STATE OF THE ART

PSYCHOSOCIAL INTERVENTIONS WITH CHILDREN IN WAR-AFFECTED AREAS

War Child Holland is an independent international non-governmental organisation that invests in a peaceful future for children affected by armed conflict. War Child Holland is part of War Child International, a network of independent organisations.

War Child Holland programmes strengthen psychosocial development, contribute to peacebuilding processes and advocate for the rights of children and youth, applying the power of creative arts and sports.

War Child Holland has programmes in Afghanistan, Colombia, DR Congo, Israel and Palestinian Territories, Kosovo, the Netherlands, Pakistan, Sierra Leone, Sudan and Uganda.

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PSYCHOSOCIAL INTERVENTIONS WITH CHILDREN IN WAR-AFFECTED AREAS

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First edition May 2005
Revised August 2007

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Introduction

In the past years, War Child Holland (hereafter referred to as War Child) has been developing its methodology for psychosocial assistance to children in war-affected areas, which is characterised by the application of creative means.
In the light of a growing, wider recognition that programmes for war-affected communities need to include psychosocial aspects, it is time to look at the War Child methodology in relation to contemporary approaches. Of interest are both the types of interventions that have emerged as well as the evidence that has been found with regard to the effectiveness of interventions.

War Child put forward a specific request for comparative study, addressing the following questions:

- What are the key types of intervention for psychosocial assistance that are being applied to children in war-affected areas?
- What are the results of (scientific) research into the effects of the most relevant programmes?
- Which NGOs operate in this sector and what is their practical experience with specific methods?
- How does the War Child methodology relate to developments in the sector; what is known about the effects of War Child's programme and how can these be measured? How will War Child work towards the development of additional evidence?

This paper aims to clarify the key issues, laid out in three chapters:

1. What are the main types of interventions?

- What are the different approaches for psychosocial assistance to war-affected children?
- Which other (creative) methods are applied?
- Which key organisations operate in this sector and what are their approaches?

2. What evidence of success is available?

- To what extent has the effectiveness of different approaches been studied?
- What evidence of success was found for each of these approaches?

3. What is the position and role of War Child Holland?

- How does War Child's methodology relate to the identified approaches?
- To what extent is War Child's approach successful?
- How is War Child measuring the success of interventions and what are its future intentions to contribute to this area of research?

In the final paragraph, the main conclusions and War Child's future orientation are reviewed.
The content of this paper is based on a study of literature, policies, evaluations and research documents produced by key policy makers, aid professionals, researchers and other leading experts in the sector. In addition, informal talks were held with colleagues in the humanitarian field.

1. Psychosocial assistance to children in war-affected areas

In the past decades, the effects of war on the psychosocial well-being of children and our responsibility to protect children from these effects have become widely recognised in the international (humanitarian) field. The UN report on the promotion and protection of the rights of children (Machel, 1996) made an important contribution to this recognition by pointing to the psychosocial and social needs of children and the necessity to integrate these into all aspects of relief work within a framework of culturally-appropriate concepts and traditions.

1.1 Approaches

Generally, two approaches to psychosocial interventions with regard to children in war-affected areas have emerged. At one end of the spectrum we find interventions from a curative point of view, aiming at psychosocial and psychological treatment of war-affected children. The approach is strongly trauma-oriented, helping children deal with the stressful experiences they faced. At the other end, we find an approach that is more preventative in nature. Rather than focussing on past experiences, interventions address the consequences of war and its present challenges. They aim to help children develop healthily within their social context, thereby protecting them from future mental and social disorders.

The two types of responses and their variations have been described and reviewed by many authors and organisations; Paardekooper (2002) for example, makes a distinction between a *psychodynamic* programme that concentrates on problems related to war and subsequent flight and a *contextual* programme focussing on the problems that children face in daily life. Along the same lines, Richman (1996, in Loughry & Eyber 2003) talks about a *specialist approach,* referring to trauma-oriented programmes that focus on the treatment of children who are most at risk, and a *primary care approach*, referring to programmes that include all children, regardless of the extent to which they have been affected. Within the primary care approach, services are delivered to the whole community, assuming that this promotes social support to children, which enhances their coping skills. Save the Children (2004) describes three approaches with regard to programme content:

- *Curative* programmes, addressing diagnosed psychological effects.
- *Preventative* programmes, seeking to prevent further psychosocial deterioration.
- Programmes that *promote* healthy psychosocial development.

In this paper, two different approaches to psychosocial intervention will be distinguished. The choice of terms is based on the distinction in programmatic focus. The first type of intervention is called the *curative approach*, in line with the term used by Save the Children (SCF). It is primarily concerned with resolving trauma and healing the wounds of war. But where SCF distinguishes between two additional approaches of ‘prevention’ and ‘promotion’, in practice, a combination of these intervention approaches emerges – aimed both at preventing pathology and at restoring the social fabric for a healthy psychosocial future. The second approach will therefore be referred to as the *developmental approach*.

It should be noted however, that most programmes are not archetypes, but moderate versions, reflecting an approach that lies somewhere between the curative and the developmental. Moreover, many programmes also combine elements of both approaches.

1.1.1 Curative approach

The curative approach is highly trauma-oriented, focussing on the effects and symptoms of disproportionate stress situations on children. Response from a curative angle is based on psychotherapeutic approaches related to Western mental health concepts (Lowry 2000 in Barenbaum et. al. 2004) such as Post Traumatic Stress Disorder PTSD (Allwood et. al. 2002), which single out individual or small groups of children and focus on confronting experiences to help children deal with the mental and social disorders resulting from war. The approach generally implies the involvement of mental health specialists, such as psychiatrists, psychologists and creative therapists.

As curative programmes focus on mental illness, they include a variety of methods such as trauma and psychotherapy, individual and small group counselling, talk therapy and creative therapy (Fazel & Stein 2002). The approach is treatment-oriented and may operate from residential treatment centres, or aim towards capacitating local (mental health) service providers to deliver therapy to traumatised children. Therapists engage in 'longer'-term targeted relationships with their clients to address problems. Curative programmes, generally part of an emergency and rehabilitation programme, often have a clearly-demarcated ending, although the 'long-term' nature of these interventions is sometimes difficult to achieve within such a limited time frame.

1.1.2 Developmental approach

The developmental approach towards psychosocial intervention looks at people from a broader perspective, as part of a wider social fabric of relationships and structures. Derived from concepts used in developmental psychology like system theory, this approach is grounded in the collectivist culture societies of non-Western populations. With regard to children it means that children's development – and hence their ability to cope with crises – is influenced by relationships with family and environment. There is a constant interplay and exchange between the child's internal, psychological traits and his or her external, social environment.

The approach moves beyond the traumatic experience towards understanding the daily problems currently faced by children and how they cope with stress situations. Crucial to this approach are children's *resources* to deal with such situations, which are regarded to be cultural and context-specific as well as individually defined. Programmatic response is geared towards promoting psychosocial skills, such as common functioning in life-tasks, continuity and normalisation of structures. Family and community relations are regarded as key factors that enhance children's coping potential (Stichick 2001, Loughry & Eyber 2003). The approach emphasises children's capacity to be involved in the design of programmes that are beneficial to them.

Some developmental programmes focus on normalising and restoring stable living conditions, e.g. rehabilitation of schools, community rites, etc. Other programmes are more specialised, helping groups of children deal with specific situations through various methods, which often include creative exercises such as drawing and play. Yet other programmes focus on children's social environment, supporting and informing parents and teachers to help them support the children. Developmental programmes are future-oriented, geared towards the structural strengthening of children's psychosocial well-being.

1.1.3 A shift in approach

Although some authors and organisations continue to see the urgency of curative interventions (Barenbaum et. al. 2004), there is a recent but significant shift towards the recognition of the need to focus on developmental interventions. Several arguments have been put forward which have led to the conclusion that the developmental approach is the most appropriate type of intervention.

Firstly, there is an increased belief that only a small portion of war-affected communities has serious psychological problems requiring specialised care (Loughry 2003) and that the majority of people should participate in programmes that focus on stress resilience. In line with this, Stichick concludes that an individual, treatment-oriented approach cannot adequately address the challenge of improving mental health outcomes when enormous numbers of children and families are exposed to violence, loss and displacement (Stichick 2004).

