

THE PSYCHOSOCIAL EFFECTS OF WAR ON CHILDREN IN EASTERN CONGO

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**“Older men declare war. But it is
youth that must fight and die”**

**Herbert Clark Hoover
(1874 – 1964),**

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FOREWORD

Whilst armed conflicts keep snowballing all over the world, children are the ones most affected. There is nothing more depraved in the war than the involvement of children in something they do not understand, they do not choose and they do not have the means, practically or mentally; to cope with. The displacement, the loss of their childhood, the torture and the violence they are involved in are potentially harmful to their mental health, compromising their future. War affected children very often suffer psychological problems such as depression, PTSD, long term problems in coping with future stressful situations, anger and aggressiveness. Unfortunately, there have only been few studies on the topic and little progress has been made.

At times, the effects of war on children seem overwhelming and insurmountable, but there is hope. It is essential that we recognize that these children are often incredibly resilient and possess a great desire to survive and thrive. To do so; they do need the right environment, as well as protection, care, and support. When they do experience such conditions they remarkably, if not miraculously, thrive, recover, and overcome the really difficult, tough start or periods in their lives. This is a crucial point and it should form the basis for educators and others who work with war affected children in the field, or in the countries and communities to which refugee children immigrate and resettle. We must not treat war affected children as helpless victims but, instead, seek to build on their own resilience, strengths, and capabilities. Educational programs and related programs should strive to give young people the resources and opportunities to rebuild their own lives and create the protective environment that will allow them to do so.

In this paper some approaches are suggested, but a more thorough research ought to be pursued. There is also a short reference to child soldiers, as this is a huge problem arising in the developing world, putting in danger a vast population of children. Another problem which has caught our attention is the mental and psychological problems that many children from war zones face due to the massacre of their relatives in the Eastern Congo, DRC.

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INTRODUCTION

There has been an interest in the psychological effects of war experiences on people ever since World War I, when British doctors discovered the shell-shock syndrome in soldiers who survived the horrors of the trenches in France. But it has not been until the past decades, especially since the 1992-1995 war in Bosnia Herzegovina and the 1994 genocide in Rwanda, that there has been an upsurge in psychosocial interventions for children in war-affected areas. More and more the base assumption was taking root that children who experience killings, fighting, and upheaval, have to suffer from some form of psychological distress and are therefore in need of, not only physical rehabilitation (like food, medical aid, construction of houses, schools, etc.), but also in need of forms of mental health care and psychosocial support.

The olden times of humans is a history of intergroup conflict, whether it be between tribes, city, states, kingdoms, or nations. It is predictable that two million children have been exterminated due to war-related injuries, four million have been disabled, one million orphaned, and twelve million dislocated from their homes¹. The Durant's (1968) after writing *The History of Civilization* concluded that "war is one of the constants in history" and that "in the last 3,421 years of recorded history only 268 have seen no war." Population explosions, the breaking up of the colonial empires, the rise of nationalism, tribalism, and religious fundamentalism have spurred people to define boundaries more exclusively with subsequent conflicts with neighbors. As low intensity regional conflicts replaced the global conflicts between nationalized armies of the world, the victims of war have gradually encompassed a greater proportion of the civilian population.

War and assassination are man perpetrated acts of violence, that vary along a number of dimensions such as the diversity of the war-related traumatic stressors, the zone of impact (single site or multiple sites), frequency and duration of exposure (single or multiple events) and their effects on family, social and community infrastructure as well as life sustaining variables such as access to food, water, shelter, and protection from disease.

¹ UNICEF, 1996

The impact of war-related stressors may occur as the direct result of physical and visual impact, media exposure, or through the various forms of interpersonal experiences; the wounding and killing of loved ones, the brutal rape and torturing of innocent victims, malnutrition, starvation, disease and emotional contagion, and social disruption and the loss of peer related experiences, routinized family, school and community life. In some instances children may be kidnapped and forced to participate as child soldiers in violent acts under the threat of losing their own lives.

In Democratic Republic of Congo, almost 80% of the fighting forces composed of child soldiers, this is one categorization of the 'new wars,' which constitute the dominant form of violent conflict that has appeared only over the last few years. The development of light weapons, such as automatic guns suitable for children, was an obvious prerequisite for the involvement of children in modern conflicts that typically involve irregular forces, that target mostly civilians, and that are justified by identities, although the economic interests of foreign countries and banished communities are usually the driving force.

More than 100,000 children have been abducted, tortured and sexually abused before being recruited to fight in Africa's long-running civil wars in the past three years, a report revealed. Teenage boys and girls forced to join militias are being subjected to psychological torture so that they can be indoctrinated. The Democratic Republic of Congo has more than 30,000 child soldiers fighting in militias and acting as bodyguards for government army commanders. Girls are also kidnapped and gang-raped by soldiers using them as entertainment and rewards for bravery.

RESEARCH OBJECTIVE

The objective of this paper is to provide an overview of the psychosocial effects of war on children in Eastern Congo. It is argued that wars have both direct and indirect effects on the population. It is also noted that wars have changed from being "conventional" to being of "low intensity." Under these latter circumstances civilians, including children, as well as the infrastructure of the society become targets whereas, in the past, the targets were usually only military ones. The effects of the strategy used in "low intensity" conflicts is the disruption of the medical, social, educational, and public services of a country and the terrorization of the population. Under these circumstances children suffer inordinately. Their homes are destroyed, their families disrupted, and their chances of becoming mature productive members of society are compromised.

METHODOLOGICAL CONSTRAINTS

Quite a few challenges can be identified with regard to scientific research in the field of psychosocial interventions. First, there is relatively limited knowledge with regard to the impact of war on children's lives, particularly in the longer term, and how the effects of war are dealt with in different cultures. Second, there is a lack of both systematic approaches and terminology, and especially a lack of cross-culturally valid instruments to measure locally described aspects of psychosocial well-being and the psychosocial development of children. Thirdly, there are methodological constraints when measuring the effects of psychosocial programs which are preventative in nature. Preventative interventions are focused on preventing children from developing psychosocial problems and are aimed at strengthening capacities and increasing their resilience to help them deal with future difficulties. It is difficult, therefore, to show effects of interventions in terms of a decline of problems, since the effects aimed for are to prevent children from future distress.

SECTION I. CONTEXT OF CONFLICT AND SECURITY CONDITIONS IN EASTERN DR. CONGO

As with most conflicts in Africa, the current situation has much to do with the legacy of colonialism. From the violent 1885 Belgian imposition of colonial rule by King Leopold II who regarded it as his personal fiefdom and called it the Congo Free State (but apparently never once went there himself), millions have been killed. The murders have been grotesque, with chopped limbs and more, similar to what has been seen in Sierra Leone recently. After 75 years of colonial rule, the Belgians left very abruptly, relinquishing the political rights to the people of Congo in 1960. However, economic rights were not there for the country to flourish.

There have been a number of complex reasons, including conflicts over basic resources such as water, access and control over rich minerals and other resources as well as various political agendas. This has been fueled and supported by various national and international corporations and other regimes which have an interest in the outcome of the conflict. Since the outbreak of fighting in August 1998, Some 5.4 million people have died, It has been the world's deadliest conflict since World War II; The vast majority have actually died from non-violent causes such as malaria, diarrhea, pneumonia and malnutrition all typically preventable in normal circumstances, but have come about because of the conflict. Although 19% of the population, children account for 47% of the deaths; although many have returned home as violence has slightly decreased, there are still some 1.5 million internally displaced or refugees. Some 45,000 continue to die each month. These shocking figures would usually be more than enough to get media attention the world over, especially if it were to threaten influential nations in some way. Yet, perhaps as a cruel irony, influential nations in the world benefit from the vast resources coming from the DRC for which people are dying over.

The history of conflict in Eastern DR Congo started in the 1994 with Rwandan Genocide. In the wake of the 1994 Rwandan genocide in which 800,000 Tutsis and moderate Hutus were killed, millions of Rwandan refugees flooded into the eastern Democratic Republic of Congo.

As a new Tutsi government was established in Rwanda after the genocide, more than two million Hutus sought refuge in eastern Congo. The UN High Commissioner for Refugees estimates that only 7% of these refugees were perpetrators of the genocide often referred to as Interhamwe or FDLR (the Federation for the Liberation of Rwanda).

The First Congo War: In 1996 Rwanda and Uganda invaded the eastern DRC in an effort to root out the remaining perpetrators of the genocide. A coalition comprised of the Ugandan and Rwandan armies, along with Congolese opposition leader Laurent Désiré Kabila, eventually defeated dictator Mobutu Sese Seko. Laurent Désiré Kabila became president in May 1997 and in 1998 he ordered Rwandan and Ugandan forces to leave the eastern DRC, fearing annexation of the mineral-rich territory by the two regional powers. Kabila's government received military support from Angola and Zimbabwe and other regional partners.

The Second Congo War: The ensuing conflict has often been referred to as Africa's World War with nine countries fighting each other on Congolese soil. After a bodyguard shot and killed President Kabila in 2001, his son Joseph Kabila was appointed president at the age of 29. The April 2002 Sun City Agreement, the ensuing July 2002 Pretoria Accord between Rwanda and Congo, as well as the Luanda Agreement between Uganda and Congo, put an official end to the war as the Transitional Government of the Democratic Republic of the Congo took power in July 2003. In 2006 Joseph Kabila won the presidency in the DRC's first democratic elections in 40 years.

Rwandan-Congolese Cooperation: In 2008 the DRC and Rwanda joined forces to root out the FDLR in South and North Kivu provinces. In January 2009 the CNDP split and as part of a deal between Rwanda and the DRC, Kigali put CNDP leader Laurent Nkunda under house arrest. The remaining CNDP splinter faction, led by Bosco Ntaganda, was supposed to integrate into the national army. But instead, Ntaganda led a new rebel group, M23, which became active in eastern Congo in 2012.

Ntaganda, also known as “the Terminator,” walked in to the U.S. embassy in Kigali in March 2013 and surrendered to the International Criminal Court’s custody. Accused of thirteen counts of war crimes and five counts of crimes against humanity, Ntaganda’s trial is currently underway in The Hague.

Current Conflicts in eastern Congo: The peace process in eastern Congo continues to be fragile with multiple armed groups operating throughout the region, terrorizing civilians and blocking the path to long-term peace.

The Democratic Forces for the Liberation of Rwanda: The FDLR currently operates in eastern Congo and Katanga province with an estimated 2,000 combatants. The FDLR's official mission is to put military pressure on the Rwandan government to open an "inter-Rwandan dialogue."

The Allied Democratic Forces: ADF is a Ugandan rebel group based along the Rwenzori Mountains of eastern Congo that currently numbers approximately 500 combatants. Most of its members are Islamists who want to establish Shari'a law in Uganda.

The Lord's Resistance Army: LRA is a Ugandan rebel group currently based along the northern border areas of Congo as well as in the eastern Central African Republic. The group was formed by members of the Acholi tribe in Northern Uganda.

The National Liberation Forces: FNL is a Burundian rebel group originally formed in 1985 as the military wing of the Hutu-led rebel group, the PALIPEHUTU. The FNL currently appears to be in an alliance with Mai Mai Yakutumba and the FDLR in South Kivu.

Mai-Mai Militias: There are currently six Mai-Mai militias (community-based militia groups) operating in the Kivus: the Mai-Mai Yakutumba, Raia Mutomboki, Mai-Mai Nyakiliba, Mai-Mai Fujo, Mai-Mai Kirikicho, and Resistance Nationale Congolaise, etc.

I.2. ARMED GROUPS AND MILITIAS IN EASTERN DR CONGO

The DRC faces serious challenges, despite progress in some areas and relative stability in most regions of the country. Relations between the DRC and its neighbors have improved over the past two years, largely due to facilitation by the United States of the Tripartite Plus process, a policy initiative aimed at regional stability and cooperation. The four key regional participants in the process are DRC, Uganda, Rwanda, and Burundi. Despite progress in regional security, insecurity in parts of the DRC, especially in the east of the country, continues to pose a serious threat to political stability in the Great Lakes region. Relations between DRC and Burundi are warm. Uganda upgraded its diplomatic presence to ambassadorial level over a year ago. Relations with Rwanda have improved as well.

The presence of armed groups in parts of Congo is a major source of instability. The Special Representative of the Secretary General of the U.N. reportedly stated that, while there are many challenges facing Congo, conditions have improved in some parts of eastern Congo since the handover of two militia leaders to the International Criminal Court (ICC) for trial. In October 2007, the DRC government transferred former Ituri militia leader Germain Katanga to the ICC in the Hague. In February 2008, Congolese authorities arrested and later transferred to ICC custody Mathieu Ngudjolo Chui, former chief of staff of the Front for National Integration (FNI). In March 2006, Thomas Lubanga Dyilo, the leader of the Union of the Congolese Patriots (UPC), was handed over to the ICC. The presence of the Lord's Resistance Army militia, a Ugandan rebel force, in the Garamba National Park in eastern Congo was a major source of tension between Uganda and DRC over the past several years. In September 2007, Uganda and DRC signed an agreement in Arusha, Tanzania, to cooperate on a wide range of issues, including removing the LRA from Congo. In October 2007²

² CRS interview with President Kabila in 2006 and 2007 in Washington and DRC.

