with more internalised psychological problems came to the programme. (Paardekooper, 2002, p. 136)

All three studies employed researchers, professionals and practitioners from the country where the intervention took place both in delivering the intervention and in researching its impact. All studies report that culture-fair standardised psychological tests were used alongside research tools modified for the sample in question (Lloyd et al, 2005, Appendix 4). While this was not the main focus of the review, all three studies provided evidence of high levels of direct and horrifying experience of armed conflict among the children studied.

### **Other Reviews of the Literature**

Since we carried out our review, there have been a number of other reviews published about the situation of children affected by war and conflict (Barenbaum et al, 2004; Kalksma-Van Lith 2007; Betancourt & Khan, 2008; Betancourt & Williams 2008; Euwema et al, 2008). None of these focuses exclusively on young children; the case studies reported range across a significant number of years and employ different methodologies. While the studies by Dybdahl (2001a, b) and Paardekooper (2002) are listed by Betancourt & Williams in their article on building a pertinent

evidence base (2008), they did not manage to identify other controlled trials of interventions with young children. None of them are systematic reviews.

Although these reviews do not follow the protocols or offer the in-depth scrutiny of a systematic review, they are far reaching in the papers they seek to include, and in particular they include 'grey' literature from aid agency evaluation reports. This kind of grey literature poses particular problems, since it is usually highly informative about and sensitive to local situations, and at the same time, often uncritical about sampling and self-reporting. (Ebrahim & Penn, forthcoming). It is important not to be exploitative of respondents, in the sense of extracting their knowledge without recompense. There is also a moral obligation to make research practically useful, yet at the same time maintain a rigorous evaluative stance (Euwema et al, 2008).

In general the reviews report a spectrum of interventions with children, from 'curative' individualised therapeutic interventions to more general psychosocial interventions which focus on the developmental context or normalisation for children – schooling, routines, even football. Critical to these interventions appears to be enabling children to have a sense of agency and control over their activities (Betancourt & Khan 2008; Betancourt & Williams 2008). Cultural contexts, and 'social ecology' (Betancourt & Khan, 2008) are likely to be very important in developing any kind of supportive environment for highly distressed children.

All the reviews agree that, as Kalksma-Van Lith comments, the field of research is immature (2007, p. 13). There is much anecdotal evidence and self-reports of successful interventions, but very little hard evidence about optimal intervention formats and their impact on young children. All the reviews mentioned argue for more systematic evidence, both qualitative and quantitative. Williams et al (2008) argue for a common terminology and agreed approaches in addressing issues of children and conflict.

### Conclusion

The distinguished USA physician and medical anthropologist, Paul Farmer, has written extensively about his work with the most marginalised and poorest groups of people in the world, and his belief that everyone is eligible for the best provision that exists (Farmer, 2010). Primarily drawing on his work in war-torn Haiti, he argues that cultural barriers are overstated and that everyone can and does respond to appropriate intervention and treatment, given the opportunity. He also argues that poor and marginalised people are consigned to suffering by nations and global agencies, as if there were no practical alternative or resources to improve their condition. Because resourcing is such a fundamental equity issue, it is extremely important to document and analyse how any input works and what impact it has; rigorous research and documentation is the other side of the coin to intervention. He uses the phrase 'pragmatic solidarity' to describe the importance of locating research in wider analyses of social and economic injustices. Although he was primarily writing about medical interventions, he extends this notion of pragmatic solidarity to working in any community where poor and marginalised people struggle to exist.

This view has informed our analysis too. Our primary conclusion is that the search for effective interventions can only ever be justified alongside concentrated efforts to address and eliminate the horrific effects of armed conflict, of which children are, unjustifiably, the primary victims. In no sense do we argue for research for research's sake.

Given the continuing levels of armed conflict affecting young children, local and international state agencies, non-governmental organisations (NGOs) and individuals have to continue to explore optimal ways of supporting children's development and improving their living conditions under such circumstances. But the work they do should be adequately documented and critically examined. There are many questions to be asked about the nature of such research. Despite the involvement of practitioners from the South in the design and implementation of the interventions and their evaluation, the intervention models which were and are being employed are to a large extent still grounded in theoretical approaches from the North. According to Bracken et al (1997, p. 439):

The challenge to Western NGOs and other agencies dealing with refugees and other victims of violence around the world is to establish ways of supporting people through times of suffering by listening and hearing their different voices in a way that does not impose an alien order.

Paardekooper (2002) considered that this raises questions about the cultural appropriateness of the concept of trauma, and acknowledges that risk and protective factors may be specific to the cultural context. Similar observations have been made by Boyden & de Berry (2005) and Reynolds (2005) about the way in which cultural context may be more influential than chronological age in influencing resilience and vulnerability. Boyden & Mann (2000) went further and questioned the notion of resilience itself. They argued that the concept of resilience does not have any real scientific basis, but serves instead to divert attention from situations which provoke terrible stress, to those suffering from the stress.

Our systematic review is a widely accepted – if sometimes viewed as a narrow – form of analysis. It has attempted to show in some detail how rigorous evaluations can be attempted even in situations of continuing armed conflict.

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