Secondly, there is a concern that Western disorders may be unfamiliar to non-Western children. The curative approach generally implies that Western-style pathology concepts can be projected and imposed on non-Western children, assuming that disorders such as PTSD are not culture- and context-specific but universally experienced in a similar way. However, studies have indicated that the way in which children suffer is in fact subject to contextual factors. Several authors argue that Western mental health therapy based on trauma and related mental disorders have largely failed in settings with a different cultural context. Bracken (1995) and Summerfield (1999, 2000) from the context of their work in non-Western countries, question the usefulness of the concepts of 'traumatisation' and PTSD. They argue that the focus on the individual is not endorsed in non-Western societies and that consequently, therapeutic modalities developed in the West are not appropriate for people suffering mental disorders in other parts of the world. Based on his field experience in Mozambique, Boothby (in Summerfield 1999) subscribes to this argument by concluding that Western talk therapies failed in unstable and impoverished settings where cultural context prevails, for they locate the cause and burden of responsibility within the individual. In addition, some authors argue that the child's confrontation of traumatic events, which is often encouraged in individual therapy, may negatively affect his or her coping mechanisms.

Thirdly, those working in psychosocial intervention have come to accept that children's well-being largely depends on secure family relationships and a predictable environment. A number of studies have concluded that social support, social ties, and living in caring environments can be associated with positive mental health outcomes in children and adolescents (e.g. Resnick, Kliewer, Sandler in Stichick 2004).

It is also argued (UNHCR 1994 in Loughry & Eyber 2003) that there is a need to end the debate between the two models and to accept a two-fold approach tailored to the specific needs and strengths of children in their context. While developmental responses are regarded as the most appropriate for generic types of intervention, curative methods are said to be useful in a smaller number of specific cases, for those children who have been particularly strongly affected, or those who have not benefited from generic intervention.

Protective factors

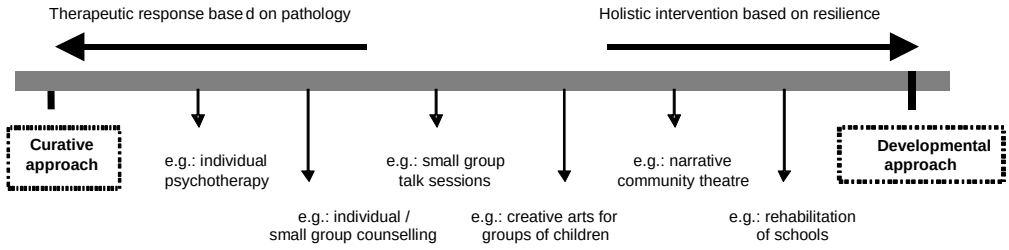
The shift in thinking from curative to developmental modes of intervention moved the focus of programmes from risk factors to protective factors[1], with an increased recognition of the resilience and resourcefulness of children and youth in war-affected situations.

The concept of resilience arose from the question why not all children who experience atrocities become seriously traumatised for the rest of their lives. Resilience has been defined in the relevant literature as: 'those characteristics of the individual child that help him or her to achieve a desirable level of emotional and social skills despite exposure to considerable adversity' (Masten et. al. 1990). A child's resilience can be enhanced by interventions that strengthen internal and external *protective factors*, which buffer the effects of war. Internal protective factors are the coping mechanisms of the child itself, described by Stichick (2001) as 'healthy attempts to deal with an unhealthy environment'. Paardekooper (2002) explains that coping mechanisms are constantly *changing cognitive and behavioural efforts to deal with specific situations*. External protective factors include the child's contextual buffers such as social support from adults and peers, a sense of normalcy and future prospects as well as a peaceful environment.

1.2 Intervention methods

As mentioned above, the various approaches include a range of methods that are applied to achieve results with children and communities affected by war. This paragraph provides a more detailed outline of the key intervention methods.

Figure 1: Curative versus Developmental Approach



1.2.1 Focussed therapeutic interventions

Focussed therapeutic methods address children from a curative perspective, based on individual trauma and related psychosocial problems. Activities take place in individual or small group settings. These methods generally involve a longer-term, open relationship between therapist and client, who engage in a joint trajectory with a therapeutic goal. Therapeutic sessions involve a particular type of treatment, often including confrontation with past experiences and the expression of emotions.

Some examples of focussed therapeutic interventions are:

[1] It should be noted that curative programmes too, may contain activities aimed at strengthening internal protective factors; helping children cope with emotions caused by traumatic experiences.

- **(Psycho) therapy:** Refers to the treatment of mental and emotional disorders. A mental health professional works with an individual or group on the treatment of specific (psychosocial) problem(s); e.g. individual, group or family therapy. Some other forms of therapy include: (1) Creative therapy: treatment based on expression of emotions through creative exercises such as drawing or drama, often focussing on non-verbal expression; and (2) Psychomotor therapy: treatment aims to realise positive therapeutic results by using adapted body experiences, movement and sports situations.
- **Self-help groups:** Children with similar problems try to help each other (e.g. ex-child soldiers) through interactive group sessions.
- **Counselling:** (Para) professionals offer analytical and problem-solving skills to children with psychosocial problems. Counselling may be conducted in an individual, group or family setting.

Focussed therapeutic interventions with children may be promoted by the longer-term availability of (local) treatment services. Therefore, this area of intervention includes:

- **Training of local mental health workers:** Short and longer-term training (seminars, workshop, courses) to increase the capacity of local professionals to address psychosocial problems.
- **Strengthening of public health system:** Different types of activities to improve local mental health care, such as promoting adequate legislation, construction of health centres, etc.

1.2.2 Child-centred group interventions

A second category of interventions is formed by child-centred group interventions by means of creative and recreational methods. A general distinction is made between structured interventions aiming at 'psychosocial development', and less structured, 'relaxation-based' interventions. As opposed to therapeutic interventions, child-centred group interventions do not focus on stress-related disorders but address children's wider psychosocial problems and needs. This type of intervention does not single out children in a secluded environment, but works with selected groups or in a community-based setting. Sessions are led by facilitators rather than therapists, who may be outsiders, but are ideally community members. The facilitators develop a trustful relationship with groups of children, but do not engage in therapeutic relationships with individual children. Child-centred group sessions rather, focus on the exploration of the surrounding world, strengthening cognitive, emotional and social skills, through imitation, competition, cooperation, fantasy, etc.

Creative group methods have development-oriented objectives and specifically address children's psychosocial needs; they aim to strengthen protective factors to deal with the consequences of war, to restore social coping structures and to prevent future disorders. Objectives are not based on individual deficits but on general psychosocial needs and concepts of healthy psychosocial development of children. The shared opinion is that creative activities offer means to learn physical, emotional and social skills, helping children to express emotions, communicate and build relationships.
Recreational group methods are generally less structured than creative methods and do not particularly focus on specific developmental goals, even though they may contribute to the psychosocial development of children. They offer the opportunity to play and have fun as a

counterbalance to stressful experiences and the impoverished world surrounding a child in the aftermath of war. Recreation provides children with moments of relaxation and may therefore have a healing effect. The activities place children in a protected environment and allow them to express their emotions in a manner they direct themselves.
Various organisations and authors have varied opinions on the classification of activities into creative and recreational categories. Sports for example, is regarded by some as a creative method, being part of a psychosocial rehabilitation process (Akhundov, 1999), while others solely recognise functions of fun and energy release. In practice, many child-centred group interventions contain elements of both methods, recognising the benefits of play.

Play and creative expression aid healthy child development. During play, children learn the possibilities and limitations of their own bodies; the physical nature of the world and the characteristics of objects; to solve practical problems; to relate to others; social rules; and to confront difficult situations (Pereira & Richman 1991). Play is regarded as natural behaviour for children; they even play in very difficult circumstances. Replaying stressful, dramatic events in daily life may help children to learn to cope with them. Moreover, children are often better able to express themselves through play than with words.
Examples of creative activities are:

Music and dance

In most cultures music and dance are ways of bonding and articulating identity; they help people deal with positive and negative experiences in life. The non-verbal component of music and dance activities is a very appropriate tool for children to express themselves, to make contact with others and to be understood by adults (Nylund, 1999). Music is experienced on an emotional level by both children and adults, and may help them differentiate between different sentiments. Experiencing movement and rhythm releases tension. It provides an opportunity to express feelings and to master those feelings, without words being necessary.