I.2.1. ARMED GROUPS ACTIVE IN DR CONGO

The presence of armed groups in parts of Congo is a major source of instability. Some of the main rebel groups active in DRC include the Democratic Forces for the Liberation of Rwanda (FDLR), the National Congress for the Defense of the People (CNDP), the Lord's Resistance Army (LRA), the Mai Mai militia, and the Allied Democratic Forces (ADF).

- **Democratic Forces for the Liberation of Rwanda (FDLR)**

Over the past 15 years, elements of the former Rwandan armed forces and the Interhamwe militia were given a safe haven in eastern Congo and have carried out many attacks inside Rwanda and against Congolese civilians. These well-armed forces are now known as the Democratic Forces for the Liberation of Rwanda (FDLR). Analysts and officials in the region estimate their number between 6,000 and 8,000, now led by the most extremist leaders of the FDLR. Over the past year, the FDLR has reportedly intensified its recruitment campaign. Until recently, the FDLR reportedly received assistance from some Congolese government forces and in the past coordinated military operations with the Congolese army.

The FDLR also receives assistance and guidance from Rwandans in Europe, Africa, and the United States. The government of Rwanda submitted a list of FDLR, Interhamwe, and other militia leaders in early 2008 to United States government officials. A number of these FDLR leaders still live in the United States and none have been extradited to Rwanda; the United States does not have an extradition treaty with Rwanda. The United Nations, the United States, and some European countries have imposed sanctions, including travel ban, on some FDLR leaders. In October 2010, French security arrested a top leader of the FDLR in Paris, Callixte Mbarushimana.

- **The National Congress for the Defense of the People (CNDP)**

The CNDP is DRC-based rebel group once led by Laurent Nkunda, who is currently under house arrest in Rwanda. The CNDP claims that its main objective was to protect the Tutsi population in eastern Congo and to fight the FDLR. After the Congo-Rwanda joint military offensive in 2009, the CNDP no longer exists as a cohesive group. Many of its fighters have been reintegrated into the Congolese armed forces and some may have joined other militia groups. Some of these units in the Congolese armed forces are engaged in abuses against civilians, according to U.N. officials.

- **The Allied Democratic Forces (ADF)**

The ADF is a Ugandan Muslim rebel group with limited activities in Uganda and DRC. In 2010, ADF forces were active in Beni district near the Ugandan border. In June 2010, after consultations between the governments of Uganda and DRC, the Congolese armed forces launched a military operation known as Rwenzori against the ADF and its allies in Beni. The military operation dislodged ADF forces but also displaced an estimated 100,000 Congolese civilians, according to U.N. officials.

- **Mai Mai Militia**

The Mai Mai is a loosely grouped set of Congolese militia, with no unified or consistently articulated political demands. They actively target civilians and U.N. peacekeeping forces in eastern Congo. In early October 2010, Congolese and U.N. peacekeeping troops in the DRC arrested the leader of a Mai Mai militia suspected of orchestrating mass rape. Lieutenant Colonel Mayele of Mai Mai Cheka was arrested in North Kivu province. More than 500 people were reportedly raped in July-August 2010, according to U.N. officials.

- **The Lord's Resistance Army (LRA)**

The LRA is a Ugandan rebel group active since the mid-1980s. Under the leadership of Joseph Kony, the LRA has conducted military operations in northern Uganda, the DRC, the Central African Republic (CAR), and Southern Sudan. The primary targets of the LRA have been the civilian population, especially women and children. The LRA was given protection, facilities for training, and supplies by the government of Sudan to wage war in northern Uganda and Southern Sudan until a few years ago. The takeover of the government in Southern Sudan by the Sudan People's Liberation Movement (SPLM) curtailed LRA activities in South Sudan.

The Sudan Comprehensive Peace Agreement (CPA) has a provision that all foreign groups, which include the LRA, must be forced out of Sudan. In 2005, some LRA units went into DRC, reportedly looking for a new home after the SPLM took power. Over the past several years, the LRA has been weakened significantly and has lost a number of its top leaders in battle or defection. The LRA currently has presence in parts of DRC and the Central African Republic (CAR). The LRA is not operational in northern Uganda. The government of Uganda has carried out a number of military operations against LRA forces in CAR and jointly with Congolese forces in DRC.

SECTION II. CHILD SOLDIERS IN ARMY CONFLICT AND PSYCHOLOGICAL CONSEQUENCES

A child soldier is any person under the age of 18 who is a member of or attached to government armed forces or any other regular or irregular armed force or armed political group, whether or not an armed conflict exists. Child soldiers perform a range of tasks including participation in combat, laying mines and explosives; scouting, spying, acting as decoys, couriers or guards; training, drill or other preparations; logistics and support functions, cooking and domestic labor; and sexual slavery or other recruitment for sexual purposes³.

Hundreds of thousands of children are conscripted, kidnapped, or pressured into joining armed groups. The proliferation of lightweight weapons has made it possible for children under the age of ten years to become effective soldiers. Compared to earlier weapons, which required strong physical force to be an effective fighter, this is a notable change in technology that has allowed recruiting children as a new class of fighters, which is a defining characteristic of the 'new wars.' The trend in using children in armed conflict as soldiers is not diminishing. An estimated 300,000 child soldiers: boys and girls under the age of 18 are involved currently in more than 30 conflicts worldwide. Some 40% or 120,000 child soldiers are girls, whose plight is often unrecognized because international attention has largely focused on boy soldiers. In general, when people speak of 'child soldiers,' the popular image is that of boys, rather than the thousands of girls who comprise the less visible, 'shadow armies' in conflicts around the world⁴. While the use of child soldiers as combatants is a contemporary development, children have continuously served throughout history as servants, messengers, porters, cooks, and to provide sexual services. Some are forcibly recruited or abducted; others are driven to join by poverty, abuse, and discrimination, or to seek revenge for violence enacted against themselves and their families.

³ the Use of Child Soldiers, 2013

⁴ McKay & Mazurana, 2004, Child Soldier, 2004

When children are recruited into combat and servitude, they experience sexual violence and exploitation and are exposed to explosives, combat situations, and the experience and witnessing of killings⁵. Motivations for child recruitment include children's limited ability to assess risks, feelings of invulnerability, and shortsightedness. Child soldiers are more often killed or injured than adult soldiers on the front line. They are less costly for the respective group or organization than adult recruits, because they receive fewer resources, including less and smaller weapons and equipment. From a different perspective, becoming a fighter may seem an attractive possibility for children and adolescents who are facing poverty, starvation, unemployment, and ethnic or political persecution. In our interviews, former child soldiers and commanders alike reported that children are more malleable and adaptable. Thus, they are easier to indoctrinate, as their moral development is not yet completed and they tend to listen to authorities without questioning them.

II.1. THE PSYCHOSOCIAL CONSEQUENCES OF EX-COMBATANTS AND CHILD SOLDIERS

Child soldiers are raised in an environment of severe violence, experience it, and subsequently often commit cruelties and atrocities of the worst kind. This repeated exposure to chronic and traumatic stress during development leaves the children with mental and related physical ill-health, notably PTSD and severe personality changes. Such exposure also deprives the child from a normal and healthy development and impairs their integration into society as a fully functioning member. This chapter presents in detail the cascade of changes that prove to be non-adaptive in a peaceful society. Further, ex-combatants experience social isolation arising from a number of factors, which include host communities' negative attitudes towards ex-combatants and their psychological problems causing difficulties in social interaction.

⁵ Pearn, 2003

The risk of recruitment is high when ex-combatants fail to reintegrate economically and socially into their civil host communities, which may cause substantial economic development issues, and a new turn in the cycle of violence becomes inevitable. We therefore conclude that the provision of extensive mental health services needs to be an essential part of demobilization and rehabilitation programs. This will improve the individual's functioning, it will build capacity within the affected community, and it may be designed to break the cycle of violence.

Known risk factors for becoming a child soldier are poverty, less or no access to education, living in a war-torn region, displacement, and separation from one's family, with orphans and refugees being particularly vulnerable⁶. As a psychologist and the scientific analyst, the following factors can be considered as catalysts for children to become child soldiers: death of one or both parents or relatives, family separation, destruction of home or belongings, displacement, lack of food, ill health, economic difficulties, poverty, lack of access to education, no avenues for future employment, social and political oppression, harassment from government soldiers, abductions, and detention. I can also describes an emerging pattern of youth violence in the general population after a long periods of war in the affected communities.

After growing up in a war environment, male youth in displaced camps seemed to drift into anti-social groups and activities when a natural disaster hit the coastal regions. Unemployed and left out of school-based programs, some left to join militant groups, while other started abusing alcohol and formed into violent groups and criminal gangs. Having grown up immersed in an atmosphere of extreme war violence, many had witnessed horrifying deaths of relatives, the destruction of their homes and social institutions, experienced bombings, shelling, and extrajudicial killings. A similar pattern of 'saturation' can be assumed in children who grow up in conflict-stricken communities, which later become recruitment targets of rebel movements. This could constitute a pull factor for joining the movement. Further reasons might be hearing false promises or relatives taking part in the movement.

⁶ Beth, 2001

In spite of all those circumstances, Severe and traumatic stress and its deteriorating effects for mental health of these children, such as the development of post-traumatic stress disorder (PTSD), a debilitating psychiatric condition, gain more and more importance in the description of societies affected by the new wars' human rights violations. Our research has highlighted the role of a 'building block effect': traumatic experiences build upon each other and cumulatively increase the chance of developing PTSD and depression⁷. PTSD patients have developed a 'fear network,' composed of interconnected, trauma-related memories, in which even only peripherally related trauma stimuli can cause a cascading fear response with flash-back properties. Therefore, the cumulative exposure to traumatic stress constitutes a predictor of endemic mental health issues.

In addition to direct effects there is a cost of war that creates a major side effect related with children from military families who also experience serious problems and situations that may stigmatize and determine their later life. The war has profound effects on both military personnel and their families. The psychological burden of war extends beyond the military themselves, to their spouses and their children. Studies have shown a strong correlation between military spouses and high stress levels that can potentially lead to mental health problems. The stress and inconvenience caused by the involvement of a family member in a war extends beyond the militants, to their families. The separation during operations often leads to burdening the parent left behind with new additional roles, disrupting family routine and creating feelings of insecurity, anxiety about the member who is away and difficulty in making plans for the future. When the militant parent returns, their reintegration in the family can be difficult because there is a need for roles redefinition. However, only a few studies have carried out in this field. More than 2 million children in the U.S. are affected by the tenure of their parents in Iraq and Afghanistan, and 40% of these children are younger than 5 years old.

⁷ Karunakara et al., 2004; Kolassa & Elbert, 2007; Kolassa et al., in press; Onyut et al., 2009; Schaal & Elbert, 2006; Schauer & Elbert, 2010; Schauer, Neuner, & Elbert, 2005; Schauer et al., 2003

According to a survey of Chartrand et al (2008) in children of militants involved in Operation "Desert Storm" during the period between August 1990 and February 1991, girls were more emotional and demonstrated sadness and withdrawal, while the boys had discipline problems. Younger children were more susceptible to these symptoms. The teens mostly showed somatic symptoms such as increased heart rate and elevated levels of stress. They also stated increased fear of loss and feelings of uncertainty. It also seems that military families who experience long periods of absence are more likely to be involved in incidents of child abuse and neglect. Many children have problems in their relationships at school, in groups of peers and in their relations with other family members, drop in school performance, sleep disorders and increased feelings of anxiety and stress.

Another issue that may arise is when a parent returns from the field suffering himself from PTSD. Research has shown that children of soldiers suffering from PTSD, present with increased behavioral disorders, problems with authority, depression, anger, aggression, hyperactivity or apathy and learning difficulties compared to children of militants without PTSD. It has been shown that children respond with more sensitivity and empathy in the psychological problems of their parents than in situations of actual risk. Thus, living with a parent who suffers from PTSD may cause secondary trauma significantly affecting their ability to cope with stressful situations in the future.

In many cases, it seems that the presence of members extended family environment may reduce symptoms, because the children feel more secure or because the parent who stays behind is been relieved to some extend and is able to respond best to the roles undertaken. However, it is necessary to create programs that help militants' families in order to avoid compromising the mental health of children and jeopardize their future. It is obvious that when it comes to children there are no winners and losers. Even children of the winners are often defeated.