Art activities

Through activities like drawing, painting, photography, and puppet making, children are offered a means to express emotions and views they find difficult to express in word and sound. Art activities enable children to show where they come from, who they are, what they want, and what they are hoping for or dreaming of. The fact that they produce something unique themselves enhances their self-confidence and imaginative skills.

Drama and storytelling

Drama exercises and storytelling offer a safe opportunity for children to express and deal with their emotions. Both may evolve around specific themes or emerge from children's personal imagination. Drama activities with groups expose children to a range of psychosocial stimulators such as trust building, concentration, group cohesion, co-operation and self-confidence. Interactive drama exercises are believed to be particularly useful to explore and discuss issues in a community that affect the psychosocial well-being of adults and children. Narrative Theatre (Sliep & Meyer-Weitz 2003) and Theatre for Development (Scott-Danter 1999) are examples of interactive drama methods.

Sports and games

Sports and games offer children the opportunity to release energy. They make children explore their bodies and physical capacities, so they can develop their motor skills, coordination and balance.

Like creative forms of play, sports make children work together toward a common goal, allowing individuals to develop initiative and self-esteem. Sports and games are all about teamwork, leadership, self-discipline, responsibility, respect, dealing with winning and losing.

Some authors focus on the psychosocial benefits of sports, such as improved emotional health and interpersonal relationships, (Akhundov 1999) while others emphasise the recreational aspects of sports.

Recreational activities

Recreational activities such as play days, festivals and community events offer healthy relaxation for children and may have additional functions. Cultural activities in the community provide good opportunities to celebrate life and create hope for the future. Festivals bring people together and strengthen relationships. Telling folk stories in groups is a way to relax, to share and find meaning in life.

1.2.3 Interventions aimed at normalising systems and structures

A third category of interventions is aimed at normalising systems and structures. These methods pursue the restoration of an environment that resembles normalcy. Interventions aim to (re)build an environment that is conducive to the child's recovery and reintegration. Barenbaum (2004) refers to this method as 're-establishing the psychosocial network'. Normalcy, among other things, means a stable community environment with structures such as schools, health services and community events.

Examples of this type of intervention are:

- **Rehabilitation of schools:** Restores opportunities for children, offers them a sense of stability and security and may foster the development of social (support) networks
- **Rehabilitation and promotion of cultural rites and events:** Such events have a collaborative and peacebuilding function and create a sense of belonging.
- **Reestablishment of social networks:** Meaningful community engagement helps to restore a sense of belonging and personal dignity.
- **Skills and vocational training:** Offers children and young people a sense of future prospects and the opportunity to generate income.
- **Family interventions** (reunification, awareness): A secure family environment has a positive effect on the child's overall psychosocial well-being.
- **Integration activities:** Support peacebuilding and forgiveness among individuals and divided groups.
- **Provision of material support** (food, oil, grains and seeds, blankets, tools): Access to basic commodities contributes to a secure and healthy environment.

Method	Aim	Implementer	Target group	Environment	Examples
Focussed therapeutic interventions	Healing psychopathology	(Para)professional therapists	Individual children or small groups	Secluded; e.g. rehabilitation centre	Psychotherapy Self-help groups Counselling
Child-centred group interventions	Psychosocial development	Facilitators (community and aid workers)	Community & children's groups	Integrated in community or separate setting	Play Art Sports
Interventions that normalise systems and structures	(Psychosocial) development	Community members and aid workers	Community as a whole	Integrated in community setting	Education Vocational training Reintegration

Figure 2: Overview of intervention methods

1.3 Organisations

A substantial number of organisations operate in the psychosocial field. These organisations cover a diverse area of intervention, with activities ranging from individual psychotherapy to peacebuilding and conflict resolution, to advocacy and human rights promotion. Agencies such as UNICEF and the Women's Commission on Refugee Women and Children have contributed significantly to the awareness of children's psychosocial needs, whereas IRC and Save the Children have implemented valuable projects and developed 'best practices' and manuals. Yet other institutes such as the Refugee Study Centre of Oxford University and the Boston University Mental Health Research group have been concerned with research.

Although for the most part practitioners agree that the psychosocial needs of children and adolescents recovering from armed conflict must be addressed within an integrated social setting, not all organisations equally apply this in their approach and programmes. We find a full scale of intervention types, ranging from curative methods to developmental approaches. Médecins Sans Frontières (MSF) Holland's psychosocial programme for example, is to a large extent curative-oriented, working through direct intervention from an emergency relief perspective on trauma treatment and the training of therapists. Save the Children (SCF) on the other hand, works from a developmental angle by promoting normal family situations and everyday life, arguing that individualised therapy and treatment centres are often inappropriate. The Psychosocial Working Group (PWG) warns of the danger of a narrow focus on mental health, which may ignore aspects of the contexts that are vital to the child's well-being.

The following figure presents an overview of some key organisations operating in the field of psychosocial assistance to children in war-affected areas. Organisations have been categorised in terms of their core business (focus on research, policy/knowledge development or implementation) and their approach (from the curative to the developmental approach). Naturally, the classification of organisations is in practice not as clear-cut as presented below, but nevertheless, the figure aims to give some insight in the position of various organisations in the field of psychosocial intervention.[2]

[2] Inevitably there is a subjective element to the positioning of organisations, based on the author's insights. The figure should therefore not be used outside the context of this paper.

The following organisations were selected because they comply with at least one of the criteria below, and have a significant connection with both criteria:

- Addressing the needs of children (including those affected by war) forms a key part of the organisation's mandate.
- Psychosocial help is (one of) the main themes within the organisation.

The selection is by no means exhaustive, aiming merely to present some of the most significant organisations in the field.

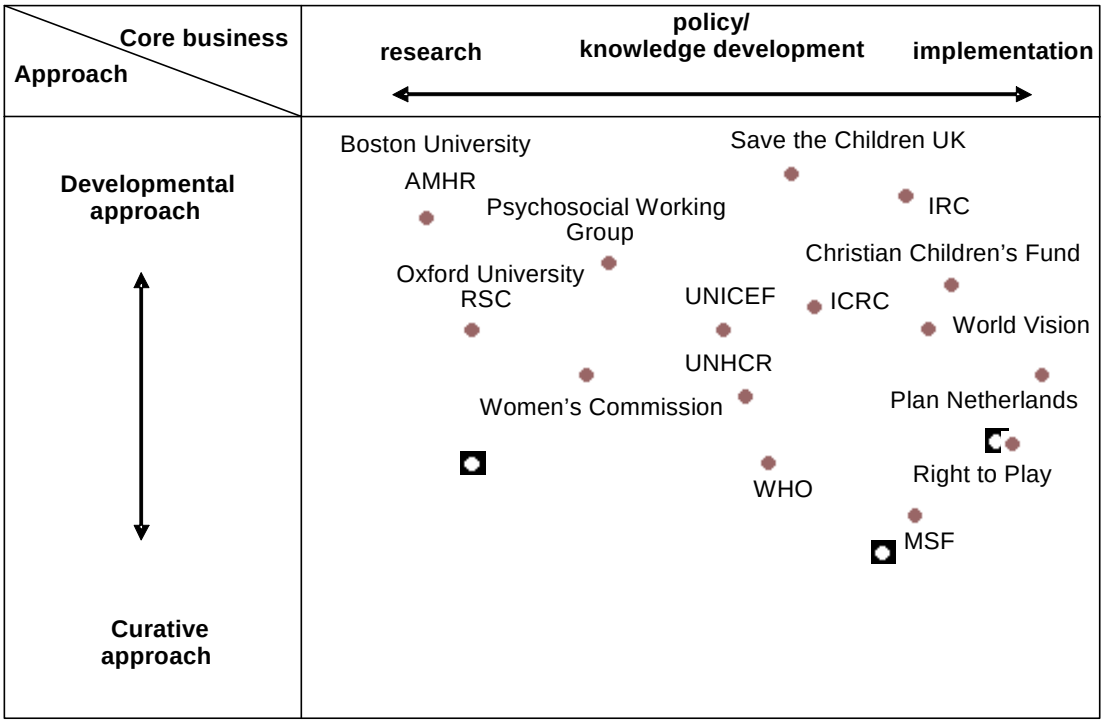


Figure 3: Overview of organisations

From this figure it can be concluded that a significant number of organisations have adopted a more or less developmental approach, with their work focussing at the wider psychosocial development of war-affected children. Programmatic attention to psychosocial development and resilience has resulted in an attempt to reinforce existing protective mechanisms, which may be influenced by war and upheaval. Focus has been put on the role of families and caregivers and cultural and ethnographic issues; interest has grown in the role of community processes resulting in cohesion, trust, connectedness, social support and collective action for peacebuilding (Stichick 2001).

2. Evidence of success

The preceding review of existing approaches and applied methods in the field of psychosocial intervention spawns questions concerning the effectiveness of these approaches. This chapter provides more insight into the extent to which the effect of various types of interventions has been researched, and the 'evidence' of success that has been found.

In pure scientific research, the use of a Randomised Controlled Trial (RCT), a prospective experimental study, is regarded as the most statistically significant, and therefore the only form of research that truly measures the effects of a given programme. An RCT is a study with two groups; one treatment group and one control group. The treatment group receives the treatment under investigation, and the control group receives either no treatment or some standard default treatment. The treatment in the experimental group is based on strict protocols. Initially similar individuals are placed in different treatment groups after which the different effects are compared, both between the individuals and between the general outcomes per group – after a sufficient follow-up period.

Assigning individuals to different groups at random reduces the risk of bias and increases the probability that differences between the groups can be attributed to the intervention. The establishment of a control group allows the comparison of the intervention with alternative factors. In practice, few studies into the effects of psychosocial programmes for war-affected children have been done according to RCT standards. Some organisations strive towards RCT studies but do not manage to meet the full requirements; others, such as the Psychosocial Working Group (PWG), argue that experimental designs such as RCT are often unfeasible to measure programmes that aim for an urgent response, and may be unethical as well. Instead, given the complexity and heterogeneity of the humanitarian field, PWG (2002) sees a clear role for coherent case study replication and evaluation-oriented impact assessment. Some other challenges with regard to scientific research in the field of psychosocial intervention are:

- Methodological complications and limitations of research.
- Multi-disciplinary complexity.
- Lack of a systematic approach and terminology.

An additional constraint is the relatively limited knowledge base with regard to the impact of war on children's lives, particularly in the longer term, and how effects of war are dealt with in different cultures.

Despite the challenges, a number of baseline studies into the *effects of war* and complex humanitarian crises on children (and adults) have been conducted, many of which focussed on the prevalence of PTSD and related mental illnesses. Allwood (et. al. 2002) studied the relationship between violent and non-violent war experiences and children's trauma reactions and adjustment in a group of children from Bosnia. Bolton and Ndogoni (2000) assessed trauma-related mental illness across cultures, finding, among other things, a prevalence of depression among Rwandan people, although this is not recognised locally as a distinct syndrome.

Attempts were also made to study the *effects of psychosocial interventions*. The following paragraphs will elaborate on this search for evidence. As studies of pure scientific nature are still

limited, attention is also given to studies based on project evaluations and case studies. Evidence is categorised into the different types of interventions. In some cases, the studied intervention contains elements of both methods.

To summarise, the key features of the interventions reviewed in this chapter are:

Curative interventions	**Developmental interventions**
Trauma / psychopathology	Coping / resilience
Focus on past	Focus on present and future
Reliving experiences	Moving beyond experiences
Treatment / therapy	Strengthening of psychosocial skills / protective factors
Child individually affected	Child affected as part of community
Programme focus on individual / small group with specific (shared) problems	Programme focus on integrated group with range of psychosocial needs
Specialist approach	Holistic contextual approach
Based on problems – reduction of negative symptoms	Based on solutions – strengthening of positive factors

2.1 Curative interventions

As previously discussed, curative programmes generally address posttraumatic stress reactions and related mental health problems. They mostly target children directly, but may also use intermediaries (e.g. parents or caregivers) to help children deal with traumatic experiences of war. The belief that children and adolescents can be effectively treated with trauma-focussed cognitive behaviour therapy is based on research (RCT) in industrialised countries, which was subsequently applied to other settings. Although there are reservations regarding the projection of findings to non-Western cultures, a number of authors have pointed to similarities, on the basis of research, such as a study into victims of violence in Los Angeles (Stein et. al. in Schauer 2004). Another example is Groenjian's RCT into early adolescent survivors of the Armenian earthquake (in Schauer et. al. 2004) from which was concluded that standardised Cognitive Behaviour Therapy (CBT), including exposure techniques, can be effective for children in vulnerable populations from different cultures.
Four studies of programmes with a predominant curative approach are presented below. Three of them concern direct interventions with individual children or specific target groups, while one programme addresses mothers as intermediaries to improve children's (psychosocial) health.

2.1.1 Narrative Exposure Therapy

The programme presented is characterised by direct intervention with individual children. By means of a case study, evidence was gathered for the applicability of a specific therapy programme for the successful treatment of traumatised children.

Narrative Exposure Therapy (NET) is a standardised short-term approach for the treatment of survivors of wars and torture, in which the participant constructs a detailed chronological account of his own bibliography into a coherent narrative. KIDNET is a version of NET that has been especially adapted for children, making use of play and visual aids to help children construct their story. A case study of the treatment of a child in Uganda (Schauer et. al. 2004) shows a high frequency of the child's post-traumatic stress symptoms, using the Post-Traumatic Stress Diagnostic Scale (PTSDC). In a later assessment, the child's symptoms decreased, dropping just

below the diagnostic threshold for PTSD. With this outcome, KIDNET claims to provide a successful approach for the treatment of traumatised child survivors. Its short and pragmatic method is said to be particularly appropriate in war and disaster areas. On a cautionary note, it is important not to inflict further harm by exposing patients to traumatic memories, or by not allowing them enough time or sufficient treatment to deal with these memories. It is also acknowledged that a better understanding is necessary of how parents, teachers and other significant adults in a child's environment can be involved in the recovery process of children, individually and at a community level.

2.1.2 Helping children by helping their mothers

The study below researches an intervention targeted at children from an indirect angle, by helping mothers to improve the (psychosocial) functioning of children, diminishing the effects of direct traumatic war events as well as *indirect effects* of loss, poverty and refugee life that children are struggling with. With regard to this last objective, the programme is not exclusively curative in nature but also contains elements of a development-oriented approach.

Following the war in Bosnia and Herzegovina, a psychosocial intervention for young children's health and development was carried out. The programme consisted of regular semi-structured group meetings with mothers, focussing on coping with problems and promoting good mother-child interaction. The sessions included psycho-education and therapeutic elements. During the intervention, participating families were also offered free basic medical health care. Dybdahl (2001) from the University of Tromsø (Norway) conducted a study into the success of this programme. Effects of intervention were researched by means of an assessment of the intervention group and a control group, the latter receiving medical care only. The study included interviews with mothers, children and psychologist observers and made use of instruments such as the War Trauma Questionnaire (WTQ) and the Impact of Events Scale (IES). The intervention was found to have a positive effect on mothers' mental health, children's weight gain, and several areas of children's psychosocial functioning and mental health; although other variables that were measured displayed no difference between the intervention and control groups (e.g. depression scores showed less improvement for the intervention group than for the control group). Positive effects, in spite of showing a relatively high absolute value difference, revealed limited statistical difference. This was possibly caused by the small size of the test group.

2.1.3 Trauma healing in secondary schools

The intervention studied below (Olij 2005) promotes trauma awareness and healing within a school setting. Helping adolescents cope with the pain of the past, this programme is a classic example of intervention with a curative approach.