Beyond psychological suffering from the symptoms of PTSD, traumatized populations show significantly elevated levels of physical morbidity and mortality. As outlined above, in recent years, evidence has mounted that severe anxiety states stress at a traumatic level lead to a functional and structural alteration of the brain. The co-occurrence of several pathogenic processes includes a permanent alteration of bodily processes, due to a state of persistent readiness for an alarm response. Psychobiological abnormalities in PTSD are observed as psychophysiological, neuro-hormonal, neuro-anatomical, and immunological effects⁸.

Trauma survivors, including child soldiers, frequently report high rates of physical illness, involving a variety of physiological systems. In a recent study (Sommershof et al., 2009), we observed a substantial and clinically relevant change in immune function, based on a 34% reduction of naïve and a 54% reduction of regulatory T cells following war and torture related PTSD. Thus, there seems to be a positive correlation not just between developed psychiatric illnesses and prior trauma, but also a significant relationship between the amount of traumatic exposure and poor physical health outcomes. There are a multitude of further psychological consequences of experiencing traumatic life-threat. In sum, the response to war-related trauma by ex-combatants and former child soldiers in countries directly affected by war and violence is complex and renders the survivors vulnerable to various forms of psychological disorders, whereby stressors may have a different impact during different developmental periods.

During childhood and adolescence, the mind and brain are particularly plastic and hence, stress has a great potential to affect cognitive and affective development. Exposure to significant stressors during sensitive developmental periods causes the brain to develop along a stress-responsive pathway. As a consequence, the brain and mind become organized in a way to facilitate survival in a world of deprivation and danger, enhancing an individual's capacity to rapidly and dramatically shift into an intense angry, aggressive, or fearful fleeing/avoiding state when threatened.

⁸ Eckart et al., submitted; Kolassa & Elbert, 2007, Boscarino, 2004; Kolassa et al., 2007; Neuner et al., 2008; Schnurr & Jankowski, 1999.

This pathway, however, is costly because it is associated with increased risk of developing serious medical and psychiatric disorders, like the aforementioned PTSD, and is unnecessary and non-adaptive in peaceful environments⁹. Chronic danger or exposure to extreme stress requires costly developmental adjustment in children. Though the core symptoms of PTSD are the most extensively studied psychological consequences of war, they are clearly not the only ones. In addition to associated features like survivor's guilt or shame and changes in personality, survivors may also suffer from substance-use disorders, affective disorders, including major depression, suicidal ideation, and various forms of anxiety disorders¹⁰. Surviving traumatic experiences might be followed by social withdrawal, loss of trust, major changes in patterns of behavior or ideological interpretations of the world, and feelings of guilt and shame.

A developing body of works is successfully exploring the relationship between trauma-spectrum disorders, foremost PTSD and increased somatic complaints, such as cardiovascular, pulmonary, neurological, and gastrointestinal complaints; various types of somatic pain; susceptibility to infectious diseases; vulnerability to hypertension and atherosclerotic heart disease; abnormalities in thyroid and other hormone function; increased risk of cancer and susceptibility to infections and autoimmune disorders; and problems with pain perception, pain tolerance, and chronic pain¹¹. It is important to keep in mind that in post-disaster/conflict regions, children and their parents, who remain in the area or are forced to migrate (asylum seekers, refugees, IDPs), have not only survived an unusual number and types of traumatic stressors, but also had to endure poverty related or other social stressors and adversities, such as domestic violence, family separation, and child labor.

⁹ Elbert et al., 2006; Teicher, Andersen, Polcari, Anderson, & Navalta, 2002

¹⁰ Bichescu et al., 2005; Boscarino, 2004, 2006; Catani et al., 2009; Johnson & Thompson, 2008; Keane & Kaloupek, 1997; Lapierre, Schwegler, & Labauve, 2007; Odenwald et al., 2007; Schauer, 2008

¹¹ Altemus, Dhabhar, & Yang, 2006; Boscarino, 2004; Dyregrov & Yule, 2006; Elbert et al., 2009; Escalona, Achilles, Waitzkin, & Yager, 2004; Ford et al., 2001; Ironson et al., 1997; Joshi & O'Donnell, 2003; Karunakara et al., 2004; Kessler, 2000; McEwen, 2000; Neuner et al., 2008; S. J. Roberts, 1996; Rohleder & Karl, 2006; Schnurr & Jankowski, 1999; Seng, Graham-Bermann, Clark, McCarthy, & Ronis, 2005; Somasundaram, 2001; van der Veer, Somasundaram, & Damian, 2003

Child soldiering additionally contributes to the already heightened stress load due to adversity. Taking into account the absence of health services in this context, high child, adolescent, and adult mortality, epidemic rates of disease transmission, as well as low life expectancy rates in many of today's (post-) conflict settings come as no surprise¹². PTSD is also significantly associated with negative behavior against an individual's own family, the expression of anger and hostility to others, and self-harm¹³. Research shows that former child soldiers have difficulties in controlling aggressive impulses and have little skills for handling life without violence. These children show on-going aggressiveness within their families and communities, even after relocation to their home villages.

In a qualitative study, Magambo and Lett (2004) reported that former child soldiers in northern Uganda mainly applied physical violence to resolve conflicts. Although the children sympathized with victims of violence, they could not even think of non-violent alternatives, reflecting an absence of adequate social skills. Most former child soldiers have spent several critical years of their development in captivity, under the constant threat of abuse and manipulation by their commanders. Most probably, this period affects the development of a personal and collective identity¹⁴.

In general, children exposed to war and child soldiering show a strong identification with their own group and develop a worldview dominated by political and nationalistic categories, which often includes pro-war attitudes. In the Gloeckner (2007) study, it emerged that the longer children had stayed in abduction, the stronger was their rebel-related collective identity. But it may be that their collective identification might occur post hoc after return to their home communities¹⁵.

¹² AACAP, 1998; Dyregrov & Yule, 2006; Ehntholt & Yule, 2006; Elbert et al., 2009; Karunakara et al., 2004; Miranda & Patel, 2005; Neuner et al., 2008; Neuner, Schauer, Ruf, & Elbert, 2006; Odenwald et al., 2007

¹³ Burton, Foy, Bwanausi, Johnson, & Moore, 1994; Deykin, 1999; Deykin & Buka, 1997; Dodge, 1993; Dutton et al., 2006; Friedman & Schnurr, 1995; Golding, 1999; Joshi & O'Donnell, 2003; Lewis, 1992;

¹⁴ Kanagaratnam, Raundalen, & Asbjornsen, 2005

¹⁵ Gloeckner, 2007; Jensen & Shaw, 1993, Punamaki & Suleiman, 1990, Feshbach, 1994

Gloeckner explained that questions and discussions of family and community members about the cruelty of the LRA's actions may activate a process of reasoning about what had happened. Former beliefs about 'right' and 'wrong' actions might clash with current ones, and in order to regain cognitive homeostasis, identification with the rebel group is aspired. Interestingly, this study showed a positive correlation between collective identification and reactive aggression (physical and verbal aggression and anger). In addition, Gloeckner (2007) reported that formerly abducted children with PTSD might be especially vulnerable to accepting simplistic models of 'good versus bad' a black and white worldview, which is a known cognitive distortion. Although a rigid political view might be protective during exposure to war events, it might facilitate violent behavior after returning from the fighting to individuals' home communities.

Children living in conditions of political violence and war have been described as growing up too soon and losing their childhood. Levels of conscience seemed to be significantly related to the severity of PTSD symptomatology, but also with negative schematizations of self and others and lower self-efficacy ratings¹⁶. There is also the argument on ideological commitment of former child soldiers to a cause and its influence on mental health. Some studies indicate a protective mechanism, associating strong ideology with good mental health in adolescents, however, mainly in individuals who were exposed to low levels of political violence. A recent study among child soldiers shows that this protective mechanism only worked in the group of those who were not among the highest exposure intensity group, e.g. length of exposure, being wounded, having killed, having tortured, and direct combat¹⁷.

¹⁶ Boothby & Knudsen, 2000; UNICEF, 2005, 2006, Goenjian et al., 1999; Joseph, Brewin, Yule, & Williams, 1993; Saigh, Mroueh, Zimmerman, & Fairbanks, 1995.

¹⁷ Muldoon & Wilson, 2001; Punamaki, 1996, Kanagaratnam et al., 2005

A Congolese refugee child also reported that the sense of participating in their nation's struggle against an oppressor and their strong Buddhist beliefs would have protected them against mental-health difficulties and accelerated the healing process. Cognitive appraisals of experiences seem to matter in symptom development in various forms and strong feelings of guilt and responsibility might increase trauma symptoms. In Kanagaratnam's study personal achievement in combat, popularity, knowledge and experience acquired by being a combatant, friendship, and the support of the community were considered as the best of combat life by the youngsters; death of friends, killings of their own people, guilt of being responsible for unnecessary killings, and being confronted with morally conflicting situations were the worst experiences for most of them¹⁸.

Most children get freed from captivity or from armed groups during combat. A significant number has stayed out in the bush for several years during key phases of their development, making them feel unfamiliar and at times afraid of civilian life. Psychiatric distress and malfunctioning, especially when expressed as outward aggression, irritation, an acting out of intrusions and dissociation, exacerbates ex-combatants' difficulties in reintegrating into communities and the wider society (Pfeiffer et al., submitted). Ex-combatants suffering from psychiatric distress might face double stigmatization for having engaged in combat and for being noticeably psychologically affected.

Beyond the multitude of psychological problems that former child soldiers might be struggling with, there are other hindrances that can adversely affect the successful reintegration. Child soldiers carry a special burden of simultaneously being the recipient and perpetrator of violence; they are, therefore, a distinct group among children and adolescents in war regions. They are victimized twofold, because they first are exposed to traumatic experiences and later are blamed and stigmatized for the atrocities they have committed. In many cases child soldiers are forced to commit atrocities against civilians, at times against own family and community members, which they are required to do so as to cut-off return routes and to inflict increased terror and psychological harm on home communities.

¹⁸ Servan-Schreiber, Le Lin, & Birmaher, 1998, Kanagaratnam et al., 2005

These practices may force the recruited soldiers to violate their own moral principles and to break from any social attachment, ultimately resulting in a pull factor for re-recruitment. This fact alone challenges their integration and re-acceptance¹⁹. However, after such traumatization, not just the formerly abducted child, but also the community has changed. On the communal level, the reintegration of ex-combatants is a reciprocal process that happens within the host communities where the former fighters are settled. The attitudes of the host communities towards the ex-combatants are of particular importance for reintegration success. In some cases, because of assumed or actual abusive violence that combatants have perpetrated against civilians during war times, the attitudes of host communities towards former combatants are negative.

There is no doubt, and there is empirical evidence, that adequate social support and other supportive community practices are truly important mediators of the expression of trauma-related symptoms. A strategy of social support can be an additional supportive element for affected communities, who have lost children to abduction and child soldiering; yet, this is possible only when a sufficient number of adult community members remain at least partly protected from the psychological impact of armed conflict, organized violence, and forced displacement²⁰. However, many key community members, such as parents, teachers, elders, counselors, nurses, lawyers, and doctors in post-conflict settings suffer from physical, as well as mental impairment, incapacitating their normal, healthy ability to function as caretakers, providers, and role models. Neither local healers nor religious leaders, who have traditionally offered health-related services, or carried out re-integration measures for individuals who had committed harm in the community, nowadays have remained unaffected by the stressors of war and violence²¹.

¹⁹ Boothby & Knudsen, 2000; Bayer et al., 2007; Amone-P'Olak, 2007

²⁰ Ahern et al., 2004; Basoglu et al., 1994; Brewin, Andrews, & Valentine, 2000; Coker et al., 2002; Johnson & Thompson, 2008; Kovacev & Shute, 2004; Mollica, Cui, McInnes, & Massagli, 2002.

²¹ Glenn et al., 2002; Human RightsWatch, 2000; Kenyon Lischer, 2006; Pittaway, 2004; Solomon, 1988; UNHCR, 2003; van de Put, Somasundaram, Kall, Eisenbruch, & Thomassen, 1998; Widom, 1989

Thus, the culturally indigenous mechanisms of healing and reconciliation at the family and community level, which might have served in the rehabilitation of returning child soldiers, are in most settings not available anymore. It is not surprising that former abductees report difficulties when coming home to their community after abduction, especially those who met criteria for symptoms of PTSD. Social isolation and the formation of ex-combatants as a distinct civilian subgroup are a consequence of the combined effects of factors, which include host communities' negative attitudes towards ex-combatants and their psychological problems causing difficulties in social interactions. The risk of recruitment heightens when ex-combatants fail to reintegrate economically and socially into their civil host communities. When a sufficiently large number of former combatants and of civilians are affected by war-related psychological problems, and remain without assistance for psychological rehabilitation, the opportunity to initiate self-sustained ways of living and with it, substantial economic development, will be considerably reduced. Another round in the cycle of violence seems inevitable if psychological wounds are not addressed. Children know that hidden weapons and former comrades are always waiting somewhere out there.