In 2001, the African Centre for Rehabilitation of Torture Victims, a Rwandan association of trauma counsellors, launched the programme: Trauma Awareness, Healing and Group Counselling for secondary schools with severely traumatised adolescents. Before the intervention, many students indicated that they felt lonely and isolated; they experienced difficulties concentrating and suffered from PTSD, depression, fear and/or grief. These students were considered 'mad' and were referred to hospitals. But once back at school, the problems continued: large numbers of pupils were involved in outbreaks of rage and other crises. To address these problems, the intervention programme included: (1) Training of school staff in

'helpful active listening'; (2) Sensitisation in the form of psycho-education for all students; (3) Counselling, offered to staff, students, parents and guardians; and (4) Youth clubs: groups of students aiming to counter the effects of trauma and sensitise others through various media (drama, poetry, dance, etc.). The programme was not scientifically researched but evaluated by means of interviews, observations, meetings and document study. The programme's achievements are multiple: students feel that their teachers listen to them better; they feel more accepted by others and have a better understanding of their own feelings; the general atmosphere as well as the academic performance of students improved. The programme contributed to a reduction of trauma symptoms and no further crisis outbreaks occurred since the start of intervention. One general problem that was indicated related to the staff's lack of time, preventing them from being able to offer sufficient services. Therefore professional trauma counsellors are still necessary to provide counselling to the most-affected students.

2.1.4 Theatre Action: a form of counselling

The case presented here aims to provide evidence for the benefits of counselling. Sithamparanathan (2003) explains how interventions by the Theatre Action Group (TAG) should be regarded as counselling sessions, as they involve the creation of therapeutic spaces where children can express their feelings and talk about problems. The 'counsellors' (actors) listen with care and respect and offer emotional support.
This curative programme contains developmental elements, as it looks beyond the individual problems of children, by gradually involving their support network of teachers and the community.

TAG was formed by a group of artists from the Department of Fine Arts at the University of Jaffna (Sri Lanka), together with secondary school students, teachers and others. TAG works in north and east Sri-Lanka, in refugee camps, schools and rural villages. Their workshops and performances are primarily aimed at children, and during their performance, TAG involves the children in discussions about their emotions and violence in their lives. Themes are transferred into scenes and put on stage. If there is sufficient response, teachers conduct workshops with the children. The programme was not scientifically researched, but rather, was reviewed on the basis of anecdotal information. Teachers observed striking changes in some of the children's behaviour; shy children became more assertive, while aggressive children became more manageable. Once contact has been established with children and teachers, TAG slowly starts spending time in the village. A play may be performed, based on themes relevant to children, whereupon spectators are involved in discussion. As a result, in some communities members have come into action and have started bringing about changes.

2.2 Developmental interventions

Developmental interventions are based on the finding that children's focus in many non-Western cultures is more community-centred than individually-centred (Refugee Studies Centre 2001), and therefore, that stressful experiences of war and its aftermath are dealt with at a collective level. Advocates of this approach find that most children are eventually able to deal with the atrocities of war without developing psychopathological problems on a large scale. Children's resilience is considered to be supported by internal coping skills and external support. Developmental thinking has resulted in programmes that work with children's strengths, developing their cognitive, social and emotional capacities to actualise positive futures.

This paragraph presents a review of research into four programmes. Although some of the programmes focus on specific groups of children and adolescents, such as refugees and former child soldiers, the respective groups are approached from a developmental angle.

2.2.1 Developmental trajectory for refugees

The programme studied here (Tolfree 1996) takes as a starting point that its beneficiaries are 'affected' by war, but rather than regarding them as traumatised or as having deficits, they are seen as capable and resourceful in dealing with problems themselves. The programme was based on children's capacity for creative and imaginative play, allowing them to explore various issues and express their feelings.

Acting upon the need for intervention with children seeking refuge in the Federal Republic of Yugoslavia (FRY), a group of developmental psychologists of the University of Belgrade developed the Hi Neighbourhood programme, which was later funded by UNHCR and Rädda Barnen. The central part of the programme consists of workgroups in Collective Centres for refugees; with groups for children, adolescents and adults operated concurrently. No attempt was made to advise the participants. The aim was merely to create a platform for social interaction, offering the tools with which they could build on their own resources. Individual and group expression was facilitated by a variety of media such as movement, sculpture, performances and creative and expressive games. Workshops were very open, anyone could attend and leave as they liked. An important aim of the workshop was for participants to introduce whatever issues were important to them. The workshops improved social interaction among refugees, but they still had difficulties engaging with the local community outside the centres. Therefore, a range of activities was organised (meetings, outings, visits) to initiate interaction. An evaluation of the project's impact was conducted by means of a variety of methodologies: the study of project documents, observation, interviews and discussion. Drawing exercises, rating scales and questionnaires with participants resulted in positive outcomes: on a basic level, the programme provided friendship and recreational activities; at a deeper level, it promoted the development of coping skills. Young participants developed cognitive, social and emotional competence and improved their self-esteem, which enhanced resilience. However, the open-ended nature of the programme and the need to deploy experienced professionals raised questions of sustainability.

2.2.2 Psychosocial adjustment of demobilised child soldiers

The case below studies the impact of interventions aimed at the reintegration of former child soldiers. The three programmes that are part of the research have different angles, but are mostly based on a developmental perspective with regard to the reintegration issue, marked by a contextual psychosocial approach.

The International Rescue Committee (IRC), in conjunction with Columbia University, conducted a study to develop and employ a research instrument for measuring psychosocial adjustment of demobilised child soldiers (MacMullin and Loughry 2004). Starting in Sierra Leone, researchers, with the help of local children, created a measurement tool based on a combination of existing instruments: the Child Behaviour Inventory and the Cross-National Adolescents Project questionnaire. The final questionnaire, the Northern Uganda Child Psychosocial Adjustment Scale (NUCPAS), was completed and implemented in Northern Uganda. The questionnaire was administered to a stratified sample in four groups of children:

(1) Former child soldiers (abductees) who had participated in a 3-10 day accommodation and reunification project;
(2) Abductees who attended a project including housing, counselling and vocational skill training for three months;
(3) Abductees who were reunited with their families immediately after release;
(4) Children who had never been abducted.

Some of the key outcomes were:

- All former abductees living with their parents were found to be less anxious and depressed than those living with guardians.
- Children who had received short-term accommodation were less anxious and hostile than children who went straight home.
- Children who had received counselling, housing and vocational skill training were found to be more confident than other children.

Despite research limitations (very little was revealed about the nature and duration of adjustment) this study shows that the abductees benefited from participation in one of the projects; and hence that methods used in projects are likely to have a positive impact on children. Unfortunately, it remains unclear *which* project activities made a difference for these children.

2.2.3 Youth Clubs for refugees

The Youth Clubs programme concerns a community-based intervention with the aim of psychosocial recovery and the reintegration of young refugees. It is argued that the Youth Clubs programme was an effective intervention to help adolescents deal with their situation, by offering the youngsters opportunities to master reality and find new, meaningful goals to identify with and fight for (Ispanovic 2003).

During the war in 1992, Youth Clubs were organised in boarding schools and youth hostels in Serbia. The clubs were open to youngsters attending the schools and hostels (refugees) as well as other local young people. The adolescents had complete say in the content of creative and recreational activities offered, generally consisting of music, poetry, communal games, painting, drama excercises, sporting activities, talk shops and discussions. An evaluation study was conducted in the form of empirical research rather than a very strict scientific study (as strict scientific methodology was hard to apply in a war situation). The evaluation did however, make use of scientific instruments, such as the War Trauma Questionnaire (WTQ) and the Impact of Events Scale (IES) and included a control group of youngsters who had not taken part in the Youth Clubs.
The study showed positive effects such as an increase of self-respect in all adolescents and a decrease in psychosocial problems among young people, particularly refugees. The majority of adolescents indicated an increased understanding of themselves and others and said it was much easier for them to make contact with peers. But outcomes also included a slight increase in trauma-related symptoms among refugees (measured by the IES of Intrusion and Avoidance), which is thought to be caused by the possibility that the intervention allowed the youngsters to face previously-suppressed painful memories.

2.2.4 Non-formal education

The intervention programme under scrutiny here is strongly focussed on strengthening the psychosocial fabric surrounding IDP children. The programme aimed to help them deal with the physical and emotional stresses of displacement, such as separation, loss of loved-ones, concerns about lost years of schooling, idleness and the lack of safe and structured places to spend time.

In 2000, the International Rescue Committee (IRC) launched an emergency education programme, consisting of non-formal education and recreational activities for Chechen IDP children and their families in Ingushetia, Russia. Among other things, the programme aimed to normalise structured activities for children and adolescents to address psychosocial and cognitive needs; and to increase the capacity of the displaced community to respond to the protection and psychosocial needs of their children by encouraging parental and community involvement. The programme prioritised the involvement of adolescent beneficiaries, their families and the larger community in developing the intervention.
As IRC consultant and Harvard associate, Stichick (2000) conducted a comprehensive evaluation study of the non-formal emergency education programme. One of the aims of studying this intervention was to explore whether the programme resulted in psychosocial benefits for young people. Data were collected through semi-structured interviews with respondents selected by purposive sampling.
Outcomes of the study indicate a number of ways in which the programme benefited young people, such as by providing enriched sources of support, access to meaningful activities, opportunities to learn, and a place and space to spend time and connect to others. In particular, adolescents describe how the programme improved their confidence in working with others and influenced their career goals.
At the same time however, it became clear that the young people's strong desire to lead normal lives could not be met by the delivering capacity of this emergency programme; the programme offered creative and adaptive strategies that were by no means a replacement for mainstream education.

2.3 Discussion

This chapter illustrated some positive results in a range of curative and developmental interventions, which may indicate evidence of success. It should be noted however, that the field of research is still immature: the number of studies is limited, it remains difficult to draw conclusions across studies and outcomes of programmes cannot automatically be generalised to the wider area of intervention to which they belong.
There should be some reservations about the validity of some of the outcomes, as sample sizes are relatively small and long-term effects have not been researched. To obtain a stronger base of evidence, additional research with larger numbers of children would be needed and more attention should be paid to the way children cope in the longer run.

An additional point of discussion is the research methods being used. In fact, very few studies use strictly scientific methods. Generally, research into curative programmes has a stronger scientific basis than studies of developmental programmes have. This may be due to the fact that curative programmes are more suitable for structured measurement as they can make use of instruments developed in the mental health field, such as treatment-protocols and validated

questionnaires. Concepts of individualised distress are more easily operationalised than some of the issues within general psychosocial development. This also explains why scientific studies into developmental interventions tend to express programme results in terms of a reduction of trauma-related symptoms, rather than a change in factors of positive psychosocial development.

Curative versus developmental interventions

From the current base of evidence, it cannot be concluded that the one type of intervention is generally more successful than the other. Selection of a certain type of intervention should be based on what best fits the needs of children, which may include a combination of methods. Children have diverse responses to crises, regardless of the severity of events they have witnessed. Because childhood is to a large extent socially constructed, children in different social settings experience different kinds of childhoods, leading to discrepancies in their safety and resilience during times of external stress. In some societies for example, learning resilience is part of the formal rite of passage (Boyden 2001). Differences do not only occur between children from various cultural backgrounds, but also appear in other variable factors, such as gender. It has therefore become of growing importance to understand children's reactions to war experiences in order to be able to help them (Macksoud 2000).

Curative programmes may be useful in specific situations where children need special attention or are severely traumatised. It should be understood however, that programmes addressing individual deficits generally need long-term attention, which was illustrated by the study into trauma healing at Rwandan secondary schools, where it transpired that there was a continued need for professional trauma counselling. Curative programmes also include the risk of evoking negative experiences that are not appropriately dealt with, as was concluded from research into KIDNET. Based on the same study it was argued that, within the context of curative programmes, there is a need to involve significant adults in the recovery of children.

Although the success of developmental programmes seems even more difficult to demonstrate scientifically than the effects of curative programmes, it is now widely regarded as the most appropriate generic approach to psychosocial intervention with war-affected children. Developmental programmes are valued both for their systematic approach and for their practical solution to the challenge of improving the (psychosocial) situation of large numbers of children and families exposed to the stresses of armed conflict.
As a result, attention is paid to the role of protective factors, including coping strategies, which mediate reactions to stress; they help children and communities restore a sense of normalcy and build on future development. To be able to assess the impact of programmes that aim to strengthen children's resilience, research has shifted recently from describing pathology to investigating the means by which children cope with difficult circumstances. Some studies are now targeted at better understanding protective factors and factors that moderate the impact of traumatic experiences (Stichick 2001). The following chapter will provide more insight into this field of study.

3. Position and role of War Child Holland

3.1 The War Child approach

War Child invests in a peaceful future for children affected by armed conflict. It aims to strengthen psychosocial development, contribute to peacebuilding processes and advocate for the rights of children and young people, applying the power of creative arts and sports.

War Child believes that the majority of children affected by war respond normally to abnormal experiences and stressful circumstances. War Child tries to avoid pathologising children and is hesitant to use the word '*trauma'*, in part because it has become such an unclear concept altogether. As Summerfield (1999) explains: 'traumatisation' is widely used to denote a war-induced psychological condition but there is no consistent working definition of the term and it is often used in a figurative or journalistic way. Rather than emphasising deficits and trauma, War Child is of the opinion that children possess the strength to (re)build their lives. Working from this perspective, the organisation has been developing interventions that enhance protective factors that help children deal with the exceptional stresses of armed conflict and its aftermath. Identified protective factors are:

- Constructive coping mechanisms;
- Adult support;
- Peer interaction;
- Sense of normalcy and future prospects;
- Safety and peace.

War Child Holland's methodology is characterised by the application of creative means. Creative activities offer a way to learn physical, emotional and social skills, helping children to express emotions, communicate and build relationships. Stimulating creativity helps to restore the normal course of children's development. Play is beneficial for the development of coping mechanisms that enhance resilience and psychosocial well-being in children.

Creative Activities: In War Child terminology, creative activities range from play and structured exercises to music, drama, dance, movement, etc. (see for a description paragraph 1.2.2). Activities often include a combination of creative methods. Creative activities do not aim to confront children with negative experiences but focus on building skills for healthy psychosocial development and peacebuilding.

Sports: Different types of sports activities and events are organised and promoted for groups of children and adolescents. Local entities such as schools and communities are encouraged to organise sports as a reoccurring activity. Sports activities aim to offer relaxation and an opportunity to release energy, but are also meant to bring unity, e.g. strengthening community bonds and reconciling divided groups.

War Child's methods are applied in a variety of activities with a range of target groups. Examples are, creative workshops with IDP and non-IDP children, school groups, street children, community groups, etc. Where possible, War Child addresses existing groups of children. This approach avoids the isolation of groups that have been particularly affected by their experiences

and is a conscious strategy to stimulate the social integration of children. War Child works from different settings, such as schools, villages, centres and IDP camps. Besides children, activities target supporters surrounding the children, such as parents and caregivers, teachers, peers and para-professionals, who may be invited to join in workshops with children or are engaged in separate activities. The majority of programmes particularly emphasise the role of families and communities, building on cultural beliefs and community processes that protect and support children.

In short, War Child aims to enhance children's healthy psychosocial development and to prevent them from developing future problems in war-affected areas through creative activities that strengthen existing protective factors. Working from a holistic perspective, War Child regards children as resourceful agents, who are part of a wider social environment so our interventions are aimed both at children as well as the social support network they are a part of. For this reason, War Child primarily employs a developmental approach.

3.2 Evidence of impact

The question that now arises is to what extent War Child's approach is, in fact, an effective approach with which to address psychosocial issues of children in war-affected areas.

It should be said that not necessarily only one type of intervention is effective. As mentioned before, different types of programmes have resulted in successful outcomes for children in war-affected areas. Programmes are based on a particular understanding of the impact of war on children and the specific needs of children in a certain context. An organisation's approach is actually a choice, based on what is regarded useful in specific situations, for the target group(s) the organisation aims to work with. War Child's choice to work from a developmental framework is rooted in the experience of children's resilience, but is also based on the idea that wide interventions with general groups of children are regarded as the most effective contribution the organisation can make in this field.

In the previous chapter, a review of (semi-) scientific studies presented some positive results with regard to the impact of developmental programmes that show similarities with War Child's approach. It should be taken into account however, that the quantity of research is limited, particularly regarding studies of creative intervention. Support for creative methods however, is widely available from the field; various players, active in the psychosocial development of war-affected children, have stressed the benefits of such methods. UNHCR (1994) for example, strongly recommends activities such as games, dance, music, drawing, painting, storytelling and singing for groups of refugee children to help them develop healthily. According to the WHO, there are some mental health interventions that are broadly acknowledged as useful to start with even before an assessment is completed. These include: incorporating recreational, cultural space in the design of refugee camps, e.g. playgrounds, sports fields, places for religious and cultural ceremonies and other community activities; organising creative and recreational activities for children (e.g. sports, drama, storytelling, singing, dancing) to strengthen the health and positive aspects of their personality as opposed to over-emphasising trauma and curative activities; stimulating the reestablishment of cultural and religious events.