II.2. THE ARMED CONFLICTS: NATURE, CAUSES AND IMPACT ON SOCIETY

Armed conflicts are defined as political conflicts where the use of armed force by two parties of which at least one is the Government of a State results in at least 25 battle-related deaths. A 'major armed conflict' is a war between states and a current political conflict within a State in which armed fighting or clashes between Government forces and its opponents result in at least 1,000 deaths in the course of the conflict²².

²² See Wallensteen, Peter, and Margareta Sollenberg, Armed Conflict and Regional Conflict Complexes, 1989-97, *Journal of Peace Research*, vol. 35, no. 5, 1998, pp.621-634; The Conflict Data Project, Department of Peace and Conflict Research, Uppsala University; <http://www.pcr.uu.se/data.htm>; and preliminary data for 1999 provided by the Conflict Data Project, Uppsala University.

II.2.1. THE NATURE OF ARMED CONFLICT

Armed conflicts within States are political conflicts involving citizens fighting for internal change. Some are secessionist movements, generally spearheaded by a group of people, more often than not a minority within a community, who take up arms to fight for the establishment of either an autonomous entity within an existing state or an entirely new and independent state of their own. Such conflicts have been relatively uncommon in Africa, although issues related to ethnic identity are an important factor in African politics²³.

A second and larger category of armed conflicts within States often involves a group of people who are armed and ready to fight for the goal of seizing governmental power. Sometimes conflicts are matters of organized crime as opposed to politics. Money is the motivator for these groups. Unlike members of secessionist movements, such groups are generally prepared to continue to live in the same territory with other groups, regardless of the outcome of the conflict. Most armed conflicts are fought not only by regular armies but also by militias and armed civilians with little discipline and with ill-defined chains of command. Such clashes are in fact often guerilla wars without clear front lines. Another important feature in such conflicts is usually the collapse of the institutions of the state, especially the police and judiciary, with resulting paralysis of governance, a breakdown of law and order, and general banditry and chaos. In some cases, not only are the functions of government suspended but its assets are destroyed or looted and experienced officials are killed or flee the country²⁴.

²³ However, Eritrea declared independence from Ethiopia and several military actions on a large scale followed. In Europe, between 1991 and 1992 Slovenia, Croatia and Bosnia and Herzegovina seceded from Yugoslavia after short or prolonged war, while the former Yugoslav Republic of Macedonia did so peacefully. Barring these and East Timor, the break-up of States as a result of secessionist movements has been rare.

²⁴ R. Williams Ayers, *a World Flying Apart? Violent Nationalist Conflict and the end of the Cold War*, Journal of Peace Research, Vol. 37, no. 1, 2000, pp.105-117; see also Armed Conflict Report 1993, 1995 and 1998, Project Ploughshares, Institute of Peace and Conflict Studies, Waterloo, Ontario (Canada).

Fighting in most conflicts is usually intermittent, with a wide range in intensity. It usually occurs not on well-defined battlefields but in and around communities, and is often characterized by personalized acts of violence, such as atrocities committed by former neighbors and, in extreme cases, genocide. In some cases, the fighting spills over to neighboring countries used by one of the parties in the conflict as supply routes or hideouts for combatants. Home-grown weapons, such as machetes and spears, maim many in armed conflicts, but imported machine-guns, grenades, mortars and armored vehicles kill many more. The weapons are acquired by warring parties, either through hard currency purchases or through what is known as “parallel financing”, which involves the sale or barter of goods, such as diamonds, oil, timber and coffee. There is usually some level of external involvement, whether in the form of arms supply to the warring factions, provision of military advisers or direct combat support for a particular side, as was noted earlier in the case of the Democratic Republic of Congo, Liberia and Sierra Leone²⁵.

Brief ceasefires characterize most armed conflicts. Armed conflicts may end in many ways, including through peace agreements entered into by the warring parties to explicitly regulate or resolve contentious issues. They may also end through outright victory, where one party has been defeated and/or eliminated by the other. For some experts, conflicts may also be considered to have ended in situations in which even though there has been no formal ceasefire fighting has been dormant for two years. A feature of twentieth century armed conflicts is that civilians have in many instances become the main combatants, as well as the primary victims. While it is not possible to estimate civilian casualties in war with precision, authorities agree that the trend is upward. According to World Military and Social Expenditures 1996, civilians represented about 50 per cent of war-related deaths in the first half of the twentieth century.⁴ In the 1960s civilians accounted for 63 per cent of recorded war deaths, in the 1980s 74 per cent, and in the 1990s the figure appears to have risen further²⁶.

²⁵ Armed Conflict Report 1993, 1994, 1995 and 1998, Project Ploughshares, Institute of Peace and Conflict Studies, Waterloo, Ontario (Canada).

²⁶ Ruth Leger Sivard, World Military and Social Expenditures, 1996, pp.18-19, World Priorities, Washington D.C., 1996.

The massive killings of civilian populations are due, in large part, to the fact that present-day wars are fought largely within and not between countries. Villages and streets have become battlefields. Traditional sanctuaries, such as hospitals and churches, have become targets. Armed conflicts today destroy crops, places of worship and schools. Nothing is spared. In addition, more and more civilians are involved in combat because of the easy availability of small arms and light weapons, which are also inexpensive, reliable and simple to operate. Since the end of the cold war, arms manufacturers have been aggressively promoting sales to developing countries to compensate for the fall in arms purchases by most industrialized countries²⁷.

Particularly disturbing is the increasing use of young children as soldiers. The Swedish Save the Children Fund reported that one quarter of a million children, some as young as seven, were used as soldiers in 33 armed conflicts in 1995 and 1996 alone.⁷ They worked as cooks, porters and messengers or participated in active combat as executioners, assassins, spies and informers. Regardless of what these child soldiers are assigned to do, they work in close proximity to combat. Historically, children participated in wars as drummer boys, foot soldiers or ship's boys, but not all of them fought or risk their lives. The alarming trend today is that children are widely used as soldiers during prolonged periods of civil war. As of 1995, conflicts have dragged on in Angola for 30 years, in Afghanistan for 17 years, in Sri Lanka for 11 years and in Somalia for seven years. Moreover, children are no longer recruited as a last resort when adult fighters run short; they are sometimes recruited first. There are several reasons why children are recruited as soldiers. They are more docile, complain less and are easily molded into ruthless fighters. They can easily carry and use lightweight but high-powered weapons. A boy as young as 10 years can strip and reassemble rifles with minimal training. It is also believed that most young soldiers are less afraid of dying than are older combatants. They are often fearless because of being drugged. In addition, children are a greater proportion of the population than are adults in these countries. In much of Africa, for example, half of the population is under 18 years old.

²⁷ Armed Conflict Report 1998, Project Ploughshares, Institute of Peace and Conflict Studies, Waterloo, Canada

Many child soldiers have been deliberately recruited, others abducted and some coerced into fighting to protect their families. Boys as young as six have been picked from schools and indoctrinated into “small boys” units. Boys have been kidnapped from poor districts of cities or from schools to replenish military forces. To lure children to fight, they are given amulets or the use of “magic” charms, and brainwashed into believing that they are fearless warriors and protected from harm. In other cases, poor parents have offered their children to serve in wars as a means of family survival. Invariably, recruited child soldiers come from impoverished and marginalized backgrounds. The brutal indoctrination of child soldiers leaves them with emotional and psychological scars. Children were made to witness massacres and commit atrocities. In Cambodia, Mozambique and the Sudan, child soldiers were “socialized” into violence by subjecting them to periods of terror and physical abuse. In Sierra Leone, abducted children were forced to witness or take part in the torture and execution of their own relatives. This made them outcasts in their villages and forced them to cling to rebel groups. Another effective tactic used by rebels to spread terror is the execution of the village chief by the youngest boy²⁸.

II.2.2. THE CAUSES OF ARMED CONFLICT

Many complex factors lead to armed conflicts within States. Some conditions that increase the probability of war include the inability of Governments to provide basic good governance and protection for their own populations. In many instances, weak Governments have little capacity to stop the eruption and spread of violence that better organized and more legitimate Governments could have prevented or contained. Armed conflicts can also be seen as the struggle for power by a section of the elite that has been excluded from the exercise of power in authoritarian systems of one-party rule²⁹.

²⁸ United Nations, Report of the Secretary-General's Expert appointed to study the impact of armed conflict on children: The Impact of Armed Conflict on Children.

²⁹ United Nations, Report of the Secretary-General on the Work of the Organization, Supplement No.1 (A/54/1). Report of the Secretary-General on the Work of the Organization, A/52/871-S/1998/318; see also Adam Daniel Rotfeld, Rethinking the Contemporary Security System, SIPRI Yearbook 1999: Armaments, Disarmament and International Security; Jeffrey R. Seul, Ours is the Way of God; Religion, Identity and Intergroup Conflict, Journal of Peace Research, Vol.36, no.5. 1999, pp.553-569.

Countries afflicted by war typically also suffer sharp inequalities among social groups. It is this, rather than poverty, that seems to be a critical factor, although poor countries have been far more likely to be involved in armed conflicts than rich ones. Whether based on ethnicity, religion, national identity or economic class, inequality tends to be reflected in unequal access to political power that too often forecloses paths to peaceful change.

Economic decline and mismanagement are also associated with violent conflicts, not least because the politics of a shrinking economy are inherently prone to conflicts as compared to those of economic growth. In some instances, the impact of radical market-oriented economic reforms and structural adjustment imposed without compensating social policies has been seen to undermine political stability. Ethnic and religious animosities, mass violations of human and minority rights, and ethnic cleansing resulting from extreme forms of nationalism propagated by hate media are factors that exacerbate conflict. The relative ease with which arms are trafficked all over the world, particularly in countries and regions afflicted by civil wars, is also a contributory factor.

Although not in itself a cause of conflicts, the wide availability of such weapons tends to fuel them, undermine peace agreements in situations where combatants have not been completely disarmed, intensify violence and crime in society, and impede economic and social development. It is estimated that some 500 million light weapons are in circulation in the world. At least seven million small arms are in West Africa, where they have killed more than two million people since 1990, more than 70 per cent of them women and children⁹. Induced, mass movements of populations have also contributed to the spread of conflicts, as in Central and West Africa.

In some countries in the sub-Saharan region, struggles for control over key natural resources, such as diamonds and gold, coupled with wider political ambitions, have increased the level of intensity of armed conflicts. For example, in Angola, where the rebel movement UNITA controls a substantial part of the diamond production, estimated revenue of \$3.7 billion from the sale of diamonds between 1992 and 1998 allowed UNITA to maintain its armed forces. The Angolan Government, for its part, is financing the war mainly with revenue from oil concessions granted to foreign multinational companies. In the Democratic Republic of the Congo, a number of complex factors, including the desire to get a share of the country's rich potential wealth in minerals, especially diamonds and gold, have drawn six States in the region into a battle either for or against the Government. In Sierra Leone, control of the diamond mines by RUF has been a source of power and wealth for the rebel movement. Rebels, according to reports, purchased arms through the sale of diamonds and paid in diamonds Liberian soldiers who fought alongside their counterparts in the RUF/Armed Forces Revolutionary Council³⁰.

II.2.3. THE IMPACT OF ARMED CONFLICT

Currently, internal wars typically take a heavier toll on civilians than inter-State wars, and because combatants increasingly have made targeting civilians a strategic objective. This disregard for altruistic norms and for the Geneva Conventions on the rules of war also extends to treatment of humanitarian workers, who are denied access to victims in conflict zones or are themselves attacked. Societies ravaged by armed conflicts have paid a massive toll in loss of human life and economic, political and social disintegration. More than four million people are estimated to have been killed in violent conflicts since the fall of the Berlin Wall. Women and children, in particular, suffer unspeakable atrocities in armed conflicts³¹.

³⁰ Global Witness, *A Rough Trade: The Role of Companies and Governments in the Angolan Conflict*; <http://www.oneworld.org/globalwitness/reports/Angola/role.html> Margareta Stoltenberg et.al. See 2 above. See also *Insights: Partnership Africa Canada*, <http://www.sierra-leone/heartmatter.html>

³¹ *Preventing Deadly Conflict, Final Report*, Carnegie Commission on Preventing Deadly Conflict, New York, December 1997, p.11; Christer Ahlstrom, *Casualties of Conflict*, Uppsala, Department of Peace and Conflict Research, 1991, pp. 8, 19; United Nations Development Program, *Human Development Report 1997*, New York, Oxford University Press, 1997, p.65.