USAID (2002) promotes, among other creative interventions, the Butterfly Garden programme, an intervention for war-affected children and their community. The programme offers a wide choice of play and art activities such as clay work, drama, storytelling, music, arts and crafts. The Butterfly Garden is believed to respond to the developmental needs of children; provide healing and creative opportunities; give children a chance to play and have fun; and offer a pathway to reconciliation.

The Inter-Agency Network for Education in Emergencies (INEE) emphasises that, particularly in emergency settings, interventions should include recreational and creative activities. They aim to quickly instil a sense of structure and normalcy and provide the participants with a non-threatening means of dealing with their experiences (INEE, 2006).

The importance of offering children a means of creative expression is also recognised by many authors. Yule (2002) for example, argues that the more children are involved in activities such as music, sports and community events, the more likely they are able to cope with the aftermath of war.

An additional conclusion from chapter two was that, to assess the success of psychosocial programmes for war-affected children, we need to increase our understanding of *factors that help children deal* with crisis effectively. As War Child aims to enhance these factors, this paragraph pays specific attention to them, both in the terms of research-based evidence as well as the commonly-shared views of key players in the humanitarian field.

3.2.1 Research on protective factors

Protective factors have been a research topic in studies of resilience against general stressful events and positive promoters of development. A longitudinal study into resilience, conducted in Hawaii, provided data on protective factors for good development in children with high cumulative risk (Masten 1997).
In this study, the resilient group of children appeared to have a range of supporting factors such as: good parenting, better intellectual skills, more connections with prosocial adults, fewer separations from caregivers, better physical health, etc. This research and a number of preceding studies (e.g. Masten et. al. 1990) establish a set of crucial protective factors for human development, the most important of which is a strong relationship with a competent, caring, prosocial adult. Another key factor is normal cognitive development.
Research shows that when these factors are present, children are more likely to deal positively with catastrophic stressors. Consequently, this leads to the conclusion that adding resources to a child's life that bring these assets together may counterbalance high risk. It has also become apparent that children are part of multiple contexts that can provide potential sources of protective factors such as, families, schools, sports teams, religious groups, etc.

The study of *children affected by armed conflict* has only recently begun to include concepts such as coping, protection and resilience (Stichick 2001). Yet the studies that have been conducted, illustrate the positive functions of a range of protective factors, supporting War Child's choice to work with children and communities in programmes that aim to enhance these factors.
Arafat, in consultation with Boothby (2003), conducted research into the psychosocial functioning of Palestinian children in the current crisis situation. The study was primarily designed to see how

children assess their own situation. A representative, stratified, random sample was chosen from cities, villages and refugee camps in West Bank and Gaza. Children, parents and teachers were interviewed.
The results showed that children are able to clearly identify strengths, coping mechanisms and resilience that they and their families posses. The stress suffered by the children is accentuated by the feeling that parents can no longer fully meet their needs for care and protection, as caregivers themselves are stressed and frustrated and therefore lack energy to provide support. Children see parental support and school as important factors to improve their lives. School gives them hope for the future and is regarded as an important social forum. Parents and teachers are committed to support children even though they – mostly the parents – find it difficult to give this support.
As a result of these findings, intervention is recommended that assists children in developing effective resilience to negative life events by collectively working with the children, parents and caregivers on coping skills. Components of the programme include: restoring a sense of normalcy by offering children opportunities to participate in community-based recreational, cultural, sports and other non-formal activities; guidance for parents in the form of material and psychosocial support; and finally, strengthening the role of schools as multifunctional centres.

Stichick (2004) conducted a study into the role of social support and connectedness with family, peers and the larger community as protective factors against internalising mental health problems of adolescents displaced by war in Chechnya.
The study was carried out with a random sample of girls and boys participating in an emergency education programme. The results were measured through the Achenbach Youth Self Report. The study showed that family, peer and community connectedness had a positive influence on the mental health and adjustment of war-affected adolescents, and therefore, are effective protective factors in reducing the chance of internalising stress. The findings of this research subscribe the effectiveness of interventions that do not target young people individually but offer them the opportunity to improve connections that are positively associated with their (psychosocial) development. An example is given of cultural events where friends, family and community members are all encouraged to get involved. The role of social support has also been studied in other situations of war-related violence. Research in Colombia for example, showed that social support and family cohesion reduced the risk of psychopathology or distress in coping with severe violence against family members (Kleiwer et. al. 1998 in Stichick 2004).
A literature study to review stress reactions among children and adolescent refugees revealed that reactions to stress may be mediated by coping strategies, belief systems and social relations (Lustig et. al. 2004). For example, in a group of Lebanese children exposed to war and conflict, those whose living situation offered more stability were more deliberate in their conduct. In general, social support and parental well-being were identified as key protective factors; in one of the reviewed studies Mayan refugee children living in camps in Mexico, identified parents and relatives as primary supports in difficult times. Connection to culture and ideological commitment is also said to act protectively; Tibetan refugee children indicated that factors such as religious belief, solidarity and active community involvement helped them cope with stress-related symptoms.

3.2.2 Shared understanding of players in the humanitarian field

Apart from being based on (semi-)scientific evidence, War Child's approach is supported by leading figures in the humanitarian field who argue that psychosocial programmes should focus on positive, strengthening factors that help children build a future.

Various UN agencies, active in offering (psychosocial) support to children, recognise the role of factors that protect children from the stresses of war. UNICEF (2003), in its evaluation of psychosocial programmes in Indonesia, recommends strengthening the following protective factors: community-based social support for children including stable family life; children's resilience including their psychosocial skills and the normalisation of their lives.

UNHCR, (2004) in its Guidelines on Protection and Care for refugee children, indicates that the best way to promote the psychosocial well-being of children is to support their families and communities, and points to the role of schools providing structure and predictability.
Support for the role of protective factors is also found among international humanitarian and development agencies. According to Save the Children (1996) the following factors that promote the psychosocial well-being of children seem to be universal: safety and security; sympathetic caregivers; familiar routines and tasks; interaction with other children.

The International Rescue Committee (2003) equally believes that its work with war-affected children and adolescents must be community-based, building on traditional ways to promote healing and reconciliation. Important protective functions are attributed to social, family and community factors.

A number of authors have demonstrated the positive effects of protective factors in their studies and articles. Summerfield, (1999) argues that the primary task of interventions is to identify patterns of social strengths and weaknesses and that anything that is pro-family or pro-community will help children recover a more positive and social reality. According to Tolfree (1996), research has shown that resilient children tend to have certain 'protective factors' in their lives, which shield them from the worst effects of stress. He points at factors (Losel 1994 in Tolfree 1996) such as: a stable emotional relationship with a parent or caregiver; social support within and beyond the family; an emotionally positive, open, guiding and norm-oriented educational climate; cognitive competence; a positive sense of self-esteem.

In a study of the role of Youth Clubs for young refugees in Serbia, Ispanovic (2003) claims that three groups of factors influencing the outcome of war-related traumatic experiences are recognised nowadays: individual characteristics of the child; cohesion of the family; and support of the social environment in which recovery is taking place.

3.3 War Child's role in collecting evidence of impact

Throughout this paper it has been noted that additional (scientific) study into the appropriateness of developmental approaches to psychosocial intervention, the role of protective factors that strengthen children's resilience, and the type of activities that serve to best enhance these factors, would be beneficial for the development of effective interventions. This paragraph explores War Child's role in contributing to this field of study.

3.3.1 Increased attention for applied research

Up to 2007, War Child conducted four different types of studies in Kosovo, Uganda, Sierra Leone and Sudan to assess the effects of various programmes.