In the past decade, according to one estimate, up to two million of those killed in armed conflicts were children. Three times as many have been seriously injured or permanently disabled, many of them maimed by landmines, and millions were psychologically scarred by violence. Countless others have been forced to witness or even to take part in horrifying acts of violence. The widespread insecurity and trauma due to the atrocities and suffering of the civilian population is another terrible legacy of these conflicts. Conflicts create extensive emotional and psychosocial stress associated with attack, loss of loved ones, separation from parents and destruction of home and community³².

Many children develop problems, such as flashbacks, nightmares, social isolation, heightened aggression, depression and diminished future orientation. These problems of mental health and psychosocial functioning persist long after the fighting has ceased and make it difficult for children, who may comprise half the population, to benefit fully from education or to participate in post-conflict reconstruction. The psychosocial impact of war is often an aspect poorly addressed by Governments, as are the root causes of conflicts, such as exclusion and polarization of groups, in their efforts to rebuild society and prevent a relapse of violence. Sexual violence is another ruthless weapon of war. Warring parties resort to rape and sexual slavery of women to humiliate, intimidate and terrorize one another, as, in the recent conflicts in Bosnia and Herzegovina and Rwanda. Rape has been a weapon of ethnic cleansing aimed to humiliate and ostracize women and young girls for bearing the enemy's child and to eventually destroy communities. In Bosnia and Herzegovina many women were forced to give birth to babies conceived during rape. Other women were forced to have abortions. There were also cases of sexual violence against men³³.

³² United Nations, Report of the Secretary-General on the Work of the Organization, Supplement No.1.

³³ United Nations, Impact of Armed Conflict on Children: Report of Graça Machel, Expert of the Secretary-General of the United Nations (Selected Highlights) New York, 1996, p.7 (DPI/1834-96-22765-October 1996-5M).

Millions of children suffer from starvation and disease as a result of war. The high incidence of malnutrition, disease and deaths among young children is attributed to war tactics of disrupting the production and distribution of food supplies. Children are also tortured and raped to extract information about peers or parents, to punish parents or simply for entertainment. Girls are sometimes obliged to trade sexual favors for food, shelter or physical protection for themselves or their children, causing intense psychological trauma.

In addition, the incidence of HIV/AIDS has increased. Wars have separated millions of children from their families. In 1994, the war in Rwanda left 100,000 children without families. In 1995, 20 per cent of children in Angola were separated from families and relatives, according to a UNICEF study. In Cambodia, a country where half the population is under 15 years old, the war deprived children of adult caregivers. As a result, problems of delinquency, child prostitution, drug abuse and other crimes are rampant. Displaced children are also most likely to be abused, raped, tortured, exploited and drafted as child soldiers³⁴.

Ultimately, a solution to the problems of refugees and displaced persons depends on an end to wars that force people to flee their homes. The international community has sought to prevent, contain and resolve conflicts through a variety of initiatives, including improved early warning systems to help identify and remove the sources of conflicts. National and international efforts are beginning to incorporate measures to address the needs of child victims and combatants. Increasingly in peace negotiations, recognition and aid are tied to preconditions that children not be used as soldiers. Sri Lanka and the Sudan, for example, have agreed to such arrangements. Demobilizing child soldiers and facilitating their reintegration into society through welfare programs, counseling and adoption are seen as new priorities in peace-building. The task of rehabilitating children victims and soldiers is daunting. Malnourished, uneducated, without skills and psychologically scarred, children in armed conflict need urgent attention if they are to become participants in peace.

³⁴ UNICEF, Report on the State of the World's Children, 1996.

Attaining and maintaining future peace in these war-torn countries will depend on these children, who know of no way of life except war. Protecting the human rights of children is increasingly viewed as a priority in peace negotiations. For lasting solutions to armed conflicts, respect for human rights is imperative, with a special sensitivity to the human rights of ethnic, religious, racial and linguistic minorities. Equally, good governance and the strengthening of civil societies are essential for addressing the deepest causes of conflict: historic antagonism, economic despair, social injustice and political oppression. The international community is moving also to more effectively assist countries that have experienced violent conflicts and are now grappling with the enormous task of rebuilding their shattered societies³⁵.

Wars affect peoples' lives long after the fighting has stopped. Wars do not only kill but they also cause disability due to injury or increased disease burden. One way to measure the effects is to calculate disability adjusted life expectancy or disability adjusted life years. These data are compiled by the World Health Organization (WHO). These measures take into account both years of life lost because of disease and injury and years of healthy life lost to long term disability. Ghoborah, Huth and Russett (2003) use these measures to estimate the cost of civil war and find that in 1999 about 8.4 million were lost as a direct effect of all wars that were ongoing. In addition, a further 8 million were lost as a result of civil wars that had ended during 1991-97. Thus, the legacy effect of civil wars ending during the 1990s on disability adjusted life years was approximately as large as the effect of ongoing conflict at the end of the decade. This legacy impact works its way through specific diseases and conditions, and disproportionately affects women and children.

³⁵ Briefing by Mrs. Sadako Ogata, then United Nations High Commissioner for Refugees, to the Security Council of the United Nations on the Situation of Refugees in Africa, New York, 13 January 2000; see also Roberta Cohen and Francis M. Den, *Exodus within borders: The uprooted who never left home*, Foreign Affairs, New York, July/August 1998; David A. Corn, *Exodus within borders: An introduction to the crisis of internal displacement*, Brookings Institution Press, Washington D.C.

SECTION III. OVERVIEW' PSYCHOSOCIAL EFFECTS OF WAR ON CHILDREN

There are multiple pathways by which children become affected after fleeing situations of violence and armed conflict. For most of these children, the route out of a war zone is fraught with uncertainty and fear. Upon arrival out in war zones, they and their families face challenging adjustments, sometimes with minimal access to support and resources. War affects children in many of the same ways that it affects adults. There are, nonetheless, specific effects on children. Firstly, children's access to the care, empathy, and attention of adults who love them is often restricted or non-existent. In times of war, the loss of parents, the separation from parents, the parents' extreme preoccupation with protecting and finding subsistence for the family, and the emotional unavailability of depressed or distracted parents lead to significant and frequent disruption in their attachments. In some cases, children may be in substitute or temporary care with someone who has limited connections or familiarity with them (distant relatives or neighbors, an orphanage). Many war-affected children lose all adult protection and become in the refugee parlance "unaccompanied children." (Santa Barbara, 2006)

War also has an enormous impact on childhood, which may adversely affect the life trajectory of children much more than adults. Consider for a moment the impact on their young lives³⁶ :

- Children often experience disrupted or no schooling. One of the most damaging effects of war is the way it disrupts and destroys children's education. There is much evidence that education is really the best weapon against poverty and conflict.
- Children are often forced to move into refugee or displaced person camps where they may wait for years in extremely trying and difficult circumstances for normal life to resume, if it ever does.

³⁶ www.unhcr.org/cgi-bin/texis/vtx/home/ opendocPDFViewer.html?docid=47c804682&query=Through the eyes of a child

- War destroys the local economy, agriculture, industries, jobs, and infrastructure. Since today's conflicts usually take place in the poorest countries, the impact is huge. Parents struggle to feed their children and provide them with basic necessities. Children may be forced to stay at home to look after siblings or work instead of going to school, or they may even end up on the streets in situations of acute poverty.
- The bombs and bullets of war often kill, maim, and disable children. Some are recruited to become soldiers and are placed directly in the firing line. It is estimated that there are tens of thousands of young people under 18 serving in militias in about 60 countries. Hundreds of thousands of children die each year in warfare. When conflict has ended or ebbed, landmines and unexploded ordinance can remain a threat for years. Children may lose limbs, their sight, or cognitive capacity.
- Many more children die or become fatally ill from the indirect physical effects of war. War destroys hospitals and health centers, and medical personnel are killed or forced to flee. Millions of children have died from treatable diseases like diarrhea, malaria, and cholera because of a lack of medical attention. Refugee children are particularly vulnerable to the deadly combination of malnutrition and infectious illness.
- Increasingly, many children are subjected to rape and sexual violence as these are frequently used as "weapons" of war. Girls and young women may have babies as a result, or are so injured and maimed that they will not be able to bear children in the future.

- The psychological effects of war and war-related trauma may be severe. Post-traumatic stress disorder (PTSD) may result as the effects on vulnerable and impressionable children can be worse than on adults. Many children cannot understand the cause of the conflict or why it is happening. Severe losses and disruptions in their lives lead to high rates of depression and anxiety in war-affected children. These impacts may be prolonged by exposures to further privations and violence in refugee situations. Their experiences may make it difficult for them to form healthy relationships with adults or with their peers. Some cope by turning to alcohol or drugs.
- These children often lose their social life. Girls who are raped may be marginalized by society and lose marriage opportunities. Boys who have been forced to become child soldiers are often expelled from their communities because of the violence they inflicted on the communities and sometimes their own families. Children may lose their community and its culture during war, sometimes having it reconstituted in refugee or diaspora situations.
- Moral and spiritual impacts can also occur. The experience of indifference from the surrounding world or, worse still, the malevolence may cause children to suffer loss of meaning in their construction of themselves in their world. They may have to change their moral structure and lie, steal, and sell sex to survive. They may have their moral structure forcibly dismantled and replaced in training to kill as part of a military force.

The psychological writings describes a range of mental health and developmental sequel associated with child and adolescent exposure to armed conflict. Comprehensive reviews of the collected works on children exposed to war and more specifically on refugee children identify elevated symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, somatic complaints, sleep problems, and behavioral problems in these children.

Studies find high rates of exposure to traumatic events and a cumulative effect of multiple traumas, often referred to as a “dose effect,” such that higher rates of trauma are often associated with higher rates of PTSD, depression, and behavior problems³⁷. This dose-effect relationship between war trauma and psychopathology, as for example, the finding that more frequent and severe trauma exposure leads to worse psychological outcomes, and only partially describes the experience of war-affected children, many of whom demonstrate high levels of resilience and do not develop enduring patterns of distress. Further, the dose effect cannot fully explain the complexity associated with the type or impact of specific traumas on individuals at different phases of their lives. For example, the experience of even one incident of sexual trauma in the context of war may constitute a profoundly traumatic and life-altering event for girls in terms of the impact on their worldview, relationship to their communities, and functioning.

In fact, prevalence rates are wide ranging in samples of war affected children, with studies documenting rates of PTSD from 7%- 75% and depression from 11%-47%. Some writings suggests that these symptoms can both diminish and recur over time and that these symptoms may be related to other variables, such as family functioning, postwar stressors, resettlement stressors, and discrimination³⁸. Despite the risk for mental health sequelae after exposure to unimaginable hardship and trauma, the literature and clinical experience suggest that war-affected children demonstrate tremendous resilience³⁹. While many published studies document the negative psychological sequel associated with war trauma, some authors criticize the narrow focus on PTSD that dominates the field. This critique focuses on the fact that the diagnosis is a Western medical concept that posits disorder in the individual and assumes a universal response to trauma. In this way, the diagnosis does not reflect the social-political context of an individual’s exposure to war trauma and also may not reflect cultural variations of distress and well-being⁴⁰.

³⁷ Ellis, MacDonald, Lincoln, & Cabral, 2008; Garbarino & Kostelny, 1996; Vizek-Vidovic, Kuterovac-Jagodic, & Arambasic, 2000

³⁸ Fazel, Wheeler, & Danesh, 2005; Rousseau, Drapeau, & Rahimi, 2003; Sack et al., 1993; Sack, Him, & Dickason, 1999

³⁹ Bonanno & Mancini, 2008; Garmezy, 1988; Klingman, 2002

⁴⁰ Boehnlein & Kinzie, 1995; Bracken, Giller, & Summerfield, 1995; de Berry et al., 2003; Summerfield, 1999.

Others challenge the use of traditional Western measures of psychopathology and methods of assessment with children from a wide array of cultures and backgrounds. Further, despite frequent acknowledgement in the literature of the resilience of children who survive armed conflict, only a few studies specifically focus on understanding the factors that contribute to this resilience. Recent summaries of the writings suggest that contextual, social, family, demographic, and individual variables all contribute to resilient outcomes in war-affected children. Finally, Pynoos and others (1995) have argued more broadly that study of trauma in children must take into account developmental stage and processes. Despite an understanding of the elevated risk for mental health symptoms in war-affected children, the field is only beginning to understand the full impact of armed conflict, displacement, and resettlement on the developmental trajectory and overall well-being of children⁴¹.