In Kosovo, War Child conducted a study measuring the impact of creative psychosocial activities in schools (De Graaff, 2006). The study included pre- and post-testing by means of structured interviews with children, teachers and parents, and control groups as well[3]. Questionnaires were based on Achenbach's Child Behaviour Checklist (CBCL) and Battle's Culture-Free Self-esteem inventories. The results of this study showed a marginal decline in social behavioural problems and thought problems. Furthermore, after participation in the activities, children showed improved attention skills. However, the Kosovar children in the survey sample displayed few problems in the pre-test, leaving little opportunity for further improvement.

War Child also participated in an impact study in northern Uganda with the University of Boston and World Vision (Bolton et. al, 2007*).* This research project was established to develop an ethnographic tool (questionnaire) measuring psychosocial wellbeing of children in IDP camps. Consequently, the effectiveness of two types of programmes, Interpersonal Psychotherapy for groups (IPT-G by World Vision) and Creative Play (CP by War Child) were studied with pre- and post-tests. Evidence was found for the effectiveness of the IPT-G intervention in the reduction of depression symptoms of Acholi adolescent girls. Creative Play (CP) was not found to be effective in reducing depression-like problems in this Acholi adolescent population. The ethnographic tool that was developed ultimately measured depression and not psychosocial wellbeing, which made the tool less useful for War Child interventions. Our interventions are not designed to treat psychopathology such as depression, but to improve social skills, self-esteem and healthy coping. As a result, the findings of this study do not necessarily indicate that CP is ineffective as a psychosocial intervention for children in war-affected areas. Although the study provided many useful insights and stimulated War Child to improve the quality of its activities, it also proved the importance of carefully assessing whether a chosen research direction truly reflects the goals, regardless of the inherent value of the research.

Subsequently, we tried to chart psychosocial wellbeing by measuring protective factors which are considered essential for healthy psychosocial development, and which are reflected in the design of our programmes. In Sierra Leone, a survey with (three) repeated measurements was conducted to assess the effect of the two-year Community-Based Psychosocial programme in six communities (De Graaff, 2007). Questionnaires were developed and conducted with children and adults. Results showed that social structures promoting community cooperation and harmony were restored and/or created successfully. Furthermore, evidence of increased awareness of child rights and responsibilities was found, especially regarding the right of expression. Also, adults' awareness of the psychosocial problems of children and the level of adult support increased.
Nevertheless, there are methodological constraints that prohibit attributing the positive results entirely to the War Child intervention. Because of the length of this intervention (two years) and limited resources we could not include a control group in this survey. Non-random sampling methods were used and in addition, it should be acknowledged that conducting the survey itself can create bias. The respondents who took part in the study may have been triggered to become

[3] Children in the control groups would be part of the intervention at a later stage.

active participants in the community programme, thereby possibly influencing the eventual results.

In Sudan, a survey was conducted with children who participated in War Child's creative workshop cycles (De Graaff & Smith, 2007). Questionnaires were partly developed by War Child, and partly consisted of existing validated instruments (e.g. Kid Cope, Battle's Culture Free Self-esteem inventories). Tentative positive results were found in terms of increased awareness of child rights, but still only half of the children interviewed indicated that they had heard about child rights. Furthermore, children showed increased enjoyment in playing together with children from other tribes. No difference between pre- and post assessment was found on adapting positive coping mechanisms, self-esteem, and seeking social support.

The difficulty of measuring the effect of intervention is widely recognised, especially in the complex environments in which War Child is operating. War Child is transparent about survey results and limitations, and cautious about making claims beyond what the data provide. Major limitations and lessons learned, based on the studies described above, are:

- Lack of instruments measuring psychosocial well-being. Instruments that are available and used in our studies are strongly focussed on measuring a decline in psychopathology, whereas War Child's interventions claim to strengthen psychosocial well-being. Until today, no comprehensive instrument has been found or developed to measure psychosocial well-being.
- Attribution problem; War Child has found that in practice, it is not always possible or ethical to use control groups. Therefore, we cannot assure that the results found within the survey sample can purely be attributed to the intervention itself.

The implementation of the studies mentioned above clearly shows War Child's growing interest in measuring the effects of our programmes in a more scientific manner. However, as an implementing agency, War Child will not be able to take a leading role in research. Instead, the organisation aims to contribute by seeking partnerships with research institutes and other organisations and give access where possible to include War Child interventions in their studies. War Child's focus will be on applied research projects of which the outcomes are likely to improve the quality of programmes.

3.3.2 Additional means of impact assessment

The limitations of scientific research as a means to evaluate intervention effectiveness on the other hand, should also be considered. In earlier chapters, the narrow base of scientific evidence was explained by the existence of methodological constraints and ethical reservations. Some practitioners have expressed doubts about the appropriateness of scientific methods of research in the complex humanitarian field, leading to questions such as: does it help us to measure what we want to measure; is it ethical to subject children in humanitarian crises to questions that may be emotionally disturbing and to structured methods of research; how can concepts like 'the restoration of children's hope for the future' be adequately made operational? (Psychosocial Working Group 2002).

According to Hofmann (2004) and others, alternative measurement methods are available: where measurement in a scientific and quantifiable sense is not feasible, impact can still be analysed and discussed. With regard to this, the role of coherent case study replication and evaluation-

oriented impact assessment is being re-emphasised by humanitarian agencies. War Child too recognises the value of more narrative forms of evidence gathering, such as project evaluations, case studies, mapping, storytelling and collecting anecdotal examples through informal talks. War Child designed an overall Planning, Monitoring and Evaluation (PME) system; including organisation-wide policy, procedures, structures and tools. The PME system includes output measurement tools, as well as improved tools for outcome and effect assessment. Within the new system, War Child works on baseline assessments and the development of measurement frameworks, including the development of valid and reliable indicators of project outcomes and their impact on the psychosocial well-being of children. Indicators are increasingly linked to the defined protective factors that support children in their psychosocial recovery and development. Output and process indicators, related to improved protective factors, may be used as proxy indicators for impact, when a strong causal relationship is proved between the strengthening of these factors and intended effect on children. Overall, War Child promotes the use of multiple methods such as semi-scientific research, case studies, narrative project evaluations with focus groups, etc., to measure the effectiveness of its programmes.

4. Conclusion and future orientation

Two different approaches to psychosocial intervention for children affected by war and armed conflict have emerged: a *curative approach*, geared towards treatment of individual deficits and a *developmental approach* addressing both the individual and the surrounding social fabric to promote healthy psychosocial well-being. The choice of intervention should be based on the specific context and needs of children. (Semi-) scientific studies have demonstrated positive results of both types of interventions, but generally the developmental approach is regarded most appropriate, as it:

- Builds on children's strengths rather than weaknesses;
- Finds ground in collectivist societies of non-western countries;
- Recognises the role of supporting factors in the child's environment;
- Is a practical approach, being future-oriented and dealing with large groups of children and families that are affected by war and displacement.

The growing interest in developmental modes of intervention has shifted programmatic attention from risk factors to protective factors, focussing on children's resilience and resourcefulness. Studies have shown that resilience can be enhanced by interventions that strengthen protective factors, shielding children and their families from the effects of war and helping them to build a future. Positive functions have been particularly attributed to:

- Constructive coping mechanisms;
- Adult support;
- Peer interaction;
- Sense of normalcy and future prospect; and
- Safety and peace.

As War Child employs a developmental approach in programmes that aim to enhance these factors, its interventions are likely to contribute to the psychosocial well-being of children. Moreover, the benefits of creative methods used by War Child are widely recognised by those working in the humanitarian field.

Throughout this paper it has become apparent that additional (scientific) study is recommended to be able to assess the following:

- The effectiveness of different types of interventions on the psychosocial well-being of children affected by conflict; in particular the benefits of various developmental programmes.
- The role and mechanism of factors that affect children's psychosocial coping skills to bounce back after stressful experiences.
- The type of activities that serve to best enhance various protective factors.

To develop its methodology and improve the effects of interventions, War Child will increasingly assume its role in contributing to these areas of research, by:

- Engaging in partnerships to promote research into the effect of programmes; giving access to research institutes to include War Child programmes in their studies.
- Implementing internal (semi-)scientific studies into the outcomes of specific programmes.
- Further developing the new Planning, Monitoring & Evaluation system, improving its assessment tools.

- Promoting the use of multiple methods such as semi-scientific research, case studies, narrative project evaluations with focus groups, etc., to measure the effectiveness of its programmes.

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