III.1. CLASSIFICATION OF PSYCHOLOGICAL CHANGES BASED ON WAR CAUSES

- **Displacement and Separation from closed ones**

War results in a lot of people to become refugees away from their original place of residence. Often children get separated from their parents in the process for various reasons like their father going to serve in the army, death of parent in war, or just evacuation from an area as a part of war-time emergency. In England during the Second World War, children were often billeted to foster parents. The change in living standards whether for the better or worse was in many cases not welcome. Separation uproots the very first emotional attachments of a child. From studies it has been found that children are more moved by the absence/loss of their mother than their father. For example in case of Beryl, four years old, she sat at the spot where her mother left her for several days, refused to eat, speak or play, and had to be moved around like an automaton. If the parent dies, the child often fails to grasp the significance of death properly. Their attitude to the happening, as long as they do not perceive death is completely a matter of emotion. The psychological effect of separation is different at different ages:

⁴¹ Birman & chan, 2008; Hollifield et al., 2002;

- An infant less than 0.5 years old is dependent on the mother only for physiological needs. It is yet to recognize the parent. If they are provided the same, and their needs are tended to even after separation, they do not refuse it.
- Towards the end of the 1st year, the mother becomes the instrument of satisfaction for the child, who enjoys her company and dislikes to be left alone. A separation at this time can make them unfriendly or withdrawn from the outer world. Restlessness during sleep has been noticed in such cases. The child gradually accepts a mother substitute (if available) on the basis of physiological needs.
- At the age of 2, a child longs for its mother, becomes aware of the presence of other members in the family whom it often looks upon as rivals. Separation from mother at this stage can be very violent. The craving for its mother may over-ride all bodily sensations. Some refuse to eat and sleep, or be handled by strangers. They often cling to a remembrance (like some toy) of the time when his/her mother was with her. In case of reunion with mother, the child often fails to recognize her more because of the disappointment caused by her and for leaving the child's longing for her unfulfilled. But the refusal to recognize is not consciously driven.
- At 3 years and on wads, the child generally starts identifying him/herself with the parent of the same sex. The acts that the child learns are dependent on reward and punishment. Often the child has feelings of jealousy or anger towards their parents, when punished. For anyone who offends them, they childishly wish that the person goes never to return. However a separation at this point results in confirmation of these negative feelings. The child gets frightened by their absence, and suffer from a deep sense of guilt. They act particularly well and obey all orders religiously wishing that their parents would return.

- **Witness death and destruction**

It is not uncommon in countries like Iraq and Afghanistan for children to witness a lot of death and destruction from modern day instruments of war. Seeing death in front of one's eyes at an early age especially if it is of a close one or a parent, can be traumatic. Weller, Fristad, and Bowes (1991) in their study of 38 children of 5–12 years found that 37% met diagnostic criteria for major depressive disorder and 61% experienced suicidal ideation 3 months after the death of a parent. Elizur and Kaffman (1982, 1983) followed 25 children 2–10 years of age, 3.5 years after the death of their fathers in war, and found that over half demonstrated over dependent behavior, temper tantrums, and fears, and that 40% manifested pathological bereavement (i.e., symptomatology of such severity as to handicap the child in his everyday life in the family, school, and in his peer relationships). They found that the severity of the bereavement reaction was influenced by the quality of the relationship with the father prior to his death, the ability of the mother to share her grief with the child and the availability of extended family.

There is an emerging literature that suggests that the psychological impact of parental death is predominantly mediated by the availability of extended family support systems and the child's relationship with the remaining parent (Breier et al., 1988). These factors are difficult to measure during time of war. 50% of Cambodian war refugee children were diagnosed of PTSD. After a 3-year follow up 48% still exhibited PTSD. Other diagnostic categories include adjustment disorders, separation anxiety disorder, somatoform disorders, major depressive disorder and dysthymia.

- **Severe Injury and/or Starvation due to War**

War results in many dangerous cases of children who are badly injured. Amputation of limbs, loss of eyesight, or starvation and disease over long periods have a devastating effect on the psyche of the young children, who survive this ordeal. There are very few exclusive studies on the psychological effects of injury, but it has been noted that a lot of its effects depend on the post war treatment. In countries like Iraq and many African countries, the war injured people continue to lead a devastated life.

If they are not absolutely handicapped, many look upon their lives as a waste as they grow up and do not hesitate to join the terrorist groups. They themselves fail to show respect to lives of other humans, and have no respect for their own lives either, which makes them even more dangerous. In areas like Japan (after the atomic bomb destruction), where sufficient post war support is provided, although the children show symptoms of PTSD for long, they gradually merge themselves with the main stream. They take their handicaps if any into their stride. However even among such children, especially if they are older, suicidal tendencies have been noted.

- **Children Involved in War**

Criminal violence has its beginning in the abuse, neglect, loss of parents, and exposure to violence in early childhood resulting in disruptions in attachments. Those with disrupted attachments fail to reach pro-social maturity interpersonally, in affect regulation and self-control, and in moral development. They may not understand human reciprocity. Relationships are superficial. They may have little or no empathy or remorse. To them the world is not safe and they must always be on the offensive in order to be safe. Generations of war and violence in the Middle East and Africa continues to produce more terrorists. Children are not safe after they become orphaned.

They are exposed to violence daily during times of open conflict and always have the fear of a new attack. The effect of this environment on everyone, especially young children can be psychologically devastating. They need someone to take them in and take care of them. If a terrorist organization, like a gang, takes advantage of that vulnerability, they have recruited new, loyal members for their group.

III.2. THE PSYCHOSOCIAL EFFECTS OF CHILDREN ON WAR

Children's well-being and development depend very much on the security of family relationships and a predictable environment. War, especially civil war, destroys homes, splinters communities and breaks down trust among people undermining the very foundation of children's lives. The social fabric of society tends to be targeted increasingly in warfare: schools and health posts, as well as teachers, health workers and community leaders. Recent examples have come from conflicts in southern Sudan, Democratic Republic of the Congo, Sri Lanka, Burundi, Rwanda and former Yugoslavia.

In all wars, social services and facilities are starved of funds, which go to armies and armaments; and so children are deprived of education and health care essential to their well-being and development. This violates their rights under the Convention on the Rights of the Child. Even when children have crossed a national border to escape fighting, they may not be safe. Inequitable distribution of food and other material goods, sexual and physical harassment and abuse and recruitment of children to armed forces are among the dangers. Certain groups will continue to be particularly vulnerable, such as young girls and unaccompanied, sick and disabled children. When children have been exposed to "events beyond the normal boundaries of human experience," that is, traumatic or psychologically wounding events, all kinds of stress reactions will be apparent a normal reaction to abnormally distressing events. Some children may withdraw from contact, stop playing and laughing, or become obsessed with stereotyped war games, while others will dwell on feelings of guilt, or fantasies of revenge and continual preoccupation with their role in past events.

In a few cases, depression sets in and may even lead to suicide. Other reactions include aggressiveness, changes in temperament, nightmares, eating disturbances, learning problems, repeated fainting, vague aches and pains, loss of speech and of bladder and bowel control, and clinging to (or withdrawal from) adults. In most cases, such stress reactions disappear over time. Long-term effects are likely to have their roots in loss of the child's close emotional relationships and the events surrounding that loss.

During events marking the 50th anniversary of the Second World War, this was poignantly expressed by many people who recalled the pain and sorrow they suffered as children at the loss of loved ones, and how such losses affected and continue to affect their lives. Research from that war has shown that the psychological and social effects suffered by one generation in many ways affect the next generation, partly through the parenting role. Most children are affected at first through a breakdown in civil society: no school, no services, shortages, danger, fear and a family without its menfolk. This might be sufficient reason to make people flee. Another frequent scenario is that the home is attacked and children witness the death of one or more family members or become separated from their parents. In extreme situations, children will be lured, coerced or forcibly recruited into armed forces.

Some children who lived through the Rwanda genocide blame themselves for it, while some blame themselves for surviving, or feel it would have been better to have been killed with their families. A sense of helplessness and hopelessness lives with many of them. Those who can make some sense of the violence appear to be coping better than those who cannot are; at least this seems to be the case according to evidence about Palestinian youth during the intifada. Yet we know little about how children from different cultures and backgrounds react to war experiences, especially the long-term effects, and how these effects are perceived and dealt with in different cultures. Nor have the effects on girls compared to boys or on unborn children been thoroughly researched. Few rigorous studies of effects of war on children have been undertaken in Third World countries and most of those that have been made tend to view the issues mainly through Western eyes.

Effects of war on children's lives are dependent on a range of contextual and personal factors. It has often been noted that those who belong to caring and supportive families withstand severe psychological stress better than others do. Stable, affectionate relationships between children and their closest caregivers are a protective factor against psychological disturbance, especially if the adults are able to maintain their caring roles. A large group of unaccompanied boys from southern Sudan provide some remarkable evidence about resilience.

These boys, trained from an early age to adjust to and survive in harsh conditions in a nomadic cattle camp away from home, arrived in Ethiopia after a harrowing journey on foot, and with very few exceptions were able to recuperate quickly. Normal reactions to abnormal stress are sometimes referred to as post-traumatic stress reaction, which must be distinguished from the more severe post-traumatic stress disorder (PTSD); this signifies a more long-term disturbance of emotions and behavior. In an emergency situation, the distinction between the two is not easy to perceive. Also, so far PTSD has been defined within the context of one specific traumatic event rather than an accumulation of stressful events that is typical for children affected by war and displacement. The fact that a child experiences symptoms of psychological distress may not be apparent to adults, sometimes not even to parents. If a child's changed behavior is not understood as distress, the adult reaction may be to punish, reject or simply ignore the child. Loss of speech and bladder control may even be interpreted as mental retardation. One result of misinterpreting reactions is to separate the child from a family environment and place him or her in an institution, perhaps for special treatment, a separation likely to cause more distress.

Once children have lost the protection of their family, or if the family is seriously weakened, they are immediately vulnerable to all kinds of distressing experiences, usually inflicted by adults but sometimes by other children. Examples of secondary distress include unnecessary separation of children from their widowed mothers or siblings when placed in institutions or foster families, where the risk of neglect and abuse is greater, sometimes by those who should be caring for them. However, caregivers cannot always protect children from secondary distress.

III.2.1. PSYCHOSOCIAL REACTION OF CHILDREN AFTER WAR

It is impossible for children to go through upheavals of this kind without showing their effect in difficult behavior and in variations from normality. Infantile nature has certain means at its disposal to deal with shocks, deprivations and upsets in life. Outlet in speech is often delayed and after months had elapsed since the occurrence of some gruesome devastating incident that has been witnessed by the child. Such incidents include death of parents as well. The children who lost their fathers in air raids in Second World War, never mentioned anything of their experience for many months even for years. Their mothers were convinced that they had forgotten all about it. Then after a year, some of them at least narrate the complete story with no details left out. The child begins to talk about the incident when the feelings which were aroused by it have been dealt with in some other manner.

Children often imitate whatever they see in their play, with toy houses being bombed by marbles. There was a lot of excitement among the children while involved in such games. In case of a boy who for long refused to accept his father's death, it got reflected in his games. In his war games, the inhabitants of the bombed houses were always saved in time. Since the denial was never completely successful, the play had to be repeated incessantly, it became compulsive. Often children clung on possessively to something that they managed to save at the time of separation. Strange behavior, sometimes destructive often related to regression (returning to infantile modes of behavior) is seen in slightly older children. Early education involves socializing by gaining control over the selfish instincts. It had its own rewards which lost their value on separation at this stage. They find no reason to be good, unselfish or clean. There were many other associated effects such as bed wetting, thumb sucking, greed and aggression.

For some children, abnormal withdrawal from the world has been noted. Some become emotionless like an automaton. Some emotional outbreaks of hysterical type have also been reported. However, in general, sooner or later the child returns to good relations with the outer world. The recovery time depends on a lot of factors like extent of damage, treatment in post-traumatic period, the coping capabilities of the child which is further dependent on the age of the child. War-related traumas vary enormously in their intensity, from exposure to brutal death and witnessing of explosive-violent acts, to the derivative effects of war such as displacement, relocation, sickness, loss of loved ones, and starvation. Among those children exposed to war-related stressors for a longer period, it is generally estimated that the prevalence of posttraumatic stress symptomatology varies from 10 to 90%, manifested by anxiety disorders such as posttraumatic stress disorder and other psychiatric morbidities including depression, disruptive behaviors, and somatic symptoms⁴².

Also in some cases, a child exposed to a lot of death and destruction at an early age can have a heart that can be scarred no further. They become indifferent to the sufferings of others. For example, Fernando, 15 years of age, had participated in a number of attacks killing several people, after he was captured by the guerrillas. After he was captured, he shown little remorse or regret for killing people and expressed his wish to be a soldier.

⁴² Allwood, Bell-Dolan, & Husain, 2002; Goldstein, Wampler, & Wise, 1997; Hadi & Llabre, 1998; Thabet & Vostanis, 1999

III.2.2. DURATION OF PSYCHOSOCIAL REACTIONS OF CHILDREN

- **Excellent coping with little or no reaction**

Despite exposure to a spectrum of horrific atrocities some children are able to adapt with only minimal symptomatology. Some of the protective factors that have been identified are the following: the child's capacity to recognize and avoid dangers, the child's ability to use adults for caretaking activities, the child's capacity to manage anxiety, the child's ability to devote him/herself to a cause and to find meaning in the experience⁴³. Other factors include the degree of social, community, and family cohesiveness and support systems, as well as shared values and beliefs systems with children and those around them. Temperamental and biological factors modulating stress response have been mentioned but little is known of their specific protective value.

- **Acute emotional and Behavioral Effects**

Bodman (1941) noted that although children in the London community demonstrated few psychological reactions to bombing, this was altered with increased proximity to the zone of impact, and the intensity and lethality of exposure. Sixty-one percent of those children in a hospital hit by a bomb showed psychological symptoms several weeks after the bombing. The majority of children exposed to the ongoing stressors of war will experience significant psychological morbidity.

Saigh (1991a, 1991b) noted that 33% of Lebanese adolescents exposed to major war-related stressors met diagnostic criteria for PTSD. Thabet and Vostanis (1999) surveyed Palestinian children 6–11 years and found that 73% reported PTSD symptoms of at least mild intensity and 41% reported severe PTSD reactions. Fifty-six percent of the children exposed to war in Croatia were described as needing mental health assistance (Barath, 2002). Nader, Pynoos, Fairbanks, Al Ajeel, and Al-Asfour (1993) found that 70% of Kuwaiti children reported moderate to severe posttraumatic stress symptoms after the Gulf war.

⁴³ Lustig et al., 2002

Hadi and Llabre (1998) found that 62% of 8 - 12 years old children reported mild PTSD after the Iraqi invasion of Kuwait and 27% reported moderate to severe levels of PTSD. There was a positive correlation between the severity of posttraumatic stress symptoms and depressive symptoms. The authors compared intellectual assessments of many of these children before and after the Iraqi invasion and found no significant changes in cognitive functioning.

- **Long term effects**

There are few studies of the long-term psychological effects of children being exposed to traumatic situations. Thabet and Vostanis (1999) noted that the 40% of children in the Gaza strip who had been initially diagnosed with PTSD decreased to 10% one year later with the onset of the peace process. Although a child's initial exposure to war-related trauma may have been relatively circumscribed in time and space, there are a spectrum of secondary stressors in the aftermath of war, which continue to impact on the child and his family (i.e., economic social disruption, separation from loved ones, malnutrition, and illness).

Barath (2002) surveyed a sample of school-age children in Sarajevo 4 years after the war and found that most of the children continued to live in impoverished communities in which the compromised social infrastructure represented an ongoing stressor manifested by dangerous and unhealthy conditions such as overcrowded conditions, unsafe playgrounds without access to sports fields. The great majority of children felt unsafe in the streets, experienced school problems, and were frequently ill. Nevertheless, the children were seen as using healthy strategies in coping with the stressful events in their lives.

Macksoud and Aber (1996) reported 43% of Lebanese children continued to manifest posttraumatic stress symptoms 10 years after exposure to war-related traumas. The biological impact of war-related traumas is directly related to the intensity, duration, and the impact of the stressors on bodily integrity, the stress response system and/or its interference with life sustaining support systems. It is known that exposure to intense acute and chronic stressors during the developmental years has enduring neurobiological effects vis-a-vis the stress response and neurotransmitter systems with subsequent increased risk of anxiety and mood disorders, aggressive decontrol problems, hypo immune dysfunction, medical morbidity, structural changes in the CNS, and early death⁴⁴. UNICEF (1996) noted that many more children die from starvation, sickness, and stress of flight than from the immediate effects of violence. In Africa it is reported that children die 20 times more frequently from lack of medical services and starvation than physical injuries from war.

III.3. PSYCHOLOGICAL TRAUMA AND POST TRAUMATIC STRESS DISORDER ON WAR AFFECTED-CHILD

Trauma is defined as a physical or psychological threat or assault to a child's physical integrity, sense of self, safety or survival or to the physical safety of another person significant to the child⁴⁵. Children may experience trauma as a result of a number of different circumstances, such as: **Abuse, including sexual, physical, emotional; Exposure to domestic violence; Severe natural disaster, such as a flood, fire, earthquake or tornado; War or other military actions; Abandonment; Witness to violence in the neighborhood or school setting, including fights, drive by shootings, and law enforcement actions; Personal attack by another person or an animal; Kidnapping; Severe bullying; Medical procedure, surgery, accident or serious illness; etc.**

⁴⁴ DeBellis, Baum, et al., 1999; DeBellis, Keshavan, et al., 1999; Heim, Meinschmidt, & Nemeroff, 2003; McEwen, 1998

⁴⁵ Vermont CUPS Handbook, p. 170

Posttraumatic stress is traumatic stress that persists after a traumatic incident has ended and continues to affect a child's capacity to function. If posttraumatic stress continues and the child's neurophysiologic responses remain chronically aroused, even though the threat has ended and the child has survived, then the term posttraumatic stress disorder (PTSD) is used to describe the child's enduring symptoms. Because trauma affects the child's ability to self-regulate, both physically and emotionally, posttraumatic symptoms in infants and young children may encompass one or more of a broad range of behaviors, including the following: **Difficulty sleeping, eating, digesting, eliminating, breathing or focusing; A heightened startle response and hyper alertness; Agitation and over arousal, or under arousal, withdrawal or dissociation; Avoidance of eye contact and/or physical contact; Terrified responses to sights, sounds or other sensory input that remind the child of the traumatic experiences**, (for example, a dog, police siren or the smell of alcohol on a person's breath); **Preoccupation with or reenactment of the traumatic experience** (for example, a child's play may take on an urgent, rigid quality and be dominated by people shooting each other with police cars and ambulances arriving at the scene).

Psychological trauma may occur during a single traumatic event (acute) or as a result of repeated (chronic) exposure to overwhelming stress⁴⁶. Children exposed to chronic trauma generally have significantly worse outcomes than those exposed to acute accidental traumas. In addition, the failure of caregivers to sufficiently protect a child may be experienced as betrayal and further contribute to the adversity of the experience and effects of trauma. Traumatic stress may be transmitted by parents to their children. Parents who suffer from untreated posttraumatic stress disorder often have difficulty establishing a secure attachment with their children; They may viscerally transmit their own feelings of anxiety, rage and helplessness, and in so doing, color the child's internal model of self and the world.

⁴⁶ Terr, 1992

When caregivers are threatening, hurtful or frightening, the intentional human to human quality of the trauma causes more severe negative consequences for the child than trauma from accidental causes (for example, a flood, fire or injury). In truth, however, all trauma may engender feelings of victimization, loss of control, despair and hopelessness and beliefs that the world is unsafe and life unfair.

Van der Kolk and colleagues explored the significance of dissociation, affect dysregulation, and somatization as “associated features” of PTSD⁴⁷. Among other things, they found that “associated features” often persist for years, even after full-blown PTSD symptoms subside. They concluded that even though acute PTSD symptoms may subside below criteria for PTSD, long-term pervasive and often somatic consequences of exposure to traumatic stress continue. These ‘associated disorders’ must be viewed as part of the continuum of diffuse physiological changes initiated by a traumatic event, and associated initially with the syndrome of PTSD. In real life, “the expression of trauma is not rigidly set, but composes a continuum based on the type and severity of the trauma, the past experience of the victim, the prevalence of dissociation, age, gender, and many other factors⁴⁸.” Ignoring somatic symptoms and the many subsyndromal expressions of trauma creates an inappropriately limited appreciation of the disastrous effects of life trauma on individual and societal health.

Although the DSMIV definition of PTSD may be necessary for standardization of diagnosis and treatment, it creates an artificial barrier to the diagnosis of traumatization, especially where infants and young children are concerned. Scheeringa, Zeanah and colleagues (1995, 2001, and 2003) have assessed three groups of preschool children who suffered severe traumas and found the DSMIV criteria for PTSD inadequate for this age group.

⁴⁷ van der Kolk, Pelcovitz, Roth, Mandel, McFarlane & Herman, 1996b

⁴⁸ Scaer, 2001, p. 130

They have developed criteria for diagnosing PTSD that are anchored in observable behaviors, more objective than the DSMIV criteria, and sensitive to the developmental differences of young children (the Posttraumatic Stress Disorder Semi Structured Interview and Observation Record for Infants and Young Children developed by Scheringa & Zeanah, 1994). Among other differences, infants and toddlers are preverbal or barely verbal and cannot describe with words their feelings and thoughts. Adults often speculate about what is going on with a child and make inferences from their behavior, but these are necessarily subject to bias and error.

Certain items included in these new criteria appear to occur only in infants and toddlers and not in older children or adults (such as loss of acquired development skills, especially language regression and loss of toilet training, separation anxiety and the development of new fears, including fear of the dark, fear of toileting alone, fear of strangers, and new aggressive behaviors. Failure to recognize these symptoms of trauma may lead to underdiagnoses or misdiagnosis of trauma in infants and young children. And, as Norris (1992) stated in reference to adults, it certainly appears true for children that the limitations and constraints of the DSMIV criteria result in a definition of PTSD that “represents only the tip of the iceberg in terms of experienced distress”.

III.3.1. THE EFFECTS OF PSYCHOLOGICAL TRAUMA ON WAR AFFECTED-CHILD

Severe psychological trauma causes impairment of the neuroendocrine systems in the body. Extreme stress triggers the fight or flight survival response, which activates the sympathetic and suppresses the parasympathetic nervous system. Fight or flight responses increase cortisol levels in the central nervous system, which enables the individual to take action to survive (either dissociation, hyper arousal or both), but which at extreme levels can cause alterations in brain development and destruction of brain cells. In children, high levels of cortisol can disrupt cell differentiation, cell migration and critical aspects of central nervous system integration and functioning.

Trauma affects basic regulatory processes in the brain stem, the limbic brain (emotion, memory, regulation of arousal and affect), the neocortex (perception of self and the world) as well as integrative functioning across various systems in the central nervous system. Traumatic experiences are stored in the child's body/mind, and fear, arousal and dissociation associated with the original trauma may continue after the threat of danger and arousal has subsided. Development of the capacity to regulate affect may be undermined or disrupted by trauma, and children exposed to acute or chronic trauma may show symptoms of mood swings, impulsivity, emotional irritability, anger and aggression, anxiety, depression and dissociation. Early trauma, particularly trauma at the hands of a caregiver, can markedly alter a child's perception of self, trust in others and perception of the world.

Children who experience severe early trauma often develop a foreshortened sense of the future. They come to expect that life will be dangerous, that they may not survive, and as a result, they give up hope and expectations for themselves that reach into the future⁴⁹. Among the most devastating effects of early trauma is the disruption of the child's individuation and differentiation of a separate sense of self. Fragmentation of the developing self occurs in response to stress that overwhelms the child's limited capacities for self-regulation. Survival becomes the focus of the child's interactions and activities and adapting to the demands of their environment takes priority. Traumatized children lose themselves in the process of coping with ongoing threats to their survival; They cannot afford to trust, relax or fully explore their own feelings, ideas or interests. Characterological development is shaped by the child's experiences in early relationships (Johnson, 1985; 1987). Young trauma victims often come to believe there is something inherently wrong with them, that they are at fault, unlovable, hateful, helpless and unworthy of protection and love. Such feelings lead to poor self-image, self-abandonment, and self-destructiveness. Ultimately, these feelings may create a victim state of body mind spirit that leaves the child/adult vulnerable to subsequent trauma and victimization.

⁴⁹ Terr, 1992

III.3.2.TRAUMA AND ATTACHMENT

Children who lack a secure attachment relationship are at greater risk for extreme dysregulation of affect in the face of trauma and the development of enduring posttraumatic stress symptoms. Conversely, the presence of a secure attachment relationship can buffer the adverse effects of trauma and provide the safety and nurturing that allows the child to process the traumatic events and return to a sense of safety and wellbeing. Secure attachment bonds serve as primary defenses against trauma induced psychopathology in both children and adults⁵⁰.

For children who have been exposed to severe stressors, the quality of the parental bond is probably the single most important determinant of long-term damage⁵¹. Caregivers play a critical role in modulating children's physiological arousal by providing a balance between soothing and stimulation; This balance, in turn, regulates normal play and exploratory activity. Adequate caregivers maintain an optimal level of physiological arousal; Unresponsive or abusive parents often promote chronic hyper arousal in these children. Chronic hyper arousal, in turn, contributes to a child's inability to self soothe or modulate strong emotions. Recent research has shown that as many as 80% of abused infants and children have disorganized/disoriented attachment patterns, including unpredictable alterations of approach and avoidance toward their mothers, as well as other conflict behaviors (e.g., prolonged freezing, stilling, or slowed "underwater" movements)⁵². In this way, early attunement may combine with temperamental predispositions to "set" each child's capacity to regulate arousal; Limitations in this capacity are likely to play a major role in long-term vulnerability to psychopathology after exposure to traumatizing experiences. Children form an internal working model of themselves and of the world around them through their experiences in primary attachment relationships. Self and worldviews are undermined by violence, hostility and fear.

⁵⁰ Finkelhor & Browne, 1984

⁵¹ McFarlane, 1988, p. 184

⁵² LyonsRuth, 1991

Insecurely attached children lack protection in their most important relationships and if exposed to trauma, their limited coping abilities are more likely to be completely overwhelmed by stress. Coping alone, with few options or resources, children respond with hyper arousal or dissociation. Perry (2001) has found that younger children and girls are more likely to respond to trauma with dissociation while older children and boys are more likely to respond with hyper arousal. A response pattern that incorporates both dissociation and hyper arousal may allow for more immediate recovery from trauma and a quicker return to pre-trauma functioning. Trauma shocks the body and deregulates the parasympathetic and sympathetic nervous systems. The child's initial neurophysiologic response to overwhelming stress establishes a pattern of responding that will be triggered again and again, at lower and lower thresholds of threat. In this way a patterned response, linked to the child's survival, becomes embedded in the child's neurophysiology. Embedded response patterns become more embedded with use and more difficult to change.

If it is true that traumatized people tend to become fixated at the emotional and cognitive level at which they were traumatized as was observed by Janet, Kardiner, and many subsequent students of trauma, they will tend to use the same means to deal with contemporary stresses that they used at the stage of development at which the trauma first occurred. Since reciprocal, supportive interactions within secure attachment relationships appear to be the primary vehicle through which children learn to regulate internal state changes, "the negotiation of interpersonal safety needs to be the first focus of treatment"⁵³.

⁵³ van der Kolk, et al., 1996, p. 204; Putnam, 1988

III.3.3. TRAUMA AND BRAIN DEVELOPMENT

We now know that brain development continues after a child is born and that early experiences shape the development of the central nervous system and the child's sense of self. The brain mediates threats with a set of predictable neurobiological responses. Two predominant adaptive response patterns to extreme threat occur along the hyper arousal continuum the dissociative continuum. Dissociation is a defense against fear or pain. It allows children to escape mentally from frightening or painful things that are happening to them. Each of these response patterns activates a unique combination of neural systems. The neurophysiologic activation seen during an acute stress response in a child is usually immediate and reversible. However, this response pattern tends to occur again and again at increasingly low thresholds of stimulation, and the more the pattern is activated, the more it tends to be reactivated.

In this way, an acute stress response can become a long lasting, posttraumatic pattern of responding to stress. Severe trauma in early childhood affects all domains of development, including cognitive, social, emotional, physical, psychological and moral development. The pervasive negative effects of early trauma result in significantly higher levels of behavioral and emotional problems among abused children than non-abused children.

In addition, children exposed to early trauma due to abuse or neglect lag behind in school readiness and school performance, they have diminished cognitive abilities, and many go on to develop substance abuse problems, health problems and serious mental health disorders. Serious emotional and behavioral difficulties include depression, anxiety, aggression, conduct disorder, sexualized behavior, eating disorders, somatization and substance abuse. Early childhood trauma contributes to negative outcomes in adolescence, including dropping out of school, substance abuse, and early sexual activity, increasing the occurrence of sexually transmitted diseases, early pregnancies and premature parenting.

Early childhood trauma contributes to adverse adult outcomes as well, including depression, posttraumatic stress disorder, substance abuse, health problems (likely related to increased stress and wear and tear on the immune system) and decreased occupational attainment⁵⁴. Although the relative effects of child abuse and neglect vs. family environmental and genetic factors have been debated, recent twin studies confirm a significant causal relationship between child abuse and major psychopathology⁵⁵. Severe trauma in early childhood seems to set in motion a chain of events – a negative trajectory that places those children who have the greatest exposure and the fewest positive mediating or ameliorating factors at greatest risk of significant debilitating effect on development and increased occurrence of psychopathology⁵⁶.

III.3.4. LONG-TERM EFFECTS OF TRAUMA

Van der Kolk, et al., (1996b), described the following long-term effects of trauma:

- Generalized hyper arousal and difficulty in modulating arousal (Aggression against self and others; Inability to modulate sexual impulses; Problems with social attachments and excessive dependence or isolation)
- Alterations in neurobiological processes involved in stimulus discrimination (Problems with attention and concentration; Dissociation; Somatization)
- Conditioned fear responses to trauma related stimuli
- Loss of trust, hope, and a sense of personal agency
- Social avoidance (Loss of meaningful attachments)
- Lack of participation in preparing for the future

⁵⁴ Harris, Putnam & Fairbank, 2004

⁵⁵ Kendler, Bulik, Silberg, Hettema, Myers & Prescott, 2000

⁵⁶ Perry, 1997, 1999, 2001; Eth & Pynoos, 1985; Pynoos, 1994

Cole and Putnam (1992) proposed that people's core concepts of themselves are defined to a substantial degree by their capacity to regulate their internal states and by their behavioral responses to external stress. In children traumatized by abuse, a lack of development, or loss, of self-regulatory processes leads to profound and tragic problems with self-definition, including:

- Disturbances of the sense of self, such as a sense of separateness, loss of autobiographical memories, and disturbances of body image;
- Poorly modulated affect and impulse control, including aggression against self and others; and
- Insecurity in relationships, characterized by distrust, suspiciousness, lack of intimacy, aggression and isolation.

The lack or loss of self-regulation is possibly the most far-reaching effect of psychological trauma in both children and adults. The PTSD clearly demonstrated that the younger the age at which the trauma occurred, and the longer its duration, the more likely people were to have long-term problems with the regulation of anger, anxiety and sexual impulses⁵⁷.

In addition, children exposed to trauma have been shown consistently to have increased vulnerability to infections, including the common cold virus, respiratory infections, Epstein Barr, hepatitis B, Herpes simplex and cytomegalovirus. Antibodies to these viral infections have been shown consistently to rise with stress. Scaer (2001) hypothesized that "exposure to high levels of chronic stress may increase susceptibility to infectious diseases due to immune suppression" (p. 73). Acute trauma in children increases vulnerability to infectious disease when serum cortisol is elevated. However, in chronic PTSD, serum cortisol levels tend to be low, a state where the modulating effect of cortisol on the immune system is decreased.

⁵⁷ van der Kolk, Roth, Pelcovitz, & Mandel, 1993, p.187

Under these circumstances, the biological effects of prolonged and overwhelming stress may undermine functioning of the HPA (hepatic pituitary adrenal) axis, increase immune system activity and ultimately create greater vulnerability to autoimmune diseases. Additional data related to this hypothesis is needed. However, a clue to this process may be found in studies of chronic autoimmune disorders in populations of patients whose histories include prolonged and severe exposure to traumatic stress⁵⁸.

Children and youth who experience overwhelming psychological stress, particularly those with the greatest number of vulnerabilities and the fewest number of protective factors, are most at risk for alterations in brain neurophysiology, imprinting of trauma based response patterns (i.e., dissociation, numbing, freezing, hyper vigilance, hyper arousal), and compromised integration of brain functioning that adversely affects learning, character development, self-esteem and immune system functioning.

III.4. APPROACHES IN PSYCHOSOCIAL PLANS WITH CHILDREN IN WAR AFFECTED ZONES

Generally, two approaches to psychosocial interventions with regard to children in war-affected areas have arisen: **the curative and the preventative approach**. 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 underwent. At the other end we find an approach that is more preventative in nature. Rather than focusing on past experiences, preventative interventions address the consequences of war and its present challenges. They aim to help children develop healthily within their social context in order to protect them from future mental and social disorders. It should be noted, though, that most programs are not archetypes but moderate versions, to be found somewhere along a continuum. Many programs combine elements of both approaches.

⁵⁸ Scaer, 2001, p. 74

III.1. THE CURATIVE APPROACH

The curative approach is highly trauma oriented, focusing 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 concepts⁵⁹, such as Post Traumatic Stress Disorder or PTSD⁶⁰, which single out individual or small groups of children and focus on the confrontation of experiences to help them overcome mental and social problems that are a result of war. The approach generally implies the involvement of mental health specialists, such as psychiatrists, psychologists and creative therapists. As curative programs focus on mental illness, they include a variety of methods such as psychotherapy, individual and small group counseling, and creative therapy⁶¹.

The curative approach is treatment oriented and may operate from residential treatment centers, or aim towards capacity building local (mental health) service providers to deliver therapy to war-affected children. Therapists engage in 'longer' term targeted relationships with their clients to address problems. Curative programs (usually as part of emergency and rehabilitation programs) often have a clearly demarcated ending, although the 'long-term' nature of these interventions is sometimes difficult to match within such a concise time frame.

III.2. THE PREVENTATIVE APPROACH

The preventative approach towards psychosocial interventions with children in war-affected areas looks at children from a transactional, ecological perspective, as part of a wider social fabric of relationships and structures⁶². The preventative approach moves beyond the traumatic experience towards understanding the daily problems of children and how the children cope with current stress situations.

⁵⁹ Loughry, 2001

⁶⁰ Allwood et. al., 2002

⁶¹ Fazel & Stein, 2002

⁶² Euwema, 2006

Crucial to this approach are children's resources to deal with such situations, which are regarded to be culture and context specific, as well as individually defined. Programmatic response is geared towards promoting psychosocial skills, such as life skills, continuity and normalization of structures. Family and community relations are regarded as key factors that enhance children's coping potential⁶³. The approach also emphasizes children's agency and capacity to be involved in the design of programs that are beneficial to them. Derived from concepts used in developmental psychology (such as system theory and the ecological model, Bronfenbrenner, 1979), this approach seems to relate better to the often more collectivist culture societies of non-Western populations.

With regard to children it means that children's development (and their coping with crises) is shaped by transactional processes with the family and the environment. There is a constant interplay and exchange between the child's internal, psychological traits and its external, social environment. Some preventative programs focus on normalizing and restoring stable living conditions, e.g. rehabilitation of schools, community cultural traditions, etc. Other programs are more specialized, helping groups of children deal with specific situations through various methods, which often include creative means such as drawing and play. Yet other programs focus on children's social environment, supporting and informing parents and teachers to help them support the children. Preventative psychosocial programs are future-oriented, aimed at structurally strengthening children's psychosocial development and well-being.

⁶³ Stichick, 2001; Loughry & Eyber, 2003

CONCLUSION

This paper covers a big issue of the psychosocial effects of war on children. There has been an attempt to reach some of the most critical aspects, although we certainly cannot underestimate any side of the war when it comes to children. The significances of war and armed conflicts are repugnant for the entire population, but especially when it comes to children, are even worse because the damage caused is long-term.

If children are to be helped to overcome highly stressful experiences they have endured, their views and perspectives need to be treated as a source of learning and strength, not weakness. We need to use children's negative experiences to create positive outcomes. It is important to acknowledge the painful, humiliating and profoundly debilitating experiences that many children suffer during periods of war, torture or other forms of political violence. It must also be recognized that the dominant discourse of vulnerability, sickness, crisis and loss has the potential for seriously undermining children's current wellbeing as well. The physiological experience of suffering undoubtedly has universal characteristics for human beings that have a limited repertoire of responses to catastrophic experiences but different responses recur across cultures.

We need to remember refugee children leave behind a home and become stateless and in many cases have lost their careers and everything familiar to them. They often have either been victims of or witness to violence, torture, rape and murder of loved ones. Some watched their homes being razed to ground and suffered pain and physical damage at the hands of perpetrators. They may have walked hundreds of miles seeking a passage to safety. Many may come with physical and psychological scars that run deep. And we know the wounds of the recent past restimulate the wounds from long past.

Children are more vulnerable to many diseases and risks arising from the war, thus they tend to be affected the most. The displacement, orphan hood, hunger, interruption of their education are just some of the problems encountered during armed conflict. The psychological effects of war are those that continue to afflict the children in the period after the war. The feeling of insecurity, the appearance of PTSD, depression, mental disorders a child may experience after the termination of the war are a load that may affect a country even for several generations. Unfortunately, just a few studies have been carried out and few interventions have been developed which aim to reduce the damages caused by war. Clearly, there is great need for greater attention to this important issue of rehabilitation of a country.

Targeting the child population of a country comes to risk the future of this country. When the future citizens are physically debilitated and mentally extinguished, the potential workers that would make this country stand on solid ground again are blasted. Thus, it is very difficult to re-build the institutions and networks, social, political and economic, existed before the war. The fact that the child population is more and more often becoming a target shows that any kind of morality no longer exists in any war.

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